

2016 Will County Local Public Health System Assessment



Prepared by the Illinois Public Health Institute

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Introduction

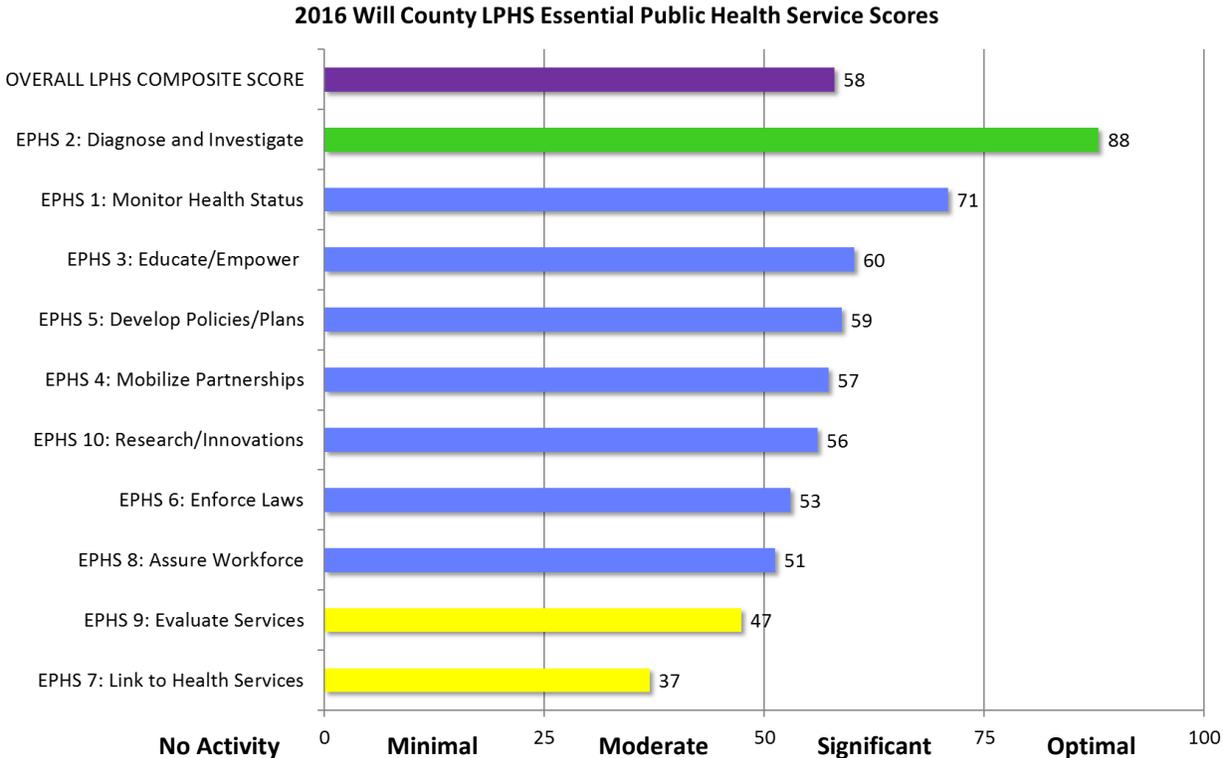
The Will County Local Public Health System Assessment (LPHSA) was conducted on December 1, 2016 as one of the four assessments in the Will County Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a community-driven strategic planning framework that guides communities in developing and implementing efforts around the prioritization of public health issues and identification of resources to address them as defined by the 10 Essential Public Health Services. The MAPP process includes four assessment tools, including the Local Public Health System Assessment.



The LPHSA, described in detail in the following section, is used to understand the overall strengths and weaknesses of the public health system based on the 10 Essential Public Health Services. Results from the LPHSA will be analyzed with the reports from the other three assessments in the MAPP process, which include the Community Health Status Assessment (CHSA), Community Themes and Strengths Assessment (CTSA), and the Forces of Change Assessment (FOCA). Strategic analysis of these assessment results will inform the identification of prevailing issues impacting the health of Will County. Issues will be strategically prioritized with consideration of a variety of factors including the current progress and action on the priorities identified from the last assessment and planning cycle. Goals and action plans will be developed or updated for each of these priority health issues. These action plans will be implemented and aligned to improve the local public health system and ultimately the health and wellbeing of the Will County community in alignment with our vision.

Executive Summary: Cross-Cutting Themes from the Will County Local Public Health System Assessment

The average scores by Essential Public Health Service (EPHS) from the December 1, 2016 Will County LPHSA are pictured below. The highest score was EPHS 2, Diagnose and investigate health problems and health hazards in the community. The lowest score was EPHS 7, Link people to needed personal health services and assure the provision of health services. The overall system performance composite score was 58 (significant), without the Health Equity Measures averaged into the score.¹



Throughout the discussions of the 10 Essential Public Health Services, a number of cross-cutting themes emerged in the dialogue across groups. The themes arose as strategic areas to address to improve the functioning, capacity, and effectiveness of the local public health system (LPHS) in Will County. These include:

- Participants identified a need for better **sub-population data** and standardized data related to health equity.
- **Lack of funding and budget cuts** affect the provision of services in every public health domain in the LPHS, from policy implementation to research.

¹ The 2016 Health Equity Measures were not incorporated into the 2016 EPHS composite scores. Please see page 16 for further explanation.

- **Lack of awareness** among the general public affects LPHS performance in all Essential Public Health Services. People are unaware of many public health activities, including assessments, planning, policy, and services.
- More **consumer voices** need to be heard in decision-making, planning, implementation, and evaluation of community initiatives. Participants expressed their desire for an even higher level of engagement from the community.
- Participants noted that Will County organizations do well connecting and networking but capacity is a barrier to adequate service provision, particularly for **substance abuse and mental health services**.
- Will County is diverse and **outlying areas are disconnected** and/or lack providers.
- Advanced technology (such as electronic medical records) is widely used across the LPHS, but **system interoperability** is an issue.
- Participants noted a need for adequate representation from **marginalized populations** in many domains including data collection, leadership roles, and decision-making.
- Participants in several breakout sessions noted **critical partners were missing** from the discussion.
- The LPHS needs **formal, coordinated assessments** in various areas including personal health needs and workforce needs.

Key strengths of the LPHS that were noted throughout the assessment include:

- Participants agreed that the LPHS excels at **collecting and sharing data**, with known limitations.
- The group reported that the MAPP process has **enhanced collaboration** throughout the LPHS by building relationships based on respect and trust, and by facilitating communication between partners and constituents in the community.
- Participants acknowledged a high level of involvement from many partners, especially with the **Will County MAPP Collaborative**. The Collaborative was frequently cited by participants as a leading example and was lauded for its recruitment efforts and the work of its action teams.
- The LPHS demonstrates **diverse partnerships** which serves as a mechanism to bring forth the voices from a variety of perspectives.
- There is awareness and excitement about **health equity** research and planning, which represents readiness to dig into the opportunities for growth.
- Participants across several discussion groups stated that the LPHS performed strongly in **emergency preparedness**. The LPHS has resources available for emergency planning, and participants recognized synergy between emergency planning partners.

The Assessment Instrument

The National Public Health Performance Standards (NPHPS) Assessment measures the performance of the local public health system – defined as the collective efforts of public, private, and voluntary entities, as well as individuals and informal associations that contribute to the public’s health within a jurisdiction. This may include organizations and entities such as the local health department, other governmental agencies, healthcare providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, and many others. Any organization or entity that contributes to the health or wellbeing of a community is considered part of the public health system. Ideally, a group that is broadly representative of these public health system partners participates in the assessment process. By sharing diverse perspectives, all participants gain a better understanding of each organization’s contributions, the interconnectedness of activities, and how the public health system can be strengthened. The NPHPS does not focus specifically on the capacity or performance of any single agency or organization.

The instrument is framed around the **10 Essential Public Health Services (EPHSs)** that are utilized in the field to describe the scope of public health. The 10 EPHSs support the three core functions of public health: assessment, policy development, and assurance. The 10 EPHSs are defined as:

1. Monitor health status to identify 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 to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health services.
8. Assure a competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal/population-based health services.
10. Research for new insights and innovative solutions to health problems.



For each EPHS in the local instrument of the NPHPS, the Model Standards describe or correspond to the primary activities conducted at the local level. The number of Model Standards varies across each EPHS; while some include only two Model Standards, others include up to four. There are a total of 30 Model Standards in the local instrument. For each Model Standard in each EPHS, there are a series of discussion questions and Performance Measures that further define the intent of the Model Standard.

All Performance Measures are designed to be scored based on how well participants perceive the local public health system collectively meets the standard within the local jurisdiction. The following scale is used for scoring:

Optimal Activity (76-100%)	The public health system is doing absolutely everything possible for this activity and there is no room for improvement.
Significant Activity (51-75%)	The public health system participates a great deal in this activity and there is opportunity for minor improvement.
Moderate Activity (26-50%)	The public health system somewhat participates in this activity and there is opportunity for greater improvement.
Minimal Activity (1-25%)	The public health system provides limited activity and there is opportunity for substantial improvement.
No Activity (0%)	The public health system does not participate in this activity at all.

NPHPS results are intended to be used for quality improvement purposes for the public health system and to guide the development of the overall public health infrastructure. Analysis and interpretation of data should also take into account variation in knowledge about the public health system among assessment participants: this variation may introduce a degree of random non-sampling error. For this reason, it is not advisable to compare scores from one assessment to another. Rather, the scores reflect the perceptions of the group participating at the time, the style of the facilitator, and the rationale shared by participants through discussion, which helps to understand the scores arrived at by participants.

The Assessment Methodology

The assessment retreat was held on December 1, 2016 and began with a brief plenary presentation to welcome participants, provide an overview of the process, introduce the staff, and answer questions. Following the plenary, participants reported to one of five pre-determined groups. Each breakout group was responsible for conducting the assessment for two Essential Public Health Services, as follows:

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

Each group was professionally facilitated, audio recorded, and staffed by a note taker. The program ended with a plenary session where highlights were reported by members of each group. Event organizers facilitated the end-of-day dialogue, and outlined next steps in the MAPP process.

The 2016 Will County LPHSA included supplemental questions for each EPHS to identify how well the LPHS acknowledges and addresses health inequities. The LPHSA supplement is called “System Contributions to Assuring Health Equity,” from the National Association of County and City Health Officials (NACCHO) MAPP User’s Handbook. A copy of the supplement is in the appendix of this report. The health equity supplement was a key change from the previous Will County LPHSA. In addition, the 2016 LPHSA did not incorporate the optional “Local Supplemental Questionnaire: Local Health Department Contribution” which reports perceived percentage of the contribution from the health department with regards to the overall activity related to the Model Standards within the local public health system. At the recommendation of the Illinois Public Health Institute, the LPHSA Committee decided to drop the Local Health Department Contribution questions and add in the Health Equity questions.

Assessment Participants

The Will County MAPP Collaborative developed a list of agencies to be invited to participate in the full day assessment retreat. The event organizers carefully considered how to balance participation across sectors and agencies and how to ensure that diverse perspectives as well as adequate expertise were represented in each breakout group.

The event drew 79 public health system partners that included public and voluntary sectors. The composition of attendees reflected a diverse representation of partners that was apportioned as follows:

Attendees	Constituency Represented
3	Colleges and universities
1	Community health planners
2	Community members
1	Corrections facilities
1	Department of parks and recreation
2	Department of transportation and other transportation services
1	Department of veterans' affairs
3	Emergency medical services
3	Emergency preparedness teams, public safety, emergency response organizations
3	Environmental health agencies
1	Epidemiologists
2	Faith based organizations
1	Foundations
2	FQHC's and FQHC lookalikes
3	Health educators
6	Health department or other local governmental public health agency
1	Healthcare providers
1	Healthcare systems
5	Hospitals
3	Human resources department
1	Law enforcement agencies and emergency services personnel
2	Lesbian, gay, bisexual, transgender (LGBT) organizations
2	Local board of health or other local governing entity
1	Long-term care facilities
2	Mental health and substance abuse organizations

2	Ministerial alliances
1	Neighborhood organizations
2	Nursing homes
4	Other community/grassroots organizations (tattoo shops, tanning booths, environmental advocacy groups, etc.)
1	Preschool and daycare programs
4	Public and private schools
1	Public health director
1	Public health laboratories
1	Public housing
3	Service providers
4	Social services
1	State and federal programs
1	United Way
79	TOTAL

Results of the 2016 Will County Local Public Health System Assessment

The table below provides an overview of the Local Public Health System’s performance scores in each of the 10 Essential Public Health Services. Each EPHS score is a composite value determined by the scores breakout group participants assigned to the Performance Measures for those activities that contribute to each EPHS.² The scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to maximum of 100% (all activities associated with the standards are performed at optimal levels). See page 9 for an explanation of the score values.

Scores for the 2013 and 2016 LPHSA are listed side by side for comparison, with an upward trend marked by a + and a downward trend marked by a -. It is important to note that these numbers are not directly comparable, because each LPHSA has a different number of attendees, a unique composition of partners, and is largely based on perceptions and experiences which generally change over time.

Composite EPHS Scores for Will County					
EPHS	EPHS Description	2013 Score	Trend	2016 Score ²	Overall Ranking
1	Monitor health status to identify community health problems.	69 Significant	+	71 Significant	2 nd
2	Diagnose and investigate health problems and health hazards in the community.	83 Optimal	+	88 Optimal	1 st
3	Inform, educate, and empower people about health issues.	50 Moderate	+	60 Significant	3 rd
4	Mobilize community partnerships to identify and solve health problems.	62 Significant	-	57 Significant	5 th
5	Develop policies and plans that support individual and community health efforts.	71 Significant	-	59 Significant	4 th
6	Enforce laws and regulations that protect health and ensure safety.	69 Significant	-	53 Significant	7 th
7	Link people to needed personal health services and assure the provision of health services.	72 Significant	-	37 Moderate	10 th
8	Assure a competent public and personal health care workforce.	50 Moderate	+	51 Significant	8 th
9	Evaluate effectiveness, accessibility, and quality of personal/population-based health services.	92 Optimal	-	47 Moderate	9 th
10	Research for new insights and innovative solutions to health problems.	46 Moderate	+	56 Significant	6 th
Overall LPHS Performance Score		66 Significant		58 Significant	

² The 2016 Health Equity Measures were not incorporated into the 2016 EPHS composite scores. Please see page 16 for further explanation.

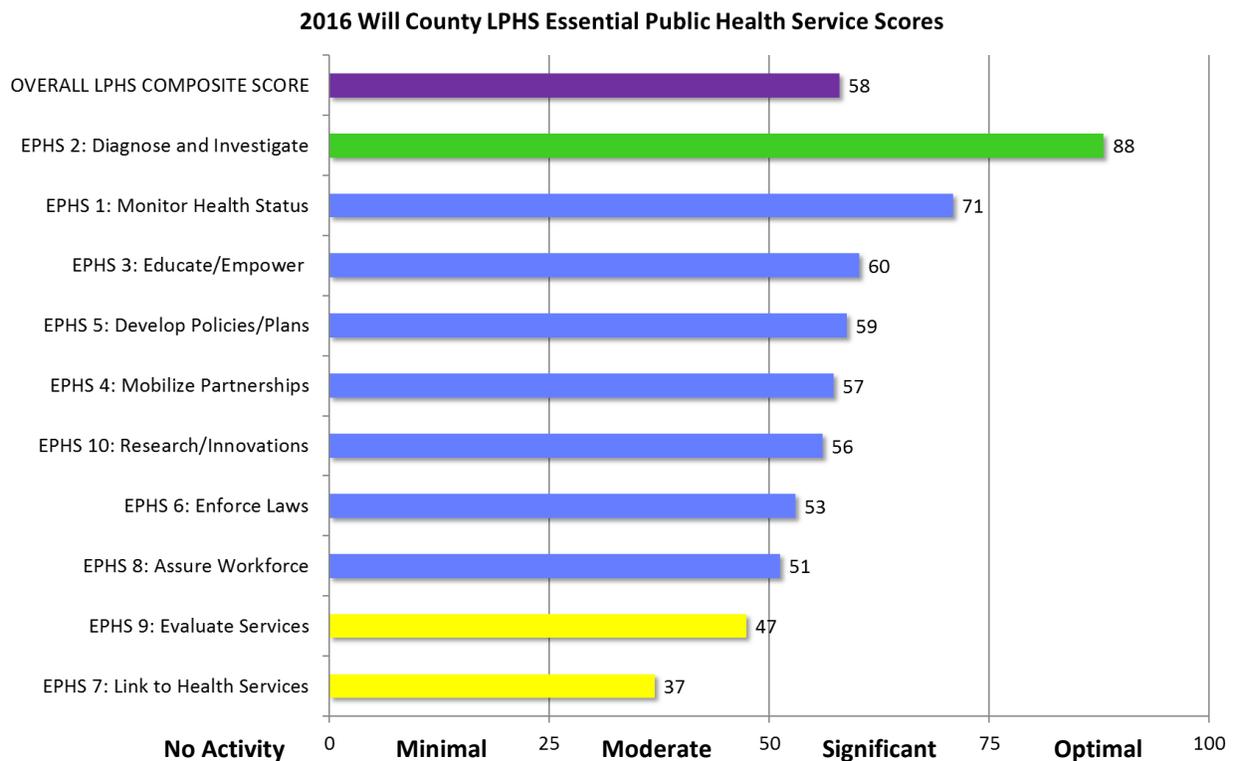
The Will County LPHSA participants gave the highest composite scores to the following three areas:

- EPHS 2 - Diagnose and investigate health problems and health hazards in the community;
- EPHS 1 - Monitor health status to identify community health problems; and
- EPHS 3 - Inform, educate, and empower people about health issues, as the three strongest areas of performance for the LPHS.

