Kankakee County Partnership for a Healthy Community

2015 Local Public Health System Assessment

Prepared by the Illinois Public Health Institute

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Introduction

The Kankakee County Partnership for a Healthy Community Local Public Health System Assessment (LPHSA) was conducted on March 27, 2015 as one of the four assessments in the Kankakee County Mobilizing for 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 strategic issues, which will be prioritized. Goals and action plans will be developed for each of these priority issues. These action plans will be implemented and aligned to improve the local public health system and ultimately the health and wellbeing of Kankakee County.

Executive Summary: Cross-Cutting Themes from the Kankakee 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. Key strengths that were noted throughout the system include strong partnerships, robust assessment and planning activities, and willingness to align and share resources to achieve common goals.

Dialogue throughout the 10 Essential Services revealed that while the Kankakee County LPHS has strong partnerships and commitment to collaborating for community health improvement, this partnership infrastructure could be strengthened through greater data sharing among agencies, better system-wide communication, increased outreach to nontraditional partners, and increased emphasis on collective implementation of the shared Community Health Improvement Plan.

The findings of the Local Public Health System Assessment, along with the findings of three other assessments conducted through the Mobilizing Action through Planning and Partnerships (MAPP) process, will inform the creation of a collective strategic plan to address some of the community's most pressing health issues. The Kankakee County Partnership for a Healthy Community can serve as an infrastructure through which LPHS partner agencies can be mobilized for aligned action as a cohesive system to improve public health in Kankakee County.

The Assessment Instrument

The National Public Health Performance Standards (NPHPS) Assessment measures the performance of the local public health system -- defined as the collective efforts of public, private and voluntary entities, as well as individuals and informal associations that contribute to the public's health within a jurisdiction. This may include organizations and entities such as the local health department, other governmental agencies, healthcare providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, and many others. Any organization or entity that contributes to the health or wellbeing of a community is considered part of the public health system. Ideally, a group that is broadly representative of these public health system partners 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:

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

NPHPS results are intended to be used for quality improvement purposes for the public health system and to guide the development of the overall public health infrastructure. Analysis and interpretation of data should also take into account variation in knowledge about the public health system among assessment participants: this variation may introduce a degree of random non-sampling error.

The Assessment Methodology

The assessment retreat was held on March 27 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 Groups	
Group	LPHSA Group Responsibilities
A	EPHS 1 – Monitor health status to identify community health problems. EPHS 2 – Diagnose and investigate health problems and health hazards in the community.
B	EPHS 3 – Inform, educate, and empower people about health issues. EPHS 4 – Mobilize community partnerships to identify and solve health problems.
C	EPHS 5 – Develop policies and plans that support individual and community health efforts. EPHS 6 – Enforce laws and regulations that protect health and ensure safety.
D	EPHS 7 – Link people to needed personal health services and assure the provision of health services. EPHS 9 – Evaluate effectiveness, accessibility and quality of personal/population-based health services.
E	EPHS 8 – Assure a competent public and personal health care workforce. EPHS 10 – Research for new insights and innovative solutions to health problems.

Each group was professionally facilitated, 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, analyze and report assessment findings to the Kankakee County MAPP Executive Committee and retreat participants.

Assessment Participants

The Kankakee County MAPP Executive Committee 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 42 public health system partners that included public, private and voluntary sectors. The composition of attendees reflected a diverse representation of partners that was apportioned as follows:

Constituency Represented	Total Attended
Businesses	11
Coalitions	3
Colleges and Universities	4
Community-Based Organizations and Non Profits	9
Hospitals, Health Systems and Clinics	10
Local Health Department	3
Local Government	2
State Government	0

An important caveat to the narrative and scores presented in this report is that attendance was lower than expected due to an unforeseen conflict on the day of the Local Public Health System Assessment that resulted in cancellations from some of the confirmed attendees. Due to these cancellations, some of the essential service breakout groups were small and missing representation from key sectors that limited their ability to fully answer discussion questions and to score system performance with confidence. Results of the LPHSA should therefore be interpreted with caution.

