

# **Will County MAPP Collaborative**

## **2013 Local Public Health Systems 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 10, 2013 as one of the four assessments in the Will County for Mobilizing Action through Planning and Partnerships (MAPP) Collaborative process.

MAPP is a community-driven strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and identification of resources to address them as defined by the Ten 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 health issues, which will be strategically prioritized. Goals and action plans will be developed 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.

## Executive Summary: Key Findings from the Will County Local Public Health System Assessment

Throughout the discussions of the 10 Essential Public Health Services, a number of cross-cutting themes emerged in the dialogue among each group. 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:

- Need for more **data on youth**, including school readiness data for young children and better participation in the Illinois Youth Survey to improve data quality for adolescents
- Need to **engage broader participation** across the LPHS in the Community Health Assessment, Community Health Improvement Plan, and implementation phase. Specific partners needed at the table include schools, elected officials, and first responders, as well as agencies from Southern and Eastern Will County
- **Budget constraints** have had a negative impact across the LPHS, and have led to reduced research and evaluation across organizations throughout Will County
- Need for a coordinated approach to workforce assessment and development across the LPHS
- **Limited and cost prohibitive transportation** barriers reduce access to health care and community resources for low income community members across Will County, but particularly in Southern and Eastern Will County
- **Unequal distribution of community resources** across Will County leads to disproportionate barriers for community members in Southern and Eastern Will County, particularly in accessing primary care and dental care
- Need for **community-specific health profiles** in Community Health Status Assessment that will help LPHS understand sub-regional needs and access disparities
- Need for greater **emphasis on addressing health inequities** in Community Health Assessment and Community Health Improvement Planning
- Need to **improve cultural competency** across LPHS to break patient/client-provider barriers and understand barriers to access

Key populations that were frequently cited as underserved included:

- **Undocumented** community members
- Community members with **mental illnesses and special needs**
- **Homeless** community members

- **Low income** community members

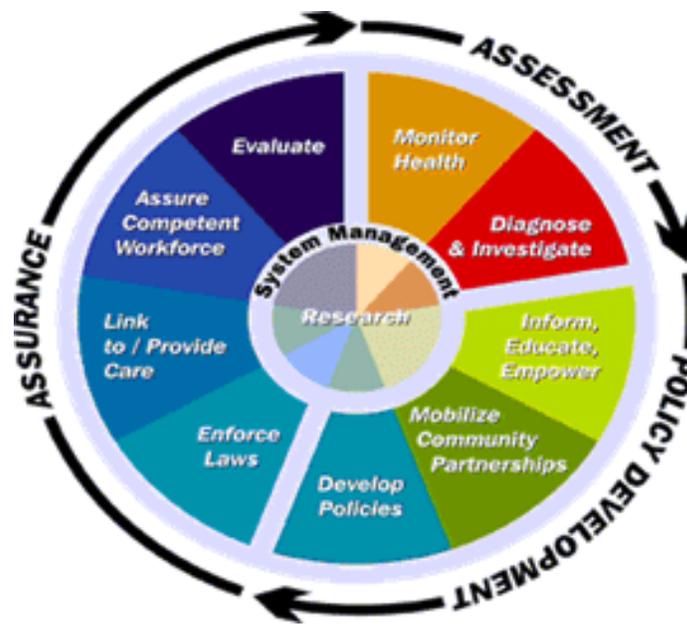
Key strengths of the LPHS that were noted throughout the assessment include:

- **Strong participation and collaboration** among partners across LPHS
- Good **relationships and coordination** between agencies across the LPHS
- Will County MAPP Collaborative engages LPHS partners in **one county-wide Community Health Needs Assessment and Community Health Improvement Planning process**, promoting data and resource sharing across the LPHS

## The Assessment Instrument

The National Public Health Performance Standards (NPHPS) Assessment measures the performance of the LPHS -- 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 will participate in the assessment process. By sharing their diverse perspectives, all participants will 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 (EPHS)** that are utilized in the field to describe the scope of public health. For each essential service in the local instrument, the model standards describe or correspond to the primary activities conducted at the local level. The number of model standards varies across the essential services; while some essential services include only two model standards, others include up to four. There are a total of 30 model standards in this instrument. For each standard in each essential service, there are a series of questions that break down the standard into its component parts.



Each EPHS model standard is scored by participants to assess system performance on the following scale:

<b>Optimal Activity</b> (76-100%)	The public health system is doing absolutely everything possible for this activity and there is no room for improvement.
<b>Significant Activity</b> (51-75%)	The public health system participates a great deal in this activity and there is opportunity for minor improvement.
<b>Moderate Activity</b> (26-50%)	The public health system somewhat participates in this activity and there is opportunity for greater improvement.
<b>Minimal Activity</b> (1-25%)	The public health system provides limited activity and there is opportunity for substantial improvement.
<b>No Activity</b> (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.

## The Assessment Methodology

The assessment retreat was held on December 10, 2013 and began with a 60-minute plenary presentation to welcome participants, provide an overview of the process, introduce the staff and answer questions. Participants were then broken into five groups; each breakout group was responsible for conducting the assessment for two essential public health services, as follows:

LPHSA Breakout Group Assignments	
Group	LPHSA Group Responsibilities
1	EPHS 1 – Monitor health status to identify community health problems. EPHS 2 – Diagnose and investigate health problems and health hazards in the community.
2	EPHS 3 – Inform, educate, and empower people about health issues. EPHS 4 – Mobilize community partnerships to identify and solve health problems.
3	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.
4	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.
5	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, 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, outlined next steps to enter and analyze and report NPHPS data to the Will County MAPP Collaborative and retreat participants. In addition, participants were given an opportunity to provide feedback on the event and sign-up for participation in further MAPP activities.

## Assessment Participants

The Will County MAPP Collaborative developed a list of agencies to be invited to participate in a 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 41 public health system partners that included public, private and voluntary sectors. The composition of attendees was apportioned as follows:

Constituency Represented	Total Attended
Businesses	1
Coalitions	1
Colleges and Universities	2
Community-Based Organizations	13
Faith-Based Institutions	1
Hospitals/Health Systems	14
Local Health Department	8
Local Government	1

According to the recommendation of the Centers for Disease Control and Prevention and NPHPS Program Office, the staff of the local health department, the agency responsible for the assurance of public health core functions, should comprise no more than one third of participants in the LPHSA.

**Due to lower attendance at this assessment than the previous LPHSA and limited representation from some sectors with expertise related to specific Essential Public Health Services (EPHS), a series of follow-up interviews was conducted with LPHS representatives, who reviewed the assessment results and added relevant insights from their perspectives. The highlights from the interviews are shared at the end of each EPHS scoring and narrative summary. Some summaries are longer than others based on the degree of feedback shared and number of interviewees who responded.**

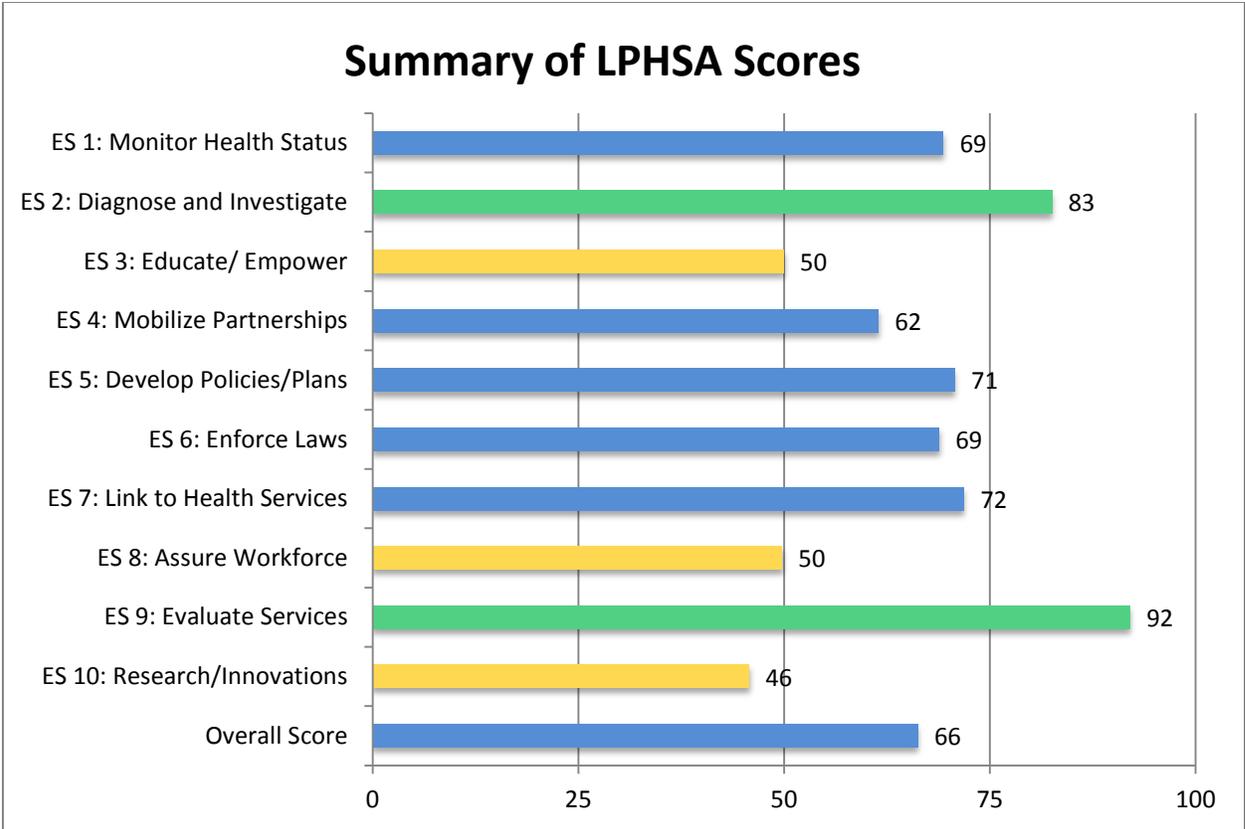
## Results of the Will County Local Public Health System Assessment

### How well did the system perform the ten Essential Public Health Services (EPHS)?

The table and graph below together provide an overview of the local public health system's performance in each of the 10 EPHS.

Summary Essential Public Health Service Scores			
EPHS	EPHS Description	2013 Score	Overall Ranking
1	Monitor health status to identify community health problems.	69 Significant	5 <sup>th</sup>
2	Diagnose and investigate health problems and health hazards in the community.	83 Optimal	2 <sup>nd</sup>
3	Inform, educate, and empower people about health issues.	50 Moderate	8 <sup>th</sup>
4	Mobilize community partnerships to identify and solve health problems.	62 Significant	7 <sup>th</sup>
5	Develop policies and plans that support individual and community health efforts.	71 Significant	4 <sup>th</sup>
6	Enforce laws and regulations that protect health and ensure safety.	69 Significant	6 <sup>th</sup>
7	Link people to needed personal health services and assure the provision of health services.	72 Significant	3 <sup>rd</sup>
8	Assure a competent public and personal health care workforce.	50 Moderate	9 <sup>th</sup>
9	Evaluate effectiveness, accessibility, and quality of personal/population-based health services.	92 Optimal	1 <sup>st</sup>
10	Research for new insights and innovative solutions to health problems.	46 Moderate	10 <sup>th</sup>
<b>Overall Performance Score</b>		<b>66</b>	

The table above provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each essential service. 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).



**Highest Ranked: EPHS 9** (Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services) was assessed as **optimal** activity.

**Lowest Ranked: EPHS 10** (Research for New Insights and Innovative Solutions to Health Problems) was assessed as **moderate** activity.

**Overall Performance:** The average of all EPHS scores resulted in a ranking of **significant** activity.

## Will County Health Department Contribution to Local Public Health System Performance

In addition to measuring overall system performance, the LPHSA assesses the contribution of the local public health agency to the total system effort for each essential public health service. Participants indicated the contribution of the Will County Health Department using the numeric voting scale below:

- Agency contribution of 0 %
- Agency contribution of 1-25 %
- Agency contribution of 26-50 %
- Agency contribution of 51-75 %
- Agency contribution of 76-100 %

The agency contribution results are presented at the end of each EPHS section, following the model standard scores and summary of strengths, weaknesses, and opportunities for improvement. The agency contribution scores represent participant perceptions regarding how much of the activity related to the model standards is directly attributed to the Will County Health Department. There is no right or wrong answer as some EPHS and Model Standards require more or less health department involvement than others depending on the system. These contribution scores do not represent an evaluation of either the Will County Health Department or the performance of the local public health system.