The participants gave the lowest composite scores to the following three areas:

- EPHS 7 - Link people to needed personal health services and assure the provision of health services;
- EPHS 9 - Evaluate effectiveness, accessibility, and quality of personal/population-based health services; and
- EPHS 8 - Assure a competent public and personal health care workforce.

The chart below provides a graphic representation of the 2016 Essential Public Health Service scores for Will County, from highest to lowest, without the Health Equity Measures factored into the average. Each bar represents a composite score based on the Model Standards for each EPHS.



The highest ranked Essential Public Health Service was EPHS 2 - Diagnose and investigate health problems and health hazards in the community, which received a score in the **optimal** range of activity (75-100%). The lowest ranked Essential Public Health Services was EPHS 7 - Link people

to needed personal health services and assure the provision of health services, which received a score in the **moderate** range of activity (25-50%). The average of all EPHS scores resulted in a composite score of **significant** for LPHS performance.

System Contributions to Assuring Health Equity

The Will County LPHSA included supplemental questions for each EPHS to identify how well the LPHS acknowledges and addresses health inequities. The LPHSA supplement is called “System Contributions to Assuring Health Equity,” from the National Association of County and City Health Officials (NACCHO) MAPP User’s Handbook. A copy of the supplement is in the appendix of this report. Health equity may be defined as:

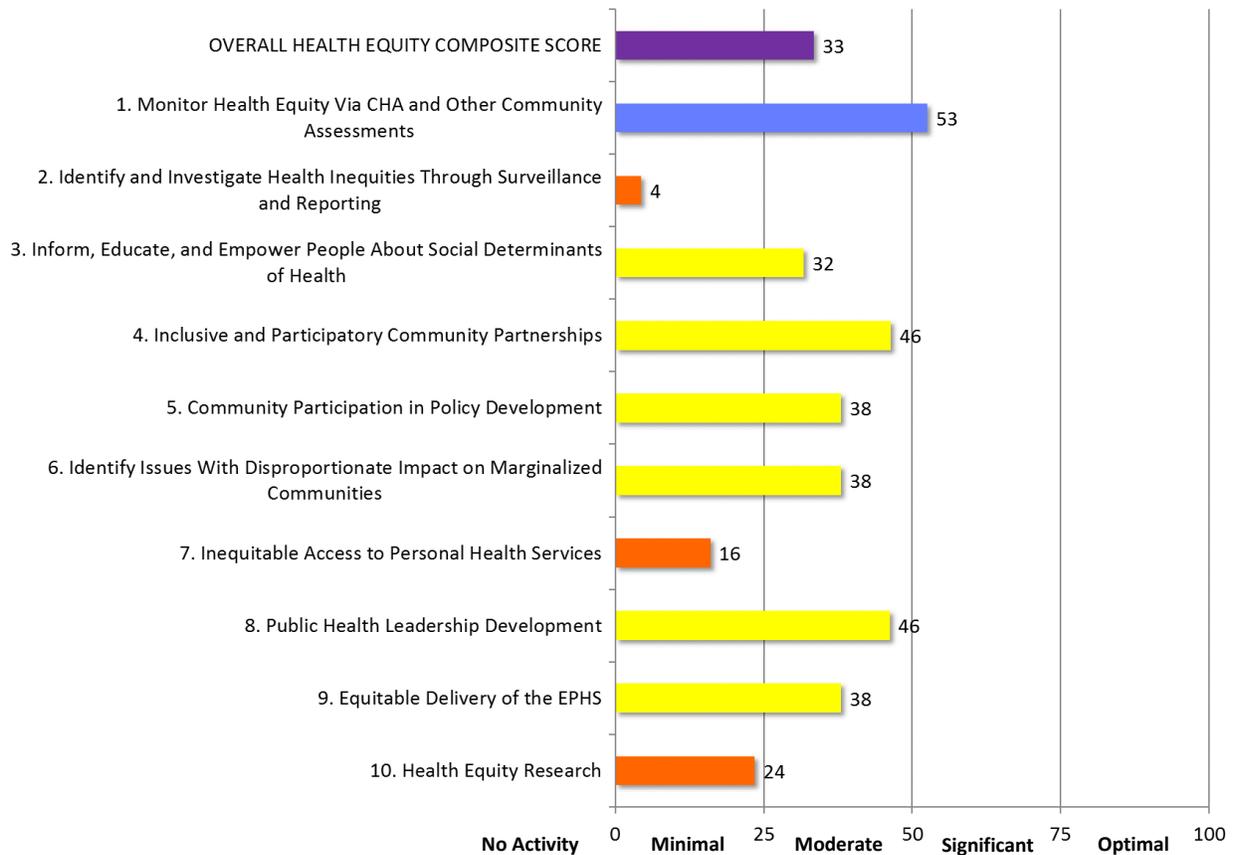
...the realization by all people of the highest attainable level of health. Achieving health equity requires valuing all individuals and populations equally and entails focused and ongoing societal efforts to address avoidable inequalities by ensuring the conditions for optimal health for all groups, particularly those who have experienced historical or contemporary injustices or socioeconomic disadvantage.³

Each EPHS had between one and five Health Equity Measures to score. Like the Model Standards, each Health Equity Score is a composite value determined by the scores breakout group participants assigned to the Health Equity Measures for each EPHS.

The chart on the next page provides graphic representation of the Health Equity Scores by EPHS, and an overall Health Equity Score for the LPHS. The overall Health Equity Score for Will County was 33 (moderate). The group conversation and findings for the Health Equity Measures are located in the discussion summary for each EPHS.

³ Adewale Troutman in *Health Equity, Human Rights and Social Justice: Social Determinants as the Direction for Global Health*. Retrieved from the National Association of County and City Health Officials (NACCHO) MAPP User’s Handbook.

2016 Will County LPHS Health Equity Scores



Health equity is a relatively new consideration for many public health systems. The partners that comprise the LPHS are at different stages of integrating a health equity lens into their work. Many of the Health Equity Measures score far lower than the Performance Measures because this work is new and unfamiliar to many LPHS partners. However, there are clearly opportunities to apply health equity to the delivery of the 10 Essential Public Health Services. The Will County Health Department chose to use the System Contributions to Assuring Health Equity Supplement for the 2016 LPHSA to further health equity work in their community.

The System Contributions to Assuring Health Equity Supplement was not used in the 2013 LPHSA. Therefore, the 2016 Health Equity Scores were not incorporated into the 2016 EPHS composite scores.

Scores and Common Themes for each Essential Public Health Service

The following graphs and scores are intended to help the Will County Local Public Health System gain a better understanding of its collective performance and work toward strengthening areas for improvement. Each EPHS section contains:

- a table depicting group composition;
- a table with Performance Standard and Model Standard scores;
- a bar graph depicting the average score for each Model Standard and a composite score for the EPHS;
- discussion summaries for the Model Standards;
- a table with the Health Equity Measure scores;
- discussion summaries for the Health Equity Measures; and
- a summary of strengths, weaknesses, and opportunities for immediate and long-term improvement.

Essential Public Health Service 1: Monitor Health Status to Identify Community Health Problems

To assess performance for Essential Public Health Service 1, participants were asked to address two key questions:



Monitoring health status to identify community health problems encompasses the following:

- Accurate, ongoing assessment of the community’s health status.
- Identification of threats to health.
- Determination of health service needs.
- Attention to the health needs of groups that are at higher risk than the total population.
- Identification of community assets and resources that support the public health system in promoting health and improving quality of life.
- Use of appropriate methods and technology to interpret and communicate data to diverse audiences.
- Collaboration with other stakeholders, including private providers and health benefit plans, to manage multi-sectorial integrated information systems.

EPHS 1 Group Composition

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

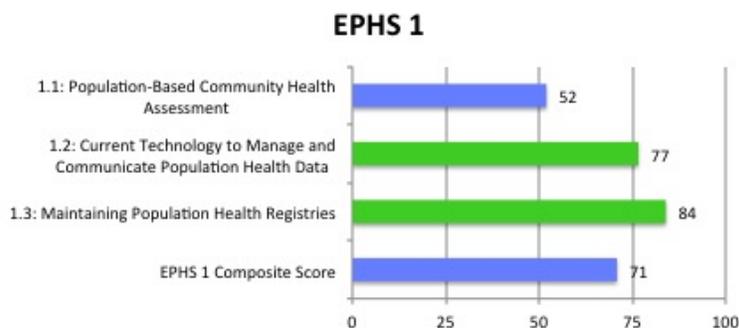
#	Organization Type
1	Emergency preparedness teams, public safety, emergency response organizations
1	Epidemiologists
1	FQHC's and FQHC lookalikes
2	Health department or other local governmental public health agency
1	Long-term care facilities
1	Ministerial alliances
2	Nursing homes
1	Other community/grassroots organizations (tattoo shops, tanning booths, environmental advocacy groups, etc.)
1	Public health laboratories

EPHS 1 Model Standard Scores

EPHS 1. Monitor Health Status To Identify Community Health Problems		
<p>The local public health system (LPHS) develops a community health profile (CHP) using data from a detailed community health assessment (CHA) to give an overall look at the community's health. The CHA includes information on health status, quality of life, risk factors, social determinants of health, and strengths of the community at least every 3 years. Data included in the community health profile are accurate, reliable, and interpreted according to the evidence base for public health practice. CHP data and information are displayed and updated according to the needs of the community. With a CHA, a community receives an in-depth picture or understanding of the health of the community. From the CHA and CHP, the community can identify the most vulnerable populations and related health inequities, prioritize health issues, identify best practices to address health issues and put resources where they are most needed. The CHP also tracks the health of a community over time and compares local measures to other local, state, and national benchmarks.</p>		
1.1.1 Community Health Assessment (CHA)		80
1.1.2 Continuously update CHA with current information		38
1.1.3 Community-wide use of CHA or CHP data		38
1.1 Population-Based Community Health Assessment (CHA)	SIGNIFICANT	52
<p>The local public health system (LPHS) provides the public with a clear picture of the current health of the community. Health problems are looked at over time and trends related to age, gender, race, ethnicity, and geographic distribution are examined. Data are shown in clear ways, including graphs, charts, and maps while the confidential health information of individuals is protected. Software tools are used to understand where health problems occur, allowing the community to plan efforts to lessen the problems and to target resources where they are most needed. The Community Health Profile (CHP) is available in both hard copy and online formats, and is regularly updated. Links to other sources of information are provided on websites.</p>		
1.2.1 Best available technology and methods to display data		71
1.2.2 Analyze health data to see where health problems exist		88
1.2.3 Use computer software to create charts, graphs, and maps to display complex data		71
1.2 Current Technology to Manage and Communicate Population Health Data	OPTIMAL	77
<p>The local public health system (LPHS) collects data on health-related events for use in population health registries. These registries allow more understanding of major health concerns, such as birth defects and cancer, and tracking of some healthcare delivery services, such as vaccination records. Registries also allow the LPHS to give timely information to at-risk persons. The LPHS assures accurate and timely reporting of all the information needed for health registries. Population health registry data are collected by the LPHS according to standards, so that they can be compared with other data from private, local, state, regional, and national sources. With many partners working together to contribute complete data, population registries provide information for policy decisions, program implementation, and population research.</p>		
1.3.1 Collect timely data consistent with current standards on specific health concerns		88
1.3.2 Use information from population health registries in CHAs		80
1.3 Maintenance of Population Health Registries	OPTIMAL	84

EPHS 1 Discussion Summary

Overall performance for EPHS 1 was scored **high significant** in Will County and ranked second out of the 10 EPHSs. The three Model Standards for EPHS 1 were scored from low significant to optimal.



Dialogue in the EPHS 1 breakout session explored the LPHS performance in monitoring community health status through community health assessment (CHA), using technology to manage and analyze population health data, and maintaining population health registries. Participants reported that the CHA is conducted every three years in Will County and is available for use by the local health department, partners, and the general public. Participants agreed that the LPHS excels at collecting and sharing data, with known limitations. Participants discussed a lack of awareness among the general public about the CHA and questioned how well it represents the community. Short-term goals for EPHS 1 included increasing funding to implement policy and planning decisions, and increasing the number of data-specific staff throughout LPHS organizations. Long-term goals identified by participants included deepening community engagement in the CHA and better marketing of the CHA findings to make the data more accessible. The local health department was well represented in this breakout group, and participants looked to the health department staff for information on many of the discussion subjects.

Model Standard 1.1, Population-Based Community Health Assessment (CHA), explores the extent to which the LPHS regularly assesses community health and uses the findings to inform the community and to drive future policy and planning. The participants scored the Performance Measures from moderate to low optimal, resulting in a composite Model Standard score of low significant.

The local health department completes a CHA every three years in partnership with 4 hospitals, 3 FQHCs, the United Way and many other local partners. The CHA includes data from 11 different categories, including demographics, local hospital data, behavioral health, emergency admissions, child and adolescent health (nutrition, obesity, psych), and communicable diseases. According to local health department representatives, the CHA presents some of the data analyzed by different populations, which can be used to identify health inequities in the LPHSA. Participants wanted the CHA data to be more current but acknowledged that the CHA contains

the most current data available to the LPHS, as there is often a 2- to 3-year lag in collecting, analyzing, and reporting health data.

Participants agreed that the local health department is good at continually bringing in new partners for the CHA; however, regular turnover of partners is a challenge because the new participants must become familiar with the CHA process and the work that has already been done. The group was divided as to how the CHA is used to inform health policy and planning decisions. Participants agreed that the data does not always transfer into policies because of restricted funding and limited timeframes for studies. However, they noted that CHA data has been used to drive health messages to the community, including the *Rethink Your Drink* and *Know Where to Go* campaigns.

Overall, the group agreed that the CHA is not being used among community members and partners as much as they would hope. An area of improvement for the LPHS is to further promote the CHA to the community and to secure commitment to tackling long-term goals. Community members and local organizations need greater funding, support, and coordination at the local level to address the problems they identify through the CHA.

Model Standard 1.2, Current Technology to Manage and Communicate Population Health Data, explores the extent to which the local public health system uses the best technology and methods to combine, analyze, and communicate data on the public's health. The participants scored the Performance Measures from high significant to optimal, resulting in a composite Model Standard score of low optimal.

Local health department representatives reported that the CHA data is online and the report is emailed to almost 500 people via the MAPP listserv. CHA data are collected from a wide variety of databases, including Illinois Department of Public Health (IDPH), Centers for Disease Control and Prevention (CDC), the Illinois State Board of Education (ISBE), among others. However, it can be difficult for the general public to locate the original or raw data, as they need to know the exact source and how to access it. Some participants expressed that the data users (particularly those involved with strategic planning) should be more involved in deciding what data to collect, how to collect, and how to disseminate in a way that helps the community prioritize its efforts. Respondents agreed that the LPHS uses computer software to create charts, graphs, and maps to display complex public health data, and agreed that the publications from the last round of the MAPP process did a good job presenting the information in different ways. However, participants noted that creating visual aids for sub-population trends is challenging due to lack of granular data.

Model Standard 1.3, Maintenance of Population Health Registries, explores the extent to which data are regularly collected to update population health registries and the extent to which data from these health registries is used to inform the CHA and other health analyses. The participants scored the Performance Measures from low optimal to optimal, resulting in a composite Model Standard score of optimal.

The registries are meant to collect data to see trends – such as the morbidity of certain cancers – and to better understand the reasons behind increased diagnoses, such as exposure to different environmental factors. Respondents noted that registry findings help establish screening and prevention guidelines. Most of the registry information is automatically captured. Participants indicated that there are administrative standards for hospital reporting established by the Affordable Care Act. Increased use of the electronic medical record has improved the timeliness and accuracy of reporting. The participants indicated that the LPHS regularly uses data from the registries to see if there are trends in population health and to inform policies and regulations. Those who scored the performance standards as “significant” voiced that some LPHS partners do not use the registry data to its fullest potential because they are unaware of the data.

EPHS 1 Health Equity Measures

EPHS 1 Health Equity Measures		
These questions explore the use of the CHA and other assessments to monitor differences in health and wellness across populations, and the level to which the LPHS monitors social and economic conditions that affect health in the community. At what level does the LPHS...		
HE.1 Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identify, education, gender, and neighborhood?		55
HE.2 Monitor social and economic conditions that affect health in the community, as well as institutional practices and policies that generate those conditions?		50
HE 1-2: Monitor Health Equity Via CHA and Other Community Assessments	SIGNIFICANT	53

Participants scored Health Equity Measures 1-2 from high moderate to low significant, resulting in a composite Health Equity score of low significant. The group stated that the LPHS conducted a CHA that included about half of the indicators intended to monitor differences in health and wellness across populations (race, ethnicity, age, income, immigration status, sexual identity, education, gender, and neighborhood). Participants agreed that it is difficult to gather information on some subsets because certain information is protected by privacy laws such as HIPAA. Information gathered through physician’s offices includes race, age, and gender, but providers cannot require clients to report sexual identity or income. Participants reported that Will County puts out an economic report about employment, and there is some monitoring of insurance status, income level, and homelessness.

EPHS 1 Strengths, Weaknesses, and Opportunities

Participants identified strengths and weaknesses that emerged as themes throughout the discussion of the EPHS and identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

- The CHA is updated every 3 years, provides indicators in 11 areas of public health, and identifies areas of improvement for the LPHS.
- Action teams are formed to follow through on CHA priorities.
- The MAPP process ensures community engagement in the CHA and that new partners are consistently recruited to participate in the CHA. The process is generally well-regarded among the participants.
- The CHA is available to the public online through the local health department and partners (e.g. hospitals).

Weaknesses

- Staff turnover at participating organizations makes it difficult to sustain momentum and keep partners connected to the CHA.
- There are gaps in awareness of the CHA among the public.
- The CHA contains the most current data available but data are not as up-to-date as users would like.
- Currently collected population data may not be representative of the community and sub-population data is not always available.