Results of the Kankakee County Local Public Health System Assessment

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

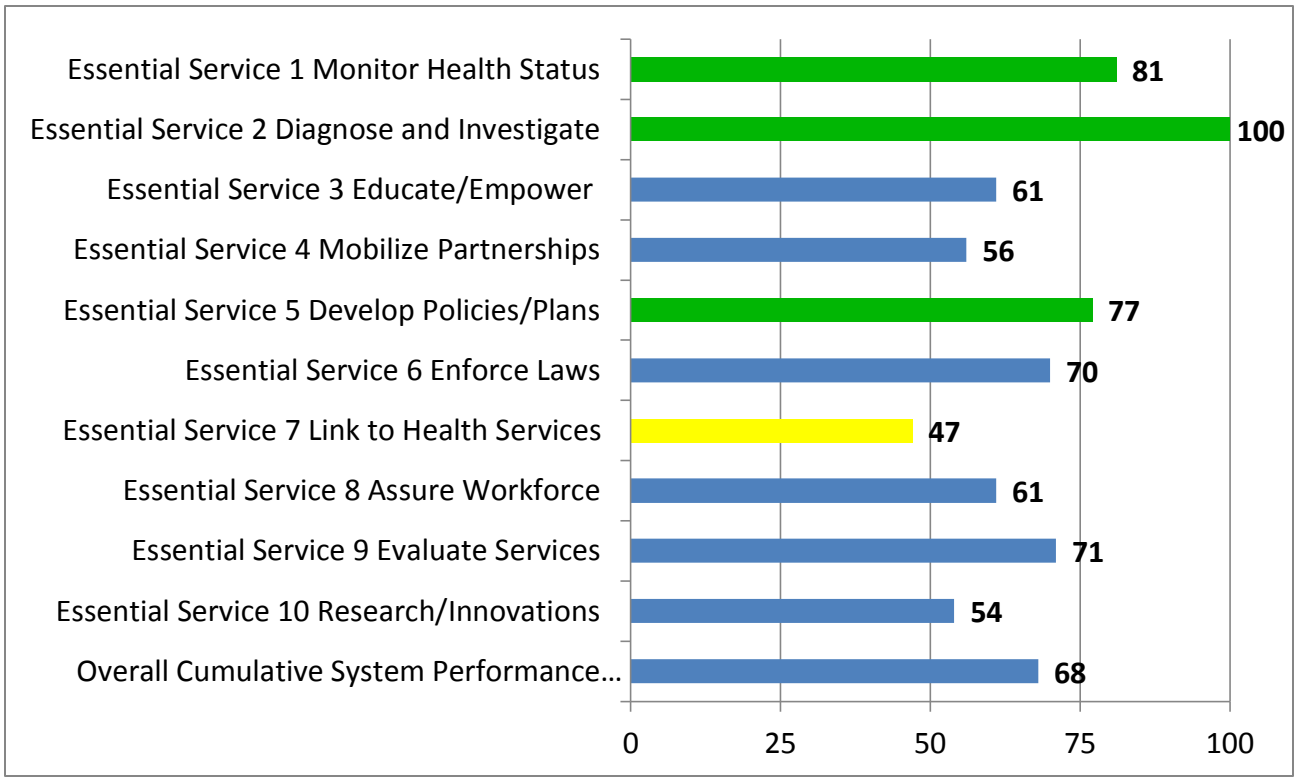
Summary Essential Public Health Service Scores			
EPHS	**EPHS Description**	**2015 Score**	**Overall Ranking**
1	Monitor health status to identify community health problems.	81	2nd
2	Diagnose and investigate health problems and health hazards in the community.	100	1st
3	Inform, educate, and empower people about health issues.	61	7th
4	Mobilize community partnerships to identify and solve health problems.	56	8th
5	Develop policies and plans that support individual and community health efforts.	77	3rd
6	Enforce laws and regulations that protect health and ensure safety.	70	5th
7	Link people to needed personal health services and assure the provision of health services.	47	10th
8	Assure a competent public and personal health care workforce.	61	6th
9	Evaluate effectiveness, accessibility, and quality of personal/population-based health services.	71	4th
10	Research for new insights and innovative solutions to health problems.	54	9th
Overall LPHS Performance Score		**68**	

*EPHS 3 and EPHS 8 both received a cumulative score of 61 due to rounding, but the score for EPHS 8 was slightly higher, resulting in the ranking above.