Readers should only consider whether the agency is contributing an appropriate level of service and whether any change in that contribution would influence system performance. The agency contribution should not be treated as a stand-alone indicator, but should be taken into consideration with the measures of performance for each model standard.

## Scores and Common Themes for each Essential Public Health Service

The following pages contain the performance score results for each EPHS.

A description of the assessment tool and the major activities assessed for the EPHS is included under each EPHS section. LPHSA results for each EPHS are reflected in the table. The overall score and performance category are indicated along with the overall ranking of the EPHS (its score relative to the other essential services assessed).

*(example)*

(Title of EPHS)	
(Overall Score )	(Overall Ranking)
<div style="background-color: #8E7CC3; border-radius: 50%; padding: 40px; display: inline-block;"> <p>(Key questions addressed by the EPHS)</p> </div>	
<p>(Description of what is encompassed by the EPHS)</p>	

A table describes the sectors and partner representation in the EPHS section. EPHS discussion groups were organized in an effort to maximize understanding of local activities in this area. The absence of representation from key stakeholders or sectors should be taken into account when interpreting the findings from each EPHS.

*(example)*

#	Organization Type	#	Organization Type

A table lists the model standards, descriptions, and scores.

(example)

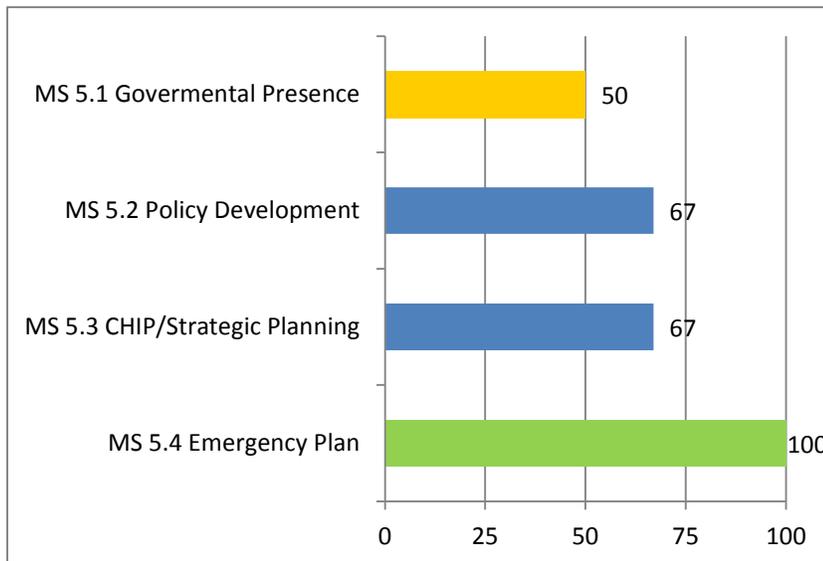
(EPHS Title)	
(Title of Model Standard)	(Overall Score for Model Standard)
(Description of the model standard)	
(Model Standard Indicators )	(Score)
(Title of Model Standard)	(Overall Score for Model Standard)
(Description of the model standard)	
(Model Standard Indicators )	(Score)

### Essential Service Summary

A narrative summarizing major discussion themes and recommendations is included below in the score table. Recorders captured the tone and content of the discussion so that major themes and recommendations could be shared with planners. The highlighted comments and themes included here should not be considered as an exhaustive evaluation of the local public health system; however, these participant perspectives should be taken into consideration in future quality improvement efforts.

A bar graph indicating the scores for each model standard within that essential service and the overall score for the EPHS is included below the assessment scores table for each EPHS. Bars are color coded according to the range of the score [no activity (0%) = magenta; minimal activity (1-25%) = red; moderate activity (26-50%) = gold; significant (51-75%) = blue; optimal (76-100%) = green].

(example)



A **text box summarizing the group’s assessment** of the Will County Health Department contribution to the activities described in the essential service is also included.

*(example)*

**Will County Health Department Contribution to EPHS  
(EPHS Title)**

(Model Standard Title)	51-75%
(Model Standard Title)	1-25%
(Model Standard Title)	26-50%

**Strengths, weaknesses, short-term opportunities, and opportunities for long-term improvements are described for each EPHS** (see next page for example).

*(example)*

## Strengths

- (Summary of strengths within this EPHS as perceived by EPHS participants.)

## Weaknesses

- (Summary of weaknesses within this EPHS as perceived by EPHS participants.)

## Short Term Opportunities

- (Short-term opportunities for improvement within this EPHS as perceived by EPHS participants.)

## Long Term Opportunities

- (Long-term opportunities for improvement within this EPHS as perceived by EPHS participants.)

### **Post-Assessment Interviews:**

Due to lower attendance at this assessment than the previous LPHSA and limited representation from some sectors with expertise related to specific Essential Public Health Services (EPHS), a series of follow-up interviews was conducted with LPHS representatives, who reviewed the assessment results and added relevant insights from their perspectives. The highlights from the interviews are shared at the end of each EPHS scoring and narrative summary. Some summaries are longer than others based on the degree of feedback shared and number of interviewees who responded.

## EPHS 1: Monitor Health Status to Identify Community Health Problems

Overall Score: 69 – Significant

Overall Ranking: 5<sup>th</sup>

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

What's going on in our community?  
Do we know how healthy we are?

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.

### Group Composition and Perspectives:

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	#	Organization Type
3	Community-Based Organizations	2	Hospitals/Health Systems
1	Health Department		

# EPHS 1. Monitor Health Status To Identify Community Health Problems

## Model Standard Scores

<b>1.1 Population-Based Community Health Assessment (CHA)</b>	<b>SIGNIFICANT</b>	<b>67</b>
<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.</p> <p>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		100
1.1.2 Continuously update CHA with current information		50
1.1.3 Community-wide use of community health assessment or CHP data		50
<b>1.2 Current Technology to Manage and Communicate Population Health Data</b>	<b>SIGNIFICANT</b>	<b>67</b>
<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		75
1.2.2 Analyze health data to see where health problems exist		50
1.2.3 Use computer software to create chart, graphs, and maps to display complex data		75
<b>1.3 Maintenance of Population Health Registries</b>	<b>SIGNIFICANT</b>	<b>75</b>
<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		75
1.3.2 Use information from population health registries in CHAs		75

## Essential Service 1 Summary

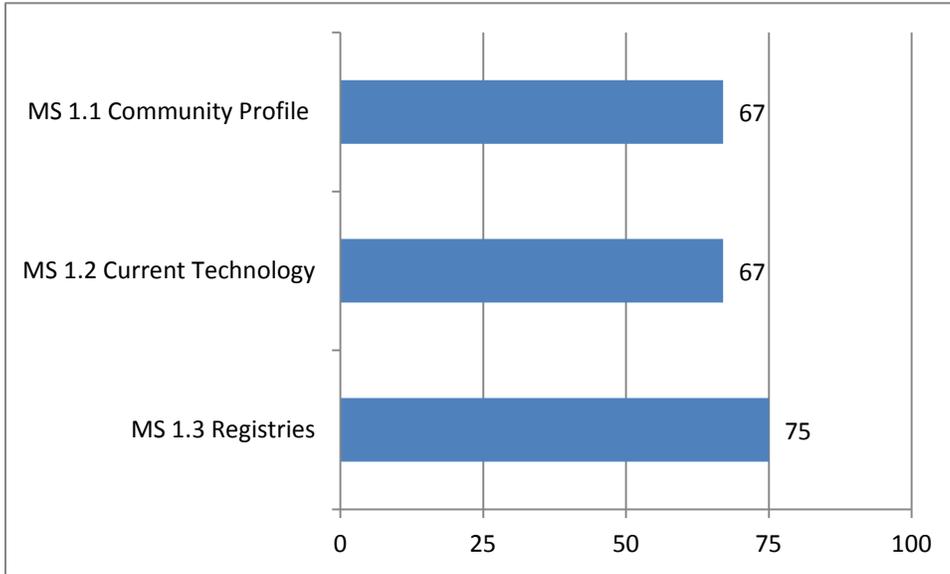
Dialogue in Essential Service 1 explored LPHS performance in monitoring community health status through community health assessment, using technology to manage and analyze population health data, and maintaining population health registries. Participants noted that managed care organizations and academic institutions were important missing partners in this Essential Service and could have contributed important insights if they had been at the table.

Model Standard 1.1, Population-Based Community Health Assessment, explores the extent to which Will County regularly assesses community health and uses assessment findings to inform the community and to inform policy and planning. Will County's Community Health Needs Assessment is conducted through a collaborative partnership of hospitals and health care systems, community based organizations, and the local health department, called the Will County MAPP Collaborative. Participants reported that the Community Health Assessment is regularly completed, and data is updated on an annual basis. A variety of data sets are used to inform the Community Health Assessment. Special effort is taken to report on underrepresented groups, including African Americans, Latinos, and the homeless, but data on health inequities are not sufficiently captured due to low response rates from vulnerable populations. School readiness data would be a valuable addition to the assessment and was perceived by participants as having the potential to be particularly useful to Will County LPHS partners. Participants reported that the Community Health Assessment is posted online and is widely available to the public. The Will County MAPP Collaborative does a good job of ensuring that community partners are aware of the assessment through promoting the assessment and encouraging wide participation among partners in the assessment process.

In discussion around Model Standard 1.2, Current Technology to Manage and Communicate Population Health Data, participants reported that Will County does a good job of using the best available technology to display public health data, including GIS mapping software, SPSS, and Excel Business Objects. Health data are analyzed to see where problems exist, but could be improved if Will County were able to break health problems down at a sub-county or community-specific level and display this data through trend analyses and maps. Analyzing and communicating health information such as food access and community resources by zip code or municipality would help the community to narrow in on priority areas for community health improvement efforts.

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 Community Health Assessment and other community health analyses. Participants reported that the Will County LPHS collects timely data consistent with current standards on death and

communicable disease to provide to population health registries, and the LPHS uses this information in the Community Health Assessment.



The graph displays the overall score for each model standard. In this snapshot, all model standards were ranked in the significant range, with model standard 1.3 (registries) ranked the highest.

### Will County Health Department Contribution to EPHS 1 Monitor Health Status to Identify Community Health Problems

1.1 Population-Based Community Health Assessment (CHA)	51-75%
1.2 Current Technology to Manage and Communicate Population Health Data	51-75%
1.3 Maintenance of Population Health Registries	51-75%

## Essential Service 1 Strengths, Weaknesses, and Opportunities

### Strengths

- Wide awareness of community health assessment process
- Health assessment data updated annually and available on Will County Health Department website
- Maintenance and reporting of population-based health registries
- Good reporting on general population
- Strong quantitative and qualitative data

### Weaknesses

- Lack of school readiness data
- Lack of emphasis on health disparities
- Need to improve communication of findings back to community members and stakeholders
- No reporting at sub-county level or community-specific level
- Need for more coordinated data sharing among hospitals and FQHCs

### Short Term Opportunities

- Creation of community-specific profiles
- Creation of tools to customize and disseminate data to community partner organizations
- Trend analysis maps

### Long Term Opportunities

- Demographic breakdown of data
- Add school readiness trends for children
- Dispense community surveys at community-based organizations

### **Post-Assessment Interviews:**

Two follow up interviews were conducted as a supplement to this Essential Service. A representative from a local hospital system reported agreement with the scores assigned to model standards in EPHS. The interviewee identified the need for more emphasis on mental and behavioral health in the CHA, noting that mental and behavioral health tends to be underrepresented due to stigma and under diagnosis. The interviewee called for inclusion of additional data sets indicating increasing numbers of mental and behavioral health issues to appropriately convey the level of need for mental and behavioral health care and services in the community.

A representative from the Emergency Management Agency reported that scoring of Model Standard 1.1 (population based Community Health Assessment) may be too low, and stated that Will County's CHNA process is very robust, continually updated, and data is widely used across community partners. This discrepancy in perspectives is likely due to a lack of awareness on the part of the assessment participants regarding the extent to which the assessment data is used by the community, who acknowledged in the assessment that they were unsure about how much the LPHS uses data from the CHNA to inform their agencies' activities. Beyond the perceptions of the participants in this assessment, the level of active engagement in the CHNA process among LPHS partners indicates that the CHNA is widely used across the system.