Short-Term Opportunities

- Increase funding and flexibility to implement health policy and planning decisions derived from the CHA.
- Continue to use the CHA to identify areas for improvement.
- Engage strategic planning and data-oriented staff in collaborative efforts.
- Attempt to keep up with the newest technology available to display public health data.

Long-Term Opportunities

- Improve marketing and advertising of the CHA to increase use among community members and partners.
- Engage the community at a higher level in the CHA process – it is very difficult to get commitment to tackle long-term goals or problems.

Essential Public Health Service 2: Diagnose and Investigate Health Problems and Health Hazards

To assess performance for Essential Public Health Service 2, participants were asked to address three key questions:

*Are we ready to respond to health problems
or health hazards in our county?
How quickly do we find out about problems?
How effective is our response?*

Diagnosing and investigating health problems and health hazards in the community encompasses the following:

- Access to public health laboratory capable of conducting rapid screening and high-volume testing.
- Active infectious disease epidemiology programs
- Technical capacity for epidemiologic investigation of disease outbreaks and patterns of infectious and chronic diseases and injuries and other adverse health behaviors and conditions.

EPHS 2 Group Composition

Partners who gathered to discuss the performance of the local public health system in diagnosing and investigating health problems and health hazards included:

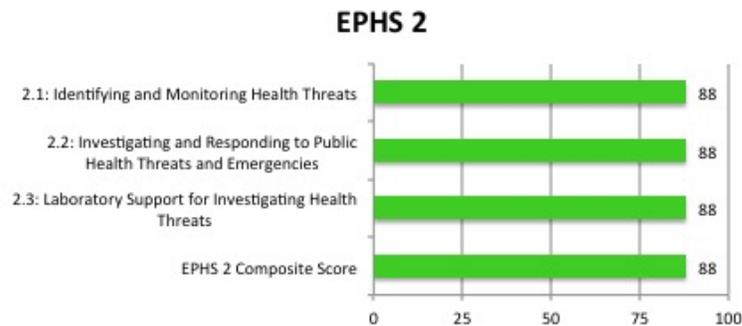
#	Organization Type
1	Emergency preparedness teams, public safety, emergency response organizations
1	Epidemiologists
1	FQHC's and FQHC lookalikes
2	Health department or other local governmental public health agency
1	Long-term care facilities
1	Public health laboratories

EPHS 2 Model Standard Scores

EPHS 2. Diagnose and Investigate Health Problems and Health Hazards		
<p>The local public health system (LPHS) conducts surveillance to watch for outbreaks of disease, disasters, and emergencies (both natural and manmade), and other emerging threats to public health. Surveillance data includes information on reportable diseases and potential disasters, emergencies, or emerging threats. The LPHS uses surveillance data to notice changes or patterns right away, determine the factors that influence these patterns, investigate the potential dangers, and find ways to lessen the impact on public health. The best available science and technologies are used to understand the problems, determine the most appropriate solutions, and prepare for and respond to identified public health threats. To ensure the most effective and efficient surveillance, the LPHS connects its surveillance systems with state and national systems. To provide a complete monitoring of health events, all parts of the system work together to collect data and report findings.</p>		
2.1.1	Comprehensive surveillance system to identify, monitor, and share information	88
2.1.2	Provide and collect information on reportable disease and potential disasters and threats	88
2.1.3	Best available resources to support surveillance systems and activities	88
2.1	Identification and Surveillance of Health Threats	OPTIMAL 88
<p>The local public health system (LPHS) stays ready to handle possible threats to the public health. As a threat develops – such as an outbreak of a communicable disease, a natural disaster, or a chemical, radiological, nuclear, explosive, or other environmental event – a team of LPHS professionals works closely together to collect and understand related data. Many partners support the response with communication networks already in place among health related organizations, public safety, rapid response teams, the media, and the public. In a public health emergency, a jurisdictional Emergency Response Coordinator leads LPHS partners in the local investigation and response. The response to an emergent event is in accordance with current emergency operations coordination guidelines.</p>		
2.2.1	Maintain instructions on how to handle communicable disease outbreaks	88
2.2.2	Written protocols for investigation of public health threats	88
2.2.3	Designated Emergency Response Coordinator	88
2.2.4	Rapid response of personnel in emergency/disasters	88
2.2.5	Identification of technical expertise	88
2.2.6	Evaluation of public health emergency response	88
2.2	Investigation and Response to Public Health Threats and Emergencies	OPTIMAL 88
<p>The local public health system (LPHS) has the ability to produce timely and accurate laboratory results for public health concerns. Whether a laboratory is public or private, the LPHS sees that the correct testing is done and that the results are made available on time. Any laboratory used by public health meets all licensing and credentialing standards.</p>		
2.3.1	Ready access to laboratories for routine diagnostic and surveillance needs	88
2.3.2	Ready access to laboratories for public health threats, hazards, and emergencies	88
2.3.3	Licensed and/or credentialed laboratories	88
2.3.4	Written protocols for laboratories for handling samples	88
2.3	Laboratory Support for Investigation of Health Threats	OPTIMAL 88

EPHS 2 Discussion Summary

Overall performance for EPHS 2 was scored **optimal** in Will County and ranked first out of the 10 EPHSs. The three Model Standards for EPHS 2 were all scored optimal.



Participants in EPHS 2 explored LPHS readiness to diagnose and effectively respond to health problems and health hazards. Participants acknowledged that the LPHS has standardized reporting and good communication between hospitals and the local health department about health threats. There is a common protocol for handling and testing lab samples. Weaknesses related to EPHS 2 included the inability to plan for unknown threats; limited state funding for laboratory staffing and testing; and no standardized way to collect health equity data. A short-term opportunity would be to find partners who have done health equity data collection, with the long-term goal of recruiting dedicated data analysts to incorporate health equity data in future community assessments. The local health department was well represented in this breakout group, and participants looked to the health department staff for information on many of the discussion subjects.

Model Standard 2.1, Identification and Surveillance of Health Threats, explores LPHS performance to monitor and identify outbreaks, disasters, emergencies, and other emerging threats to public health. Participants scored all Performance Measures as optimal, resulting in a composite Model Standard score of optimal.

Most participants were aware of the LPHS contributions to surveillance systems designed to monitor health problems and identify health threats. They stated that reporting systems follow Illinois Department of Public Health (IDPH) standards for submitting reportable disease information to the state and LPHS. Contributors indicated that electronic reporting has improved timeliness of submission and has enabled better integration with national and state surveillance systems. The local surveillance system is compliant with national and state health information exchange guidelines. According to the group, resources available to support health problem and health hazard surveillance and investigation activities in the LPHS include: a standardized system to report health threats; required reporting for grants on a quarterly or annual basis; local health department expertise; and improved access to data in real time. A few participants noted there is a delay in reporting when labs must be sent out of state or when diagnosing complex diseases (such as tick-borne diseases). The group did not think the time lag was a weakness of the system, but rather reflected the complex nature of the disease.

Model Standard 2.2, Investigation and Response to Public Health Threats and Emergencies, explores LPHS performance in collecting and analyzing data on public health threats and responding to emergencies. The overall score for Model Standard 2.2 fell in the optimal range. The participants scored all Performance Measures as optimal, resulting in a composite Model Standard score of optimal.

The Emergency Response Coordinator for Will County was present for the discussion. The coordinator explained that monthly face-to-face meetings with hospital managers, corporations, first responders, and nursing homes are held to discuss the emergency plans in place, including where the local health department would be dispensing and how much. Participants reported that the local health department and the EMA have trained volunteers that can be mobilized during a disaster, and each municipality has emergency response teams made up of volunteers that can be deployed. LPHS personnel are prepared to rapidly respond to natural and intentional disasters through training and call-downs. According to the respondents, the plans are tested and updated according to best practice, and most of the emergency drills have evaluators. Overall the LPHS is not lacking for volunteers; during the last drill, 107 volunteers came to help. Many universities also require students to participate in drills. The group stated that the LPHS was good at responding and adapting to emerging threats.

Model Standard 2.3, Laboratory Support for Investigation of Health Threats, discusses the ability of the LPHS to produce timely and accurate laboratory results for public health concerns. Participants scored all Performance Measures as optimal, resulting in a composite Model Standard score of optimal.

Participants listed numerous public and private labs that are readily accessible and able to meet routine diagnostic and surveillance needs. Will County has their own water lab; tests are done in-house and are certified. If the water lab is inoperable, Will County has agreements to use other county labs in Illinois. For food-borne outbreaks, there are kits in each local health department location with instructions on how to collect samples. Participants reported that small communities suffer the most; many do not have local labs and must send samples in to the state lab. Sometimes this process takes a long time, to the point where the sample is no longer viable. All labs must pass inspection and be licensed by IDPH. The local health department requires a copy of the certificate to ensure samples are only sent to labs that are IDPH-certified. The group noted that well-trained staff is important for sample integrity. Participants reported that chain of custody must be documented with every specimen that is sent in.

EPHS 2 Health Equity Measures

EPHS 2 Health Equity Measures		
These questions explore participation in surveillance systems designed to monitor health inequities, collection of reportable disease information about health inequities, and resources available to investigate the social determinants of health inequities. At what level does the LPHS...		
HE.3 Operate or participate in surveillance systems designed to monitor health inequities and identify the social determinants of health inequities specific to the jurisdiction and across several of its communities?		13
HE.4 Collect reportable disease information from community health professionals about health inequities?		0
HE.5 Have the necessary resources to collect information about specific health inequities and investigate the social determinants of health inequities?		0
HE 3-5: Identify and Investigate Health Inequities Through Surveillance and Reporting	MINIMAL	4

Participants scored Health Equity Measures 3-5 from no activity to minimal, resulting in a composite Health Equity score of low minimal. Participants generally agreed that the local health department does not use existing surveillance systems to monitor health inequities. Respondents stated that some demographic and geographic data is collected when initially reporting diseases, along with information about medical home and insurance access. The group agreed that the LPHS does not have the necessary resources to collect information about specific health inequities and to investigate the social determinants of health inequities and suggested that the LPHS needs a new staff position dedicated to finding and analyzing health inequity data.

EPHS 2 Strengths, Weaknesses, and Opportunities

Participants identified strengths and weaknesses that emerged as themes throughout the discussion of the EPHS and identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

- Infectious disease and environmental data is consistently reported in the LPHS; reporting is standardized. There is good communication between the hospital and the local health department regarding health threats.
- There is synergy between emergency planning partners in the LPHS (e.g. local health department and the Will County EMA).
- The Medical Reserve Corps is available during emergencies.
- The Emergency Operations Center (EOC) has a list of personnel responsible for monitoring health threats and disaster preparedness.
- Emergency plans are consistently tested and evaluated.
- Standard procedures are in place for handling and testing lab samples.
- Numerous resources and partnerships are dedicated to identifying and monitoring health threats in Will County.

Weaknesses

- There is limited state-level funding for labs to do testing and analysis.
- There is no standardized way to collect data on health inequities though reportable disease information monitoring. The system is designed to collect data on the whole population, not on inequities.

Short-Term Opportunities

- Support smaller communities, especially with access to labs.
- Collaborate with coalitions, partners, or sectors that collect or survey health inequity data.

Long-Term Opportunities

- Create a position for a dedicated data analyst to collect and analyze health inequity information.
- Give staff time to analyze health inequity data.

Essential Public Health Service 3: Inform, Educate, and Empower People about Health Issues

To assess performance for Essential Public Health Service 3, participants were asked to address the key question:

How well do we keep all segments of our community informed about health issues?

Informing, educating, and empowering people about health issues encompasses the following:

- Community development activities.
- Social marketing and targeted media public communication.
- Provision of accessible health information resources at community levels.
- Active collaboration with personal healthcare providers to reinforce health promotion messages and programs.
- Joint health education programs with schools, churches, worksites, and others.

EPHS 3 Group Composition

Partners who gathered to discuss the performance of the local public health system in informing, educating, and empowering people about health issues included:

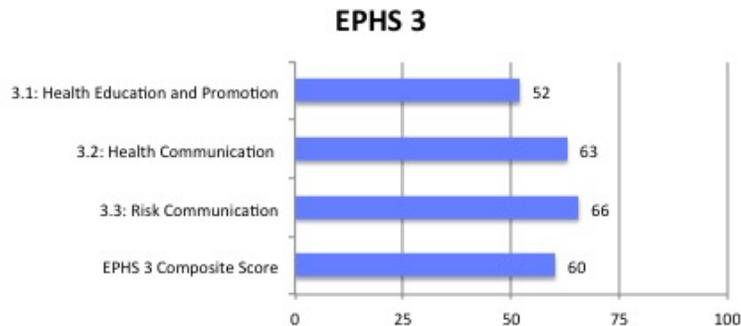
#	Organization Type
1	Colleges and universities
1	Community members
1	Corrections facilities
1	Department of parks and recreation
1	Health department or other local governmental public health agency
1	Health educators
3	Hospitals
1	Neighborhood organizations
3	Other community/grassroots organizations (tattoo shops, tanning booths, environmental advocacy groups, etc.)
1	Preschools and daycare programs
1	Public and private schools
1	Public housing
2	Service providers
2	Social services
1	United Way

EPHS 3 Model Standard Scores

EPHS 3. Inform, Educate and Empower People about Health Issues		
The local public health system (LPHS) designs and puts in place health promotion and health education activities to enable and support efforts to exert control over the determinants of health and to create environments that support health. These promotional and educational activities are coordinated throughout the LPHS to address risk and protective factors at the individual, interpersonal, community, and societal levels. The LPHS includes the community in identifying needs, setting priorities, and planning health promotional and educational activities. The LPHS plans for different reading abilities, language skills, and access to materials.		
3.1.1	Provision of community health information	55
3.1.2	Health education and/or health promotion activities	46
3.1.3	Collaboration on health communication plans	55
3.1	Health Education and Promotion	SIGNIFICANT 52
The local public health system (LPHS) uses health communication strategies to contribute to healthy living and healthy communities, including: increasing awareness of risks to health; ways to reduce health risk factors and increase health protective factors; promoting healthy behaviors; advocating organizational and community changes to support healthy living; increasing demand and support for health services; building a culture where health is valued; and creating support for health policies, programs, and practices. Health communication uses a broad range of strategies, including print, radio, television, the internet, media campaigns, social marketing, entertainment education, and interactive media. The LPHS reaches out to the community through efforts ranging from one-on-one conversations to small group communication, to communications within organizations and the community, to mass media approaches. The LPHS works with many groups to understand the best ways to present health messages in each community setting and to find ways to cover the costs.		
3.2.1	Development of health communication plans	63
3.2.2	Relationship with media	63
3.2.3	Designation of Public Information Officers (PIOs)	63
3.2	Health Communication	SIGNIFICANT 63
The local public health system (LPHS) uses health risk communications strategies to allow individuals, groups and organizations, or an entire community to make optimal decisions about their health and well-being in emergency events. The LPHS recognizes a designated Public Information Officer for emergency public information and warning. The LPHS organizations work together to identify potential risks (crisis or emergency) that may affect the community and develop plans to effectively and efficiently communicate information about these risks. The plans include pre-event, event, and post-event communication strategies for different types of emergencies.		
3.3.1	Emergency communication plans	63
3.3.2	Resources for rapid communications response	71
3.3.3	Risk communication training	63
3.3	Risk Communication	SIGNIFICANT 66

EPHS 3 Discussion Summary

Overall performance for EPHS 3 was scored **significant** in Will County and ranked third out of the 10 EPHSs. The three Model Standards for EPHS 3 were scored from low significant to significant.



Participants in EPHS 3 explored LPHS performance in keeping the community informed and empowered about public health issues. The group reported that the MAPP process enhanced collaboration throughout the LPHS by building relationships based on respect and trust, and by facilitating communication between partners and constituents in the community. Respondents discussed the role of emergency departments in health education and promotion and identified opportunities for greater involvement. Participants also noted that health communication does not reach certain populations in the LPHS and there is a lack of consumer voices in decision making, planning, and implementation of community initiatives. The LPHS could also improve performance in the EPHS 3 by developing other ways of messaging to special populations; working to engage all parts of the county, especially the outlying areas beyond the cities; and improving access to directories and information about community resources (for example, by creating a centralized calendar of community events).

Model Standard 3.1, Health Education and Promotion, explores the extent to which the LPHS successfully provides policy makers, stakeholders, and the public with health information and related recommendations for health promotion policies, coordinates health promotion and education activities, and engages the community in setting priorities and implementing health education and promotion activities. Participants scored the Performance Measures from high moderate to low significant, resulting in a composite Model Standard score of low significant.

Participants described a wide range of health education and promotion in Will County related to family planning, nutrition and healthy eating, physical activity, tobacco use, mental health, preventative care, and maternal and child health, among many other topics. Participants desired additional health education and promotion activities related to: LGBT youth, especially related to bullying in schools; mental health for toddlers and young children; and more face-to-face outreach so new Joliet residents feel safe and comfortable going to health events and obtaining services. LPHS representatives reported using various means to market their work, including social media (Facebook, Twitter), press releases, local newspapers, local radio stations, flyers, and direct mail. Participants found it frustrating that there is no “go-to” place

for marketing events and indicated there were gaps in communication with certain age groups in the LPHS, particularly young people, seniors, and working adults.

Organizations in the LPHS support healthy behavior in many ways, including workplace wellness programs, subsidized fitness programs, and healthy eating programs. Organizations in the LPHS tailor campaigns for populations with higher risk of negative outcomes by working with local groups and coalitions to do outreach and get feedback to identify priority issues. Successful examples of this were the New Lenox Safe Communities Coalition and Matter of Balance. A group member recommended that service organizations register with willfinduhelp.org – the website for the Crisis Line of Will and Grundy Counties.

