

2019 WILL COUNTY LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Will County



MAPP
COLLABORATIVE

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List of Abbreviations

CHSA.....	Community Health System Assessment
CTSA.....	Community Themes and Strengths Assessment
EPHS	Essential Public Health Service
FOCA.....	Forces of Change Assessment
LPHSA.....	Local Public Health System Assessment
MAPP.....	Mobilizing for Action Through Planning & Partnerships
NACCHO.....	National Association of County and City Health Officials

Introduction

The Will County Local Public Health System Assessment (LPHSA) was conducted in May 2019 as one of the four assessments in the Will County Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a community-driven strategic planning framework that guides communities in developing and implementing efforts around the prioritization of public health issues and identification of resources to address them as defined by the 10 Essential Public Health Services. The MAPP process includes four assessment tools, including the Local Public Health System Assessment.



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

Executive Summary

The Local Public Health System Assessment survey was designed in 2019 to collect data from our local public health stakeholders, policy makers, health professionals and collaboratives to address essential public health service needs and gaps that may exist within the existing public health structure. The survey used on-line data collection. A Survey Monkey questionnaire was distributed to a list of community members and partners who are part of the local public health system in Will County. Sixty-six total participants responded to questions related to strengths and activities associated with essential public health service frameworks. This survey closed as of May 2019. In an analysis of the local public health system, stakeholders were asked to rank, from No Activity to Optimal Activity, their and/or their organizations involvement in sectors related to innovation, technological advancements, addressing inequities, and surveillance as it related to personal health service exposures. Participants were individuals whom held roles mainly linking individuals to services, educating and informing the public about available public health services. Frameworks associated as follows:

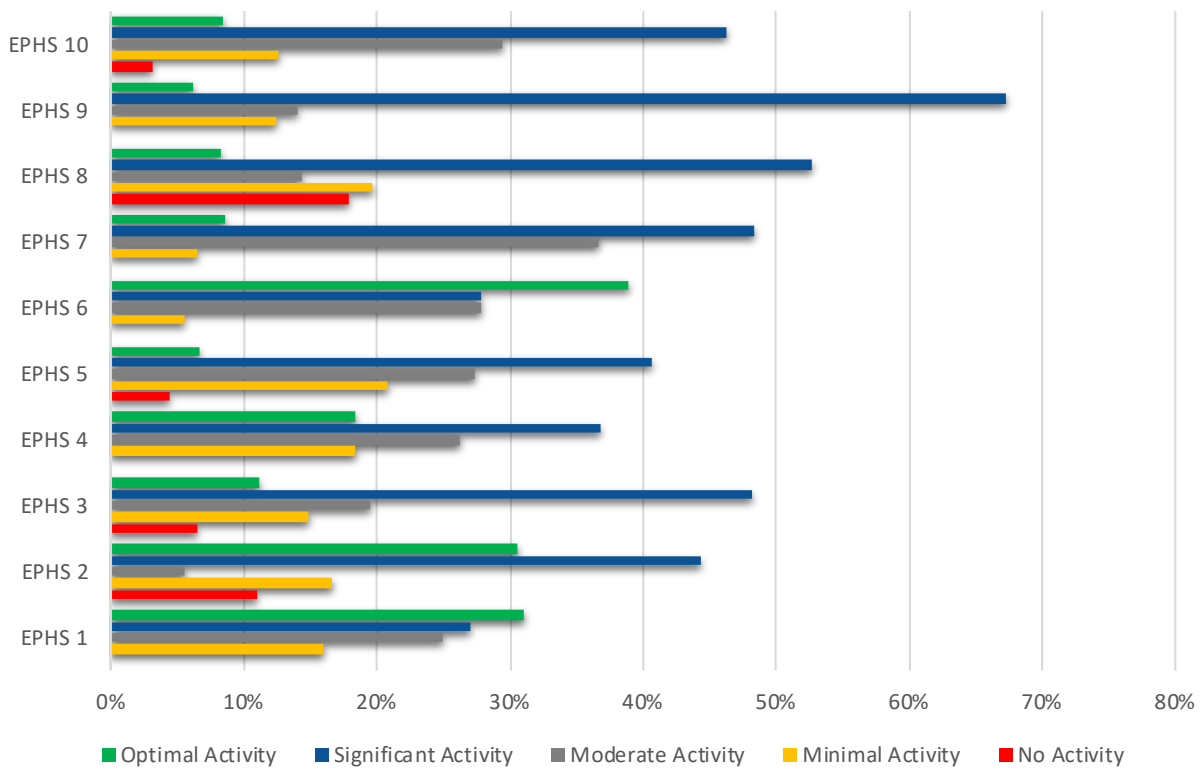
- EPHS 1: Monitoring Health Status
- EPHS2: Diagnoses and Investigating Needs
- EPHS3: Educate and Empower
- EPHS4: Mobilize Partnerships
- EPHS5: Develop policies/plans
- EPHS6: Enforce Laws
- EPHS7: Link to Health Services
- EPHS8: Assure Workforce
- EPHS9: Evaluate Services
- EPH10: Research/Innovate Strengths

EPHS10: Research/InnovateStrengths		Weaknesses	
EPHS 6: Enforce Laws	EPHS 9: Evaluate Services	EPHS 7: Link Services	EPHS 8: Assuring Workforce
Opportunities		Threats	
Enforce Laws and create policies that are comprehensive to the goals and objectives created by the health care system	Support collaborative research that is inclusive to the equity development of the community	Community insecurities with the goals and objectives of the health system	Workforce Development inclusive of the diversity of the community
Engaging the community in policy and regulation design	Utilize more robust and ubiquitous social platforms	Community may have challenges obtaining services due to social determinants	Integrating the necessary Technologies and Resources required to maintain a standard of service

Mobilize the health care system to assess and report on cross cutting public health issues	Monitor and Surveillance inequities, emerging threats and respond with adequate and efficient information to the vulnerable populations	Collaborating and aligning adequate training for workforce to support health service linkage
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A SWOT analysis is depicted above related to the essential public health services and the responses from the survey. The threats and opportunities mentioned above will enhance future strategic planning in Will County to improve the health and overall quality of life for Will County residents.

2019 EPHS Framework Scores (Mean)



The table above depicts the 10 essential public health service frameworks that mold the system assessment to diversity and reduce error to the data collection mechanisms and provide a comprehensive schematic of the areas required for focus.

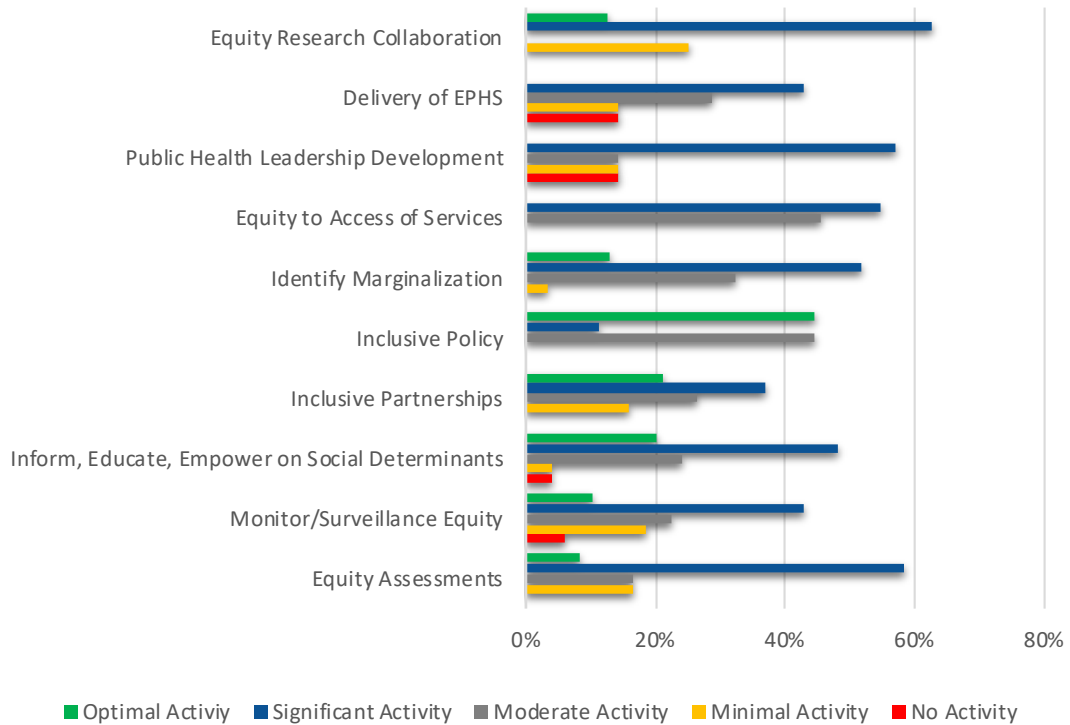
Essential Public Health Services yielded most Activity:

Optimal Activity established from the survey stemmed from EPHS framework 6; most organizations that participated felt that their activity related to enforcement and regulation of laws and policies was optimal.