The table above provides a quick overview of the system's performance in each of the 10 Essential Public Health Services. 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).

The chart below provides a graphic representation of Essential Public Health Service scores based on the scoring options:

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.



Highest Ranked: EPHS 2, Diagnose and Investigate Health Problems and Health Hazards in the Community, received a cumulative score of **optimal** activity (100).

Lowest Ranked: EPHS 7, Link People to Needed Personal Health Services and Assure the Provision of Health Services, received a cumulative score of **moderate** activity (47).

Overall Performance: The average of all EPHS scores resulted in a cumulative score of **significant** activity (68).

Scores and Common Themes for each Essential Public Health Service

The following graphs and narratives are intended to help the Kankakee County Local Public Health System gain a better understanding of its collective performance and work toward strengthening areas for improvement. For each essential service and model standard there is a bar graph depicting each model standard average and a cumulative rating score, discussion themes, and a summary of strengths, weaknesses, and opportunities for immediate and long term improvement that participants identified. Refer to Appendix 2 for the specific performance measure scoring for each essential service and model standard.

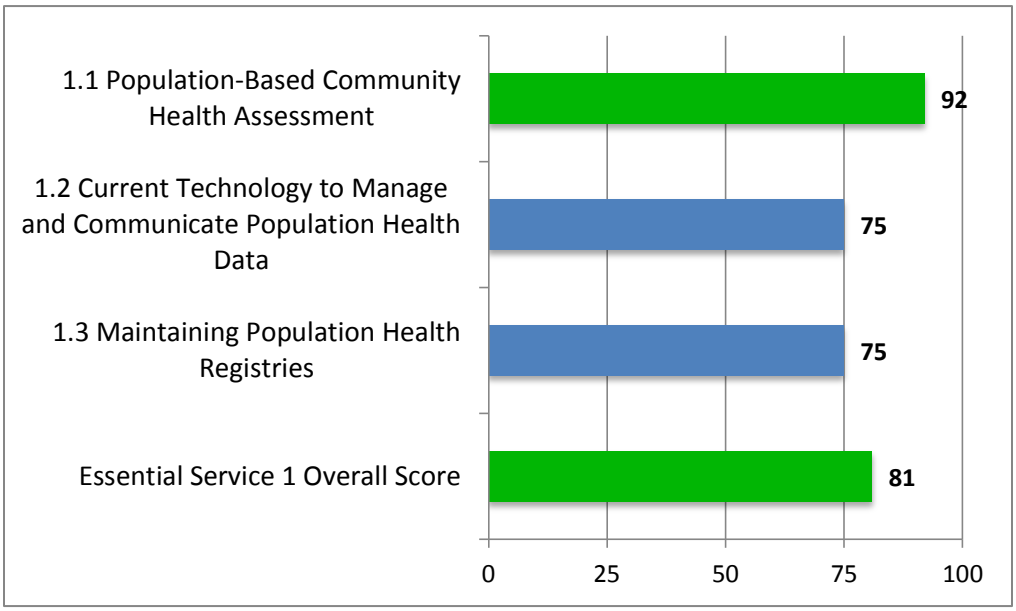
Essential Service 1:
Monitor Health Status to Identify Community Health Problems

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

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.



Overall performance for Essential Service 1 was scored as optimal, with Model Standard 1.1 scoring in the optimal range, and Model Standards 1.2 and 1.3 scoring in the significant range. Performance for Essential Service 2 was ranked sixth out of the 10 Essential Services.

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. Discussions of this Essential Service described a collaborative Community Health Assessment (CHA) process, conducted by the Kankakee County Partnership for a Healthy Community. The Partnership for a Healthy Community is a collaborative of LPHS organizations who convene to support the MAPP process, including assessment, implementation and monitoring of the Community Health Assessment and Community Health Improvement Plan.