To reach populations in specific settings, LPHS organizations conduct focus groups, participate in community round tables, and produce resources in multiple languages. Participants reported that the Will County MAPP Collaborative has encouraged more program evaluation. However, the group expressed that evaluation tends to focus on Joliet, not outlying areas in the county. Related to providing policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies, the group agreed that there is room for improvement in keeping the public informed on policy activity. The group also agreed that health promotion and health education coordination needed improvement to reach more underserved populations.

Most respondents praised the LPHS for its efforts to engage the community in setting priorities, developing plans, and implementing health education and promotion activities. The Will County MAPP Collaborative has improved the process of setting priorities and creating action plans with greater and more frequent involvement from the community and consumers. Some participants expressed concerns about lack of follow through, lack of awareness of community planning, and the need to make planning events more welcoming.

Model Standard 3.2, Health Communication, explores the extent to which the LPHS uses health communication strategies to increase awareness of health risk factors, promote healthy behaviors, advocate for organizational and community changes to support healthy living, build a culture of health, and create support for health policies and programs through development of relationships with the media, information sharing among LPHS partners, and identification and training of spokespersons on public health issues. The overall score for Model Standard 3.2 fell in the significant range. The scores for the Performance Measures were all significant.

Participants reported that a few organizations have Public Information Officers (PIOs) and a few organizations have developed health communication plans. Procedures in place to coordinate response and public announcements include a reverse 911 system; ability to send a pre-recorded message to anyone in the community (e.g. power outage, public safety announcements); a closed pod emergency system; and hazmat for evacuations. An area of improvement for the LPHS is to develop a common vocabulary for talking about communications plans.

Different sectors of the population receive targeted public health messages, including suicide prevention, tobacco prevention advertising, and safe driving messages. Participants named campaigns such as *Sticker Shock*, *Rethink Your Drink*, and *Know Where to Go*. Many campaigns are conducted in both English and Spanish. The group described several mechanisms to document and respond to public inquiries, including email, phone, and private messages on Facebook.

Model Standard 3.3, Risk Communication, specifically explores LPHS performance in communicating health information in emergencies. Participants scored the Performance Measures from significant to high significant, resulting in a composite Model Standard score of significant.

Emergency agencies coordinate emergency communication planning in the LPHS through the local emergency planning council, which meets on a regular basis. Various meetings occur with the Medical Reserve Corps (MRC), and groups at the community, regional, and state level. Emergency personnel, local health department staff, and public works participate in training and simulation drills. Local jurisdictions have an Incident Accident Plan, though it is not always shared with the county. Some participants indicated their organizations have an All-Hazards Plan. The plans include established lines of authority, reporting, and responsibilities for emergency teams in accordance with the National Incident Management System (NIMS). There are plans in place to alert special populations. After an emergency or drill, the LPHS conducts a debrief and review to see what can be done better next time. There is a disaster relief special needs committee, which brings organizations together to deliver resources for shelter and food, and also to address long-term recovery issues.

The group described many types of technology in place to ensure rapid communication response in the LPHS: Web EOC, NIXEL, Reverse 911, PSA, Star Com (radio), Emergency Closing Network (weather-related), WJOL, Will County 24/7 helpline, and social media, among others. LPHS organizations utilize PIOs, media and marketing staff, and health educators to develop and adapt emergency communications materials to communicate with stakeholders and partners in the event of an emergency. The local health department and EMA maintain databases with emergency contact information for media liaisons, partners, stakeholders, and PIOs. The information can be uploaded into different systems to send out notifications.

EPHS 3 Health Equity Measures

EPHS 3 Health Equity Measures		
These questions explore how the general public, policymakers, and private stakeholders are informed about community health status and needs in the context of health equity and social justice, whether health promotion and education campaigns are culturally competent, and whether the LPHS plans campaigns to identify the structural and social determinants of health inequities. At what level does the LPHS...		
HE.6 Provide the general public, policymakers, and public and private stakeholders with information about health inequities and the impact of government and private sector decision-making on historically marginalized communities?		30
HE.7 Provide information about community health status (e.g., heart disease rates, cancer rates, and environmental risks) and community health needs in the context of health equity and social justice?		38
HE.8 Plan and conduct health promotion and education campaigns that are appropriate to culture, age, language, gender, socioeconomic status, race/ethnicity, and sexual orientation?		38
HE.9 Plan campaigns that identify the structural determinants of health inequities and the social determinants of health inequities (rather than focusing solely on individuals' health behaviors and decision-making)?		21
HE 6-9: Inform, Educate, and Empower People About the Social Determinants of Health	MODERATE	32

Participants scored Health Equity Measures 6-9 from high minimal to moderate, resulting in a composite Health Equity score of moderate. The participants reported that the LPHS provided some information about health inequities and the impact of government and private sector decision-making on historically marginalized communities, but agreed that health equity does not usually factor into decision-making in the for-profit sector and in communities with fewer disparities. The group reported that the local health department was making a concerted effort to analyze health data at the zip code level to better understand social determinants of health. According to the group, the LPHS performs at a moderate level planning and conducting culturally competent health promotion and education campaigns, but participants noted that sexual orientation is often not addressed appropriately.

EPHS 3 Strengths, Weaknesses, and Opportunities

Participants identified strengths and weaknesses that emerged as themes throughout the discussion of the EPHS and identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

- There are many collaboratives for health and wellness in the LPHS.
- Organizations offer many health education and promotion activities which are inclusive and incorporate many non-traditional partners. Some programs are evidence-based.
- Organizations market their health activities through a wide variety of methods and have a wide variety of mechanisms to document and respond to public inquiries.
- Various organizations support healthy behaviors.
- Emergency preparedness is well-coordinated and evaluated.

Weaknesses

- Sometimes it is difficult to reach the intended audience for health events and health messaging. Information needs to be transmitted in a method appropriate for the age group.
- Some health and wellness initiatives needed in the LPHS include: improved resources for the LGBT community, including speakers; mental health resources for children birth to five; and information and assistance for new residents to find community resources.
- Lack of engagement of clients in community planning.
- Some campaigns lack cultural sensitivity.
- Some aspects of emergency preparedness could be improved, including more widespread communication of emergency drill results and more public cooperation in providing contact information to public agencies for emergencies.

Short-Term Opportunities

- Inform the general public of the planning process and how they can become involved.
- Continue to expand coordination of communications training, especially among non-traditional public health partners.
- Continue to gather data on health disparities and public health programs.
- Make health communications more culturally sensitive and age-relevant.
- Encourage participation and awareness of public health and safety training opportunities.
- After Action Reports findings should be shared as appropriate.
- Increase the use of willfinduhelp.org among providers and community members.
- Create a central community calendar to keep track of health events.

Long-Term Opportunities

- Gather more input from target audiences in order to develop better messaging (e.g. conduct more focus groups and engage clients).
- Improve network building among small organizations to improve visibility in the LPHS.
- Increase data collection at the zip code level.
- County-wide program diversification to reflect the changing population should be a focus.

Essential Public Health Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

To assess performance for Essential Public Health Service 4, participants were asked to address the key question:

How well do we truly engage people in local health issues?

Mobilizing community partnerships to identify and solve health problems encompasses the following:

- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health related).
- Undertaking defined health improvement planning process and health projects, including preventive, screening, rehabilitation, and support programs.
- Building a coalition to draw on the full range of potential human and material resources to improve community health.

EPHS 4 Group Composition

Partners who gathered to discuss the performance of the local public health system in mobilizing community partnerships to identify and solve health problems included:

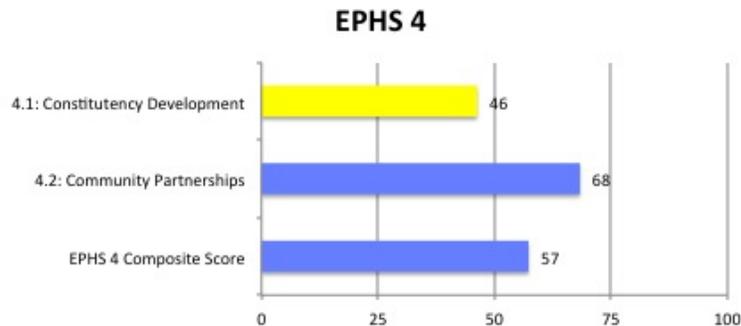
#	Organization Type
1	Colleges and universities
1	Community members
1	Corrections facilities
1	Department of parks and recreation
1	Emergency medical services
1	Environmental health agencies
1	Health department or other local governmental public health agency
2	Health educators
4	Hospitals
2	Other community/grassroots organizations (tattoo shops, tanning booths, environmental advocacy groups, etc.)
1	Preschools and daycare programs
2	Public and private schools
1	Public housing
2	Service providers
1	Social services

EPHS 4 Model Standard Scores

EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems		
The local public health system (LPHS) actively identifies and involves community partners - the individuals and organizations (constituents) with opportunities to contribute to the health of communities. These stakeholders may include health, transportation, housing, environmental, and non-health related groups, as well as community members. The LPHS manages the process of establishing collaborative relationships among these and other potential partners. Groups within the LPHS communicate well with one another, resulting in a coordinated, effective approach to public health so that the benefits of public health are understood and shared throughout the community.		
4.1.1	Directory of organizations that comprise the LPHS	63
4.1.2	Identification of key constituents and stakeholders	38
4.1.3	Participation of constituents in improving community health	46
4.1.4	Communications strategies to build awareness of public health	38
4.1	Constituency Development	MODERATE 46
The local public health system (LPHS) encourages individuals and groups to work together so that community health may be improved. Public, private, and voluntary groups – through many different levels of information sharing, activity coordination, resource sharing, and in-depth collaborations – strategically align their interests to achieve a common purpose. By sharing responsibilities, resources, and rewards, community partnerships allow each member to share their expertise with others and strengthen the LPHS as a whole. A community group follows a collaborative, dynamic, and inclusive approach to community health improvement; it may exist as a formal partnership, such as a community health planning council, or as a less formal community group.		
4.2.1	Partnerships for public health improvement activities	71
4.2.2	Community health improvement committee	71
4.2.3	Review of community partnerships and strategic alliances	63
4.2	Community Partnerships	SIGNIFICANT 68

EPHS 4 Discussion Summary

Overall performance for EPHS 4 was scored **significant** in Will County and ranked fifth out of the 10 EPHSs. The two Model Standards for EPHS 4 were scored from high moderate to significant.



Participants in EPHS 4 explored LPHS performance in engaging the community in local health issues through partnerships. Participants acknowledged a high level of involvement from many partners, especially with the Will County MAPP Collaborative. They noted that residents are not as involved as they should be in planning and evaluation in the LPHS. Goals for the LPHS included succession planning to sustain long-term initiatives and greater recruitment and retention to combat turnover in partnerships. The group noted that they wanted more businesses, civic leaders, and constituents to contribute their voices to the LPHSA.

Model Standard 4.1, Constituency Development, examines LPHS performance in identifying and involving a wide range of community partners and providing opportunities to contribute to community health. Overall participants reported that the LPHS partners were good at networking with each other to raise awareness of public health issues among the community at large and organizations in the LPHS. Participants scored the Performance Measures from moderate to significant, resulting in a composite Model Standard score of high moderate.

Participants indicated that the local fire departments should be more involved in risk reduction education, as they are usually front line when responding to mental health emergencies or heroin overdoses. It is also important for early childhood education partners to be involved in community health, as chronic disease prevention starts early in life with healthy eating and physical activity. New individuals and groups are identified for constituency building in several ways, such as recruiting for MAPP action teams and working with the FQHC governance council. Constituents are encouraged to participate in improving community health through attending events (like the LPHSA), outreach, emails, and newsletters. The LPHS maintains current and accessible directories of organizations, including willfinduhelp.org (online directory and crisis hotline) and the MAPP distribution list. Other organizations maintain directories, such as the Catholic County Back to School Fair, the All Our Kids (AOK) Network, and the American Red Cross.

The Will County MAPP Collaborative hosts a fall forum where general updates are provided by every MAPP action team. There is also a keynote speaker on a topic of relevance to the community. Participants reported that there are forums at local schools to talk about heroin use, underage drinking, and bullying. However, one of the barriers to community engagement for behavioral health is stigma; it can be difficult to have a forum where people feel safe speaking.

Model Standard 4.2, Community Partnerships, explores the LPHS performance in encouraging and mobilizing collaboration across the community, establishing a broad-based community health improvement committee, and assessing the impact and effectiveness of community partnerships in improving community health. Participants scored the Performance Measures from significant to high significant, resulting in a composite Model Standard score of significant.

The group reported that there were a lot of good partnerships in the community to maximize public health improvement activities. These organizations interact through the Will County MAPP Collaborative. There is an executive committee for MAPP that oversees funding and functions as the broad-based community health improvement committee. The LPHS reviews the effectiveness of community partnerships and strategic alliances through surveys, but representatives noted it is difficult to get adequate participation. It requires time to be involved. Respondents remarked on the lack of direction and skills among constituents and how they need more guidance. The partnerships also need to have better succession planning to sustain long-term initiatives.

EPHS 4 Health Equity Measures

EPHS 4 Health Equity Measures		
These questions explore inclusiveness of LPHS coalitions and decision-making. At what level does the LPHS...		
HE.10 Have a process for identifying and engaging key constituents and participants that recognizes and supports differences among groups?		63
HE.11 Provide institutional means for community-based organizations and individual community members to participate fully in decision-making?		38
HE.12 Provide community members with access to community health data?		38
HE 10-12: Inclusive and Participatory Community Partnerships	MODERATE	46

The participants scored Health Equity Measures 10-12 from moderate to significant, resulting in a composite Health Equity score of high moderate. The participants discussed the need to be respectful of people’s knowledge and abilities when creating health promotion events and materials. The group agreed that the internet makes it easier to disseminate information, but LPHS organizations need to make sure the information is understandable to many audiences. The noted that it would be helpful to document the processes used to engage community based organizations and community members to ensure sufficient participation from many different perspectives.

EPHS 4 Strengths, Weaknesses, and Opportunities

Participants identified strengths and weaknesses that emerged as themes throughout the discussion of the EPHS and identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

- LPHS partners are good at networking to raise awareness of public health issues.
- Partners are available at all levels: local, state, and national.
- The LPHS maintains current and accessible directories of organizations, including willfinduhelp.org and the MAPP distribution list.
- Will County MAPP Collaborative Fall Forum is a strength.
- The Executive Committee for MAPP oversees funding and functions as the broad-based community health improvement committee.
- The LPHS uses surveys to evaluate partnerships.

Weaknesses

- A process is needed to engage organizations and maintain involvement.
- Organizations must register with willfinduhelp.org to be listed. Many are unaware of the website.
- Resources limit in-person trainings.
- The LPHS needs to engage the local fire departments in risk reduction.
- Lack of communication among partners sometimes results in a duplication of efforts.

Short-Term Opportunities

- Get more information out to at-risk residents about Emergency Services; who to call, what to do.
- Develop a repository of events/resources for the LPHS. Encourage partners to register with willfinduhelp.org.
- Involve others through email, planning, and networking to get more involved with the Will County MAPP Collaborative.

Long-Term Opportunities

- Work with higher education Centers for Community Engagement and their partners.
- Increase marketing of willfinduhelp.org.
- Increase mechanisms to respond to health issues and surveillance to identify emerging threats.
- Provide additional crisis intervention training for police and EMS.
- Work on succession planning for MAPP partnerships to maintain and grow long-term initiatives.
- Web-based health information needs to be understandable to the populations that we serve (e.g. literacy, language, etc.)

Essential Public Health Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts

To assess performance for Essential Public Health Service 5, participants were asked to address two key questions:

*What local policies in both the government and private sector promote health in our community?
How well are we setting healthy local policies?*

Developing policies and plans that support individual and community health efforts encompasses the following:

- Leadership development at all levels of public health.
- Systematic community-level and state-level planning for health improvement in all jurisdictions.
- Development and tracking of measurable health objectives from the community health plan as a part of continuous quality improvement strategy plan.
- Joint evaluation with the medical healthcare system to define consistent policy regarding prevention and treatment services.
- Development of policy and legislation to guide the practice of public health.