Essential Public Health Services yielded least Activity:

No Activity was attributed to EPHS framework 8, Assuring a complete and competent workforce.

2019 LPHS Equity Scores



The table above depicts the scores related to equity and social determinants as they apply to our public health system of care deliverance. Equity addresses disease through surveillance and advocacy, inclusive of youth and racial and ethnic approaches to health.

Equity measured most optimally within the framework:

- Inclusive Policy
- Inclusive Partnerships

Equity measured least activity or no activity within the framework:

- Developing a leadership workforce representative of community

Survey questions related to Equity
Q 23 Monitor Equity via Assessments
Q 49 Identify and Report on Health Equity through surveillance
Q 48 Inform, Educate, and Empower regarding Social Determinants of Health
Q19 Inclusive Community Partnerships
Q26 Participatory Policy Development

Q30 Impact of Disproportionate and Marginalized Communities
Q41 Evaluate equitable access to health services
Q38 Public Leader Development
Q34 Workforce Gaps in Delivery of Services
Q36 Support Research Collaboration

Assessment Methodology

Using the National Associate of County & City Health Officials (NACCHO) Local Assessment Instrument as a guide, a small workgroup convened in April 2019 to select questions from each of the **10 Essential Public Health Services (EPHSs)** to enter into an online survey collector, Survey Monkey. The online instrument is framed around the 10 Essential Public Health Services (EPHSs) that are utilized in the field to describe the scope of public health. The 10 EPHSs support the three core functions of public health: assessment, policy development, and assurance.

The 10 EPHSs are defined as:

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



Additionally, the 2019 Will County LPHSA included supplemental questions for each EPHS to identify how well the LPHS acknowledges and addresses health inequities. The LPHSA supplement is called “System Contributions to Assuring Health Equity,” from the National Association of County and City Health Officials (NACCHO) MAPP User’s Handbook. This supplement was also used for the 2016 Will County LPHSA.

The online survey was designed to elicit feedback on each EPHSs using the same rating scale to assess the model standards.

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

On May 8, 2019, the Will County MAPP Collaborative distributed the Local Public Health System Assessment online. This survey was distributed to a wide-variety of stakeholders (see Appendix A) that were suggested using the MAPP User’s Handbook (NACCHO). An email was sent and invited participation in the survey though Survey Monkey to rate the overall strengths and weaknesses of the Will County’s public health system.

The survey was divided into two sections: reviewing the Essential Public Health Services and Health Equity. The opening page of the survey explained the purpose of the assessment as well as the model standard prompt rating that would be used for each question. Respondents were then directed to the first question which asked participants to choose an essential health service (EHS) that aligns with their job duties within the local public health system. Once the respondent selected an EHS, the respondent was taken to a series of questions related to that EHS. Respondents were also given option to comment on their response for clarification purposes. Once completed, the respondent was again asked to select an additional EHS that aligned with their job duties or the respondent had the opportunity to exit that section of the survey if they did not have feedback on an additional EHS. Once the respondent completed as many EHS questions, the survey directed all participants to the five Health Equity questions. Upon completing the Health Equity questions, the respondents were asked for their name, job title, program, organization, email address and phone number.

Sixty-six responses were collected during the duration of the survey. The deadline to complete this survey was May 29, 2019. Survey results were analyzed by the Data, Monitoring and Evaluation (DEM) team. A draft Local Public Health System Assessment was presented to the MAPP Executive Committee for review and approval on July 17, 2019.

List of Participating Agencies
AAA
Agape Missions, NFP
AMITA Health
Cornerstone Services
Easterseals Joliet Region Inc.
Edward Elmhurst Health
Hines VA
Joliet Park District
Lewis University
New Lenox Fire Department
Senior Services of Will County
Silver Cross Hospital
Stepping Stones
Symetria Recovery
WELLPATH
Will County Board
Will County Health Department
Will County Center for Community Concerns
Will County Community Health Clinic
Will County Executive Office
Will-Grundy Medical Clinic
Wilmington Coalition for a Healthy Community

Sixty-six individuals participated in this survey of twenty-one agencies. The agencies that were represented for this survey are listed above.

Participants represented	Constituency represented
<input checked="" type="checkbox"/>	Universities/Educational Organizations
<input checked="" type="checkbox"/>	Community Health/Health Department
<input checked="" type="checkbox"/>	Community Member
<input checked="" type="checkbox"/>	Law Enforcement
<input checked="" type="checkbox"/>	Departments of Parks and Recreation
<input checked="" type="checkbox"/>	Department of Transportation
<input checked="" type="checkbox"/>	Department of Veteran Affairs
<input checked="" type="checkbox"/>	Emergency Preparedness and Response
<input checked="" type="checkbox"/>	Public Safety
<input checked="" type="checkbox"/>	Environmental Health
<input type="checkbox"/>	Epidemiology/Communicable Disease
<input checked="" type="checkbox"/>	Faith Based Organizations
<input checked="" type="checkbox"/>	Human Resources
<input checked="" type="checkbox"/>	Healthcare Providers
<input checked="" type="checkbox"/>	Healthcare systems/clinic, hospital, FQHC
<input checked="" type="checkbox"/>	Local Board, Governance
<input checked="" type="checkbox"/>	Mental/Behavioral Health
<input checked="" type="checkbox"/>	Laboratories
<input checked="" type="checkbox"/>	State, Federal Governing Agency
<input checked="" type="checkbox"/>	Social Services
<input checked="" type="checkbox"/>	Nutritionist/Dietician

Participants that were surveyed represented the sectors listed above. Communicable Disease and Epidemiology was the only sector not represented during this survey cycle.

Local Public Health System Assessment (LPHSA) Results

The LPHSA survey was developed, tested, and released to MAPP members and community partners via email on May 8, 2019. In this survey, participants were asked to rate the Essential Health Services that related to their job duties within the local public health system.

We received 66 responses. The survey was distributed to roughly 250 participants. Due to potential sharing of the survey link as well as emails undeliverable, this is a best estimate of distribution. Below are the survey questions and results.