Model Standard 1.1, Population-Based Community Health Assessment, explores the extent to which the Kankakee County LPHS regularly assesses community health and uses the findings to inform the community and to drive future policy and planning. Performance for this model standard was assessed as optimal. Participants described a robust partnership-driven Community Health Assessment (CHA) process that is conducted every three years The Community Health Assessment is a collaborative effort among the Kankakee Partnership for a Healthy Community, with the health department, Riverside Medical Center, and Presence St. Mary's Hospital sharing resources to conduct a shared Community Health Assessment, which informs the creation of a shared community health improvement plan to collectively address priority health issues in Kankakee County. While the Partnership for a Healthy Community makes the Community Health Assessment reports accessible to the public on the health department and hospitals' websites, participants reported that not everyone in the community is aware of the assessment or how to access the data and information. Participants identified the need to widely disseminate the assessment through the media to build awareness.

Model Standard 1.2, Current Technology to Manage and Communicate Population Health Data, explores the extent to which the LPHS uses the best technology and methods to combine, analyze, and communicate data on the public's health. Performance for Model Standard 1.2 was scored as significant. Participants perceived that the LPHS generally does a good job of using technology, but identified the opportunity to leverage system access to zip code level data and GIS expertise to allow for more sophisticated data analysis. Participants emphasized the need for improved data sharing among partners throughout the LPHS so this information can be integrated into the Community Health Assessment to inform public health improvement.

Model Standard 1.3, Maintenance of Population Health Registries, explores the extent to which data is regularly collected to update population health registries and how this data is used to inform the Community Health Assessment and other health analyses. Overall performance for Model Standard 1.3 was scored as significant. The health department and hospitals use registry data on a daily basis to monitor health status and identify the need for targeted services and interventions. Participants expressed concern regarding the accuracy of some of the population health registries they use, emphasizing the importance of accurate data to drive good public health planning and decision making. Participants from community-based organizations

conveyed the challenge of not being able to access registry data due to HIPPA regulations, which highlights the need for the health department and hospitals to share data in aggregate form through the Community Health Assessment so all LPHS partners can use it to inform their work.

Strengths

- Hospitals maintain strong partnerships with schools and organizations.
- Good partnerships exist between health department and hospitals.
- The Community Health Assessment is available to the public through the hospitals' and health department's websites.
- Comprehensive qualitative and quantitative data sets are collected and used for the Community Health Assessment.
- Community Health Assessment data is disseminated through social media to reach the public.
- University and nonprofit partners help to disseminate the findings of the Community Health Assessment.
- The LPHS has access to GIS data through Riverside Medical Center and GIS expertise through the county government.
- Health department and hospitals regularly use data registries.

Weaknesses

- The LPHS lacks a system for widespread communication between agencies.
- Some partners lack awareness of Essential Service 1 activities.
- Residents may lack a good understanding of community health in Kankakee County.
- There is a lack of interoperable data systems.
- There is a lack of awareness of different data registries and how to access them

Opportunities for Short Term Improvement

- Use messaging in utility bills, public service announcements, newspaper articles, and radio announcements to bring awareness of community health and to promote the Community Health Assessment.
- Begin analyzing health at a zip code level through hospital CompData system.
- Create a committee to leverage access to GIS data and expertise.

Opportunities for Long Term Improvement

- Seek new data collection methods.
- Collaborate with the university to conduct research on the causes of disease.
- Continue to explore new ways to disseminate community health information to the public.