EPHS 5 Group Composition

Partners who gathered to discuss the performance of the local public health system in developing policies and plans that support individual and community health efforts included:

#	Organization Type
1	Community health planners
2	Department of transportation and other transportation services
1	Emergency medical services
1	Emergency preparedness teams, public safety, emergency response organizations
2	Environmental health agencies
2	Faith-based organizations
1	Health educators
1	Law enforcement agencies and emergency services personnel
1	Mental health and substance abuse organizations
1	State and federal programs

EPHS 5 Model Standard Scores

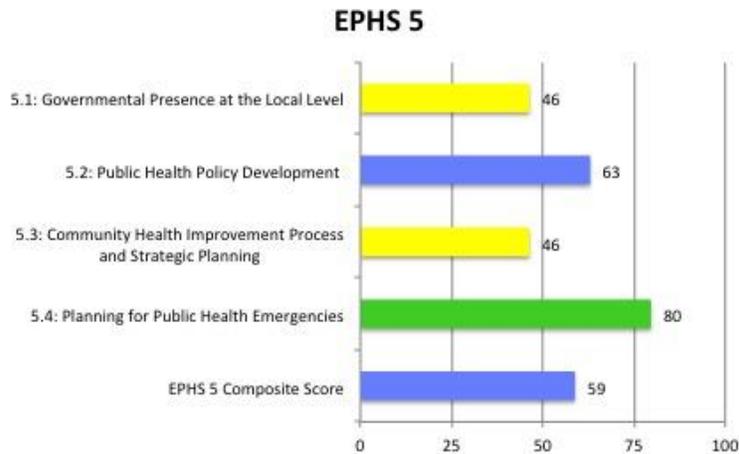
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts		
<p>The local public health system (LPHS) includes a governmental public health entity dedicated to the public health. The LPHS works with the community to make sure a strong local health department (or other governmental public health entity) exists and that it is doing its part in providing Essential Public Health Services. The governmental public health entity can be a regional health agency with more than one local area under its jurisdiction. The local health department (or other governmental public health entity) is accredited through the national voluntary accreditation program.</p>		
5.1.1	Governmental local public health presence	63
5.1.2	Local health department accreditation	38
5.1.3	Resources for the local health department	38
5.1	Governmental Presence at the Local Level	MODERATE 46
<p>The local public health system (LPHS) develops policies that will prevent, protect, or promote the public health. Public health problems, possible solutions, and community values are used to inform the policies and any proposed actions, which may include new laws or changes to existing laws. Additionally, current or proposed policies that have the potential to affect the public health are carefully reviewed for consistency with public health policy through health impact assessments. The LPHS and its ability to make informed decisions are strengthened by community member input. The LPHS, together with the community, works to identify gaps in current policies and needs for new policies to improve the public health. The LPHS educates the community about policies to improve the public health and serves as a resource to elected officials who establish and maintain public health policies.</p>		
5.2.1	Contribution to development of public health policies	63
5.2.2	Alert policymakers/public of public health impacts from policies	63
5.2.3	Review of public health policies	63
5.2	Public Health Policy Development	SIGNIFICANT 63
<p>The local public health system (LPHS) seeks to improve community health by looking at it from many sides, such as environmental health, healthcare services, business, economic, housing, land use, health equity, and other concerns that impact the public health. The LPHS leads a community-wide effort to improve community health by gathering information on health problems, identifying the community's strengths and weaknesses, setting goals, and increasing overall awareness of and interest in improving the health of the community. This community health improvement process provides ways to develop a community-owned plan that will lead to a healthier community. With the community health improvement effort in mind, each organization in the LPHS makes an effort to include strategies related to community health improvement goals in their own strategic plans.</p>		
5.3.1	Community health improvement process	38
5.3.2	Strategies to address community health objectives	63
5.3.3	Organizational strategic planning alignment with community health improvement plan	38
5.3	Community Health Improvement Process and Strategic Planning	MODERATE 46

The local public health system (LPHS) adopts an emergency preparedness and response plan which describes what each organization in the LPHS should be ready to do in a public health emergency. The plan describes community interventions necessary to prevent, monitor, and manage all types of emergencies, including both natural and intentional disasters. The plan also looks at challenges of possible events, such as nuclear, biological, or terrorist events. Practicing for possible events takes place through regular exercises or drills. A task force sees that the necessary organizations and resources are included in the planning and practicing for all types of emergencies.

5.4.1 Community task force or coalition for emergency preparedness and response plans	63
5.4.2 Emergency preparedness and response plan	88
5.4.3 Review and revision of the emergency preparedness and response plan	88
5.4 Plan for Public Health Emergencies	OPTIMAL 80

EPHS 5 Discussion Summary

Overall performance for EPHS 5 was scored **significant** in Will County and ranked fourth out of the 10 EPHSs. The four Model Standards for EPHS 5 were scored from high moderate to low optimal.



Participants in EPHS 5 explored public health planning and policy development in Will County. The LPHS demonstrates diverse partnerships so that input from a variety of perspectives is present, and there is good communication of intent, purpose, and goal. Participants described a lack of funding for initiatives, policy work, and in some cases needs for upgraded technology. Short-term opportunities for the LPHS include applying for grants focused on raising awareness and initiating a planning phase; and better informing and identifying stakeholders. For the long-term, the group suggested the LPHS should look to its partners to strengthen policies and should keep revisiting the policies to ensure optimal success. The LPHS should present policy information to the general public in a way that is relevant and understandable.

Model Standard 5.1, Governmental Presence at the Local Level, discusses how the LPHS works to provide resources for local health departments and supports the voluntary accreditation of health departments through the Public Health Accreditation Board (PHAB). The overall score for Model Standard 5.1 fell in the high moderate range. The scores for the Performance Measures ranged from moderate to significant.

The participants identified types of governmental local public health presence available to ensure the provision of the 10 EPHSs. First responder (EMS, police) presence in the community helps meet the 10 EPHSs. These partners let the community know what the public health department can do and work to educate and inform the community on public health issues. The LPHS ensures that the local health department has trained personnel and ordinances to do its part in providing the 10 EPHSs. Sharing knowledge across partners is also an important resource for the LPHS. The local health department documents its statutory, chartered, and/or legal responsibilities through local ordinances, state statutes for public health and environmental health, and organizational by-laws. Will County is not PHAB accredited but it was one of the early adopters of the MAPP process, which is a national best practice. LPHS organizations follow

various accreditation standards for health and human services and mental health. The local health department goes through a review process for five essential programs every three years as part of the local health protection grant.

Model Standard 5.2, Public Health Policy Development, discussed how the LPHS contributes to new or modified public health policies, alerts policy makers and the community of possible health impacts from policies, and performs policy review. The overall score for Model Standard 5.2 fell in the significant range. The scores for the Performance Measures were all significant.

LPHS partners alert policymakers and the general public of public health impacts from current and proposed policies. LPHS organizations have a presence locally, at the state capital (Springfield), and in Washington D.C. so they can alert their memberships of policy changes. The LPHS supports prevention and protection policies in a variety of ways: interventions such as food inspections to prevent food borne illness; talking with local law enforcement to learn about emerging drugs; code enforcement to prevent crime (e.g. securing abandoned buildings, cutting grass); care and prevention for HIV/AIDS patients; vaccines through community health centers; and support groups for cardiovascular diseases and diabetes. Participants confirmed that the LPHS conducts reviews of public health policies at least every 3-5 years.

Model Standard 5.3, Community Health Improvement Process and Strategic Planning, looks at LPHS work to establish a Community Health Improvement Plan (CHIP), develop strategies to achieve CHIP objectives, and connect organizational strategic plans to the CHIP. The overall score for Model Standard 5.3 fell in the high moderate range. The scores for the Performance Measures ranged from moderate to significant.

The group agreed that there needs to be increased understanding of PACE EH (Protocol for Assessing Community Excellence in Environmental Health). The LPHS revisits the CHA every three years. Partners are re-invited, but the representatives may or may not be the same people for each round. The state has its own improvement plan, and through the MAPP process the local partners are informed of the state plan. For the new CHIP (2017), the health department will look to hospitals to inform the plan. In the previous CHIP, local hospitals and senior service centers were involved in the development of strategies to address community health objectives. The local health department also collaborated with the U.S. Department of Housing and Urban Development (HUD) to get funds for reducing lead paint in homes.

Model Standard 5.4, Planning for Public Health Emergencies, describes how the LPHS supports workgroups to develop and maintain preparedness and response plans with clearly defined protocols, and tests the plans through regular drills. The overall score for Model Standard 5.4 fell in the low optimal range. The scores for the Performance Measures ranged from significant to optimal.

The participants reported that the nuclear plant has plans for evacuation in case of emergency. The Emergency Management Agency (EMA) has an emergency water provision plan in conjunction with IDPH. The EMA also discusses homeland security issues related to school

campuses and hospitals. The local health department has disaster response and emergency preparedness plans and drills annually for disasters. The group reported that the LPHS is developing a mobile app for residents to locate shelters and evacuation routes in case of emergency. Participants indicated that the All-Hazards Emergency Operations Plan includes plans for every emergency. The plan is reviewed every two years; the first year includes a self-audit, and the 2nd year the plan is held to federal nuclear plant safety standards, which are very tough to meet. The plan is a living document and is revised continuously as needed. Participants reported that not everyone is on board with the emergency plans – they need to overcome the idea that a disaster “won’t happen to us.”

EPHS 5 Health Equity Measure

EPHS 5 Health Equity Measure		
This question examines whether community organizations and individuals have a substantive role in deciding policies, procedures, rules, and practices that govern community health efforts. At what level does the LPHS...		
HE.13 Ensure that community-based organizations and individual community members have a substantive role in deciding what policies, procedures, rules, and practices govern community health efforts?		38
HE 13: Community Participation in Policy Development	MODERATE	38

The participants scored Health Equity Measure 13 as moderate. The participants gave numerous examples of how organizations play a role in decision-making. Examples included industry professionals developing policies to regulate and inspect body art facilities. During the Ebola outbreak last year, the hospitals, local health departments, and the state departments came together to do drills for workers. Infectious disease workers, Emergency Medical Services (EMS), the State’s Attorney, and judges all played a part in decision-making. Advocates and consumer groups attend public hearings to decide where to spend public dollars. Individuals also have a role in decision-making. The LPHS gets input on policies and procedures through community meetings, feedback on website pages, and surveys. There is floor time at public hearings (e.g. County Board) for citizens to bring up concerns, but some participants expressed that it “falls on deaf ears.” Individuals participate in events such as the LPHSA but sometimes they do not see the desired action or change come from it.

EPHS 5 Strengths, Weaknesses, and Opportunities

Participants identified strengths and weaknesses that emerged as themes throughout the discussion of the EPHS and identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

- Diverse partnerships exist throughout the community and are the centerpiece of the MAPP model used in Will County.
- Good communication and accessibility to services are assets.
- The LPHS has strong knowledge of local policies and policy management.
- Overall, the LPHS uses standards to guide the related work and meets those standards.
- The LPHS is continuously improving in their emergency response capabilities through extensive planning for disasters across sectors.

Weaknesses

- Keeping up with diverse public health issues of a growing county is a challenge.
- The LPHS lacks proper funding.
- It is not always possible keep up with technological advancements.
- The LPHS needs to look to outside partners to assist with grassroots efforts to strengthen policies.
- There is a need for organizational accountability for interventions.
- The LPHS lacks the ability to alert a broad array of communities of the need for disaster preparedness. It is difficult to get buy-in for natural disaster planning (e.g. snow storms, floods, earthquakes).
- Additional partnering with universities is needed for emergency planning, particularly to develop plans for school shootings.

Short-Term Opportunities

- Explore new public health opportunities to act on public health concerns.
- Apply for new grants and funding opportunities.
- Strengthen policies through partnership work.
- Involve all stakeholders in emergency preparedness training and ensure everyone knows the standards.
- Educate the public on current policies and ordinances.

Long-Term Opportunities

- Increase household preparedness for natural disaster preparation.

Essential Public Health Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

To assess performance for Essential Public Health Service 6, participants were asked to address the key question:

When we enforce health regulations are we technically competent, fair, and effective?

Enforcing laws and regulations that protect health and ensure safety encompasses the following:

- Enforcement of sanitary codes, especially in the food industry.
- Protection of drinking water supplies.
- Enforcement of clean air standards.
- Animal control activities
- Follow up of hazards, preventable injuries, and explores regulated disease identified in occupational and community settings.
- Monitoring quality of medical services (e.g. laboratories, nursing homes, and home healthcare providers.).
- Review of new drug, biologic, and medical device applications.

EPHS 6 Group Composition

Partners who gathered to discuss the performance of the local public health system in enforcing laws and regulations that protect health and ensure safety included:

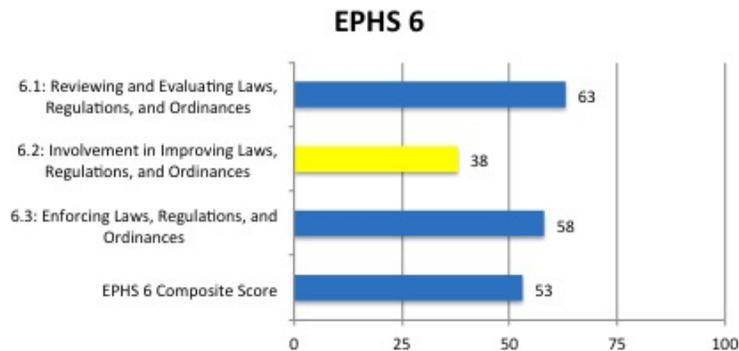
#	Organization Type
1	Community health planners
2	Department of transportation and other transportation services
1	Emergency medical services
1	Emergency preparedness teams, public safety, emergency response organizations
1	Environmental health agencies
2	Faith-based organizations
1	Health educators
1	Hospital
1	Law enforcement agencies and emergency services personnel
1	Mental health and substance abuse organizations
1	State and federal programs

EPHS 6 Model Standard Scores

EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety		
The local public health system (LPHS) reviews existing laws, regulations, and ordinances related to public health, including laws that prevent health problems, promote, or protect public health. The LPHS looks at federal, state, and local laws to understand the authority provided to the LPHS and the potential impact of laws, regulations, and ordinances on the health of the community. The LPHS also looks at any challenges involved in complying with laws, regulations, or ordinances, whether community members have any opinions or concerns, and whether any laws, regulations, or ordinances need to be updated.		
6.1.1	Provision of community health information	63
6.1.2	Knowledge of laws, regulations, and ordinances	63
6.1.3	Review of laws, regulations, and ordinances	63
6.1.4	Access to legal counsel	63
6.1	Review and Evaluation of Laws, Regulations, and Ordinances	SIGNIFICANT 63
The local public health system (LPHS) works to change existing laws, regulations, or ordinances – or to create new ones – when they have determined that changes or additions would better prevent, protect, or promote public health. To advocate for public health, the LPHS helps to draft the new or revised legislation, regulations, or ordinances, takes part in public hearings, and talks with lawmakers and regulatory officials.		
6.2.1	Identification of public health issues not addressed through existing laws	38
6.2.2	Development or modification of laws or public health issues	38
6.2.3	Technical assistance for drafting proposed legislation, regulations, or ordinances	38
6.2	Involvement in the Improvement of Laws, Regulations, and Ordinances	MODERATE 38
The local public health system (LPHS) sees that public health laws, regulations, and ordinances are followed. The LPHS knows which governmental agency or other organization has the authority to enforce any given public health related requirement within its community, supports all organizations tasked with enforcement responsibilities, and assures that the enforcement is conducted within the law. The LPHS has sufficient authority to respond in an emergency event; and makes sure that individuals and organizations understand the requirements of relevant laws, regulation, and ordinances. The LPHS communicates the reasons for legislation and the importance of compliance.		
6.3.1	Authority to enforce laws, regulations, and ordinances	63
6.3.2	Public health emergency powers	63
6.3.3	Enforcement in accordance with applicable laws, regulations, and ordinances	63
6.3.4	Provision of information about compliance	38
6.3.5	Assessment of compliance	63
6.3	Enforcement of Laws, Regulations, and Ordinances	SIGNIFICANT 58

EPHS 6 Discussion Summary

Overall performance for EPHS 6 was scored **low significant** in Will County and ranked seventh out of the 10 EPHSs. The three Model Standards for EPHS 6 were scored from moderate to significant.



EPHS 6 examines LPHS performance in evaluating, improving, and enforcing health and safety laws and regulations. Participants agreed the LPHS has reasonable experience with policies and codes, but not enough expertise to properly enforce policies. Participants noted numerous unfunded and unreasonable mandates, and found that lobbyists have a great deal of impact on policy but the public is not well informed. Opportunities for the LPHS include continuous education on legal issues and policies; greater engagement of stakeholders; and more consideration of the impact of policies. In terms of health equity, the LPHS has identified a lot of problems that are not adequately addressed by laws and regulations, but it needs to move forward with developing solutions for health equity and involving marginalized communities in problem solving.

Model Standard 6.1, Reviewing and Evaluating Laws, Regulations and Ordinances, emphasizes the impact of policies on the health of the public, and issues of compliance among community members. Participants scored the all Performance Measures as significant, resulting in a composite Model Standard score of significant.

Participants reported that Will County self-service sanitation is reviewed every three years. IDPH reviews regulations any time a local ordinance needs to be reviewed (e.g. food, water, sewage). Usually policies are reviewed when a new governor comes to office. LPHS organizations stay up to date on federal, state, and local laws and regulations through HUD training that is required throughout the year. The state health department usually sends out announcements by email from its subsidiaries. Trade associations (such as the American Nurses Association) keep the local health department up to date on what they are seeing. Legal counsel for the LPHS includes the state's attorney, attorney general, and in house council for IDPH. Participants expressed that it was difficult to stay up to date on laws, regulations, and ordinances, because of the sheer volume of regulations.

Model Standard 6.2, Involvement in Improving Laws, Regulations, and Ordinances, explores the extent to which the LPHS participates in advocating for the improvement or creation of policies that affect public health. The participants scored the all Performance Measures as moderate, resulting in a composite Model Standard score of moderate.

Overall participants reported that the LPHS performed at a moderate level related to identifying local public health issues that are not adequately addressed in existing laws and regulations. Examples described by participants included: burning of yard waste; access to safe drinking water; travel policies for people with infectious diseases; and garbage disposal near sewers or bodies of water in rural communities. LPHS organizations have access to technical guidance from the local health department, state health department, and federal agencies. Trade associations also contribute. There were mixed feelings on how well the LPHS participated in changing or creating new regulations. The state health department publishes proposed rules and laws on its website so it is available to the general public. The group noted unfunded mandates such as first responders carrying Narcan and Epinephrine and expressed that at times, it appears that legislators make laws without thinking of the end users. Participants suggested it would be beneficial to look upstream at vendor costs for these items instead of requesting funding to obtain them.

Model Standard 6.3, Enforcing Laws, Regulations, and Ordinances, explores LPHS performance in enforcing policies, including making sure community members are aware of relevant laws, regulations, and ordinances. Participants scored the Performance Measures from moderate to significant, resulting in a composite Model Standard score of significant.

The local health department has authority to enforce laws and regulations related to food protection, burning, Smoke-Free Illinois Act, and others. The roles and responsibilities related to authority are documented in Illinois codes and local ordinances. In an epidemic, authority rests in public health, law enforcement, the state's attorney, and courts, however there are many other partners involved in responding to an epidemic including EMS, hospitals, churches, and schools. IDPH tells the local health departments what the reporting diseases are, and the local health department communicates with infection control. Participants noted that the LPHS is usually able to identify organizations that have the authority to enforce, but often want to shift responsibility. Departments want to "pass the buck" for issues that cover multiple departments (e.g. water and mold issues). The complexity of the laws can make them difficult to enforce.