## EPHS 2: Diagnose and Investigate Health Problems and Health Hazards

Overall Score: 83 – Optimal

Overall Ranking: 2<sup>nd</sup>

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 encompass the following:

- Access to a 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.

### Group Composition and Perspectives:

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	#	Organization Type
3	Community-Based Organizations	2	Hospitals/Health Systems
1	Health Department		

## EPHS 2. Diagnose and Investigate Health Problems and Health Hazards Model Standard Scores

<b>2.1 Identification and Surveillance of Health Threats</b>	<b>SIGNIFICANT</b>	<b>75</b>
<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		75
2.1.2 Provide and collect information on reportable disease and potential disasters and threats		75
2.1.3 Best available resources to support surveillance systems and activities		75
<b>2.2 Investigation and Response to Public Health Threats and Emergencies</b>	<b>OPTIMAL</b>	<b>79</b>
<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		100
2.2.2 Written protocols for investigation of public health threats		100
2.2.3 Designated emergency response coordinator		100
2.2.4 Rapid response of personnel in emergency/ disasters		50
2.2.5 Identification of technical expertise		50
2.2.6 Evaluation of public health emergency response		75
<b>2.3 Laboratory Support for Investigation of Health Threats</b>	<b>OPTIMAL</b>	<b>94</b>
<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		75
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies		100
2.3.3 Licenses and/or credentialed laboratories		100

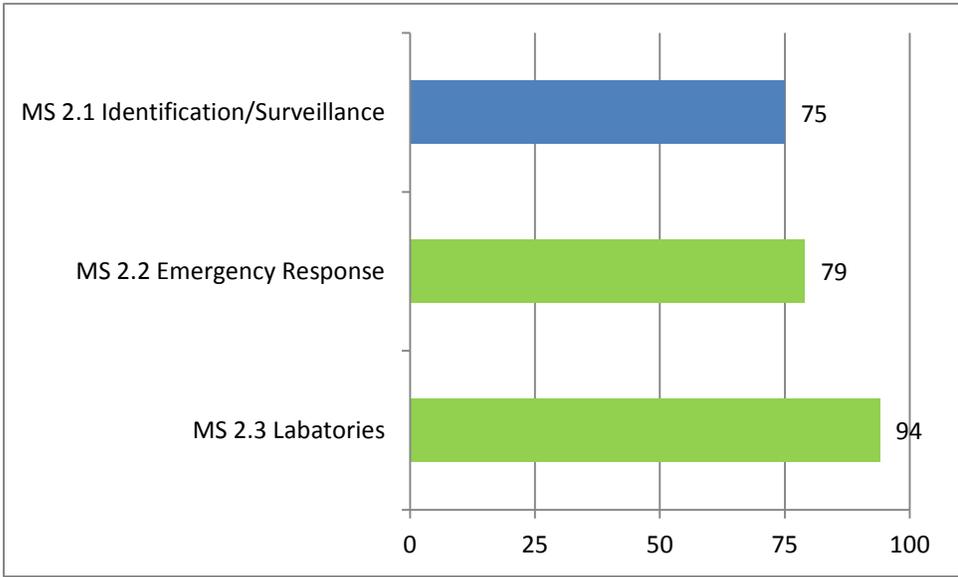
### Essential Service 2 Summary

Participants in Essential Service 2 explored LPHS readiness to diagnose and effectively respond to health problems and health hazards. Representatives from schools, employers, and first responders were important partners absent from the dialogue.

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. This model standard received a significant overall score. Participants reported that conducting, reporting, and monitoring mandated surveillance is a strength for the system. Hospitals and health departments use best practices for surveillance activities.

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. This model standard received an optimal overall score, with participants reporting high performance on maintaining written protocols for disease outbreaks and investigation of public health threats, but noting lack of coordination and resources as an impediment to rapidly respond to emergencies. Participants reported limited communication and collaboration from first responders in emergency preparedness activities.

Model Standard 2.3, Laboratory Support for Investigation of Health Threats, was also scored at an optimal level of performance. Participants reported strong collaborations between the health department and hospitals for sharing laboratory resources.



This graph displays the overall score for each model standard. In this snapshot, model standards 2.2 (emergency response) and 2.3 (laboratories) were ranked in the optimal range, and model standard 2.1 (identification/surveillance) was ranked in the highest score in the significant range.

**Will County Health Department Contribution to EPHS 2  
Diagnose and Investigate Health Problems and Hazards**

2.1 Identification and Surveillance of Health Threats	76-100%
2.2 Investigation and Response to Public Health Threats and Emergencies	76-100%
2.3 Laboratory Support for Investigation of Health Threat	76-100%

## Essential Service 2 Strengths, Weaknesses, and Opportunities

### Strengths

- Conduct, report, and monitor mandated surveillance
- Hospitals use standard operating procedures or best practices for surveillance
- Health department/ hospital hold collaborative testing events for threats

### Weaknesses

- Lack of coordination and resources compromises ability to rapidly respond to emergencies
- Lack of emergency response resources including vaccinations, safety gear, and equipment
- Lack of awareness and access to information related to investigating and responding to public health threats and emergencies among laypeople

### Short Term Opportunities

- Improve crossover communication for emergency preparedness among police, fire, health care, and community services
- Increase police and fire presence in emergency preparedness assessment, evaluation and planning

### Long Term Opportunities

- Community-wide emergency preparedness exercises
- Improved communication (bottom up and top down)

### **Post Assessment Interview:**

One follow up interview was conducted with a representative from the Will County Emergency Management Agency. The interviewee reported agreement with the overall optimal score Essential Service 2 received. However, the interviewee was in strong disagreement with the findings around weak coordination and collaboration from first responders in emergency activities, reporting that first responders are very heavily involved with emergency preparedness activities in the community. The interviewee reported that the Emergency Management Agency meets very regularly with local fire and police departments, and first responders are a strong presence in all emergency preparedness assessment, evaluation and planning activities, including drills and table top exercises. While participants in the assessment identified a lack of crossover communication for emergency preparedness among police, fire, health care and community services as a weakness of the Will County LPHS, the interviewee emphasized that interagency communication is actually a huge strength, and expressed concern over the lack of awareness among assessment participants. The interviewee reported that partners across many agencies meet on a regularly basis to test, revise and refine the Emergency Operations Plan. The interviewee further enforced that public health emergency plans are also regularly tested and revised.

A caveat to the scores assigned to Essential Service 2, and all Essential Services in the LPHSA, is that scores are based on the perceptions and level of awareness of the participants about ongoing activities in the LPHS. It should be noted that participants in the assessment dialogue for Essential Services 1 and 2 often reported that they did not feel sufficiently informed to accurately assess LPHS performance in some of the areas they were asked to score. This explains the strong discrepancy in perceptions of the involvement of first responders in county emergency preparedness activities.

## EPHS 3: Inform, Educate, and Empower People about Health Issues

Overall Score: 50-Moderate

Overall Ranking: 8<sup>th</sup>

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

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

Informing, educating, and empowering people about health issues encompass 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.

### Group Composition and Perspectives:

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	#	Organization Type
6	Community-Based Organizations	5	Hospitals/ Health Care Systems
1	Health Department	1	Faith Community
1	Small business	1	Coalitions
1	Local government		

## EPHS 3. Inform, Educate and Empower People about Health Issues

### Model Standard Scores

<b>3.1 Health Education and Promotion</b>	<b>MODERATE</b>	<b>50</b>
<p>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.</p>		
3.1.1	Provision of community health information	50
3.1.2	Health education and/or health promotion activities	50
3.1.3	Collaboration on health communication plans	50
<b>3.2 Health Communication</b>	<b>MODERATE</b>	<b>42</b>
<p>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.</p>		
3.2.1	Development of health communication plans	50
3.2.2	Relationships with media	50
3.2.3	Designation of public information officers	25
<b>3.3 Risk Communication</b>	<b>SIGNIFICANT</b>	<b>58</b>
<p>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.</p>		
3.3.1	Emergency communication plans	50
3.3.2	Resources for rapid communications response	75
3.3.3	Risk communication training	50

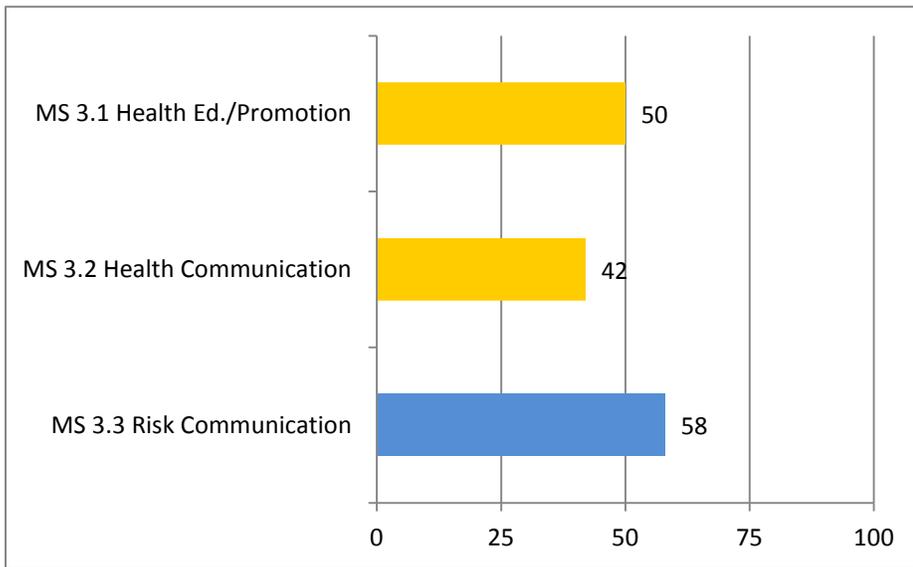
## Essential Service 3 Summary

Participants in Essential Service 3 explored LPHS performance in keeping the Will County community informed and empowered about public health issues. Essential Service 3 participants represented a diverse cross section of key partners in the LPHS. Key partners that were missing from the dialogue included local media, the Department of Children and Family Services, and first responders. These partners each play an important role in educating, informing, and empowering the public about health issues, and could have provided important insights on LPHS performance in the three model standards.

Model Standard 3.1, Health Education and Promotion, received an overall moderate score. All participants reported that their organizations actively engage in providing information to the public, policymakers, and public and private stakeholders. Participants reported that while there is a lot of ongoing activity to plan and implement health education and promotion activities throughout the LPHS and outreach is conducted through a wide variety of mechanisms, effectiveness can be improved by increasing collaboration among LPHS partners to conduct coordinated planning and implementation of health education and promotion. Participants expressed concern that while outreach is occurring, the focus of health messages is determined by grant funding rather than data about what information the public needs, and the quality and effectiveness of health messaging is unclear. Participants recommended strengthening evaluation of health education and promotion throughout the system, and identified outreach to vulnerable populations, particularly undocumented community members, as an area to target for improvement.

Model Standard 3.2, Health Communication, also received an overall moderate score. As with Model Standard 3.1, participants reported a high level of effort throughout the LPHS to communicate health information, but were concerned that communication often fails to reach everyone in the community. While the LPHS engages various forms of media (television, print, radio, social media, etc.) to widely disseminate health communication, some participants reported that budget cuts have led to reduced formal health communication. While many agencies throughout the LPHS have designated spokespersons for communicating health issues to the public, participants reported that Will County lacks a systematic approach to training these individuals.

Model Standard 3.3, Risk Communication, specifically explores LPHS performance in communicating health information in emergencies. This model standard received an overall significant score. Participants reported that emergency communications plans are in place, but are not always carried out properly in emergency. Risk communication is provided to employees, and there is good coordination of emergency communication among local health departments in the region to ensure consistency of information to the public in emergencies.



This graph displays the overall score for each model standard. In this snapshot, model standard 3.1 (health education and promotion) and model standard 3.2 (health communication) scored in the moderate range, and model standard 3.3 (risk communication) was ranked in the significant range.