Survey Questions

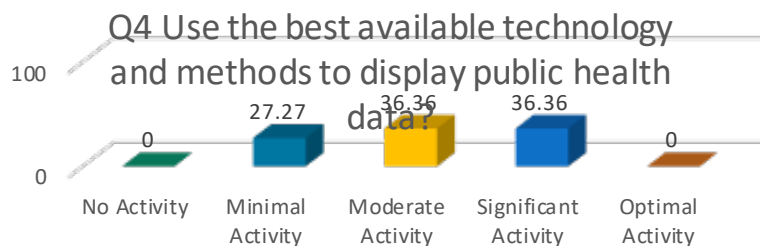
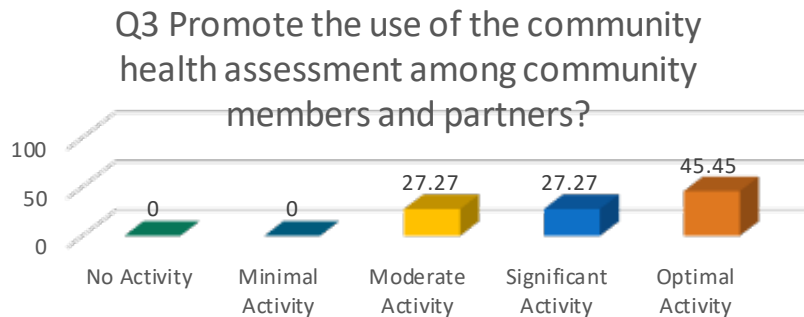
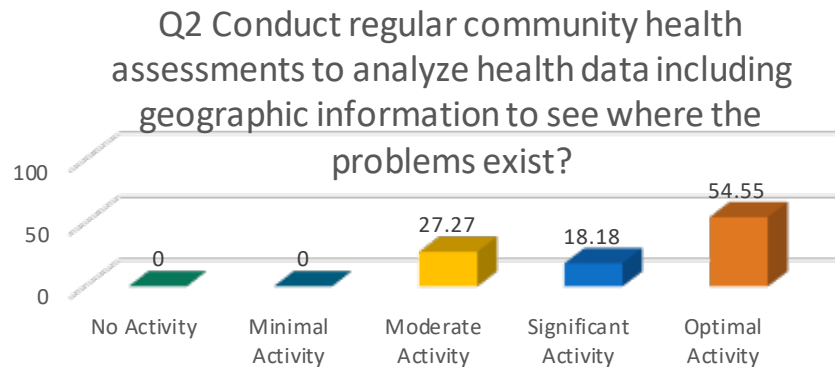
The survey was designed to allow participants to provide feedback on more than one Essential Health Service related to their work. Once the participants completed one essential health service's series of questions, they were prompted to select another EHS or select "N/A," to go to Health Equity section.

The chart below details how many respondents provided feedback on each Essential Health Service.

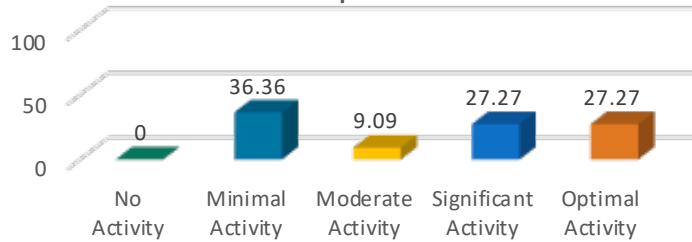
Essential Health Services	Number of survey respondents
EPS 1: Monitor health status to identify community health problems.	12
EPS 2: Diagnose and investigate health problems and health hazards in the community.	9
EPS 3: Inform, educate, and empower people about health issues.	31
EPS 4: Mobilize community partnerships to identify and solve health problems.	13
EPS 5: Develop policies and plans that support individual and community health efforts.	10
EPS 6: Enforce laws and regulations that protect health and ensure safety.	7
EPS 7: Link people to needed personal health services and assure the provision of health services.	38
EPS 8: Assure a competent public and personal health care workforce.	9
EPS 9: Evaluate effectiveness, accessibility, and quality of personal/population-based health services.	10
EPS 10: Research for new insights innovation solution to health problems.	9

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

Four questions were chosen to assess the Essential Health Service #1. The highest rated model standard was the question regarding the LPHS conducting regular community health assessments to analyze health data. Over 54% of those who responded to that question felt that the LPHS performs at an optimal level with little or no need for improvement. The greatest area of opportunity within this EHS is to utilize the best technology and methods to display the data. There were no optimal ratings on this question with the majority scoring this standard as moderate or significant (36.4% for each rating). There was a divide on if the LPHS analyzes health data to see where problems exist geographically. The majority (36.4%) thought there was minimal activity, but quite a few selected that the LPHS was at the optimal level (27.3%). There were no comments or qualitative data provided by respondents in this section.



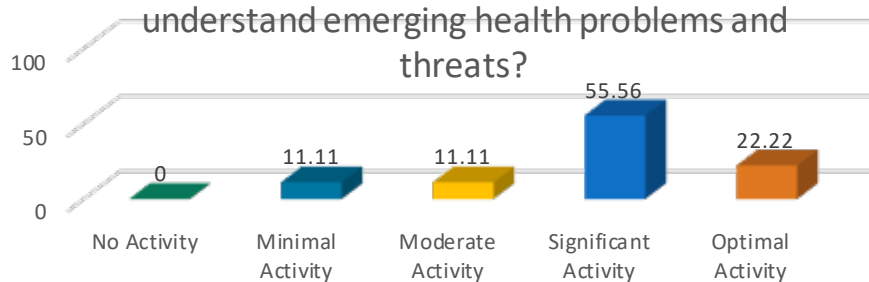
Q5 Analyze health data, including geographic information, to see where health problems exist?



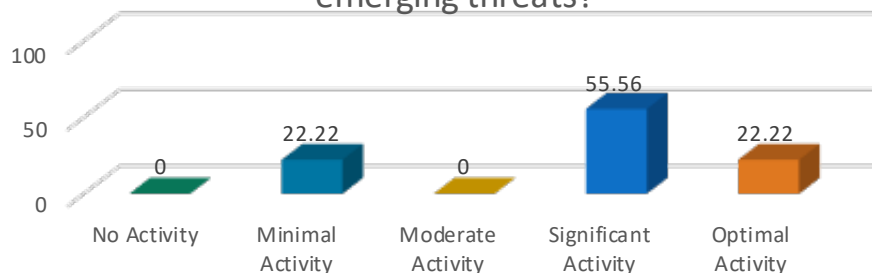
EHS #2: Diagnose and Investigate Health Problems and Health Hazards in the Community

There were five questions regarding the EHS #2. The highest rated model standard by participants was the LPHS’s ability to rapidly respond to public health emergencies according to guidelines. Over 55% of the participants rated this model service at an optimal level with little or no room for improvement in activity. The questions in the EHS that showed the most opportunity for improvement was evaluation of incidents effectiveness and opportunities for improvement as well as access to laboratories that can meet routine and emergency needs. There were no comments or qualitative data provided by respondents in this section.

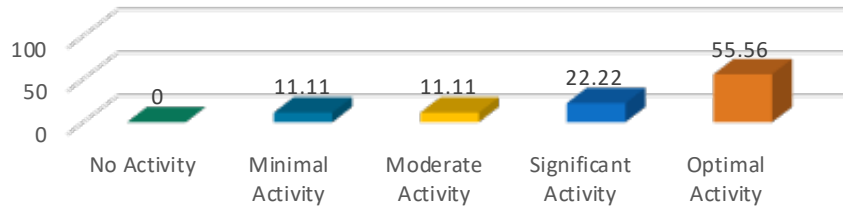
Q7 Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor and share information and understand emerging health problems and threats?



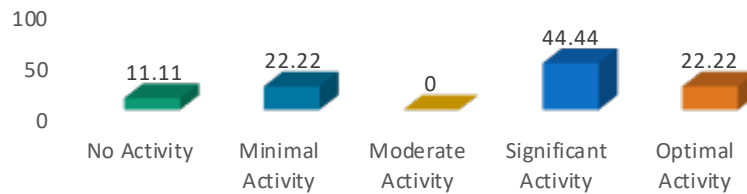
Q8 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats?



Q9 Prepare to rapidly respond to public health emergencies according to guidelines?



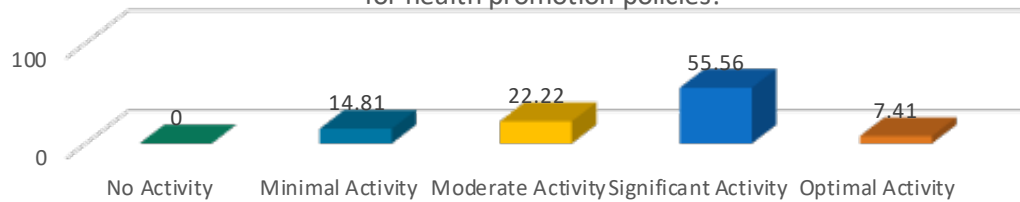
Q10 Evaluate incidents for effectiveness and opportunities for improvement?