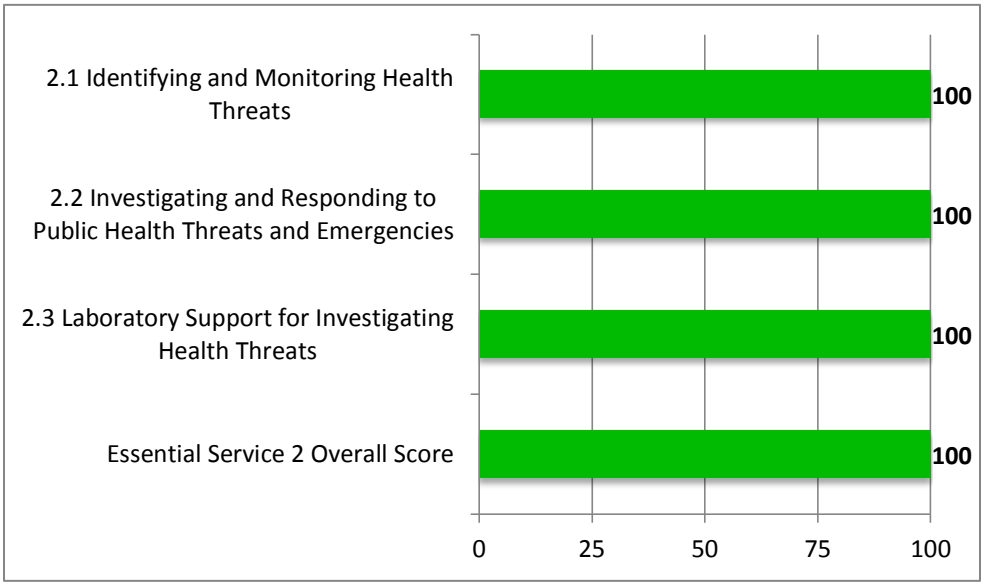
Essential Service 2:
Diagnose and Investigate Health Problems and Health Hazards

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

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

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

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



Overall performance for Essential Service 2 was scored as optimal, with all model standard receiving scores of 100. Performance for Essential Service 2 was ranked the highest out of the 10 Essential Services.

Essential Service 2 Summary

Participants in Essential Service 2 explored LPHS readiness to diagnose and effectively respond to health problems and health hazards, which received the highest overall performance score of the 10 Essential Public Health Services. Participants described strong systems of communication among partners and clearly delineated roles for health threat identification and response. All model standards were scored as optimal.

*An important caveat to the narrative below is that the group discussing Essential Service 2 was small, and felt that they were missing some partners that limited their ability to fully answer discussion questions.

Model Standard 2.1, Identification and Surveillance of Health Threats, explores LPHS performance to monitor and identify outbreaks, disasters, emergencies, and other emerging threats to public health. Participants described a robust local surveillance system that is well integrated with state and national surveillance systems. Data collection is timely and well coordinated throughout the system. Good communication and partnership systems are in place between the health department and hospitals and between the health department and other health departments in the region. The LPHS conducts careful surveillance of a number of potential health threats, including infectious disease outbreaks, suicide, and bioterrorism. Participants also described an emergency preparedness committee in Kankakee County, comprised of universities, hospitals, and the health department.

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. Participants described clear delineation of agency roles and responsibilities that assure coordinated, timely response in the event of a public health emergency. Public health system partners conduct drills and prepare after-action reports to inform improvements to emergency planning and preparedness. An area for improvement is expanding surge capacity beyond the health department and hospitals to ensure that the community can mobilize sufficient manpower in the event of a substantial health emergency.

Model Standard 2.3, Laboratory Support for Investigation of Health Threats, explores the capacity of laboratories to analyze threats to public health. Participants noted that there is a state lab, but cautioned that it is very underfunded, limiting its capacity to fulfill its role. Local laboratories in the hospitals are available and accessible on a 24 hour basis, which help to address gaps created by the reduced capacity of the state lab.

Strengths

- Hospitals conduct annual hazard analysis for infection control.
- Information is sent to schools on public health and health threats.