**Will County Health Department Contribution to EPHS 3  
Inform, Educate and Empower People about Health Issues**

3.1 Health Education and Promotion	26-50%
3.2 Health Communication	26-50%
3.3 Risk Communication	26-50%

## Essential Service 3 Strengths, Weaknesses, and Opportunities

### Strengths

- We Will Work Healthy Worksite Wellness Award encourages participation from employers
- Many health education activities are going on throughout the county
- LPHS is utilizing a wide variety of mechanisms to reach out to community members (social media, television, print, radio, outreach to churches and schools) for both emergency and non-emergency communication
- LPHS does a good job of sharing information and coordinating emergency communication—Will, DuPage, and Kendall Counties all put out the same information at the same time
- Public Information Officers from LHDs in Northern Illinois Public Health Consortium meet annually to conduct emergency communication drills

### Weaknesses

- Lack of systematic partnerships across LPHS coming together to implement health education and promotion activities
- Inadequate participation in Illinois Youth Survey among Will County schools limits availability of data on youth
- Inadequate outreach to undocumented community members
- Health messages and information are out there, but they are not reaching everyone in the community and are not reaching target populations
- While MAPP process does a good job of engaging community members in community health assessment, we need to increase community member engagement in planning and implementation phase
- Information does not always reach the health professions that need it (i.e., not all substance abuse workers are aware of Krokodil)

### Short Term Opportunities

- Improve coordination of health messaging across LPHS
- Identify new, non-traditional partners (i.e. business sector) to engage in health promotion activities
- Encourage school participation in Illinois Youth Survey to improve data quality about Will County youth
- Increase engagement of community members in planning and implementation phases of MAPP

### Long Term Opportunities

- Identify health promotion opportunities based on data from Community Health Assessment Process
- Increase community participation in health promotion activities
- Enhance community outreach to engage undocumented community members
- Create a systematic approach to training spokespersons on public health issues

**Post-Assessment Interview:**

A supplemental interview was conducted with a representative from Catholic Charities, a community-based organization that provides safety net social services to vulnerable and at risk community residents, including individuals struggling with substance abuse and individuals experiencing homelessness. The interviewee reported agreement with the scores and summary comments for Essential Service 3, but added that efforts from the local public health system to educate, inform and empower the public around health issues are not sufficiently supported by public officials, who have failed to direct adequate funding for services for the most vulnerable residents of Will County. The interviewee perceived that nonprofit social service providers are often relied on to provide a safety net for the community because public officials have not prioritized the provision of basic needs for community members. The interviewee expressed concern that conversations around this topic are not happening in the community, and emphasized that underscoring the importance of access to basic human needs such as food, shelter, and employment should be a priority in shaping community health messaging .

## EPHS 4: Mobilize Community Partnerships to Identify and Solve Health Problems

Overall Score: 62 – Significant

Overall Ranking: 7<sup>th</sup>

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

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

Informing, educating, and empowering people about health issues encompass 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.

### Group Composition and Perspectives:

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	#	Organization Type
6	Community-Based Organizations	5	Hospitals/ Health Care Systems
1	Health Department	1	Faith Community
1	Small business	1	Coalitions
1	Local government		

## EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems Model Standard Scores

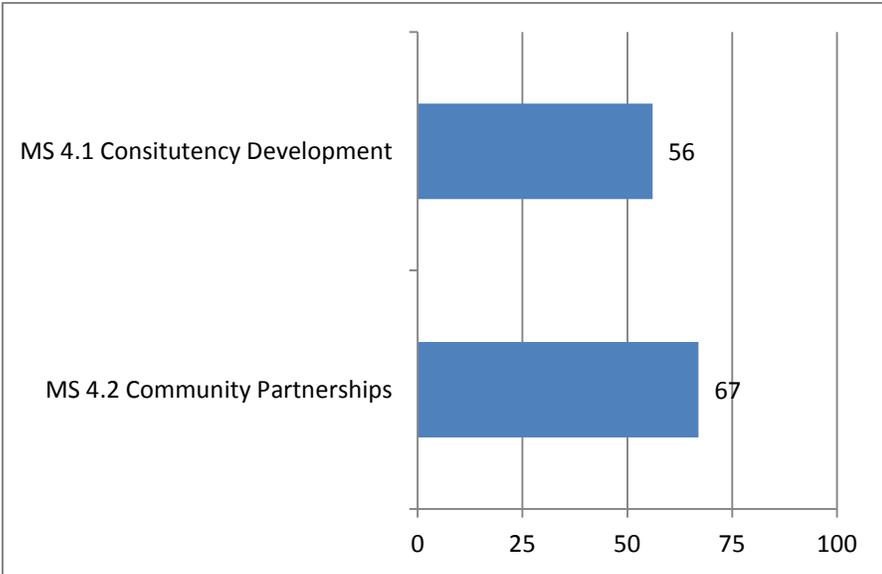
<b>4.1 Constituency Development</b>	<b>SIGNIFICANT</b>	<b>56</b>
<p>The local public health system (LPHS) actively identifies and involves community partners -- the individuals and organizations (constituents) with opportunities to contribute to the health of communities. These stakeholders may include 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.</p>		
4.1.1 Directory of organizations that comprise the LPHS		75
4.1.2 Identification of key constituents and stakeholders		25
4.1.3 Participation of constituents in improving community health		75
4.1.4 Communications strategies to build awareness of public health		50
<b>4.2 Community Partnerships</b>	<b>SIGNIFICANT</b>	<b>67</b>
<p>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 its 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.</p>		
4.2.1 Partnerships for public health improvement activities		75
4.2.2 Community health improvement committee		75
4.2.3 Review of community partnerships and strategic alliances		50

## Essential Service 4 Summary

Participants in Essential Service 4 explored LPHS performance in engaging the community in local health issues through partnerships. Essential Service 4 participants represented a diverse sample of LPHS partners, but the school district, county government, park district, forest preserve, and transportation department were all identified as important partners for ES 4 that were absent from the assessment.

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. Participants reported that LPHS maintains current directories of Will County organizations to engage in community health, but the directories are not publicized and not widely accessible. While there is no established process for identifying key constituents in the community to engage in particular health concerns, this is done informally through networking. Participants reported strong overall performance in engaging constituents in activities to improve community health, citing the example of broad community participation in the Will County MAPP Collaborative. However, they noted that participation has been negatively affected by budget cuts that reduce agency and coalition capacity. They also noted that Southern and Eastern Will County are underrepresented in community health activities, so further effort should be made to strengthen partnerships with agencies and coalitions from these areas.

Model Standard 4.2, Community Partnerships, explores LPHS performance in encouraging and mobilizing collaboration across the Will County community. Participants again cited the MAPP Collaborative as a good example of collaboration and information and resource-sharing across the LPHS. The MAPP Collaborative has demonstrated strong effectiveness in organizing and establishing community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community. Areas for improvement include increasing local/county government participation in community health improvement activities.



This graph displays the overall score for each model standard. In this snapshot, model standard 4.1 (constituency development) scored in the significant range and model standard 4.2 (community partnerships) received a higher score in this range.

**Will County Health Department Contribution to EPHS 4  
Mobilize Community Partnerships to Identify and Solve Health Problems**

4.1 Constituency Development	26-50%
4.2 Community Partnerships	51-75%

## Essential Service 4 Strengths, Weaknesses, and Opportunities

### Strengths

- LPHS maintains good directories
- LPHS does a good job of encouraging constituents to participate in community health improvement activities
- Will County has a lot of active coalitions doing good work
- When the need arises, forums on important public health issues are held
- MAPP Collaborative engages partners through the LPHS to create a comprehensive approach to public health improvement activities

### Weaknesses

- Directories exist but they are not disseminated sufficiently and not many people are aware that they exist
- Organization budget cuts lead to reduced participation in coalition meetings
- Identifying key constituents related to public health concerns occurs informally rather than through an established process
- Lack of participation among partners representing Southern and Eastern Will County
- Need for more assessment of effectiveness of community partnerships to improve community health
- Lack of local/county government involvement in health improvement activities

### Short Term Opportunities

- Promote electronic directory to raise awareness of this resource
- Improve outreach to partners in Southern and Eastern Will County

### Long Term Opportunities

- Create more grassroots community involvement in health improvement
- Increase involvement of government decision makers in health assessment and improvement activities
- Increase involvement among partners across underrepresented regions of Will County

### **Post-Assessment Interviews:**

Supplemental interviews were conducted as follow up to the assessment. Interviewees reported overall agreement with the scores assigned to ES 4 in the assessment. A representative from the Emergency Management Agency specified, however, that while a score of 25 for Model Standard 4.1.2 (Identification of key constituents and stakeholders) may be accurate for system activities overall, this is a particular strength within emergency management activities, and would be assigned an optimal score if the model standard referred only to emergency preparedness activities.

Interviewees noted that while constituency development activities in Will County are informal, partnerships across the LPHS are very strong, and networking is very effective in connecting constituents and partners across the system. While there are a few formal directories, such as the AOK Network directory, contact information is always changing, making it challenging to keep directories up to date. One interviewee explained that relationship building and constituent development is a much more organic process in Will County, and reported that it is very simple for community members to connect and get involved with LPHS activities.

One interviewee expressed surprise at ES 4's relatively low ranking among the 10 Essential Services in the assessment. Mobilizing Community Partnerships to Identify and Solve Health Problems scored as 7<sup>th</sup> out of the 10 Essential Services, but Will County is widely recognized and looked to as a best practice example for cross-sector partnership for public health assessment and improvement activities. It may be that partners in the Will County LPHS take for granted the extent to which they engage in comprehensive collaborative approaches to public health activities across the system.

**EPHS 5: Develop Policies and Plans that Support Individual and Community Health Efforts**

**Overall Score: 71 – Significant**  
**Overall Ranking: 4<sup>th</sup>**

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.

**Group Composition and Perspectives:**

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	#	Organization Type
4	Health Department	1	Community-Based Organization
1	Hospital/Health Care System		

## EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts

### Model Standard Scores

<b>5.1 Governmental Presence at the Local Level</b>	<b>MODERATE</b>	<b>50</b>
<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		75
5.1.2 Local health department accreditation		25
5.1.3 Resources for the local health department		50
<b>5.2 Public Health Policy Development</b>	<b>SIGNIFICANT</b>	<b>67</b>
<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		75
5.2.2 Alert policymakers/public of public health impacts from policies		25
5.2.3 Review of public health policies		100
<b>5.3 Community Health Improvement Process and Strategic Planning</b>	<b>SIGNIFICANT</b>	<b>67</b>
<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		75
5.3.2 Strategies to address community health objectives		75
5.3.3 Organizational strategic planning alignment with community health improvement plan		50
<b>5.4 Plan for Public Health Emergencies</b>	<b>OPTIMAL</b>	<b>100</b>

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	100
5.4.2	Emergency preparedness and response plan	100
5.4.3	Review and revision of the emergency preparedness and response plan	100

### Essential Service 5 Summary

Participants in Essential Service 5 explored public health planning and policy development in Will County. Participants reported broad partner contribution to community health planning activities, primarily through the MAPP process, but noted that participation in policy development may not be as broad. Potential partners that haven't been involved in planning or policy include law enforcement, the department of transportation, and managed care organizations.

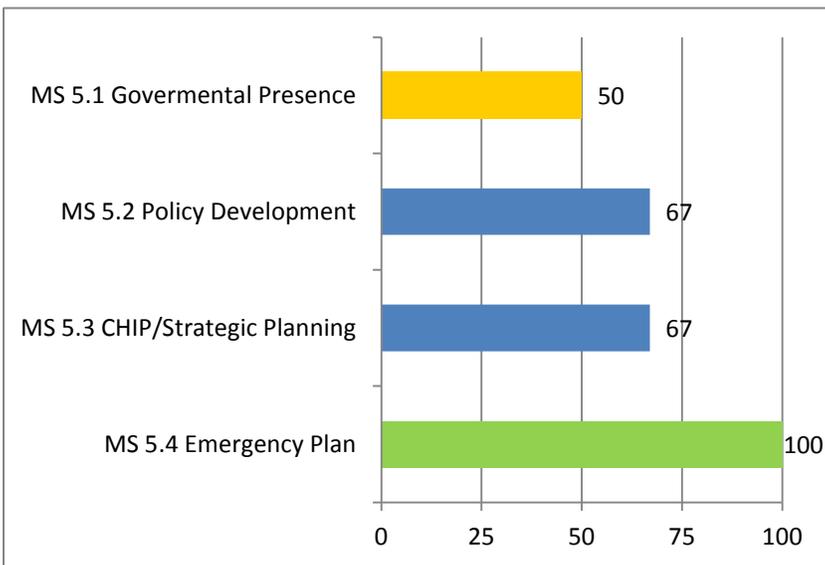
In the discussion around Model Standard 5.1, which explores governmental presence at the local level, participants discussed how the structure of the Will County Health Department assures for the provision of the 10 Essential Public Health Services. One aspect of Model Standard 5.1 is an examination of whether the health department is accredited. The group noted that public health department accreditation is a new voluntary process. While the Will County Health Department has no plans to pursue accreditation in the near future, participants noted that going through this process may become necessary in the long term. Health department staff also noted that while not accredited, Will County Health Department is recognized as a certified health department by the Illinois Department of Public Health through the IPLAN (Illinois Project for Local Assessment of Needs) process, meaning that the health department has conducted a community health assessment, community health improvement plan, and a departmental strategic plan within the last 5 years. These IPLAN requirements correspond with the three accreditation prerequisites from the Public Health Accreditation Board. Another aspect of Model Standard 5.1 explores the LPHS's support of the health department. Participants reported a strong level of support and collaboration among system partners.