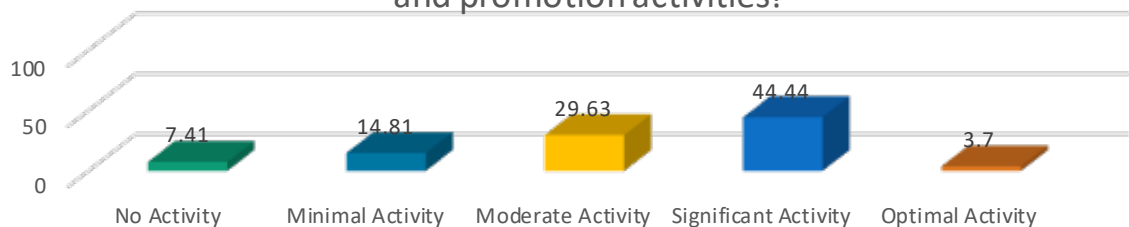
EHS #3: Inform, Educate, and Empower People about Health Issues

There were four questions for EHS #3. The highest rated model standard with the majority of respondents said the LPHS was performing at a significant level of activity (55.6%) was providing policymakers, stakeholders and the public with ongoing analyses of community health status and related recommendation for health promotion policies. The model standard with the most opportunity for improvement are engaging the community in setting benchmarks, developing plans and implementation. There were no comments or qualitative data provided by respondents in this section.

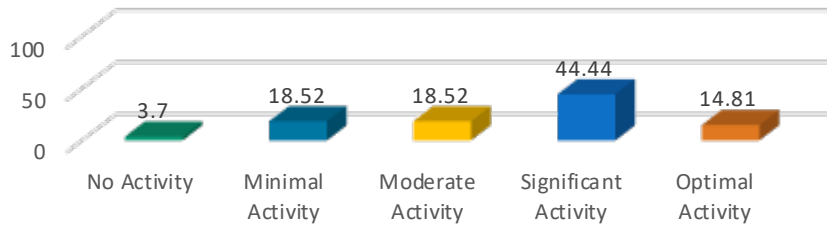
Q13 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?



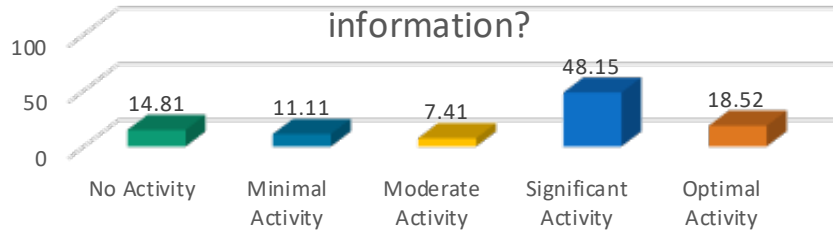
Q14 Engage community in the process of setting priorities, developing plans and implementation of health education and promotion activities?



Q15 Use different media providers to share health information ?



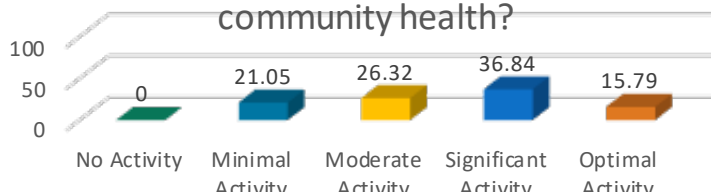
Q16 Develop an emergency communications plan for emergencies to allow for effective dissemination of information?



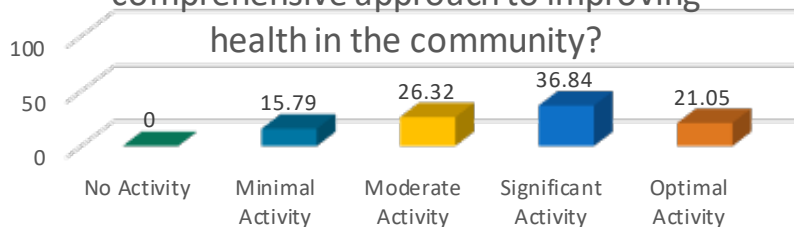
EHS #4: Mobilize Community Partnerships to Identify and Solve Health Problems

There were two questions used to rate EHS #4. Both questions scored well with the highest majority of respondents rating the model service as significant. There was one qualitative comment shared regarding budget reductions impairing stakeholder's participation in community health improvement activities.

Q18 Encourage stakeholders to participate in activities to improve community health?



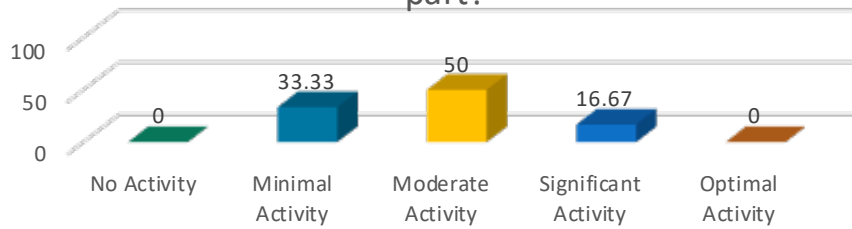
Q19 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?



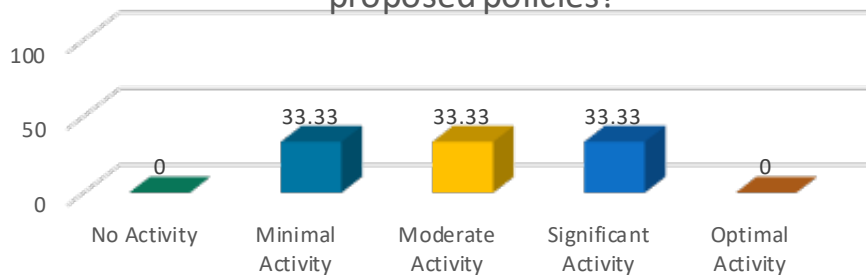
EHS #5: Develop Policies and Plans that Support Individual and Community Health Efforts

There were four questions to rate the activities for EHS #5. The highest scoring model service with the majority of respondents choosing a significant level of activity (54.5%) or an optimal level (18.2%) of activity was the LPHS activity to develop an emergency preparedness and response plan that is tested with regular drills. Participants rated the model standard related to the resources allocated to the health department as an opportunity for improvement with the majority of respondents choosing the minimal (33.3%) or moderate (50%) level of activity. There was one comment regarding the need to better inform the community of public health issues.

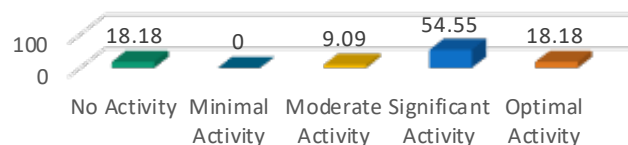
Q21 Ensure that the local public health department has enough resources to do its part?

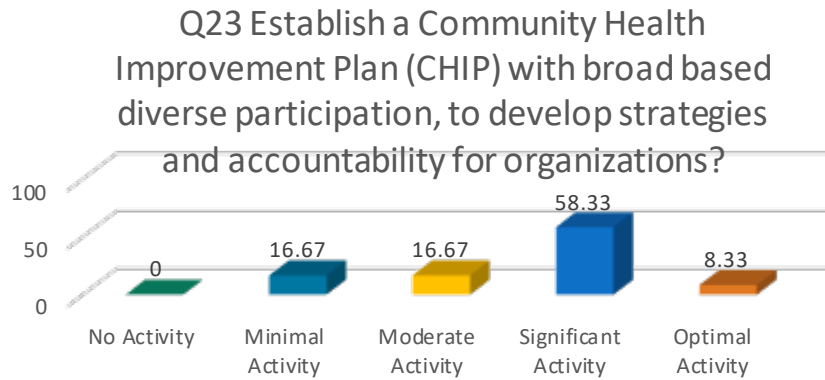


Q22 Alert policymakers and the community of the possible public health effects (intended and unintended) from current and/or proposed policies?