- Hospitals partner with the health department to investigate outbreaks.
- Health department has systems in place for surveillance and notification of public health emergencies throughout the state.
- The sheriff's department and coroner office keep track of injuries throughout the community.
- The health department partners with other local health departments and the Illinois Department of Public Health for disease investigations when necessary,
- Mutual aid agreements ensure that resources to respond to health hazards and emergencies are available internally and externally.
- Health department hazard investigation and response activities are well-coordinated and have community trust.
- LPHS partners gather regularly to conduct emergency drills (partners include health department, hospitals, police, fire department, emergency responders, transportation department, GIS expert, coroner, city and county officials, Red Cross, Olivet Nazarene University and Kankakee Community College).
- The County Emergency Operations Plan is available online.
- Hospital and health department staff receives NIMS training.
- Schools have emergency response protocols in place.
- LPHS partners coordinate messaging to public on health hazards.
- The LPHS has written protocols for a variety of public health emergencies.
- Hospitals have local labs with 24 hour access.
- Policies and procedures are in place to ensure that the labs utilized are competent.

Weaknesses

- The LPHS has an insufficient number of health professionals that are pre-trained and pre-credentialed for emergency response.
- The state lab is underfunded.
- Air pollution and air quality testing data is not available for Kankakee County.

Opportunities for Short Term Improvement

- Increase health education to the community to improve surveillance.
- Recruit a representative from the NAACP to join the Local Emergency Planning Council.
- Recruit pharmacy partners in emergency planning.
- Use I-HELPS to pre-train and pre-credential health professionals in the community before an emergency occurs.

Opportunities for Long Term Improvement

- Advocate for increased funding for state laboratory.
- Expand surge capacity for public health emergencies.

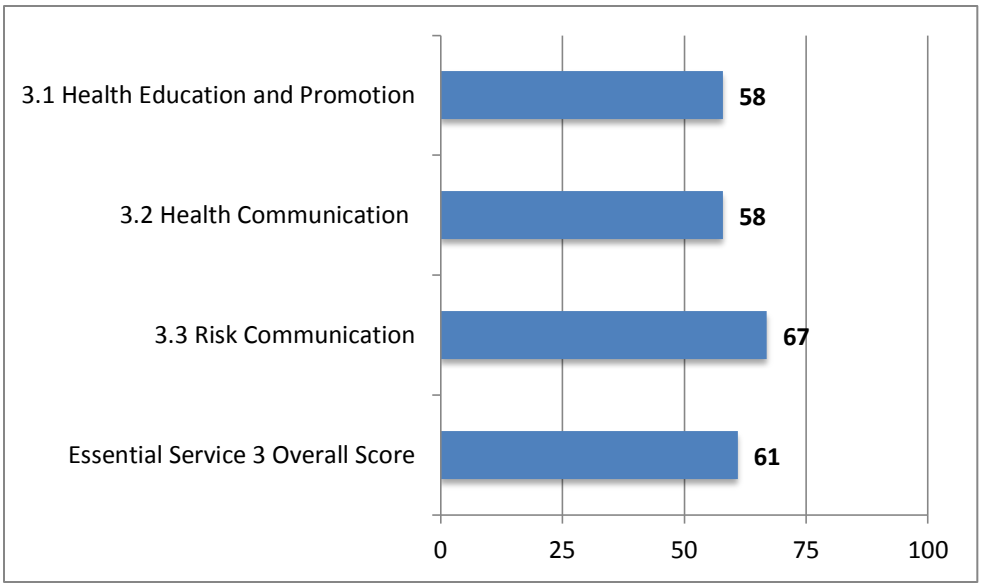
Essential Service 3:
Inform, Educate, and Empower People about Health Issues

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

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

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

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



Overall performance for Essential Service 3 was scored as significant with all model standards receiving scores in the significant range. Performance for Essential Service 3 was ranked seventh out of the 10 Essential Services.

Essential Service 3 Summary

Participants in Essential Service 3 explored LPHS performance in keeping the Kankakee County community informed and empowered about public health issues. Participants described strong coordination of messaging to educate and inform community members about public health issues and emergencies, with tailoring of messaging to ensure successful communication with different subpopulations within the community. All model standards within Essential Service 3 scored in the significant range.

Model Standard 3.1, Health Education and Promotion, explores the extent to which the LPHS successfully provides policy makers, stakeholders, and the public with health information and related recommendations for health promotion policies, coordinates health promotion and education activities, and engages the community in setting priorities and implementing health education and promotion activities. Participants reported many examples of community health communication and education, and identified the need to further engage schools and churches to successfully reach the public with health messaging. Participants identified Illinois Representative Kate Cloonen as an important community advocate and an example of strong relationship between a policymaker and the LPHS. Similar relationships with other elected officials should be cultivated to strengthen the voice of community health in local, state-level policy making.