EPHS 6 Health Equity Measure

EPHS 6 Health Equity Measure		
This question explores whether the LPHS identifies public health issues that have disproportionate impact and are not adequately addressed through existing laws and regulations. At what level does the LPHS...		
HE.14 Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances)?		38
HE 14: Identify Issues with Disproportionate Impact on Marginalized Communities	MODERATE	38

Participants scored Health Equity Measure 14 as moderate. The group discussed how older homes can present problems such as poor indoor air quality, lead paint, and other hazards, and that lower income people are more likely to live in these older homes. Participants also discussed a cultural competency training in the LPHS that reviewed structural inequities that remain from previous generations, such as vertical housing projects that reinforced racial and socioeconomic segregation.

EPHS 6 Strengths, Weaknesses, and Opportunities

Participants identified strengths and weaknesses that emerged as themes throughout the discussion of the EPHS and identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

- In general, LPHS laws are issued with benevolence for the people.
- The LPHS is good at identifying local public health issues that are not adequately addressed in existing laws and regulations.
- There are many resources and expertise available to the LPHS.
- The process of rule-making is open; people can share information quickly and have a chance to respond to policy.

Weaknesses

- There is lack of industry knowledge among some restaurant operators and food establishments which impacts adherence to food protection policies.
- Sometimes the intent of the law is incongruent with the implementation.
- There are unfunded mandates in the LPHS.
- Lack of involvement in the rule-making processes.
- The LPHS policymakers encounter lobbyists, or fear from the general public.
- There is a perceived lack of influence in the LPHS to develop policy and laws.
- There is lack of vision for the long-term impact for public health policies.

Short-Term Opportunities

- Support continuous training and learning around relevant and related legal issues.
- Engage people with a vision for long-term public health planning and prevention.
- Involve more stakeholders and engage vulnerable populations in a respectful manner.
- Include marginalized stakeholders in identifying issues with disproportionate impact on marginalized communities.

Long-Term Opportunities

- Support systemic training and learning around relevant and related legal issues.
- Consider the impact of policies when reviewing and evaluating.
- Involve more stakeholders in improving laws, regulations, and ordinances.
- Begin to address solutions to health equity issues related to regulation.
- Stimulate participatory change and provide support to sustain participation.

Essential Public Health Service 7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable

To assess performance for Essential Public Health Service 7, participants were asked to address the key question:

Are people in our community receiving the health services they need?

Linking people to needed personal health services and ensuring the provision of health care when otherwise unavailable (sometimes referred to as outreach or enabling services) encompasses the following:

- Assurance of effective entry for socially disadvantaged people into a coordinated system of clinical care.
- Culturally and linguistically appropriate materials and staff to ensure linkage to services for special population groups.
- Ongoing “care management”
- Transportation services
- Targeted health education/promotion/disease prevention to high-risk population groups

EPHS 7 Group Composition

Partners who gathered to discuss the performance of the local public health system in linking people to needed personal health services and assuring the provision of healthcare when otherwise unavailable included:

#	Organization Type
1	Department of veterans' affairs
1	Foundations
1	Health department or other local governmental public health agency
1	Healthcare providers
1	Healthcare systems
1	Human resources department
2	Lesbian, gay, bisexual, transgender (LGBT) organizations

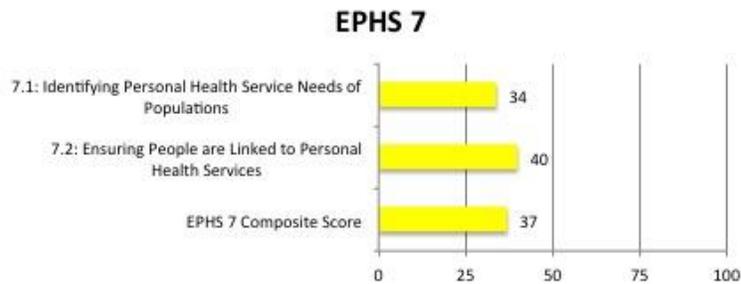
#	Organization Type
1	Local board of health or other local governing entity
1	Mental health and substance abuse organizations
1	Ministerial alliances
1	Public and private schools
1	Public health director
1	Service providers
2	Social services

EPHS 7 Model Standard Scores

EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable		
The local public health system (LPHS) identifies the personal health service needs of the community and identifies the barriers to receiving these services, especially among particular groups that may have difficulty accessing personal health services. The LPHS has defined roles and responsibilities for the local health department (or other governmental public health entity) and other partners (e.g. hospitals, managed care providers, and other community health agencies) in relation to overcoming these barriers and providing services.		
7.1.1	Identification of populations who experience barriers to care	30
7.1.2	Identification of personal health service needs of populations	13
7.1.3	Develop partnerships to respond to unmet needs of the community	55
7.1.4	Understand barriers to use	38
7.1	Identification of Personal Health Service Needs of Populations	MODERATE 34
The local public health system (LPHS) partners work together to meet the diverse needs of all populations. Partners see that persons are signed up for all benefits available to them and know where to refer people with unmet personal health service needs. The LPHS develops working relationships between public health, primary care, oral health, social services, and mental health systems as well as organizations that are not traditionally part of the personal health service system, such as housing, transportation, and grassroots organizations.		
7.2.1	Link populations to needed personal health services	63
7.2.2	Assistance to vulnerable populations in accessing needed health services	46
7.2.3	Initiatives for enrolling eligible individuals in public benefit programs	38
7.2.4	Coordination of personal health and social service	13
7.2	Assuring the Linkage of People to Personal Health Services	MODERATE 40

EPHS 7 Discussion Summary

Participants in EPHS 7 explored LPHS performance in connecting community members to the health services they need. Overall performance for EPHS 7 was scored **moderate** in Will County and ranked tenth out of the 10 EPHSs. The two Model Standards for EPHS 7 were scored moderate.



Participants noted that Will County organizations do well connecting and networking but capacity is a barrier to adequate service provision, particularly for substance abuse and mental health services. Lack of stable housing and transportation are big barriers for certain populations in the LPHS. Will County is diverse and outlying areas are disconnected and/or lack providers. A formal assessment would help LPHS organizations better understand the needs and barriers of the population. The group noted that primary care, clinical care, first responders, and faith-based representatives were missing in the breakout room but they should be a part of the discussion.

Model standard 7.1, Identifying Personal Health Service Needs of Populations, looks at the ability of the LPHS to identify groups in the community who have trouble accessing personal health services and to define responsibilities for partners to respond to the unmet needs of the community. Participants scored the Performance Measures from minimal to low significant, resulting in a composite Model Standard score of moderate.

The participants described several ways in which the LPHS understands which health services are used by populations who may experience barriers to care, including eligibility and needs assessments for clients, assistance with registration for benefits, attendance rates in schools, and screening students for mental health needs. Many populations are taken into account when assessing access to personal health services, including homeless individuals, youth, seniors, English Language Learners, and individuals with disabilities.

The group overwhelmingly agreed that mental health needs are high in the LPHS, while resources are very limited. Waiting lists are very long all over the county. Participants expressed difficulty finding specialty care for populations with Medicaid, Medicaid, and no insurance. To reach people that are not already linked to LPHS organizations, partners form relationships with each other to make referrals. In eastern Will County, there is no hospital or clinic, and many of the people who live there have no access to transportation to access health services.

In general, the group agreed that the LPHS is able to identify groups of people in the community who have trouble accessing or connecting to personal health services, but the LPHS is not strong at identifying subpopulations. The participants stated that it would be beneficial to conduct a coordinated, formal assessment to assess sub-populations in the LPHS. There were mixed feelings on whether or not the partner roles and responsibilities to respond to unmet needs are well-defined; some suggested the organizations were well connected, others did not. The group expressed concerns about services that last for a limited time and whether or not there is a way to notify each other when services have changed or discontinued.

The group determined that the LPHS does not fully understand the reasons that people do not get the care they need. Some examples of barriers include lack of sick days from employers to go seek care and health care clinic and service hours that are not compatible with work schedules. The group acknowledged that they know some reasons but do not have the means to fix or overcome barriers in the current financial state.

Model Standard 7.2, Ensuring People Are Linked to Personal Health Services, discusses how well the LPHS coordinates delivery of personal health services and social services to ensure everyone has access to the care they need. The participants scored the Performance Measures from minimal to significant, resulting in a composite Model Standard score of moderate.

The group described some ways the LPHS coordinates the delivery of personal health and social services to optimize access for populations who may experience barriers to care, such as co-located services, tracking of service delivery, discharge planning, and deploying insurance navigators. To ensure the provision of services, LPHS organizations make the best attempt possible to find help in situations when the organization is unable to provide the needed service. LPHS organizations use language lines and interpreters for language barriers. Participants suggested that education about different cultures would be beneficial for the LPHS.

Transportation is an unmet need for many vulnerable populations in Will County. Public transportation may or may not meet the needs of some community members which leaves a gap since participants reported that there are no cab companies that will take the Medicaid transportation card. Another unmet need is grocery shopping assistance for immobile individuals.

The LPHS has numerous initiatives to enroll eligible individuals in public benefit programs. Many organizations have benefit counselors and insurance navigators on staff. Some organizations have assistance programs that help cover the cost of insurance. The group reported that the biggest challenges to linking people to organizations are the waiting lists, eligibility requirements, and service cuts due to grant funding.

EPHS 7 Health Equity Measures

EPHS 7 Health Equity Measures		
These questions explore barriers for subpopulations, the influence of social injustices on access to personal health services, and inequitable distribution of resources. At what level does the LPHS...		
HE.15 Identify any populations that may experience barriers to personal health services based on factors such as on age, education level, income, language barriers, race or ethnicity, disability, mental illness, access to insurance, sexual orientation and gender identity, and additional identities outlined in Model Standard 7.1?	38	
HE.16 Identify the means through which historical social injustices specific to the jurisdiction (e.g., the inequitable distribution health services and transportation resources) may influence access to personal health services?	5	
HE.17 Work to influence laws, policies, and practices that maintain inequitable distributions of resources that may influence access to personal health services?	5	
HE 15-17: Inequitable Access to Personal Health Services	MINIMAL	16

The participants scored Health Equity Measures 15-17 from low minimal to moderate, resulting in a composite Health Equity score of minimal. In general, the group agreed that the LPHS is able to identify groups of people in the community who have trouble accessing or connecting to personal health services, but the LPHS is not strong at identifying all subpopulations. The group agreed that historical injustices are persistent in Will County. Specifically, Eastern Will County has little access to healthcare. Joliet has an east-west divide along socioeconomic and racial lines, exacerbated by the movement of Silver Cross Hospital from Joliet to New Lenox. The group agreed that little has been done in the LPHS to influence laws, policies, and practices that maintain inequitable distribution of resources that influence access to personal health services. Participants expressed the difficulty in openly acknowledging this for fear of damaging relationships with peers or hurting political campaigns.

EPHS 7 Strengths, Weaknesses, and Opportunities

Participants identified strengths and weaknesses that emerged as themes throughout the discussion of the EPHS and identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

- The LPHS excels at engaging special populations; they come to the organizations seeking services.
- Organizations in the LPHS make referrals to each other.
- There are many medical services available (four hospitals, three FQHCs, and one free clinic).
- Organizations internally perform needs assessments of the populations they serve, and make referrals.
- The 2013 MAPP Community Themes and Strengths Assessment functioned as a community survey.
- The LPHS excels at enrolling eligible individuals into health benefits. Several organizations have navigators and counselors.

Weaknesses

- There are long waiting lists for mental health and substance abuse services.
- Lack of resources in the LPHS limits the services that can be provided. Eligibility requirements further limit service provision.
- There is limited dental and specialty care for underinsured and uninsured individuals.
- Southern and southeast Will County lack medical services, support services, and transportation. In these parts of the county, it is more challenging to identify those with needs.
- There is no formal coordinated assessment of personal health needs for vulnerable populations.
- The LPHS lacks affordable housing and has unmet needs related to transportation to appointments and grocery shopping assistance.
- FQHCs only serve 19% of eligible individuals; the barriers are not always known and they do not have solutions to overcome the barriers.
- Some barriers to accessing personal health services are understood, but individuals do not have influence, resources, and/or knowledge to address/remove barriers.
- The LPHS needs to improve cultural competency of staff and materials to acknowledge cultural differences.
- Ineffective engagement in policy work related to health equity without impacting partnerships and funding.

Short-Term Opportunities

- MAPP organizers should send the LPHSA participant list to all partners.
- Prepare, advocate, and respond to state and federal changes to the ACA and Medicaid expansion. Coordinate advocacy efforts among partners.
- Engage primary care providers.
- Increase communication about MAPP and access to data.

Long-Term Opportunities

- Advocate for resources to serve the entire population.
- Coordinate a formal assessment of vulnerable populations and personal health needs.

Essential Public Health Service 8: Assure a Competent Public Health and Personal Healthcare Workforce

To assess performance for Essential Public Health Service 8, participants were asked to address two key questions:

Do we have a competent public health staff?

Ensuring a competent public and personal health care workforce encompasses the following:

- Education, training, and assessment of personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services.
- Efficient processes for licensure of professionals.
- Adoption of continuous quality improvement and lifelong learning programs.
- Active partnerships with professional training programs to ensure community-relevant learning experiences for all students.
- Continuing education in management and leadership development programs for those charged with administrative/executive roles.

EPHS 8 Group Composition

Partners who gathered to discuss the performance of the local public health system in assuring a competent public health and personal healthcare workforce included:

#	Organization Type
2	Colleges and universities
1	Community members
1	Emergency medical Services
1	Emergency preparedness teams, public safety, emergency response organizations
1	Environmental health agencies
2	Health department or other local governmental public health agency
2	Human resources departments
1	Local board of health or other local governing entity
1	Public and private schools

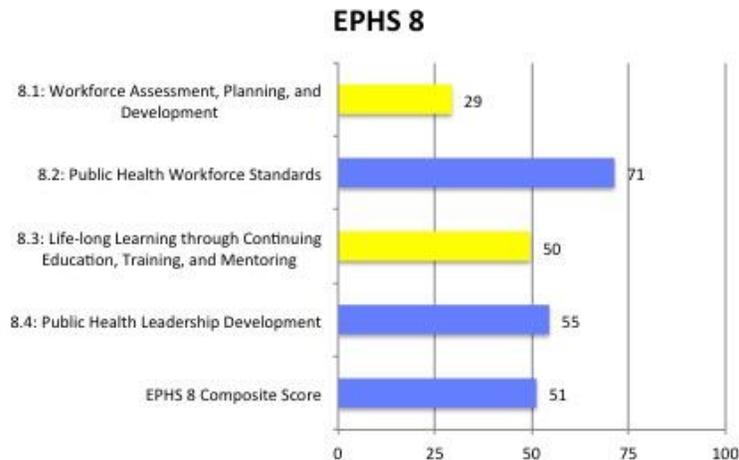
EPHS 8 Model Standard Scores

EPHS 8. Assure a Competent Public Health and Personal Health Care Workforce		
<p>The local public health system (LPHS) assesses the local public health workforce – all who contribute to providing Essential Public Health Services for the community. Workforce assessment looks at what knowledge, skills, and abilities the local public health workforce needs and the numbers and kinds of jobs the system should have to adequately prevent, protect and promote health in the community. The LPHS also looks at the training that the workforce needs to keep its knowledge, skills, and abilities up to date. After the workforce assessment determines the number and types of positions the local public health workforce should include, the LPHS identifies gaps and works on plans to fill the gaps.</p>		
8.1.1	Assessment of the LPHS workforce	46
8.1.2	Identification of shortfalls and/or gaps within the LPHS workforce	21
8.1.3	Dissemination of results of the workforce assessment/gap analysis	21
8.1	Workforce Assessment, Planning and Development	MODERATE 29
<p>The local public health system (LPHS) maintains standards to see that workforce members are qualified to do their jobs, with the certificates, licenses, and education that are required by law or in local, state, or federal guidance. Information about the knowledge, skills, and abilities that are needed to provide Essential Public Health Services are used in personnel systems, so that position descriptions, hiring, and performance evaluations of workers are based on public health competencies.</p>		
8.2.1	Awareness of guidelines and/or licensure/certification requirements	88
8.2.2	Written job standards and/or position descriptions	63
8.2.3	Performance evaluations	63
8.2	Public Health Workforce Standards	SIGNIFICANT 71
<p>The local public health system (LPHS) encourages lifelong learning for the public health workforce. Both formal and informal opportunities in education and training are available to the workforce, including workshops, seminars, conferences, and online learning. Experienced staff persons are available to coach and advise newer employees. Interested workforce members have the chance to work with academic and research institutions, particularly those connected with schools of public health, public administration, and population health. As the academic community and the local public health workforce collaborate, the LPHS is strengthened. The LPHS trains its workforce to recognize and address the unique culture, language and health literacy of diverse consumers and communities and to respect all members of the public. The LPHS also educates its workforce about the many factors that can influence health, including interpersonal relationships, social surroundings, physical environment, and individual characteristics (such as economic status, genetics, behavioral risk factors, and health care).</p>		
8.3.1	Identification of education and training needs for workforce department	63
8.3.2	Opportunities for developing core public health competencies	63
8.3.3	Educational and training incentives	46
8.3.4	Collaboration between organizations and the LPHS for training and education	38
8.3.5	Education and training on cultural competency and social determinants of health	38
8.3	Life-Long Learning Through Continuing Education, Training, and Mentoring	MODERATE 50

Leadership within the local public health system (LPHS) is demonstrated by organizations and individuals that are committed to improving the health of the community. Leaders work to continually develop the local public health system, create a shared vision of community health, find ways to make the vision happen, and to make sure that public health services are delivered. Leadership may come from the health department, from other governmental agencies, nonprofits, the private sector, or from several partners. The LPHS encourages the development of leaders that represent different groups of people in the community and respect community values.		
8.4.1	Development of leadership skills	46
8.4.2	Collaborative leadership	71
8.4.3	Leadership opportunities for individuals and/or organizations	63
8.4.4	Recruitment and retention of new and diverse leaders	38
8.4	Public Health Leadership Development	SIGNIFICANT 55

EPHS 8 Discussion Summary

Overall performance for EPHS 8 was scored **low significant** in Will County and ranked eighth out of the 10 EPHSs. The four Model Standards for EPHS 8 were scored from low moderate to high significant.