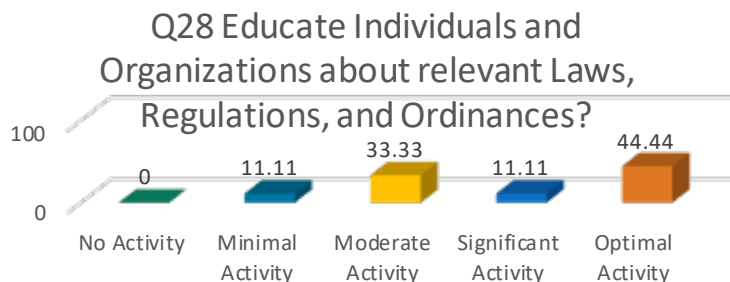
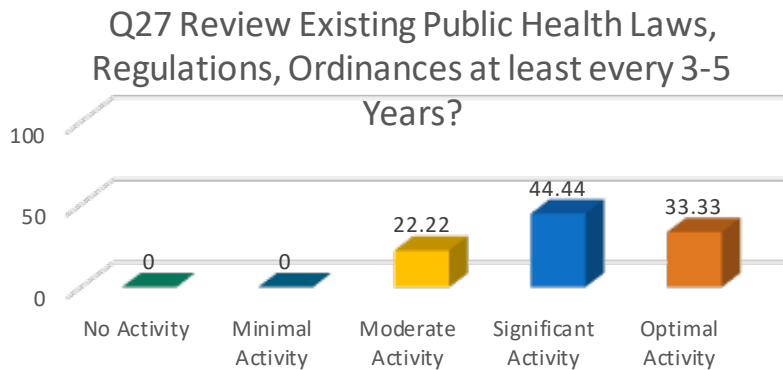
Q24 Develop an emergency preparedness and response plan that is tested through regular drills?





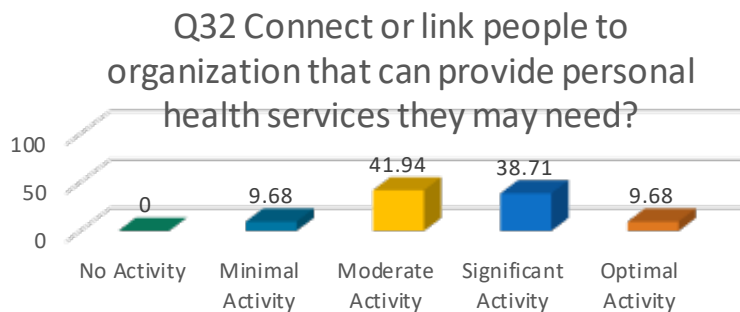
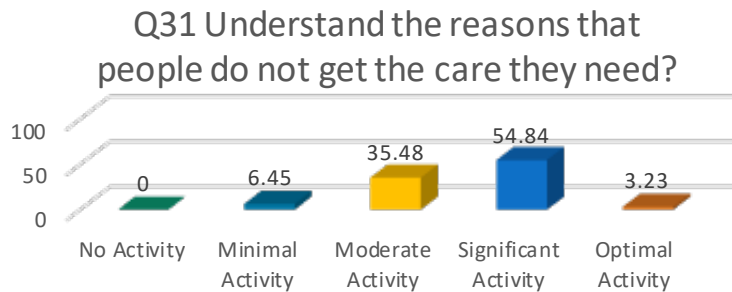
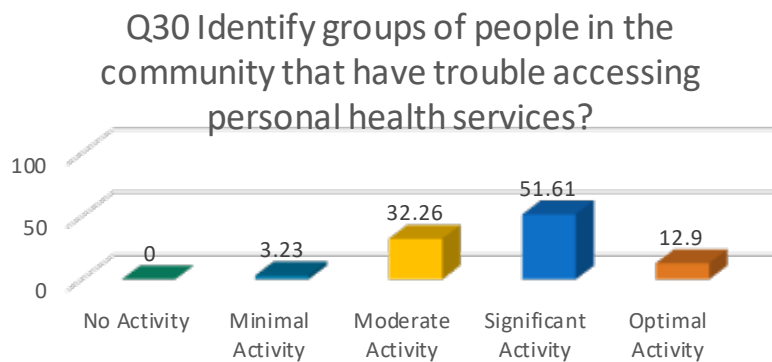
EPS 6: Enforce laws and regulations that protect health and ensure safety

The LPHSA survey asked two questions regarding the enforcement of existing laws, regulations, and ordinances that protect health and ensure safety, shown graphically below. Individual responses indicate that nearly 44% of participants recognize their existing laws, regulations and ordinances as Significant, followed by Optimal (34%) and lastly Moderate at (22%). No responses were indicated for minimal or no activity. When asked the level of education individuals and organizations promote related to relevant laws, regulations and ordinances, 44% selected that their education was Optimal with Moderate coming in after at 33% and a divide for last with 11% of individuals perceiving their education efforts to be significant or minimal. No comments were indicated for this section.



EPS 7: Link people to needed personal health services and assure the provision of health services

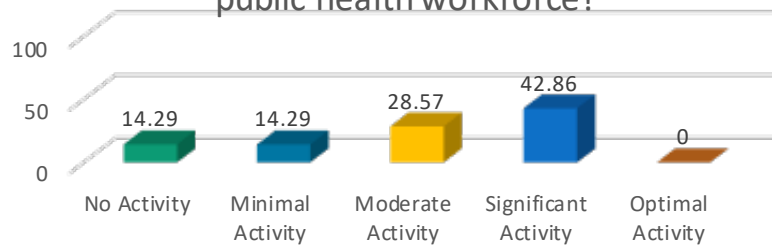
Identifying groups of individuals having difficulty accessing or connecting to personal health services was asked to participants, with the majority (52%) perceiving this to be a significant strength and 32% perceiving this to be a moderate strength of their organization. Comments indicated that participants felt that barriers existed in combining both mental health and medical health services in facilities and lack of transportation to assist socioeconomically vulnerable populations. Lack of providers to population ratio was also discussed. 42% of participants felt that they moderately link individuals to health services, while 39% indicated that they significantly link individuals to health services within their community. Less than 10% of participants indicated that they Optimally link patients to health services.



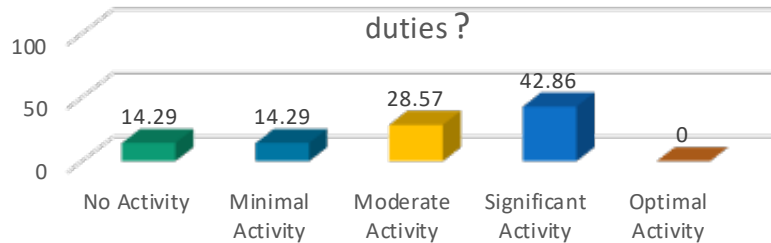
EPS 8: Assure a competent public and personal health care workforce

A comprehensive workforce is essential to health services adherence. Participants were asked to rank the level of activity associated with their organizations ability to identify gaps in the local public health workforce from Optimal to No Activity. 43% of individuals responded that they perceived their organization to provide significant activity in providing a competent workforce, 23% indicated moderately comprehensive, and 14% perceiving their efforts to be minimal or non-existent. When verifying for required certification, licensures and education required for workers, 50% of participants indicated that they Optimally verify that staff are competent for their roles. An even divide at 12.5% was indicated for significant, moderate, minimal, and no Activity. When asked to indicate collaborations among organizations for training and continued education, participants perceived their contributions at significant (63%), and 25% perceiving their efforts for continued education amongst workforce as minimal, while 37% perceived the training of cultural competency in their workforce to be significant and 57% perceived the inclusiveness of diversely represented leadership skill building as a significant focus.

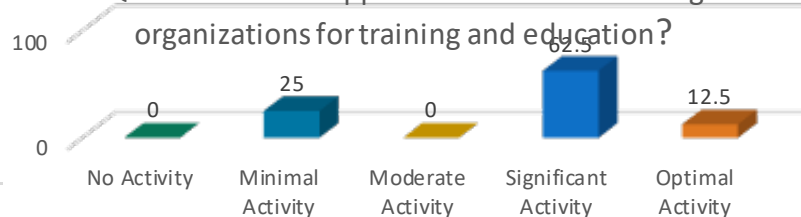
Q34 Complete a workforce assessment to identify and address gaps in the local public health workforce?