Model Standard 3.2, Health Communication, explores the extent to which the LPHS uses health communication strategies to increase awareness of health risk factors, promote healthy behaviors, advocate for organizational and community changes to support health living, build a culture of health, and create support for health policies and programs through development of relationships with the media, information sharing among LPHS partners, and identification and training of spokespersons on public health issues. Participants reported that each of their respective organizations have established communication plans that outline policies and procedures for creating and disseminating information appropriately for different audiences. Agencies communicate with one another and participate in and promote one another's events. An area for improvement is better coordination of health messaging to educate and inform the public on non-emergency issues.

Model Standard 3.3, Risk Communication, specifically explores LPHS performance in communicating health information in emergencies. Participants reported that Kankakee County has an emergency communication plan, which can be adapted for different emergencies, and plans comply with the National Incident Management System (NIMS). Health department staff, school staff, and first responders have been trained in NIMS. The LPHS has alert systems in place to notify the community in the event of a public health emergency, which allow them to disseminate information to the public through text message, social media, radio, and Blackboard. The emergency communication plan also delineates agency responsibilities for disseminating risk messaging to specific populations. Participants expressed concern that some agencies and community partners lack buy in or a sense of connection to the emergency plan.

Another weakness identified was that participants involved with the emergency communications plan were not aware of whether there was one designated PIO to coordinate risk communication, which will be important to determine and clarify moving forward.

Strengths

- Riverside Medical Center has infrastructure to provide tailored and consistent health education to different populations throughout the community (example: nutrition education for children in schools)
- The LPHS has strong violence prevention advocacy.
- The LPHS has good access to the community to deliver health education and messaging through partner organizations.
- The LPHS partners collaborate to coordinate health education messaging.
- There is strong coordination of public health messaging during measles outbreak.
- The LPHS does a good job of delivering targeted and tailored messaging to specific audiences.

Weaknesses

- Some public health system partners are not included in communication regarding coordination of health education and messaging to the public.
- There is a lack of clarity regarding designation of a central PIO for risk communication in public health emergencies.

Opportunities for Short Term Improvement

- Design and implement strategies to create stronger, more active collaborations between medical providers and community partners such as schools and churches.
- Ensure that all community partners are trained and involved in emergency planning and response.

Opportunities for Long Term Improvement

- Conduct a gap analysis on communication among all public health system partners.
- Use evaluation results to improve health education activities.

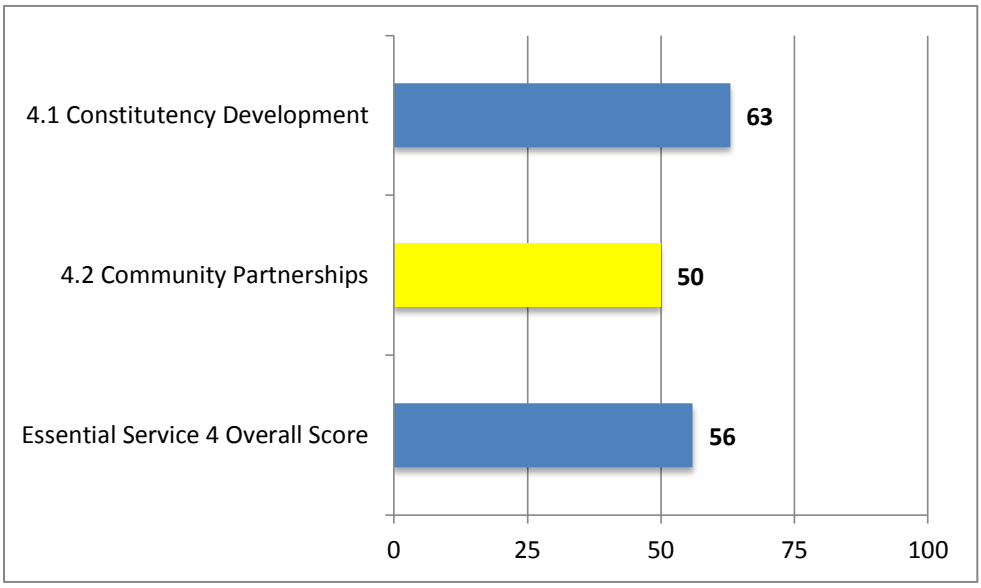
Essential Service 4:
Mobilize Community Partnerships to Identify and Solve Health Problems