In the discussion around Model Standard 5.2, which explores public health policy development, participants identified regular review of public health policies as a strength for the LPHS within this Essential Service. The LPHS contributes significantly to informing public health policymaking, but could do more to inform policymakers about potential

intended and unintended impacts of proposed or current policies not created explicitly to improve public health through Health Impact Assessment (HIA).

Model Standard 5.3., Community Health Improvement Process and Strategic Planning, looks at the LPHS’s actions to improve community health. Participants noted that Will County’s Community Health Improvement Plan (CHIP) is created through the Will County MAPP Collaborative, a partnership of the health departments, hospitals, and nonprofits. Will County’s CHIP process engages a broad spectrum of community partners, and to conduct the Community Health Assessment (CHA), which is then used to inform the CHIP. While this process is based on a strong collaborative effort, participants identified further outreach and involvement for community members as an area for improvement.

Model Standard 5.4, Planning for Public Health Emergencies, was identified as a strength for the local public health system in Will County. The County EMA maintains emergency preparedness and response plans that detail protocol and partner roles in a given emergency. Participants reported that the system has demonstrated effective, coordinated responses in past emergencies, including the tornado that recently occurred in the area.



This graph displays the overall score for each model standard. In this snapshot, model standard 5.4 (emergency plan) was scored in the optimal range, model standards 5.2 (policy development) and 5.3 (CHIP/ Strategic Planning) were scored in the significant range, and model 5.1 (government presence) scored the lowest, at the high end of the moderate range.

**Will County Health Department Contribution to EPHS 5**  
**Develop Policies and Plans that Support Individual and Community Health Efforts**

5.1 Governmental Presence at the Local Level	51-75%
5.2 Public Health Policy Development	26-50%
5.3 Community Health Improvement Process and Strategic Planning	51-75%
5.4 Plan for Public Health Emergencies	26-50%

## Essential Service 5 Strengths, Weaknesses, and Opportunities

### Strengths

- Good relationships among system partners
- Significant tax base to support health department
- Strong Board of Health
- Will County Health Departments has all accreditation prerequisites in place (Community Health Assessment, Community Health Improvement Plan, Departmental Strategic Plan)
- County EMA meets on a regular basis to develop and maintain a strong preparedness and emergency response plans
- Emergency response plan is regularly tested and revised

### Weaknesses

- Gaps in services for southern and eastern Will County tied to transportation and location of services
- Public transit is cost-prohibitive for low income community members
- Anti-government sentiment among community members
- People circumventing system and policies

### Short Term Opportunities

- Build on existing relationships
- Reduce cost of public transit to improve access to services
- Increase community improvement in Community Health Improvement Process

### Long Term Opportunities

- Apply for Health Department Accreditation through Public Health Accreditation Board
- Conduct Health Impact Assessments to assess unintended health consequence of policies to inform policymakers
- Build a more cohesive and comprehensive approach in informing policymakers about health impacts of current and proposed policies
- Increase number of organizational strategic plans connected to Community Health Improvement Process

**Post-Assessment Interviews:**

Two supplemental interviews were conducted as follow up to the assessment dialogue for Essential Service 5. A representative from the Coalition toward a Tobacco Free Will County reported that policy development around tobacco are very strong in the community. While the minimal score designated to Model Standard 5.2.2 (Alert policymakers/public of public health impacts from policies) may be accurate for LPHS activities overall, the coalition representative reported that there is substantial activity in informing and educating the public and lawmakers about the public health impacts of policy, systems, and environmental change efforts to reduce tobacco use in Will County. LPHS partners can look to this coalition for examples of best practices in this area.

A representative from the county Emergency Management Agency reported strong agreement with the optimal scores assigned to Model Standard 5.4 (Plan for Public Health Emergencies), and emphasized the strength of the community's interagency emergency response plan.

## EPHS 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Overall Score: 69 – Significant  
Overall Ranking: 6<sup>th</sup>

To assess performance for Essential Public Health Service 6, participants were asked to address the following 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 exposure-related diseases 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.

### Group Composition and Perspectives:

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	#	Organization Type
4	Health Department	1	Community-Based Organization
1	Hospital/Health Care System		

## EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety Model Standard Scores

<b>6.1 Review and Evaluation of Laws, Regulations and Ordinances</b>	<b>SIGNIFICANT</b>	<b>75</b>
<p>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.</p>		
6.1.1	Provision of community health information	75
6.1.2	Knowledge of laws, regulations, and ordinances	50
6.1.3	Review of laws, regulations and ordinances	75
6.1.4	Access to legal counsel	100
<b>6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances</b>	<b>MODERATE</b>	<b>42</b>
<p>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.</p>		
6.2.1	Identification of public health issues not addressed through existing laws	75
6.2.2	Development or modification of laws or public health issues	50
6.2.3	Technical assistance for drafting proposed legislation, regulations, or ordinances	0
<b>6.3 Enforcement of Laws, Regulations, and Ordinances</b>	<b>OPTIMAL</b>	<b>90</b>
<p>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.</p>		
6.3.1	Authority to enforce laws, regulations, and ordinances	100
6.3.2	Public health emergency powers	100
6.3.3	Enforcement in accordance with applicable laws, regulations, and ordinances	100
6.3.4	Provision of information about compliance	75
6.3.5	Assessment of compliance	75

## Essential Service 6 Summary

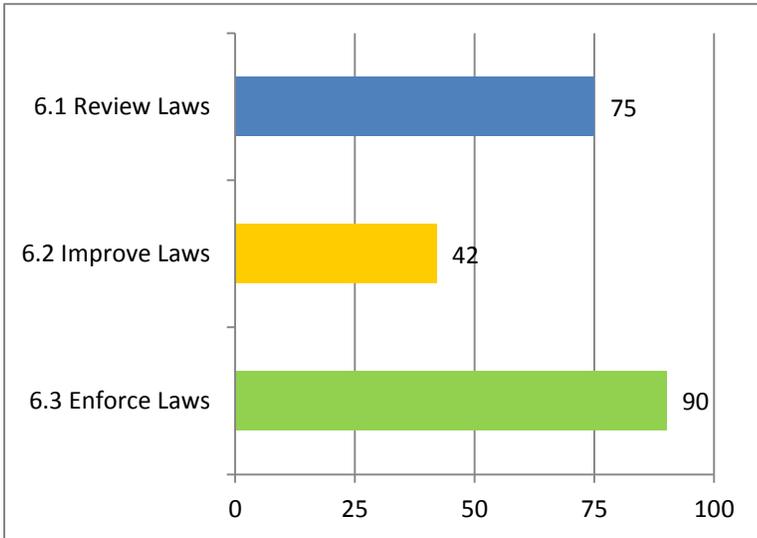
Essential Service 6 examines the LPHS's performance in enforcing health and safety laws and regulations. A limitation of the dialogue and findings was the lack of representation from some key system partners involved in this Essential Service, particularly businesses subject to laws, regulation, and ordinances. Participants answered questions to the best of their knowledge, but they may have not been fully aware of all ongoing activity within this Essential Service.

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. The state of Illinois provides enforcement guidelines and ensures that the Will County LPHS stays up to date in enforcement of federal, state and local laws through reporting requirements and reviews. One concern mentioned by participants is that the state of Illinois' laws and regulations are not always up to date, meaning that Will County must enforce laws and regulations that are not based on current evidence or best practice. An example is that the state has not updated childhood lead regulations to correspond with the lower CDC recommendations. Will County does a good job of regularly reviewing and updating its own local regulations, ordinances, and laws. Participants noted that while there is a significant level of activity around identifying public health issues that can be addressed through laws, regulations, and ordinances, they perceive an overall trend toward deregulation, with the public calling for fewer public health mandates. Some participants did note that while chronic disease is identified as a priority in the current Community Health Improvement Plan, there is a lack of activity around identifying ways to address chronic disease through laws, regulations, and ordinances, however some participants questioned community readiness to address chronic disease through policy change.

In the dialogue around Model Standard 6.2, Involvement in Improving Laws, Regulations, and Ordinances, participants reported limited activity in active participation in changing and creating laws, regulations, and ordinances to promote public health, noting that there is room for growth in taking on a larger advocacy role to create and improve laws to protect health and ensure public safety. One way the LPHS can be more proactive in this area is to reach out to schools to help inform their wellness policies. Participants identified several local public health issues that have not been adequately addressed through existing laws, regulations, and ordinances, including chronic health issues, school nutrition requirements, and indoor air quality and mold.

Participants identified the partnerships and collaboration throughout the LPHS as key strengths in the high performance around Model Standard 6.3, Enforcing Laws, Regulations, and Ordinances. Participants reported that those required to comply with laws, regulations, and ordinances, such as tattoo parlors, tanning salons, and public swimming pools are sufficiently informed of requirements, and enforcement activities

are conducted with consistency. A caveat to this finding is that there was no representation from businesses subject to regulation present for this conversation, so if there are concerns regarding issues of notice or fairness of regulations, they were not identified through this assessment. In the event of an emergency, the health department has the authority to enforce isolation and quarantine in public health emergencies. Plans are in place for food borne outbreaks.



This graph displays the overall score for each model standard. In this snapshot, model standard 6.1 (review laws) was scored in the significant range, model standard 6.2 (improve laws) was scored in the moderate range, and 6.3 (enforce laws) was scored in the optimal range.

**Will County Health Department Contribution to EPHS 6  
Enforce Laws and Regulations that Protect Health and Ensure Safety**

6.1 Review and Evaluation of Laws, Regulations and Outcomes	76-100%
6.2 Involvement in the Improvement of Laws, Regulations and Outcomes	26-50%
6.3 Enforcement of Laws, Regulations and Outcomes	26-50%

## Essential Service 6 Strengths, Weaknesses, and Opportunities

### Strengths

- Joint inspections and alignment between health and housing
- Strong emergency management plan and preparedness
- Individuals and organizations are generally aware of laws, regulations and ordinances that they must comply with
- Good management and consistency in enforcement activities
- Strong partnerships with hospitals on communicable disease

### Weaknesses

- Smaller municipalities may not have enforcement capacity or services
- Not everyone appreciates regulatory role

### Short Term Opportunities

- Raise awareness among individuals and organizations about relevant laws, regulations, and ordinances

### Long Term Opportunities

- Identify opportunities to collaborate with others
- Increase hospital advocacy for laws and regulations that protect health and ensure safety

**Post Assessment Interview:**

One supplemental interview was conducted as follow up to the assessment dialogue for Essential Service 6. A representative from the Coalition toward a Tobacco Free Will County cautioned that the moderate score assigned to Model Standard 6.2 (Involvement in the Improvement of Laws, Regulations, and Ordinances), may be accurate reflection of the LPHS overall, but emphasized that this is not the case for tobacco-reduction efforts in Will County. The Coalition toward a Tobacco Free Will County is highly involved in informing the development and strengthening of new laws, regulations, and ordinances that limit and discourage tobacco use. Advocacy and organization of efforts to reduce community exposure to tobacco and second hand smoke is an excellent example of the success of improving health through policy, systems, and environmental change.

The interviewee reported strong agreement with the high scores assigned to Model Standard 6.3 (Enforcement of Laws, Regulations, and Ordinances), and agreed with the perceptions of assessment participants that enforcement activities are distributed fairly throughout the community and that entities subject to enforcement are sufficiently informed about laws, regulations, and ordinances.

## EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

**Overall Score: 72 – Significant**

**Overall Ranking: 3<sup>rd</sup>**

To assess performance for Essential Public Health Service 7, participants were asked to address the following 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) encompass 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.

### **Group Composition and Perspectives:**

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	#	Organization Type
3	Hospital/Health Systems	3	Community-Based Organizations
1	Health Department	1	Colleges and Universities

## EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

### Model Standard Scores

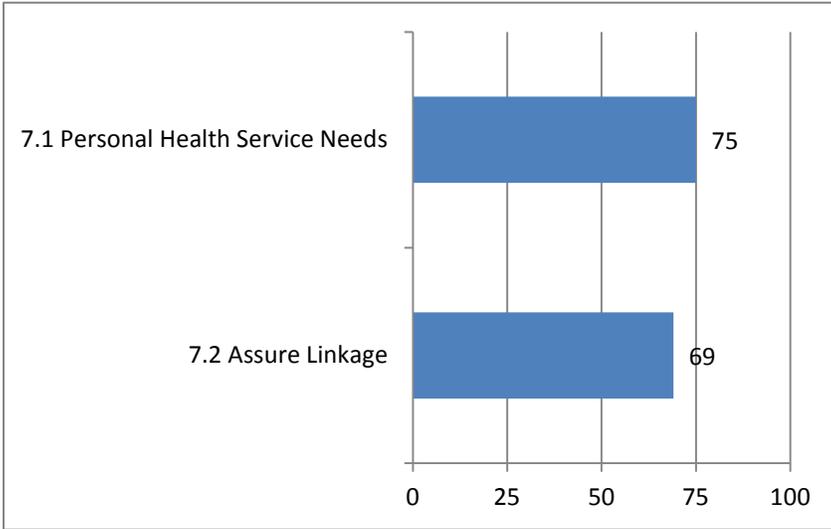
<b>7.1 Identification of Personal Health Service Needs of Populations</b>	<b>SIGNIFICANT</b>	<b>75</b>
<p>The local public health system (LPHS) identifies the personal health service needs of the community and identifies the barriers to receiving these services, especially among particular groups that 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.</p>		
7.1.1	Identification of populations who experience barriers to care	100
7.1.2	Identification of personal health service needs of populations	75
7.1.3	Develop partnerships to respond to unmet needs of the community	50
7.1.4	Understand barriers to care	75
<b>7.2 Assuring the Linkage of People to Personal Health Services</b>	<b>SIGNIFICANT</b>	<b>69</b>
<p>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.</p>		
7.2.1	Link populations to needed personal health services	75
7.2.2	Assistance to vulnerable populations in accessing needed health services	50
7.2.3	Initiatives for enrolling eligible individuals in public benefit programs	100
7.2.4	Coordination of personal health and social service	50

## Essential Service 7 Summary

Participants in Essential Service 7 explored LPHS performance in connecting community members to the health services they need. Partners that were missing from the dialogue who may have contributed important insights include the transportation department, nonprofits that work with low income populations, schools, the department of transportation, law enforcement, and public assistance programs such as public housing.

Model standard 7.1, Identifying Personal Health Service Needs of Populations, received a significant overall score. Participants reported that the LPHS has identified vulnerable populations within the community who experience barriers accessing or connecting to personal health services. While there is a strong understanding of at-risk groups in the community and the needs they have, the LPHS needs to strengthen efforts to address the unmet needs of these populations. The needs of homeless individuals and individuals with mental illnesses remain largely unmet. Participants also reported that while LPHS partners have tried to develop an understanding of barriers to care for vulnerable populations, this understanding is still limited. Participants expressed concern that we are only skimming the surface in truly understanding the barriers vulnerable populations face, due in part to insufficient cultural competency that compromises providers' ability to build trust with underserved communities.

Model Standard 7.2, Ensuring People are Linked to Personal Health Services, also received a significant overall score. Participants reported that while there is good collaboration among partners to coordinate services and address the needs of vulnerable populations, there are still serious gaps in services, particularly for the homeless, individuals with special needs, and individuals with mental illness. Strong improvements have been made to increase initiatives for enrolling eligible individuals in public benefit programs through the Affordable Care Act, which should strengthen linkage to health services for underserved populations. Participants expressed concern that regional gaps in health services and lack of access to transportation continue to act as barriers to accessing health care for low income community members, particularly in Eastern Will County.



This graph displays the overall score for each model standard. In this snapshot, model standard 7.1 (personal health service needs) and model standard 7.2 (assure linkage) were scored in the significant range.

**Will County Health Department Contribution to EPHS 7  
Link People to Needed Health Services and Assure the Provision of Health  
Care When Otherwise Unavailable**

7.1 Identification of Personal Health Service Needs of Populations	51-75%
7.2 Assuring the Linkage of People to Personal Health Services	51-75%

## Essential Service 7 Strengths, Weaknesses, and Opportunities

### Strengths

- Will County partners do a great job of referring clients to resources from each other's agencies
- Great collaboration among partners to coordinate services (schools, hospitals, nonprofits, etc.)
- Increasing numbers of primary care and specialty care physicians
- Will County Regional Office of Education coordinates with partners to assure linkage to services for homeless children
- Navigators to connect and enroll people in Medicaid and insurance marketplace
- Outreach activities to at-risk populations (homeless individuals, veterans, etc.)
- Collaboration, coordination, and networking across partners to address needs

### Weaknesses

- Transportation barriers prevent individuals from accessing health care services
- Regional gaps in services, especially for low income community members (shortages of primary care and oral health services in Eastern Will County)
- Gaps in linkage to services among individuals with special needs and homeless individuals
- Homeless individuals in need of mental health services are very underserved
- Automated phone systems negatively impact client communication

### Short Term Opportunities

- Improve ability to address identified needs
- Improve communication systems between partners (increase efficiency of contact between providers through phone, fax, and email)
- Increase coordination to identify needs of other populations with barriers to access

### Long Term Opportunities

- Increase ability to build trust with special populations
- Build cultural competency to break down provider-patient barriers, meet clients where they're at
- Continue to build on broad coordination

### **Findings from Supplemental Interviews:**

One supplemental interview was conducted as follow up to the assessment dialogue for Essential Service 7. A representative from Catholic Charities who coordinates the provision of direct services to vulnerable and at-risk community residents cautioned that the relatively high scores assigned to Essential Service 7 were highly overstated from her perspective and experience. The interviewee identified some of the most vulnerable populations in the county, which include individuals with criminal backgrounds, individuals with untreated mental illness, individuals with poor credit, and individuals experiencing homelessness. She reported that there is a lack of awareness and understanding of vulnerable populations in the community and the barriers and needs they face. She expressed concern at the absence of any systematic coordinated partnership efforts to respond to unmet social, economic, and health needs of vulnerable residents of Will County. She also said that the extent to which the LPHS perceives in performance in assistance to vulnerable populations in accessing needed services is also strongly overstated, and reported that outreach to these populations is a substantial weakness. The interviewee expressed that stigma toward these populations and insufficient cultural competency throughout the LPHS are major contributors to the weakness of performance around Essential Service 7.

## EPHS 8. Assure a Competent Public Health and Personal Health Care Workforce

Overall Score: 50 – Moderate

Overall Ranking: 9<sup>th</sup>

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

Do we have a competent public health staff? How can we be sure that our staff stays current?

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

### Group Composition and Perspectives:

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	#	Organization Type
3	Hospitals/Health Systems	1	Colleges and universities
1	Health Department		

<b>EPHS 8. Assure a Competent Public Health and Personal Health Care Workforce Model Standard Scores</b>		
<b>8.1 Workforce Assessment, Planning and Development</b>	<b>MINIMAL</b>	<b>17</b>
<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		25
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce		25
8.1.3 Dissemination of results of the workforce assessment/gap analysis		0
<b>8.2 Public Health Workforce Standards</b>	<b>OPTIMAL</b>	<b>100</b>
<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		100
8.2.2 Written job standards and/or position descriptions		100
8.2.3 Performance evaluations		100
<b>8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring</b>	<b>MODERATE</b>	<b>45</b>
<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 development		50
8.3.2 Opportunities for developing core public health competencies		25
8.3.3 Educational and training incentives		50
8.3.4 Collaboration between organizations and the LPHS for training and education		25
8.3.5 Education and training on cultural competency and social determinants of health		75
<b>8.4 Public Health Leadership Development</b>	<b>MODERATE</b>	<b>38</b>
<p>Leadership within the local public health system (LPHS) is demonstrated by organizations and individuals that</p>		

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	25
8.4.2	Collaborative leadership	100
8.4.3	Leadership opportunities for individuals and/or organizations	0
8.4.4	Recruitment and retention of new and diverse leaders	25

### Essential Service 8 Summary

Participants in Essential Service 8 discussed public health workforce development in Will County. Overarching issues related to workforce development included challenges in recruiting and retaining physicians, particularly psychiatrists and doctors willing to serve low income and uninsured populations, and leveraging opportunities to collaborate and share training for the public health workforce across the county.

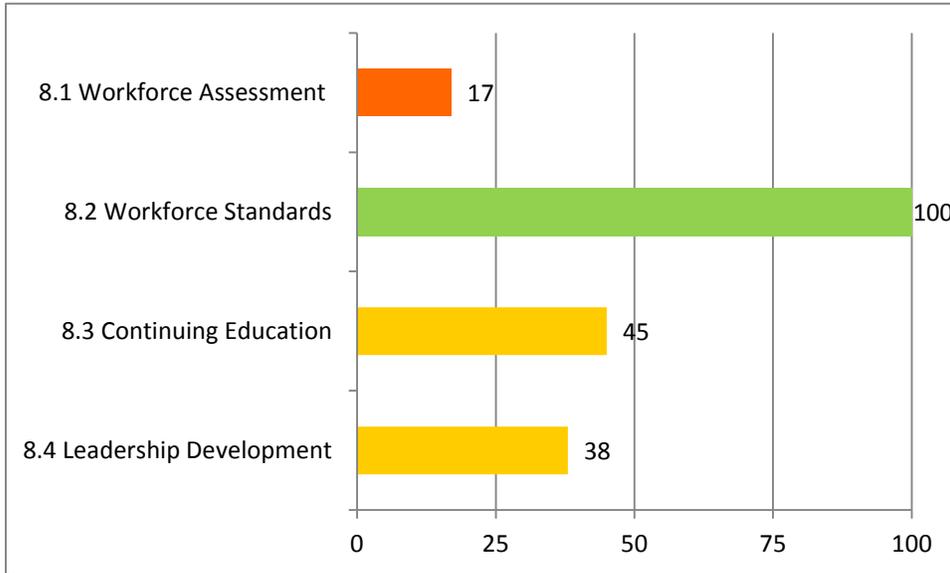
Model Standard 8.1, Workforce Assessment, Planning, and Development, explores how well the Will County LPHS is assessing its workforce as a system. This model standard scored the lowest of the 30 model standards in the Local Public Health System Assessment. Participants reported very minimal activity in assessing and identifying gaps in the system’s workforce, and no activity in disseminating workforce assessment results across the LPHS. Participants suggested that universities would be ideal partners to engage in a system-wide workforce assessment.

While performance for Model Standard 8.1 was scored very low, Model Standard 8.2, Public Health Workforce Standards, received an overall score of optimal performance. Participants reported that the system does an excellent job of ensuring that the public health workforce is properly qualified and licensed, and evaluated based on the public health competencies.

Model Standard 8.3, Life-long Learning Through Continuing Education, Training, and Mentoring, received a moderate overall performance score. Good training and mentoring opportunities for new public health professionals are fostered through internship and practicum programs with local universities. The high cost of education was identified as a significant barrier for the workforce, and participants suggested promoting loan forgiveness opportunities as one way to address this. Participants reported that while training opportunities exist for public health professionals, they were not aware of any continuing education or training opportunities for support staff. Because support

staff are usually the first point of contact for clients, participants believed providing staff development and training on best practices would be a good investment.

Model Standard 8.4, Public Health Leadership Development, scored as moderate, with performance in collaborative leadership noted as a strength for the system while leadership development, leadership opportunities, and recruitment and retention of new and diverse leadership were ranked low.



This graph displays the overall score for each model standard. In this snapshot, model standard 8.1 (workforce assessment) was scored in the minimal range, and received the lowest score of the 30 model standards in the assessment. Model Standard 8.2 (workforce standards) received the top score in the optimal range. Model Standards 8.3 (continuing education) and 8.4 (leadership development) scored in the moderate range.