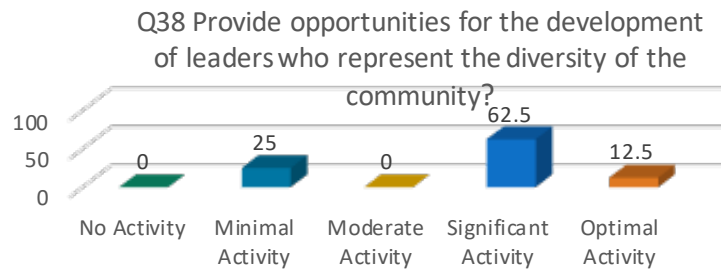
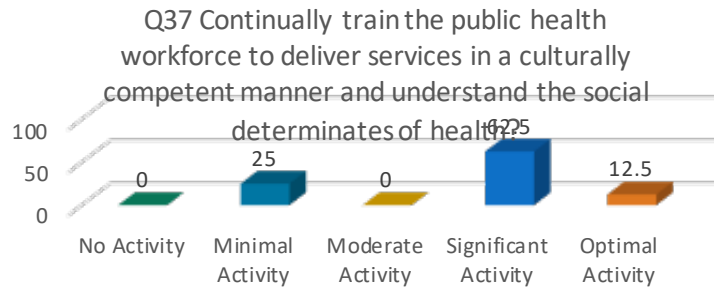


Q35 Ensure that all members of the local public health workforce have the required certificates, licenses, and CEU's needed to fulfill thier job duties ?



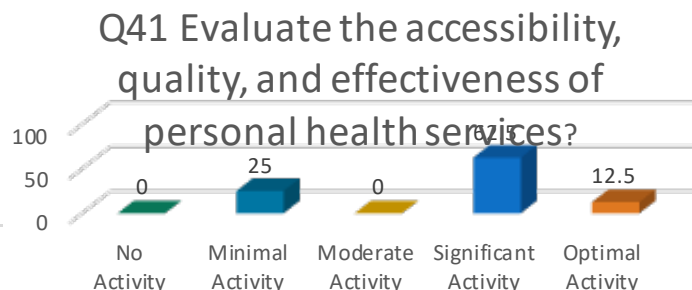
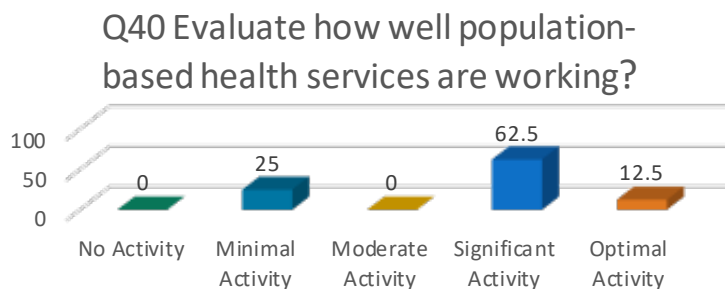
Q36 Create and support collaborations among organizations for training and education?



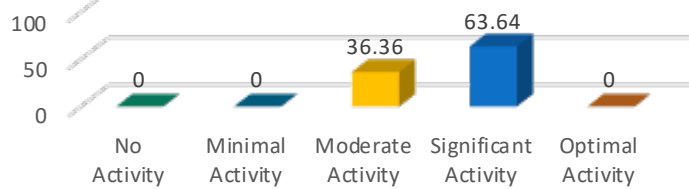


EPS 9: Evaluate effectiveness, accessibility, and quality of personal/population-based health services

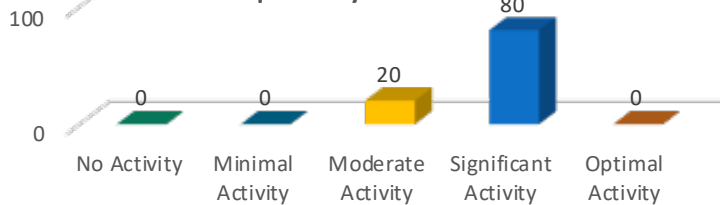
Evaluating the effectiveness of population-based health services for outcomes provides an evidence-based approach to understanding needs, gaps, and accurate advocacy. Less than 10% of the participants perceived the effectiveness of their services at optimal, while 55% rated their efforts as significant and 36% rated their efforts as moderate. No participants indicated minimal or no activity in evaluating the effectiveness of services. User satisfaction was similar, with 64% perceiving user satisfaction of clients as significant and 37% as moderate. 80% of responders indicated that they are currently utilizing technology to the administration of and improvement of quality of care.



Q42 Measure user satisfaction with personal health services?



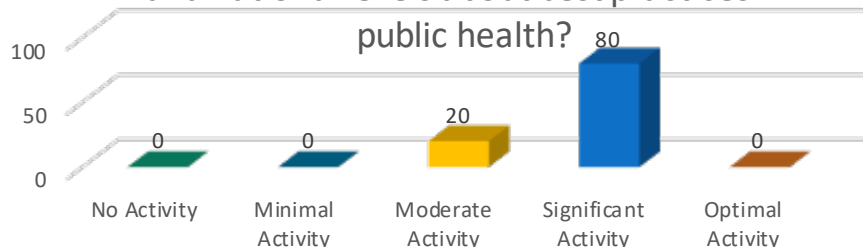
Q43 Use technology to improve quality of care?



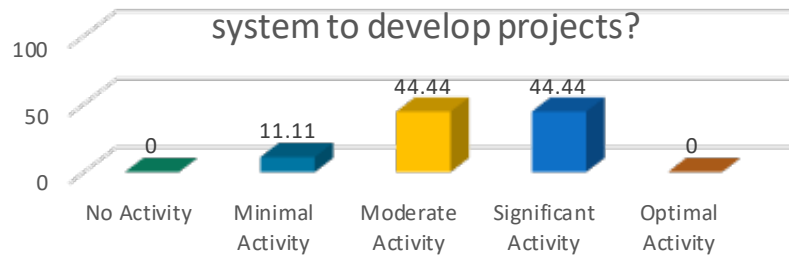
EPS 10: Research for new insights and innovative solutions to health problems

Individuals were asked to rank their attentiveness to innovation within their agencies and organizations from No Activity to Optimal Activity; seven questions were asked in relevance to this. Less than 12% of all participants felt that activities related to innovation, surveillance, recruitment and training of employees, partnerships, equitable distribution of resources and assessments among their agency/organization were minimal. At least 60% of all participants felt that their efforts were Significant or Optimal in these areas of discussion. Refer to the graphics below for details. Approximately 20% of participants felt that they minimally or less than minimally recruited staff members to reflect the communities they serve.

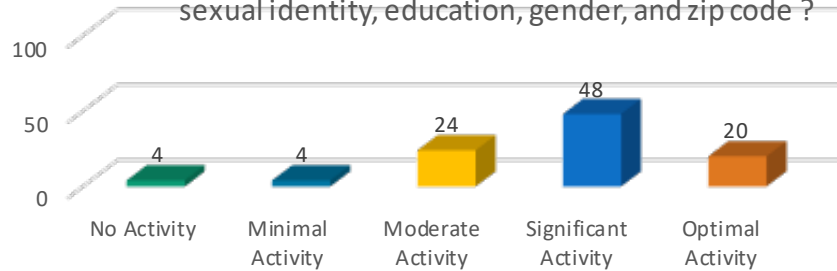
Q45 Keep up with information from other agencies and organizations at the local, state, and national levels about best practices in public health?



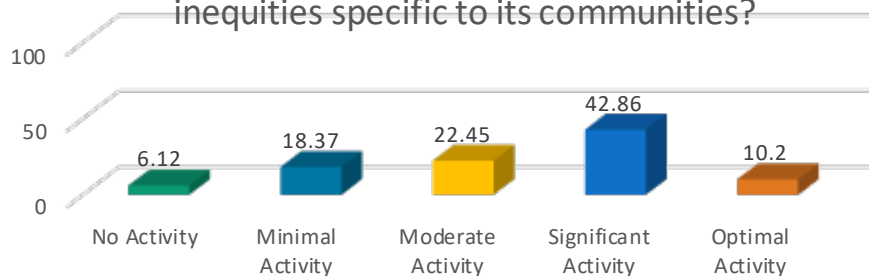
Q46 Encourage colleges, universities, and other research organizations to work together with the local public health system to develop projects?