Participants in EPHS 8 discussed public health workforce development in the LPHS. Participants agreed that most organizations have great training programs, while doing more with less. The LPHS is leaning on university and educational institutions to do a lot of the training. Many standards for the workforce are already in place and enforced to protect the public. Within organizations, participants recognized significant efforts to improve workforce diversity. The group identified several weaknesses in the LPHS. Workplace regulations prevent students from being involved in the healthcare system as interns, volunteers, or assistants. Budget constraints have caused problems with workforce retention. In the short term, contributors suggested increasing opportunities for partnerships and clinical placements, especially for students and volunteers; hosting summits or conferences for career development and professional networking; and intensifying efforts to diversify leadership and workforce. In the long term, the respondents proposed extending workforce development into earlier age groups; increasing incentives for in-person learning and training; and encouraging participation in professional trainings and certifications.

Model Standard 8.1, Workforce Assessment, Planning, and Development, explores how well the LPHS is assessing its workforce as a system. Participants scored the Performance Measures from high minimum to high moderate, resulting in a composite Model Standard score of low moderate.

The group noted that each agency has their own way of assessing the knowledge, skills, and abilities of new candidates applying and recruited for public health positions. Workforce assessments are updated continuously in most agencies. Overall, participants agreed that the LPHS has good pipelines to healthcare employment. Increasing productivity is creating a demand for practitioners. Contributors suggested the LPHS should have more career days, where professionals introduce healthcare and public health jobs and careers to students.

Participants also noted challenges associated with the Affordable Care Act in terms of licensure and continuing education reimbursement. The group agreed that there is no standardization for the workforce assessment across the LPHS; each part is operating individually. Group members also agreed that information from workforce assessments is not used to address gaps in the LPHS workforce. Budget cuts have created workforce problems. When workers are laid off, their responsibilities are shifted to the existing employees rather than hiring new personnel. Participants alluded that workforce assessment information was made available to other community organizations, but not necessarily utilized by external organizations.

Model Standard 8.2, Public Health Workforce Standards, explores how the LPHS ensures that workforce members are qualified and that hiring and performance reviews are based on public health competencies. Participants scored the Performance Measures from significant to optimal, resulting in a composite Model Standard score of high significant.

Participants reported that standard licensure is required for positions that deliver the 10 EPHSs. Organizations comply with requirements by checking applicants for professional memberships and proof of licensure. Employers conduct background checks for felonies or healthcare fraud, but respondents acknowledged it is difficult to do this consistently for all employees. Some LPHS organizations do annual reviews of personnel files, though the group observed that personnel file audits are not as pervasive in the private sector. The group agreed that most or all organizations in the LPHS have written job standards or position descriptions. Participants also agreed that most or all organizations in the LPHS conduct annual performance evaluations, but admitted it was a “struggle” to do so and they could be improved by basing reviews on public health competencies. A strength defined by the group is that the LPHS ensures all members of the local public health workforce have required licensure and education to perform their work duties. Participants agreed that the LPHS performs at a significant level for developing and maintaining job standards and job descriptions, though they need to be updated more regularly.

Model Standard 8.3, Life-long Learning Through Continuing Education, Training, and Mentoring, reviews LPHS performance in identifying education and training needs, providing incentives for workforce training, and creating collaborations between organizations for training and education. The participants scored the Performance Measures from moderate to significant, resulting in a composite Model Standard score of high moderate.

Participants discussed the changes occurring due to online learning and acknowledged that for individuals with time constraints, it is often easier to do tasks online. Younger professionals gravitate towards online learning, but it can create a disconnect between the physical, in-person aspects of clinical practice. Respondents noted that this is important from a human resources perspective as well; behavior and body language during interviews is evaluated by the interviewer. More and more applications are online now, which sends a mixed message to applicants. Participants noted it was critical to teach the workforce how to use all modes of communication, including digital/online, in a professional manner. Many organizations allocate a certain amount of hours for professional development, though budget constraints have

reduced this. Incentives available for education and training include tuition reimbursement and higher pay from promotion, however, with budget cuts, tuition reimbursement is often the first item to be discarded.

Model Standard 8.4, Public Health Leadership Development, discusses the leadership development in the LPHS including creating a shared vision of community health and providing opportunities for the development of leaders that reflect diversity in the community. The overall score for Model Standard 8.4 fell in the low significant range. The scores for the Performance Measures ranged from moderate to high significant.

The group pointed to the Will County MAPP Collaborative for providing a shared vision of community collaboration in public health. Organizations in the LPHS promote the development of leadership skills by offering graduate degrees in leadership and management. Organizations in the LPHS use a variety of methods to communicate to ensure informed participation in decision-making. The Will County MAPP Collaborative has executive board meetings, board meetings, and action team meetings. Local area network meetings provide opportunities for sharing and disseminating information within professional organizations. The meetings engage hospitals and other community providers and offer information on legislative and advocacy efforts. E-mail lists keep people informed even if they are unable to participate or are not involved in meetings.

EPHS 8 Health Equity Measure

EPHS 8 Health Equity Measures		
These questions explore how the LPHS is developing staff capacity to support health equity, the inclusiveness of workforce assessment planning, and the recruitment of diverse, multidisciplinary staff at LPHS organizations. At what level does the LPHS...		
HE.18 Conduct assessments related to developing staff capacity and improving organizational functioning to support health equity initiatives?		63
HE.19 Identify staff perspectives on the facilitators and barriers to addressing health equity initiatives?		30
HE.20 Include staff members that are often excluded from planning and organizational decision-making processes in workforce assessments?		46
HE.21 Recruit and train staff members from multidisciplinary backgrounds that are committed to achieving health equity?		46
HE.22 Recruit and train staff members that reflect the communities they serve?		46
HE 18-22: Health Equity in Workforce Development	MODERATE	46

The participants scored Health Equity Measures 15-17 from low moderate to high moderate, resulting in a composite Health Equity score of high moderate. The participants discussed health equity in relation to workforce development in general. The group noted that most organizations are working to diversify their staff, though most have not succeeded. The educational institutions place a priority on recruiting diverse students so they can eventually lead in their respective communities. Traditional public health training and education focuses

on health promotion and disease prevention, not health equity, but Will County is working to make health equity a priority. The group expressed that the MAPP process brought attention to health disparities and health equity initiatives in the LPHS.

EPHS 8 Strengths, Weaknesses, and Opportunities

Participants identified strengths and weaknesses that emerged as themes throughout the discussion of the EPHS and identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

- There is job training available in the LPHS and students have opportunities to learn about different careers.
- Emergency preparedness volunteers are being integrated into the workforce, which helps manage budgetary constraints.
- Nursing programs are graduating enough nurses to fill the need.
- Workforce information is available and agencies do their own assessments.
- Public health job descriptions and standards are up to date. Background checks are conducted as necessary.
- LPHS organizations regularly conduct performance evaluations.
- The public health workforce meets the minimum requirements.
- There are many opportunities for cultural competency training.
- The LPHS is starting to prioritize health equity gaps.
- There have been significant efforts to improve workplace diversity and equity.

Weaknesses

- Better workforce assessment is needed in some industries and departments.
- Barriers to student workforce development such as regulations (e.g. HIPAA) prevent certain healthcare job shadowing, limiting opportunities for high school and university students.
- The LPHS workforce is affected by retirement and retention issues.
- Budget cuts have led to position eliminations, decreased training opportunities, a loss of institutional knowledge, and program cuts.
- Workforce information available is not acted upon.
- There is a disconnect between workforce activities that occur online versus in-person (e.g. training, applications, interviews).
- Incentives for continuing education are not a high priority and sometime people are not aware of available training in the LPHS.
- The LPHS has little diversity in its leadership.
- There is awareness of the need for health equity action but few steps have been taken.

Short-Term Opportunities

- Demonstrate continuous improvement of the workforce (e.g. performance, job descriptions).
- Offer summits or conferences involving multi-disciplinary participants to encourage leadership across the dimensions of public health.
- Increase awareness of training programs offered by different agencies in the community.
- Will County MAPP Collaborative must increase communication on the shared community vision of health.
- Improve practices related to inclusive hiring and diverse leadership.

Long-Term Opportunities

- Extend workforce and professional development into middle and high school.
- Increase the number of incentives available for learning and training.
- Encourage participation in professional organizations.

Essential Public Health Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

To assess performance for Essential Public Health Service 9, participants were asked to address three key questions:



Evaluating effectiveness, accessibility, and quality of personal and population-based health services encompasses the following:

- Assessing program effectiveness through monitoring and evaluating implementation outcomes and impact.
- Providing information necessary for allocating resources and reshaping programs.

EPHS 9 Group Composition

Partners who gathered to discuss the performance of the local public health system in evaluating effectiveness, accessibility, and quality of personal and population-based health services included:

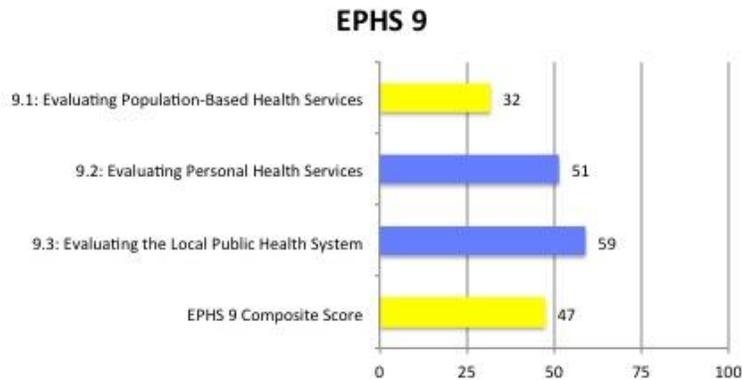
#	Organization Type
1	Department of veterans' affairs
1	Foundations
1	Health department or other local governmental public health agency
1	Healthcare providers
1	Healthcare systems
1	Human resources department
2	Lesbian, gay, bisexual, transgender (LGBT) organizations
1	Local board of health or other local governing entity
1	Mental health and substance abuse organizations
1	Ministerial alliances
1	Public and private schools
1	Public health director
1	Service providers
2	Social services

EPHS 9 Model Standard Scores

EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
<p>The local public health system (LPHS) evaluates population based health services, which are aimed at disease prevention and health promotion for the entire community. Many different types of population-based health services are evaluated for their quality and effectiveness in targeting underlying risks. The LPHS uses nationally recognized resources to set goals for their work and identify best practices for specific types of preventive services (e.g. Healthy People 2020 or the Guide to Community Preventive Services). The LPHS uses data to evaluate whether population-based services are meeting the needs of the community and the satisfaction of those they are serving. Based on the evaluation, the LPHS may make changes and may reallocate resources to improve population-based health services.</p>		
9.1.1	Evaluation of population-based health services	63
9.1.2	Assessment of community satisfaction with population-based health services	13
9.1.3	Identification of gaps in the provision of population-based health services	13
9.1.4	Use of population-based health services evaluation	38
9.1	Evaluation of Population-Based Health Services	MODERATE 32
<p>The local public health system (LPHS) regularly evaluates the accessibility, quality, and effectiveness of personal health services. These services range from preventive care, such as mammograms or other preventive screenings or tests, to hospital care, to care at the end of life. The LPHS sees that the personal health services in the area match the needs of the community, with available and effective care for all ages and groups of people. The LPHS works with communities to measure satisfaction with personal health services through multiple methods, including a survey that includes people who have received care and others who might have needed care or who may need care in the future. The LPHS uses findings from the evaluation to improve services and program delivery, using technological solutions such as electronic health records when indicated, and modifying organizational strategic plans as needed.</p>		
9.2.1	Personal health services evaluation	38
9.2.2	Evaluation of personal health services against established standards	55
9.2.3	Assessment of client satisfaction with personal health standards	63
9.2.4	Information technology to assure quality of personal health services	63
9.2.5	Use of personal health services evaluation	38
9.2	Evaluation of Personal Health Services	SIGNIFICANT 51
<p>The local public health system (LPHS) evaluates itself to see how well it is working as a whole. Representatives from all groups (public, private, and voluntary) that provide Essential Public Health Services gather to conduct a systems evaluation. Together, using guidelines (such as this tool) that describe a model LPHS, participants evaluate LPHS activities and identify areas of the LPHS that need improvement. The results of the evaluation are also used during a community health improvement process.</p>		
9.3.1	Identification of community organizations or entities that contribute to the EPHS	63
9.3.2	Periodic evaluation of LPHS	63
9.3.3	Evaluation of partnership within the LPHS	55
9.3.4	Use of evaluation to guide improvements to the LPHS	55
9.3	Evaluation of the Local Public Health System	SIGNIFICANT 59

EPHS 9 Discussion Summary

Overall performance for EPHS 9 was scored **high moderate** in Will County and ranked ninth out of the 10 EPHSs. The three Model Standards for EPHS 9 were scored from moderate to significant.



EPHS 9 explores how the LPHS evaluates the effectiveness of personal and population-based services, and the LPHS itself. According to participants, evaluation of the LPHS is well done because of using the standardized NPHPS tool for this assessment, the Local Public Health System Assessment. Population based health services are not evaluated at the same frequency as personal health services. Population-based health is more short-term and grant-funded, which does not allow for continuity of programs. Technology (such as electronic medical records) is widely used in both types of health services, but it is not always effective. Areas of opportunity for the LPHS include: improving health equity in the LPHS; improving the interoperability of digital systems; and engaging more primary care and clinical care partners to improve access and measure outcomes. The group noted that the breakout discussion was missing LPHS representatives who could better understand gaps in evaluation.

Model Standard 9.1, Evaluation of Population-Based Health Services, explores whether: population-based services are being adequately evaluated by the LPHS, community feedback is sought, and gaps in service provision have been identified. The participants scored the Performance Measures from minimal to significant, resulting in a composite Model Standard of moderate.

LPHS organizations monitor chronic conditions to evaluate their services. Examples included tracking new HIV infections and viral suppression; congestive heart failure readmissions; and pre-diabetes indicators. In general, many grants require outcome evaluation, and the LPHS often measures satisfaction and feedback on process; however, participants noted a lack of longitudinal studies. The results of the evaluations are used to drive programmatic plans, such as the minimum number of patient encounters required. The LPHS identifies gaps in health service delivery through assessments, particularly the MAPP assessments. However, the group recognized that there is no formal, comprehensive identification of gaps in the provision of population-based health services. Participants reported that there are findings that can be used to improve plans, processes, and services, but the LPHS lacks resources (particularly for time-

strapped staff) to implement improvements. Respondents also noted that short grant timelines pose a problem for evaluation; some interventions require much more time than is allotted by funders to see results.

Model Standard 9.2, Evaluation of Personal Health Services, examines the extent to which health care providers are evaluating personal health care services. The participants scored the Performance Measures from moderate to significant, resulting in a composite Model Standard score of low significant.

Hospitals send out individual surveys that ask patients to rank quality of care, and through Healthcare Effectiveness Data and Information Set (HEDIS), they evaluate readmission rates. Participants indicated there are a lot of reporting requirements for managed care, Electronic Health Records (EHR), Uniform Data System (UDS), and Medicaid. Most providers in the LPHS use an electronic health records system. The group had mixed opinions about LPHS performance evaluating personal health services. They noted variability between the public and private sectors. Respondents noted that private physicians who accept insurance have to report back to insurance companies, but the data is not widely shared. The group reported that organizations in the LPHS compare the quality of personal health service to established guidelines in order to meet grant requirements. The LPHS uses technology but the group agreed that improving program interoperability is an opportunity area and would greatly improve quality of care.

Model Standard 9.3, Evaluation of the Local Public Health System, explores LPHS performance in evaluating its effectiveness as a system. The participants scored the Performance Measures from low significant to significant, resulting in a composite Model Standard score of significant.

Will County conducts a comprehensive evaluation of the LPHS every three years using the tool utilized for this assessment, the LPHSA. The LPHSA functions as a partnership assessment through discussion, scoring, and evaluations that participants complete. Participants reported that the state budget issue has raised the stakes for LPHS organizations, which have reallocated resources to survive funding cuts. Group members acknowledged that the landscape for public health has changed; therefore, the way evaluation results are used to guide community health improvements may change too.

The group noted that sustainability is a challenge for the LPHS. It is difficult to keep partners engaged long-term and to bring on new partners, which affects continuity in LPHS activities. Most people indicated this was due to the high rate of turnover among staff in social service agencies and non-profits. An opportunity area for the LPHS is to recruit and retain the right people so they can take information back to their organizations and enact change. Another opportunity area for the LPHS would be to improve how organizations track referrals to partners to demonstrate the strength of the LPHS network. Organizations would also benefit from partner feedback to see if clients follow through on referrals.