**Will County Health Department Contribution to EPHS 8  
Assure a Competent Public Health and Personal Health Care Workforce**

8.1 Workforce Assessment, Planning and Development	1-25%
8.2 Public Health Workforce Standards	76-100%
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	26-50%
8.4 Public Health Leadership Development	26-50%

## Essential Service 8 Strengths, Weaknesses, and Opportunities

### Strengths

- Mid America Regional Public Health Leadership Institute
- Certification for prevention specialists
- Financial incentives for hospital employees to seek special certifications
- Tuition reimbursement for advance degrees
- Mental health first aid training

### Weaknesses

- Lack of investment in training and continuing education for support staff, who are the first points of contact for clients
- Lack of formal workforce assessment
- Performance evaluations not tied to public health competencies
- Lack of awareness of public health competencies and the 10 essential public health services
- Lack of representation or rural, minority, disabled, and Latinos in local public health workforce
- Shortage of psychiatrists
- Shortage of physicians serving low income populations
- Lack of career advancement options for non-licensed workers
- Inadequate communication within and across agencies

### Short Term Opportunities

- Increase cross-training opportunities
- Develop interagency trainings to increase efficiency
- Develop a blog to communicate local free and low cost training opportunities
- Offer volunteer opportunities in public health for high school students to meet their community service requirements

### Long Term Opportunities

- Loan forgiveness
- Increase public health career options among high school and college students
- Involve local universities in workforce assessment

### **Post-Assessment Interviews:**

Three supplemental interviews were conducted as follow up to the assessment dialogue for Essential Service 8, including representatives from Lewis University, Governors State University, and the Will County Workforce Investment Board.

Post-assessment Interviewees agreed with the scores assigned to Essential Service 8. Model Standard 8.1 (Workforce Assessment, Planning and Development) was the lowest-scoring model standard in the assessment. Interviewees reported that they were not aware of any systematic efforts to assess the local public health workforce, but agreed that this would be valuable data. The representative from the Will County Workforce Investment Board reported that they perform general workforce analysis as well as targeted healthcare sector-specific workforce analysis for the county using publicly available data. Workforce analysis reports, including spotlights of the local health care workforce are publicly available on their website. The Will County Workforce Investment Board does not perform any targeted analysis of other sectors including in the LPHS, like government, education, or social service sectors. Restrictions in their funding limit the sectors they focus on for workforce analysis, but the Investment Board's reports could inform a broader community effort to assess the LPHS workforce. The representative reported that the Investment Board's data could contribute information on broad trends on the Will County workforce, which could be supplemented by primary data collection. The interviewee recommended that the LPHS do a workforce gap analysis by surveying local LPHS employers to determine the emerging skill needs.

Representatives from Lewis University and Governors State University were unaware of activities to assess the LPHS workforce, but expressed strong interest in the possibility of partnering in broader community efforts to do a workforce assessment. The interviewee from Governors State University, which offers degree programs in occupational and physical therapy, health care administration, social work, addiction counseling, and other jobs relevant to the LPHS, reported that they rely on data from the state to determine where training and skill needs are. This data informs the curriculum and degree programs the university offers. However, the interviewee emphasized that recent funding cuts has made this data much less robust than in past years. This reduced state investment in workforce analysis is problematic because it leaves communities with less information about how to create future job readiness. Both Governors State and Lewis University reported that they value and increasingly emphasize community-based research, and would like to explore the potential to be involved with primary data collection efforts to assess the LPHS in Will County.

Model Standard 8.3 (Life-long Learning Through Continuing Education, Training, and Mentoring) was assigned a moderate score in the assessment. Post- assessment interviewees agreed that there is room for improvement in this area, but all reported that their organizations are involved in ongoing activities to strengthen life-long learning, continuing education, training, and mentoring. Both Governors State University and

Lewis University reported strong internship and practicum programs for undergraduate and graduate students, and are always interested in strengthening and expanding relationships with other organizations and agencies throughout the community to provide students with broader opportunities to get worksite experience and mentorship. Governors State University reported a broad offering of continuing education opportunities as well as license renewal and certification programing.

The Workforce Investment Board representative reported that they have great services in the area of workforce readiness training. They offer federally-funding programs to deliver career development services and job training for community members. Most community members using their services include recent high school graduates or high school drop outs and unemployed adults. However, the representative also reported that they also provide services to low-skilled or low-earning workers interested in career advancement. The representative reported that demand for health care training is high, especially for CNA and medical assistant positions, because this these positions require relatively little training, meaning individuals can enter the workforce quickly. While community awareness about the Workforce Investment Board is low, it is an excellent resource for the LPHS to leverage in preparing the future Will County public health workforce. Efforts to increasing public and LPHS awareness of this resource is a great opportunity.

An additional topic discussed in post-assessment interviews included efforts to strengthen public health leadership development, especially among diverse populations. Both Lewis University and Governors State University are committed to strengthening diversity in the emerging Will County workforce. Both universities reported scholarship programs to encourage first generation and low-income students and students from diverse backgrounds. Lewis University reported that providing educational opportunities to low income community members is central to its institutional mission. Governors State University reported that it works closely with local community colleges to ease the transition for students. For example, the university offers a dual degree program with community colleges so students can enter lock in tuition to complete a BSN upon entering a community college program to complete the first two years of their degree. Governors State University is ranked among the top 10 colleges in the country for its graduation rates for African-American students, largely due to their cooperative partnerships with local community colleges and strong support system for first generation students.

## EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

**Overall Score: 92 - Optimal**

**Overall Ranking: 1<sup>st</sup>**

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

Are we meeting the needs of the population we serve?

Are we doing things right?

Are we doing the right thing?

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.

### **Group Composition and Perspectives:**

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	#	Organization Type
3	Hospital/Health Systems	3	Community-Based Organizations
1	Health Department	1	Colleges and Universities

## EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

### Model Standard Scores

<b>9.1 Evaluation of Population-Based Health Services</b>		<b>OPTIMAL</b>	<b>81</b>
<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		75
9.1.2	Assessment of community satisfaction with population-based health services		50
9.1.3	Identification of gaps in the provision of population-based health services		100
9.1.4	Use of population-based health services evaluation		100
<b>9.2 Evaluation of Personal Health Services</b>		<b>OPTIMAL</b>	<b>95</b>
<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		100
9.2.2	Evaluation of personal health services against established standards		100
9.2.3	Assessment of client satisfaction with personal health services		75
9.2.4	Information technology to assure quality of personal health services		100
9.2.5	Use of personal health services evaluation		100
<b>9.3 Evaluation of the Local Public Health System</b>		<b>OPTIMAL</b>	<b>100</b>
<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		100
9.3.2	Periodic evaluation of LPHS		100

9.3.3	Evaluation of partnership within the LPHS	100
9.3.4	Use of evaluation to guide improvements to the LPHS	100

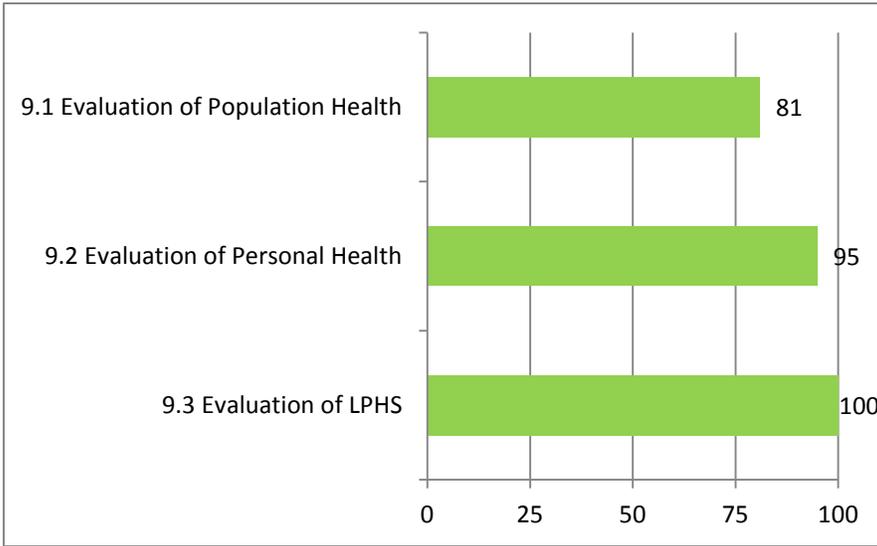
## Essential Service 9 Summary

Participants in Essential Service 9 explored how the Will County LPHS evaluates the effectiveness of personal and population-based services, and the LPHS itself. Essential Service 9 was ranked the highest performing of all 10 Essential Public Health Services in the LPHSA. Participants reported that a lot of evaluation is taking place within the LPHS, but felt that the performance of the LPHS in this area was difficult to assess. The most commonly cited cross-cutting issue throughout this Essential Service was the current budget constraints that have a negative impact on robustness of evaluations and the LPHS’ ability to implement improvement based on evaluation feedback.

Model Standard 9.1, Evaluation of Population-Based Health Services, explores whether population-based services are being adequately evaluated by the LPHS, whether community feedback is sought, and whether gaps in service provision have been identified. Participants reported that evaluations are conducted frequently and used to identify gaps in population-based services, but efforts to assess community satisfaction with these services are insufficient. Participants reported that the system lacks community satisfaction data from vulnerable populations in particular.

Model Standard 9.2, Evaluation of Personal Health Services, examines the extent to which health care providers are evaluating their person health care services. As with Model Standard 9.1, there is a lot of ongoing evaluation activity, but it is unclear how effective existing evaluation methods are in accurately assessing health services. Participants reported that while large health care systems regularly evaluate their services, private practices are less likely to do so. Participants noted that providers tend to rely too heavily on point of service evaluations, which are easier and more cost-efficient to conduct, but are not effective in assessing whether individuals are able to follow through with referrals, which limits our ability to assess continuity and connection to services.

Model Standard 9.3, Evaluation of the Local Public Health System, explores LPHS performance in evaluating its effectiveness as a system. Participants noted that the Local Public Health System Assessment was an excellent example of a comprehensive, system-wide evaluation of LPHS performance in the 10 Essential Public Health Services, but noted that this activity could be further strengthened by engaging a broader spectrum of community members in the MAPP process.



This graph displays the overall score for each model standard. In this snapshot, all model standards were scored in the optimal range.

**Will County Health Department Contribution to EPHS 9  
Evaluate Effectiveness, Accessibility and Quality of Personal and  
Population-Based Health Services**

9.1 Evaluation of Population-Based Health Service Development	76-100%
9.2 Evaluation of Personal Health Services	51-75%
9.3 Evaluation of Local Public Health System	76-100%

## Essential Service 9 Strengths, Weaknesses, and Opportunities

### Strengths

- Reporting requirements encourage accountability among providers
- Evaluations are widely used across Will County

### Weaknesses

- Lack of evaluation of private practice care
- Insufficient outreach to vulnerable populations
- Point of service evaluations are inadequate--need to implement evaluation to assess client connection/ follow-through with referrals and ensure continuity and connection to services
- Budget constraints negatively affect robustness of evaluations
- Budget cuts limit ability to implement program improvements and best practices
- Lack of coordinated, system-wide evaluation

### Short Term Opportunities

- Build relationships with partners that don't currently participate in MAPP
- Conduct point of service evaluations when follow up evaluations are not possible (hard to reach populations)
- Identify and implement quality improvement opportunities

### Long Term Opportunities

- Increase transparency of service effectiveness and quality through dissemination of evaluation results
- Increase communication of IPLAN and system evaluations across community partners
- Engage a broader spectrum of community partners in MAPP process

### **Post-Assessment Interviews:**

Two supplemental interviews were conducted as follow up to the assessment dialogue for Essential Service 9. An interviewee from Catholic Charities, a community-based social service provider, reported a strong evaluation infrastructure, and said the organization regularly collects client feedback on services that are used to inform improvements to their programs.

A representative from the Will County Health Department reported that the health department also is engaged in a lot of evaluation activities, pointing to examples of efforts to evaluate effectiveness of in person counselors in signing community members up for coverage under the Affordable Care Act, and monitoring tobacco prevention efforts, including tracking data on the number of citations and complaints, as well as referrals to a tobacco quit line. The interviewee reported that data collected from health department programs and activities feeds directly into quality improvement efforts. For example, when recent customer satisfaction surveys revealed that community members needed ACA navigators to be more accessible, the health department placed navigators at additional community locations that are more convenient for residents than the health department.