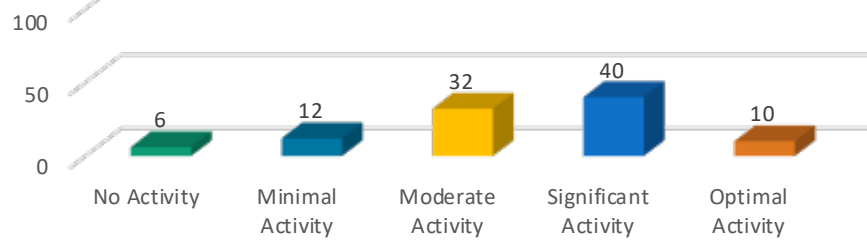
Q48 Conduct a Community Health Assessment that includes indicators intended to monitor differences in health and wellness across populations according to race, ethnicity, age, income, immigration status, sexual identity, education, gender, and zip code?



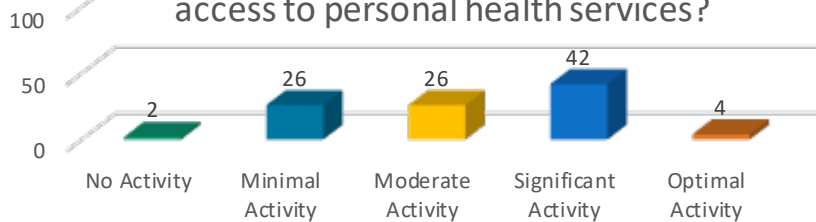
Q49 Operate or participate in surveillance systems designed to monitor health inequities and identify the social determinants of health inequities specific to its communities?



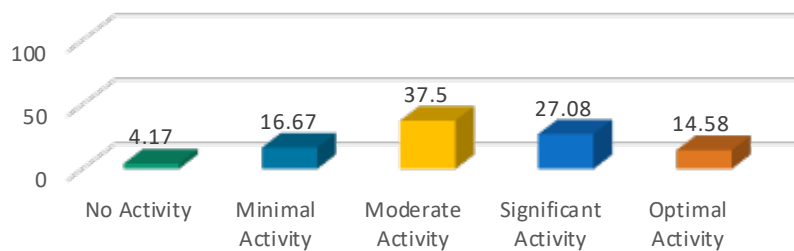
Q50 Provide Information about community health status (disease rates, risks) and community health needs in the context of health inequity and social justice?



Q51 Work to influence laws, policies, and practices that maintain inequitable distribution of resources that may influence access to personal health services?



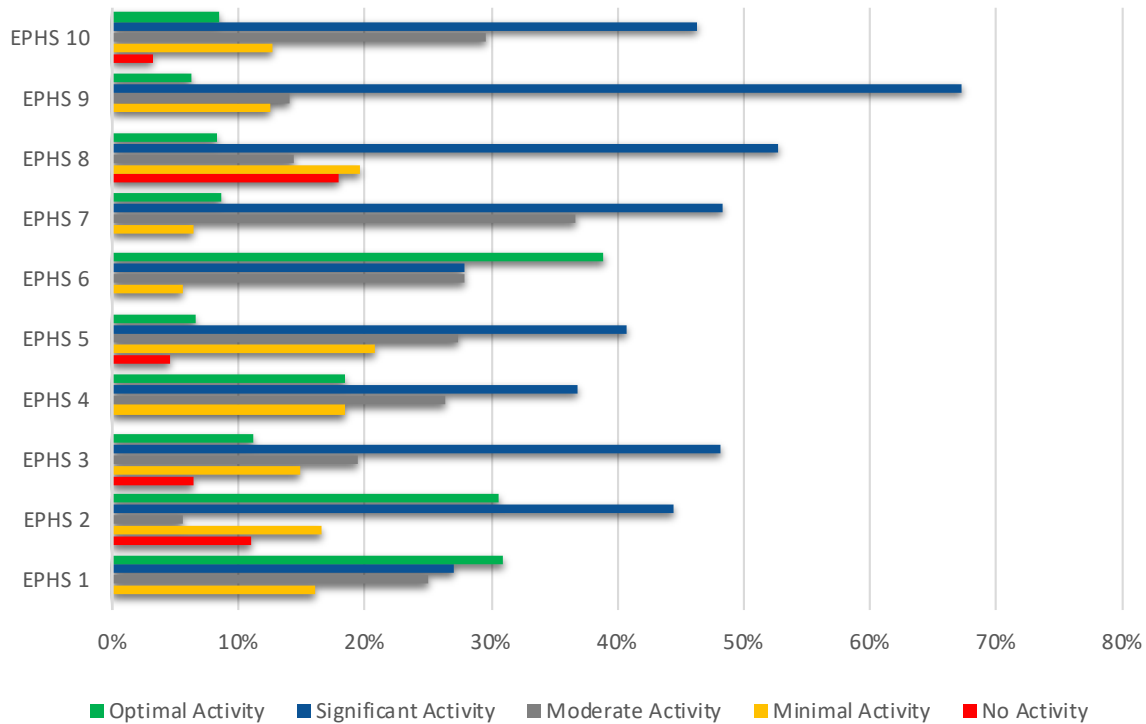
Q52 Recruit and train staff members to reflect the community they serve?



2019 Will County LPHS Essential Public Health Service Scores (Mean Data)

EPHS	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
EPHS 1	0%	16%	25%	27%	31%
EPHS 2	11%	16.6%	5.5%	44.4%	30.5%
EPHS 3	6.5%	14.8%	19.45%	48.15%	11.11%
EPHS 4	0%	18.4%	26.3%	36.8%	18.4%
EPHS 5	4.5%	20.8%	27.3%	40.7%	6.6%
EPHS 6	0%	5.5%	27.8%	27.8%	38.9%
EPHS 7	0%	6.5%	36.6%	48.4%	8.6%
EPHS 8	17.9%	19.6%	14.3%	52.7%	8.3%
EPHS 9	0%	12.5%	14.1%	67.2%	6.25%
EPHS 10	3.2%	12.6%	29.5%	46.3%	8.4%

2019 EPHS Framework Scores (Mean)



The table above/below depicts the 10 essential public health service frameworks that mold the system assessment to diversity and reduce error to the data collection mechanisms and provide a comprehensive schematic of the areas required for focus. Frameworks are lined out below.

- EPHS 1: Monitoring Health Status
- EPHS2: Diagnoses and Investigating Needs
- EPHS3: Educate and Empower
- EPHS4: Mobilize Partnerships
- EPHS5: Develop policies/plans
- EPHS6: Enforce Laws
- EPHS7: Link to Health Services
- EPHS8: Assure Workforce
- EPHS9: Evaluate Services
- EPHS10: Research/Innovate

These frameworks are identified through various questions asked to participants, such as it relates to inequity, vulnerability, and readiness and preparedness to handle emerging and existing threats to our society. Participants mean score results indicated a trend in data. The Most Optimal Activity stemming from EPHS framework 6; most organizations that participated felt that their activity related to enforcement and regulation of laws and policies was optimal. The participants voted Most Significant Activity (67%) attributed to EPHS framework 9, Evaluating services. Moderate Activity mean scores indicated that participants trended towards EPHS framework 7, Linking to health services; many participants that completed the survey were individuals that link health services as their main occupational role. Minimal activity was associated with EPHS framework 5 in which mean participants scores either indicated minimal activity was occurring or a significant level of activity was occurring.

The highest mean score (18%) of participants who selected no activity was attributed to EPHS framework 8, Assuring a complete and competent workforce.