EPHS 9 Health Equity Measures

EPHS 9 Health Equity Measures		
These questions explore delivery of the 10 EPHS to historically marginalized communities and whether the LPHS monitors the delivery to ensure equitable distribution. At what level does the LPHS...		
HE.23 Identify community organizations or entities that contribute to the delivery of the Essential Public Health Services to historically marginalized communities?		63
HE.24 Monitor the delivery of the Essential Public Health Services to ensure that they are equitably distributed?		13
HE 23-24: Equitable Delivery of the EPHS	MODERATE	38

The participants scored Health Equity Measures 23-24 from minimal to significant, resulting in a composite Health Equity score of moderate. The participants reported that the LPHS is good at identifying organizations that contribute to the delivery of the 10 EPHSs to historically marginalized communities, though they noted some key representation was missing in the room, such as law enforcement. The group did not think there was a formal mechanism to monitor the delivery of the 10 EPHSs to ensure they are equitably distributed.

EPHS 9 Strengths, Weaknesses, and Opportunities

Participants identified strengths and weaknesses that emerged as themes throughout the discussion of the EPHS and identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

- Personal health care has mandated evaluation measures for hospitals and FQHCs.
- Electronic health records allow continuity across different types of services within the same organization, and in some cases, with outside organizations.
- Organizations evaluate grant-funded programs. Many LPHS organizations use evidence-based programs.
- Organizations in the LPHS modify interventions and staff interactions based on customer feedback and results.
- The LPHS conducts process evaluation
- The LPHS uses MAPP to identify gaps, disparities, and needs through data, county health rankings, and surveys.
- There is commitment from LPHS providers across the community.
- Evaluation of the LPHS is done well because of this assessment tool (LPHSA) which is a standardized tool.

Weaknesses

- Short grant timelines pose a problem for evaluation; some interventions require much more time than is allotted by funders to see results.
- Electronic medical records are not always compatible with each other. It is not always easy to share data while also staying HIPAA compliant.
- Findings from evaluations and/or satisfaction surveys are not always shared widely. Some partners in the LPHS do not know how or if the data is used.
- Resource limitations impact improvements or program expansion based on evaluation results. Short-term grants and elimination of grants are barriers for program improvement.
- Participants were unsure how the 10 EPHSs are delivered to marginalized populations.

Short-Term Opportunities

- Improve the interface and compatibility of electronic medical records to improve quality of care.
- Engage primary care and clinical care of public health to solve problems.
- Assess community satisfaction (including vulnerable populations) with approaches taken toward promoting health and preventing disease, illness, and injury.
- Identify gaps in the provision of population based health services.
- Engage more LPHS system providers and work to bring back past LPHSA participants.
- Use LPHSA results for improvement and follow up with all participants.

Long-Term Opportunities

- Look for tools to monitor linkages, and to assess how well LPHS partners are communicating, connecting, and coordinating. Tools should create concrete findings to measure improvement or change, and a way to get reciprocal feedback.

Essential Public Health Service 10: Research for New Insights and Innovative Solutions to Health Problems

To assess performance for Essential Public Health Service 10, participants were asked to address the key question:

Are we discovering and using new ways to get the job done?

Researching for new insights and innovative solutions to health problems encompasses the following:

- Full continuum of innovation, ranging from practical field-based efforts to fostering change in public health practice to more academic efforts to encourage new directions in scientific research.
- Continuous linkage with institutions of higher learning and research.
- Internal capacity to mount timely epidemiologic and economic analyses and conduct health services research.

EPHS 10 Group Composition

Partners who gathered to discuss the performance of the local public health system in research for new insights and innovation solutions to health problems included:

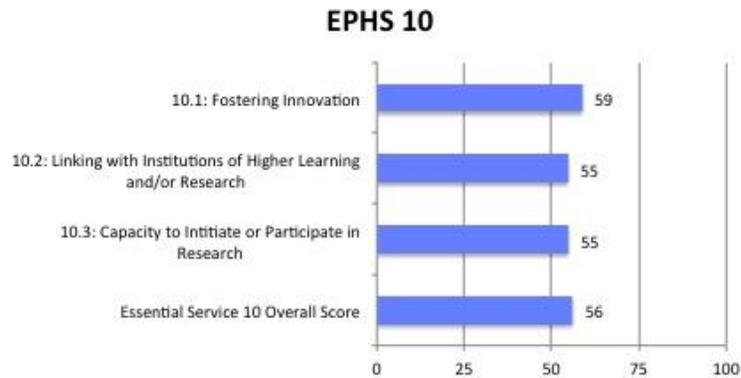
#	Organization Type
2	Colleges and universities
1	Community members
1	Emergency medical services
1	Emergency preparedness teams, public safety, emergency response organizations
1	FQHC's and FQHC lookalikes
2	Health department or other local governmental public health agency
2	Human resources departments
1	Local board of health or other local governing entity
1	Public and private schools

EPHS 10 Model Standard Scores

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems		
Local public health system (LPHS) organizations try new and creative ways to improve public health practice. In both academic and practice settings, such as universities and local health departments, new approaches are studied to see how well they work.		
10.1.1	Encouragement of new solutions to health problems	46
10.1.2	Proposal of public health issues for inclusion in research agenda	63
10.1.3	Identification and monitoring of best practices	63
10.1.4	Encouragement of community participation in research	63
10.1	Fostering Innovation	SIGNIFICANT 59
The local public health system (LPHS) establishes relationships with colleges, universities, and other research organizations. The LPHS is strengthened by ongoing communication between academics and LPHS organizations. They freely share information and best practices, and setting up formal or informal arrangements to work together. The LPHS connects with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms. The LPHS does community-based participatory research, including the community as full partners from selection of the topic of study to design to sharing of findings. The LPHS works with one or more colleges, universities, or other research organizations to co-sponsor continuing education programs.		
10.2.1	Relationships with institutions of higher learning and/or research organizations	63
10.2.2	Partnerships to conduct research	38
10.2.3	Collaboration between the academic and practice communities	63
10.2	Linkage with Institutions of Higher Learning and/or Research	SIGNIFICANT 55
The local public health system (LPHS) takes part in research to help improve the performance of the LPHS. This research includes the examination of how well LPHS members provide the Essential Public Health Services in the community (public health systems and services research) as well as studying what influences health care quality and service delivery in the community (health services research). The LPHS has access to researchers with the knowledge and skills to design and conduct health-related studies, supports their work with funding and data systems, and provides ways to share findings. Research capacity includes access to libraries and information technology, the ability to analyze complex data, and ways to share research findings with the community and use them to improve public health practice.		
10.3.1	Collaboration with researchers	63
10.3.2	Access to resources to facilitate research	55
10.3.3	Dissemination of research findings	63
10.3.4	Evaluation of research activities	38
10.3	Capacity to Initiate or Participate in Research	SIGNIFICANT 55

EPHS 10 Discussion Summary

Overall performance for EPHS 10 was scored **significant** in Will County and ranked sixth out of the 10 EPHSs. The three Model Standards for EPHS 10 were scored from low significant to significant.



EPHS 10 discusses LPHS performance in research and innovation. The Will County LPHS demonstrates strength in innovative, cutting-edge technology in medical facilities, excellent partnerships with academia for training, and excitement around research on health equity. However, research and innovation in the LPHS is limited by budget constraints. The group emphasized a need for more support of the Will County MAPP Collaborative to pursue formal research opportunities.

Model Standard 10.1, Fostering Innovation, explores LPHS performance in finding new ways to improve public health practice. The participants scored the Performance Measures from high moderate to significant, resulting in a composite Model Standard score of significant.

The participants suggested more internship opportunities for students in research would foster innovation in the LPHS. LPHS organizations conduct clinical studies and mail surveys to residents to develop new solutions to health problems. Participants reported that the LPHS provides staff with time and resources to do research; there are good partnerships, good data, and new methods but the research results are not widely circulated. Respondents noted that advances are fast and training takes time, so it is hard to keep up with best practices. In addition, best practices are difficult to implement immediately because organizational shifts need to occur first, and this can take time. The group reported that community participation in research is limited to local needs assessments.

Model Standard 10.2, Linkage with Institutions of Higher Learning and Research, examines the extent to which the LPHS engages in relationships with universities and other research institutions to collaborate and share data and best practices. The participants scored the Performance Measures from moderate to significant, resulting in a composite Model Standard score of low significant.

Participants noted that student opportunities are a win-win for LPHS organizations and the students themselves. Nursing students are present in local hospitals. Clinical affiliation agreements are in hospitals and community health organizations. LPHS organizations have affiliations with the Illinois hospital associations, and are connected to institutions of higher learning and/or research organizations through online databases and email.

Model Standard 10.3, Capacity to Initiate or Participate in Research, discusses how the LPHS partners with researchers to conduct health related studies, supports research with necessary infrastructure and resources, shares research findings, and evaluates research efforts. The participants scored the Performance Measures from moderate to significant, resulting in a composite Model Standard score of low significant.

The group noted that Will County hospitals are not research hospitals, but they have access to many other sources of research (e.g. CDC, local governments, etc.) The LPHS shares findings from its research through emails and reports. LPHS organizations can access research expertise and experience via online databases and email. The participants suggested that any assessment the LPHS does can be considered research, but the LPHS should take advantage of more opportunities for formal research in addition to the informal research that is currently done through the MAPP process. The group noted there is room for improvement related to infrastructure and resources for research activities, including IT and funding.

EPHS 10 Health Equity Measures

EPHS 10 Health Equity Measures		
These questions examine how well the LPHS explores root causes of health inequity, shares information and strategies around health equity, uses Health Equity Impact Assessments, and encourages community participation in health equity research. At what level does the LPHS...		
HE.25 Encourage staff, research organizations, and community members to explore the root causes of health inequity, including solutions based on research identifying the health impact of structural racism, gender and class inequity, social exclusion, and power differentials?		38
HE.26 Share information and strategize with other organizations invested in eliminating health inequity?		30
HE.27 Use Health Equity Impact Assessments to analyze the potential impact of local policies, practices, and policy changes on historically marginalized communities?		13
HE.28 Facilitate substantive community participation in the development and implementation of research about the relationships between structural social injustices and health status?		13
HE 25-28: Health Equity Research	MINIMAL	24

The participants scored Health Equity Measures 25-28 from minimal to moderate, resulting in a composite Health Equity score of high minimal. The group expressed that people in the LPHS are aware and concerned about health equity, and there are efforts to explore the root causes of health equity, but they are not achieving results. The group discussed how health equity research should look at the impact of all policies on population health, not just health policies, indicating a call for a Health in all Policies approach (HiAP). Respondents also noted that the

breakout session was missing representatives from marginalized communities in Will County. Few people were familiar with the term Health Equity Impact Assessment. Participants agreed there was substantial room for improvement for the LPHS to utilize Health Equity Impact Assessments.

EPHS 10 Strengths, Weaknesses, and Opportunities

Participants identified strengths and weaknesses that emerged as themes throughout the discussion of the EPHS and identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

- The LPHS has innovative medical facilities and an innovative health workforce.
- Will County is a national leader for the MAPP process.
- There are strong formal clinical affiliations between educational institutions and public health agencies for internship and training opportunities.
- The LPHS has access to research in health policy, health services, and epidemiology.
- The LPHS is aware of the need for more research on health equity.

Weaknesses

- Research is conducted in the LPHS but results should be promoted more.
- LPHS organizations are unable to keep up with the constant advances in evidence-based best practices.
- There is more focus on clinical internships than research internships.
- LPHS organizations are unable to take on more students due to layoffs from budget cuts.
- The LPHS needs more funding to support non-MAPP research.
- The LPHS does not have results that demonstrate improved health equity.

Short-Term Opportunities

- LPHS organizations should utilize interns in areas other than clinical work.
- Increase LPHS access to university resources, including publication databases and libraries.
- Increase LPHS resources, technology, and funding for research activities.
- Reach out to non-MAPP organizations to share more research.
- The MAPP process includes many opportunities for health equity research.
- There needs to be more involvement of historically marginalized communities in the MAPP process.

Long-Term Opportunities

- LPHS organizations should partner with academic institutions for research opportunities and publications.
- The LPHS should create more placement opportunities for students in research.
- The LPHS should increase sharing of research results.
- Take advantage of health equity research opportunities that exist in the county.

Appendices

Appendix 1: List of Participating Organizations

Organizations
Agape Missions, NFP
Aunt Martha's
Bolingbrook Fire Department
Breast Intentions of Illinois
Catholic Charities
Chestnut Health Systems
Child Care Resource & Referral
CITGO Petroleum Corp
Community Alliance & Action Network (CAAN)
Community at LARGE
Cornerstone Services Inc.
Edward Hospital
Evergreen Terrace Apartments
Food Allergy Research & Education (FARE)
Forest Park Center
Glenwood Rehab Center
Governors State University
Guardian Angel Community Services
Harvey Brooks Foundation
Heritage Woods of Plainfield
J.F. Holder Foundation
Joliet Fire Department
Joliet Township High School District 204
Joliet West High School
Lakewood Nursing Center
Lewis University
Mokena Police Department
Mt. Zion Baptist Church
PACE Suburban Bus
Presence Home Care
Presence Saint Joseph Medical Center
Rasmussen College
Senior Services Center of Will County
Silver Cross Healthy Community Commission
Silver Cross Hospital

State of Illinois Department of Public Health
Tec Services Consulting Inc.
Texas A&M University Technology Engineering Ser.
Trinity Services, Inc.
United Way of Will County
University of Illinois Extension
University of St. Francis
Valley View School District
Warren-Sharpe Community Center
Will County Adult Detention Facility
Will County Advisory Board
Will County Board of Health
Will County Community Health Center
Will County Emergency Management Agency
Will County Executive Office
Will County Health Department
Will County Land Use Department, Community Development Division
Will County Veterans Assistance Commission (VAC)
Will Grundy Center for Independent Living
Will-Grundy Medical Clinic
YMCA

Appendix 2: LPHSA Supplement – System Contributions to Assuring Health Equity

System Contributions to Assuring Health Equity

When completing the Local Public Health System (LPHS) Assessment using the National Public Health Performance Standards (NPHS) Instrument, your group can reframe questions about essential service delivery to identify how well the LPHS acknowledges and addresses health inequities. The following questions provide examples of how the instrument can be revised to focus on health equity.

Essential Public Health Service 1: Monitoring Health Status

At what level does the LPHS...

- Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identify, education, gender, and neighborhood?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Monitor social and economic conditions that affect health in the community, as well as institutional practices and policies that generate those conditions?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

Essential Public Health Service 2: Diagnosing and Investigating Health Problems

At what level does the LPHS...

- Operate or participate in surveillance systems designed to monitor health inequities and identify the social determinants of health inequities specific to the jurisdiction and across several of its communities?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Collect reportable disease information from community health professionals about health inequities?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Have the necessary resources to collect information about specific health inequities and investigate the social determinants of health inequities?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

Essential Public Health Service 3: Inform, Educate, and Empower People about Health Issues

At what level does the LPHS...

- Provide the general public, policymakers, and public and private stakeholders with information about health inequities and the impact of government and private sector decision-making on historically marginalized communities?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Provide information about community health status (e.g., heart disease rates, cancer rates, and environmental risks) and community health needs in the context of health equity and social justice?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

System Contributions to Assuring Health Equity

- Plan and conduct health promotion and education campaigns that are appropriate to culture, age, language, gender, socioeconomic status, race/ethnicity, and sexual orientation?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Plan campaigns that identify the structural determinants of health inequities and the social determinants of health inequities (rather than focusing solely on individuals' health behaviors and decision-making)?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

Essential Public Health Service 4: Mobilizing Community Partnerships to Identify and Solve Health Problems

At what level does the LPHS...

- Have a process for identifying and engaging key constituents and participants that recognizes and supports differences among groups?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Provide institutional means for community-based organizations and individual community members to participate fully in decision-making?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Provide community members with access to community health data?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

Essential Public Health Service 5: Developing Policies and Plans that Support Individual Community Health Efforts

At what level does the LPHS...

- Ensure that community-based organizations and individual community members have a substantive role in deciding what policies, procedures, rules, and practices govern community health efforts?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

Essential Public Health Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

At what level does the LPHS...

- Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances)?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

System Contributions to Assuring Health Equity

Essential Public Health Service 7: Link People to Needed Personal Health Services

At what level does the LPHS...

- Identify any populations that may experience barriers to personal health services based on factors such as on age, education level, income, language barriers, race or ethnicity, disability, mental illness, access to insurance, sexual orientation and gender identity, and additional identities outlined in Model Standard 7.1?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Identify the means through which historical social injustices specific to the jurisdiction (e.g., the inequitable distribution health services and transportation resources) may influence access to personal health services?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Work to influence laws, policies, and practices that maintain inequitable distributions of resources that may influence access to personal health services?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

Essential Public Health Service 8: Assure a Competent and Personal Health Care Workforce

At what level does the LPHS...

- Conduct assessments related to developing staff capacity and improving organizational functioning to support health equity initiatives?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Identify staff perspectives on the facilitators and barriers to addressing health equity initiatives?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Include staff members that are often excluded from planning and organizational decision-making processes in workforce assessments?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Recruit and train staff members from multidisciplinary backgrounds that are committed to achieving health equity?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Recruit and train staff members that reflect the communities they serve?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

System Contributions to Assuring Health Equity

Essential Public Health Service 9: Evaluate the Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

At what level does the LPHS...

- Identify community organizations or entities that contribute to the delivery of the Essential Public Health Services to historically marginalized communities?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Monitor the delivery of the Essential Public Health Services to ensure that they are equitably distributed?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

Essential Public Health Service 10: Research for New Insights and Innovative Solutions to Health Problems

At what level does the LPHS...

- Encourage staff, research organizations, and community members to explore the root causes of health inequity, including solutions based on research identifying the health impact of structural racism, gender and class inequity, social exclusion, and power differentials?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Share information and strategize with other organizations invested in eliminating health inequity?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Use Health Equity Impact Assessments to analyze the potential impact of local policies, practices, and policy changes on historically marginalized communities?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				

- Facilitate substantive community participation in the development and implementation of research about the relationships between structural social injustices and health status?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>				