While interviewees reported strong evaluation and quality improvement practices at their agencies, one strongly cautioned that the scores assigned to this Essential Service are likely strongly overstated, noting that organizations tend to overestimate their evaluation activities. It is likely that scores were inflated for this Essential Service, because assessment participants emphasized that they weren't aware of much evaluation activity, but defaulted to optimal scores because they assumed that LPHS organizations were performing highly in this area.

Interviewees underscored the importance of using data to drive changes among coalitions, programs, and organizations, but noted that LPHS evaluation capacity may need to be strengthened through training opportunities. One interviewee cautioned that the perception that surveys are too time and resource intensive is incorrect. In the context of limited resources, gathering data for quality improvement to maximize the capacity, efficiency, and effectiveness of the LPHS is critical.

## EPHS 10. Research for New Insights and Innovative Solutions to Health Problems

Overall Score: 46 – Moderate

Overall Ranking: 10<sup>th</sup>

To assess performance for Essential Public Health Service 10, participants were asked to address the following 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).

### Group Composition and Perspectives:

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	#	Organization Type
3	Hospitals/Health Systems	1	Colleges and universities
1	Health Department		

**EPHS 10. Research for New Insights and Innovative Solutions to Health Problems  
Model Standard Scores**

<b>10.1 Fostering Innovation</b>	<b>SIGNIFICANT</b>	<b>56</b>
<p>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.</p>		
10.1.1 Encouragement of new solutions to health problems		50
10.1.2 Proposal of public health issues for inclusion in research agenda		50
10.1.3 Identification and monitoring of best practices		75
10.1.4 Encouragement of community participation in research		50
<b>10.2 Linkage with Institutions of Higher Learning and/or Research</b>	<b>MODERATE</b>	<b>50</b>
<p>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.</p>		
10.2.1 Relationships with institutions of higher learning and/or research organizations		50
10.2.2 Partnerships to conduct research		50
10.2.3 Collaboration between the academic and practice communities		50
<b>10.3 Capacity to Initiate or Participate in Research</b>	<b>MODERATE</b>	<b>31</b>
<p>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.</p>		
10.3.1 Collaboration with researchers		50
10.3.2 Access to resources to facilitate research		25
10.3.3 Dissemination of research findings		25
10.3.4 Evaluation of research activities		25

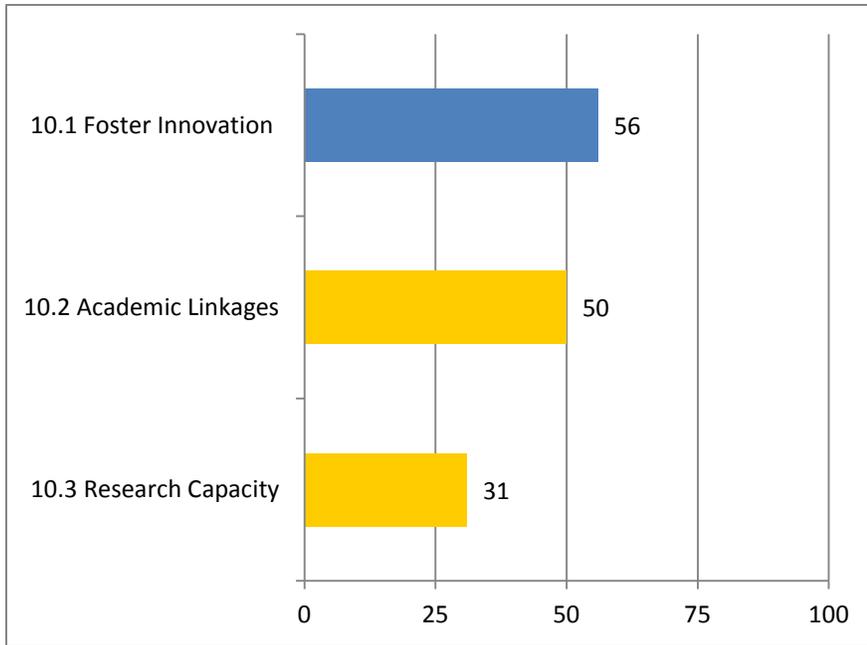
## Essential Service 10 Summary

Participants in Essential Service 10 discussed LPHS performance in research and innovation. Overarching issues discussed throughout the dialogue included the challenges presented by the current economic climate, which limits the LPHS's ability to conduct research and innovate to create solutions to public health problems, and the need to strengthen relationships with academic institutions and other research organizations to build greater collaboration between academic and practice communities throughout Will County.

Model Standard 10.1, Fostering Innovation, explores LPHS performance in finding new ways to improve public health practice, and received a significant overall score. Participants noted that a positive outcome of the current economic climate is that reduced funding has generated creative approaches to problems, increased collaboration, and greater efficiency. Budget cuts have also compromised the system's ability to innovate because grants increasingly require data-driven and evidence-based decision making, which can result in a loss of flexibility in responding to public health issues.

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. Model Standard 10.2 received a moderate overall score. Participants reported that academic institutions are active partners within the LPHS, but collaboration on research is limited by a lack of funding. Increasing cross-disciplinary and cross-institutional research is a significant area for improvement. Participants also identified the opportunity to increase communication between academia and practice through a research blog that shares information about ongoing research and translates findings to lay terms for use in public health practice.

Model Standard 10.3, Capacity to Initiate or Participate in Research, received a low moderate overall score. While there are relationships established with academic institutions, the LPHS currently has minimal resources to conduct research. Participants identified creation of a steady stream of research funding as a long term opportunity to improve this model standard.



This graph displays the overall score for each model standard. In this snapshot, model standards 10.2 (academic linkages) and 10.3 (research capacity) were scored in the moderate range, and model standard 10.1 (foster innovation) was scored in the significant range.

**Will County Health Department Contribution to EPHS 10  
Research for New Insights and Innovative Solutions to Health Problems**

10.1 Fostering Innovation	26-50%
10.2 Linkage with Institutions of Higher Learning and/or Research	51-75%
10.3 Capacity to Initiate or Participate in Research	26-50%

## Essential Service 10 Strengths, Weaknesses, and Opportunities

### Strengths

- Reduced funding has spurred creativity, efficiency, and collaboration
- Increase in cross-disciplinary research
- Increased grant writing skills
- Good use of interns to build interest and experience among future public health workforce
- Many grants require following best practices

### Weaknesses

- Lack of evaluation of LPHS research
- Staff are overburdened, leading to burnout and errors
- Lack of communication on best practices
- Academic snobbery hinders institutional relationships
- Lack of funding for research
- Preceptor workload discourages taking on interns
- Need for data-driven/evidence-based decision making results in loss of flexibility in responding to problems

### Short Term Opportunities

- Increased cross-agency and cross-disciplinary collaboration
- Cross-institutional research
- Create a blog to communicate ongoing research and translate research findings to lay terms
- Multi-institutional partnerships and projects

### Long Term Opportunities

- Creation of steady stream of funding research
- Enhance communication among researchers through research blog
- Encouraging schools to participate in the Illinois Youth Survey will be a valuable source of data on youth health behaviors

### **Post-Assessment Interviews:**

Two supplemental interviews were conducted with representatives from Lewis University and Governors State as follow up to the assessment dialogue for Essential Service 10. Research for New Insights and Innovative Solutions to Health Problems scored the lowest of all 10 Essential Services in the assessment, which is typical of many communities participating in the Local Public Health System Assessment.

While Model Standard 10.2 (Linkage with Institutions of Higher Learning and/or Research) received a moderate score, both Lewis University and Governors State University reported that they consider themselves part of the LPHS and have established relationships with many community organizations, where they place students for internships. Governors State University, for example, reported that they have over 850 clinical agreements with sites across the Chicago metro area, and are always interested in expanding the number of sites they work with. Both universities agreed with assessment participants' comments that the current environment of widespread personnel shortages and higher workloads can limit agencies' capacity to take on interns.

Assessment participants reported limited capacity for research across the LPHS. Both universities reported that they are committed to conducting community-engaged research in partnership with other agencies in the LPHS. Further, the representative from Governors State University said that they consider research to establish evidence-based practices and translation of research for application in the practice world as an important way they can demonstrate their commitment to the public trust and contribute to the LPHS. Another way Governors State University participates in the LPHS is through involving faculty members in assisting in the development of the Will County MAPP Collaborative's Community Health Status Assessment. Governors State University and Lewis University emphasized that they are interested in engaging their students and their institutions in ongoing LPHS activities and both see many opportunities to build on existing community relationships and efforts to create synergy across the LPHS.

## Appendices

### List of Participating Organizations

Constituency Represented	Organization
Businesses	Custom Community Creation, LLC
Coalitions	Wilmington Coalition
Colleges and Universities	Governor's State University
Community-Based Organizations	Catholic Charities Child Care Resource & Referral Easter Seals Morning Star Mission Stepping Stones Warren Sharpe Community Center Will Grundy Center for Independent Living YMCA
Faith-Based Institutions	New Life Church
Hospitals/Health Systems	Chestnut Health Systems Edward-Elmhurst Healthcare Presence St. Joseph Medical Center Silver Cross Hospital Will Grundy Medical Center
Local Health Department	Will County Health Department
Local Government	Joliet Township

## Performance and Agency Contribution Scores by Model Standard

Model Standard	Score	Agency Contribution
<b>Essential Service 1 Monitor Health Status to Identify Community Health Problems</b>		
1.1 Population-based Community Health Profile	Significant	Significant
1.2 Current Technology to Manage and Communicate Population Health Data	Significant	Significant
1.3 Maintenance of Population Health Registries	Significant	Significant
<b>Essential Service 2 Diagnose and Investigate Health Problems and Health Hazards</b>		
2.1 Identification and Surveillance of Health Threats and Emergencies	Significant	Optimal
2.2 Investigation and Response to Public Health Threats and Emergencies	Optimal	Optimal
2.3 Laboratory Support for Investigation of Health Threats	Optimal	Optimal
<b>Essential Service 3 Inform, Educate, and Empower People about Health Issues</b>		
3.1 Health Education and Promotion	Moderate	Moderate
3.2 Health Communication	Moderate	Moderate
3.3 Risk Communication	Significant	Moderate
<b>Essential Service 4 Mobilize Community Partnerships to Identify and Solve Health Problems</b>		
4.1 Constituency Development	Significant	Moderate
4.2 Community Partnerships	Significant	Significant
<b>Essential Service 5 Develop Policies and Plans that Support Individual and Community Health Efforts</b>		
5.1 Governmental Presence at the Local Level	Moderate	Significant
5.2 Public Health Policy Development	Significant	Moderate
5.3 Community Health Improvement Process and Strategic Planning	Significant	Significant
5.4 Plan for Public Health Emergencies	Optimal	Moderate
<b>Essential Service 6 Enforce Laws and Regulations that Protect Health and Ensure Safety</b>		
6.1 Review and Evaluation of Laws, Regulations, and Ordinances	Significant	Optimal
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	Moderate	Moderate
6.3 Enforcement of Laws, Regulations, and Ordinances	Optimal	Moderate
<b>Essential Service 7 Link People to Needed Personal Health Services and Assure Provision of Healthcare When Otherwise Unavailable</b>		
7.1 Identification of Personal Health Service Needs of Populations	Significant	Significant
7.2 Linkage of People to Personal Health Services	Significant	Significant
<b>Essential Service 8 Assure a Competent Public Health and Personal Healthcare Workforce</b>		
8.1 Workforce Assessment, Planning and Development	Minimal	Minimal
8.2 Public Health Workforce Standards	Optimal	Optimal
8.3 Life-long Learning through Continuing Education,	Moderate	Moderate

Training and Mentoring		
8.4 Public Health Leadership Development	Moderate	Moderate
<b>Essential Service 9 Evaluated Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</b>		
9.1 Evaluation of Population-based Health Services	Optimal	Optimal
9.2 Evaluation of Personal Health Services	Optimal	Significant
9.3 Evaluation of the Local Public Health System	Optimal	Optimal
<b>Essential Service 10 Research for New Insights and Innovative Solutions to Health Problems</b>		
10.1 Fostering Innovation	Significant	Moderate
10.2 Linkage with Institution of Higher Learning and/or Research	Moderate	Significant
10.3 Capacity to Initiate or Participate in Research	Moderate	Moderate