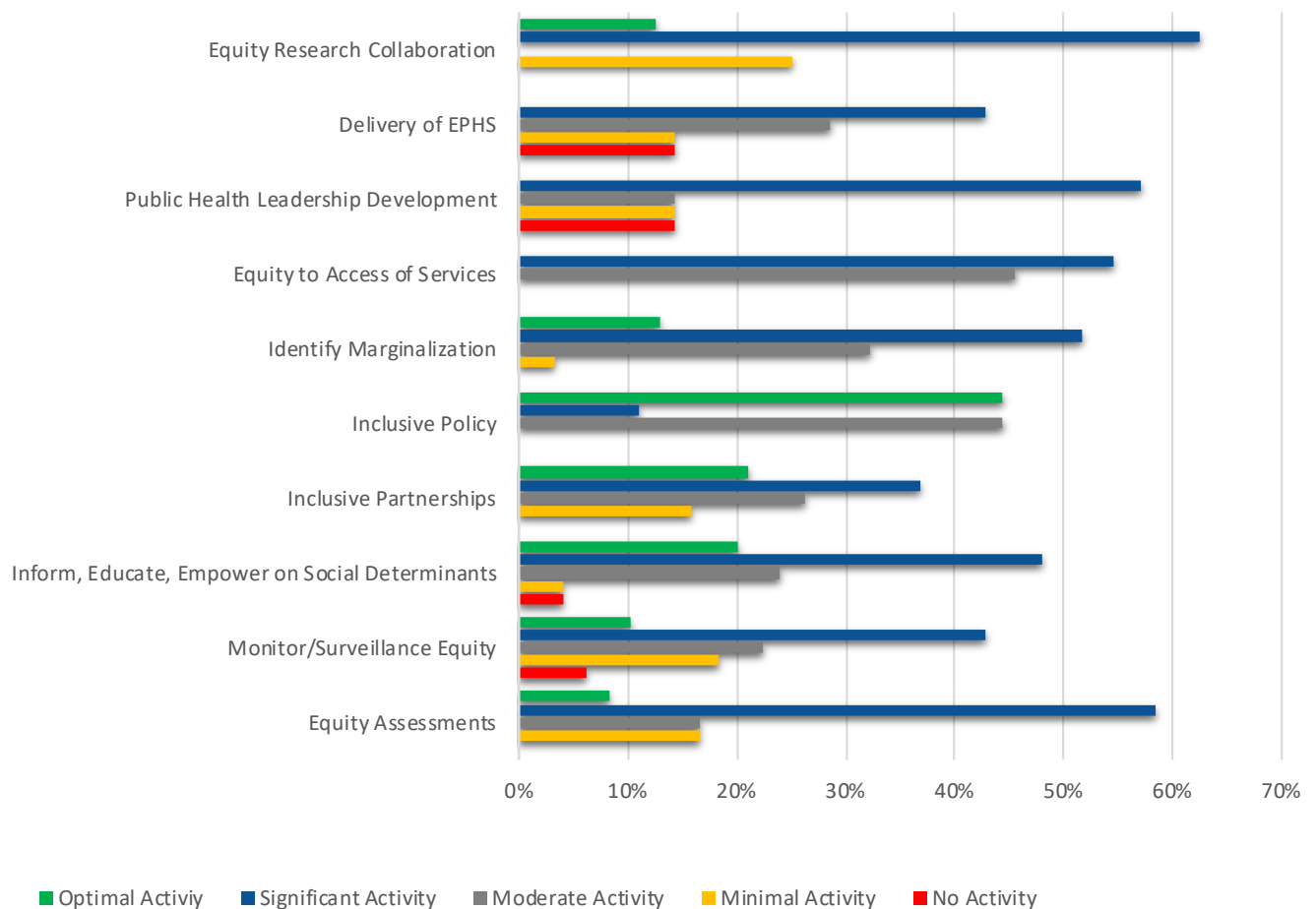
2019 Will County LPHS Health Equity Scores

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
Q 23 Monitor Equity via Assessments	0%	16.67%	16.67%	58.33%	8.33%
Q 49 Identify and Report on Health Equity through surveillance	6.12%	18.37%	22.45%	42.86%	10.20%
Q 48 Inform, Educate, and Empower regarding Social Determinants of Health	4%	4%	24%	48%	20%
Q19 Inclusive Community Partnerships	0%	15.79%	26.32%	36.84%	21.05%
Q26 Participatory Policy Development	0%	0%	44.44%	11.11%	44.44%
Q30 Impact of Disproportionate and Marginalized Communities	0%	3.23%	32.26%	51.61%	12.90%
Q41 Evaluate equitable access to health services	0%	0%	45.45%	54.55%	0%
Q38 Public Leader Development	14.29%	14.29%	14.29%	57.14%	0%
Q34 Workforce Gaps in Delivery of Services	14.29%	14.29%	28.57%	42.86%	0%

Q36 Support Research Collaboration	0%	25%	0%	62.5%	12.5%
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The Local Public Health System Assessment address equity within the framework of the survey by asking specific questions related to vulnerabilities and emerging threats to the healthcare system as it correlates with social determinants of health and inequities within the system. Questions that addressed equity within the survey are outlined in the table above. Responses were as follows; Question 23 asked participants to establish the activity level associated with providing and implementing a CHIP (Community Health Improvement Plan) to develop strategies and accountability for organizations which provides information on the equity of the health care systems cross cutting issues. Goals and Objectives are designed from data collected by community members, stakeholders, and public officials. Question 49 asked participants to rate the activity level associated with health inequities associated with monitoring and surveillance of the public health system. Question 48 asked to rank the activity aligned with conducting health assessments that include social determinants such as (race, income, age, immigration status, ethnicity, gender, education, and zip code). Question 19 asked about established community partnerships to implement comprehensive approaches to improving health within the community. Question 26 calls on participants to rate the activity associated with the implementation of or amendments to laws, regulations, and ordinances. Question 30 represented the impact activity an organization has on accessing the challenges individuals and groups of individuals face accessing health services. Question 41 recalls participants to address the accessibility and effectiveness of personal health services. Question 38 warrants responders to rank the activity in developing leadership that represent the diversity of the community. Question 34 asked about the assessment of the workforce to address gaps on services and Question 36 touches on the collaboration in research amongst organizations to provide equity amongst training and education. Nearly 45% of all participants felt that their most optimal activity was associated with Policy Development, Most Significantly associated with supporting research collaborations, and moderately active regarding evaluation of equitable access to health care services. While most participants felt that workforce gaps in delivery of services, and equitable health surveillance reporting had minimal or no activity associated with equitable frameworks.

2019 LPHS Equity Scores



The table above depicts the scores related to equity and social determinants as they apply to our public health system of care deliverance. Equity addresses disease through surveillance of heavier, youth, and racial and ethnic approaches to health. The participants that responded to specific questions related to equity in their public health system felt most activity in their agencies were associated with Inclusive policy, partnerships, and informing and educating about social determinants. The participants responded with an increased need for activity in the development of public health leadership that represent the diversity of the communities served and the delivery of these essential public health services.

Equity measured most optimally within the framework:

- Inclusive Policy
- Inclusive Partnerships

Equity measured least activity or no activity within the framework:

- Developing a leadership workforce representative of community

- Delivery of the Essential Public Health Services
- Assessing Inequity

Online Survey Toolkit

The link to the survey: [LPHSA%20Survey%20Draft%202.20.19](#)

Attached you will find the Survey Tool utilized in this assessment. The survey provided an evidence-based model using Survey Monkey TM to provide evidence-based surveillance data. The results were analyzed within the software and data has been promoted through this report. Survey Monkey was utilized to conduct the Local Public Health Status Assessment due to the ease of use among diverse members. Participants were shared a URL link to click that directs you to a web-based survey. The survey took approximately on average 12 minutes to complete. The survey database collects responses and data attributed to 53 overall questions related to public health service indicators such as inequity, vulnerability, readiness and preparedness to handle existing and emerging health issues within the community. Data was gathered by the Data, Evaluation, and Monitoring team whom discussed results, computed by survey monkey software, and made inferences regarding these results. Inferences were concluded with mean data based on the Essential Public Health Service frameworks that were attributed to specific questions within the dataset. EPHS 1 consisted of questions 2 through 5. EPHS 2 consisted of questions 7 through 10. EPHS 3 consisted of questions 13 through 16. EPHS 4 were attributed to questions 18 through 19, EPHS 5 consisted of questions 21 through 24. EPHS 6 were gained through asking questions 27 and 28. EPHS 7 were conveyed through questions 30 through 32, EPHS 8 through questions 34 through 37, EPHS 9 framework was gathered from questions 40 through 43 and finally EPHS 10 stemmed from questions 45 through 52.