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

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

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

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



Overall performance for Essential Service 4 was scored as significant with Model Standard 4.1 (Constituency Development) scoring in the significant range and Model Standard 4.2 (Community Partnerships) scoring at the high end of the moderate range. Performance for Essential Service 4 was ranked eighth out of the 10 Essential Services.

Essential Service 4 Summary

Participants in Essential Service 4 explored the Kankakee County Local Public Health System's performance in engaging the community in local health issues through partnerships. Mobilizing Community Partnerships was one of the lowest-ranking essential services in the assessment. While LPHS organizations frequently partner to leverage collective efforts and resources, much of this activity occurs on an ad hoc basis, without formal process in place for identifying potential partners, communicating among partners, or assessing the effectiveness of partnerships. Formalizing partnership activities was identified as a key area for growth moving forward.

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. Performance for this model standard was scored as significant. No formal established process exists for identifying and recruiting key constituents for involvement in LPHS efforts and initiatives; rather, this occurs by partners identifying constituents on an ad hoc basis. The LPHS does a good job encouraging schools and other community partners to engage in community health efforts, though nontraditional partners such as churches, which have been more challenging to engage. One substantial strength noted in this area is the new 211 system, which is a comprehensive directory of community organizations and community resources.

Model Standard 4.2, Community Partnerships, explores Kankakee County's performance in encouraging and mobilizing collaboration across the community, establishing a broad-based community health improvement committee, and assessing the impact and effectiveness of community partnerships in improving community health. Performance for Model Standard 4.2 was scored as moderate. Participants described a number of important partnership efforts throughout the Kankakee County LPHS, noting that partnerships are increasingly critical for success, as agency staffing has been increasingly down-sized. The United Way plays a coordinating role in organizing community partnerships. The Kankakee County Partnership for a Healthy Community, which is a collaborative effort led by the Kankakee County Health Department, Presence St. Mary's Hospital, and Riverside Medical Center, is the community's broad-based community health improvement committee. The Partnership's health improvement activities are informed by the findings of their Community Health Assessment. Currently, the Partnership has subcommittees focusing on each of the priorities from the last community health assessment: mental health; access to care; safety, violence, and substance abuse; and employment. While participants felt that the LPHS performs well in establishing partnerships and strategic alliances to improve community health, there is area for improvement in bringing more partners to the table to be involved in this work, and there is a need for assessment of partnerships to identify opportunities for growth.

Strengths

- Kan-I-Help/211 Directory is a recent effort to compile a comprehensive directory of human service organizations in Kankakee County.
- The Kankakee County Partnership for a Healthy Community has been working to address mental health, access to care, employment, and violence and substance abuse prevention.
- The Coalition for Hope and Excellence in Education works to improve graduation rates to build a skilled workforce, which will improve long-term health outcomes.

Weaknesses

- Too frequently the LPHS engages the same people in partnerships over and over.
- The public may not be aware of coalition efforts to improve the community.
- It has been challenging to engage nontraditional partners, such as churches, in community health improvement activities.

Opportunities for Short Term Improvement

- Leverage Kan-I-Help/211 resource directory to identify new partners for community health improvement efforts.
- Broaden partnerships and diversify members of partnerships (work toward fewer “multi-hat” members).
- Build community awareness of coalition activities and initiatives.

Opportunities for Long Term Improvement

- Work to create a community-wide movement for health and culture of health
- Conduct partnership assessment to identify opportunities to strengthen collaboration.

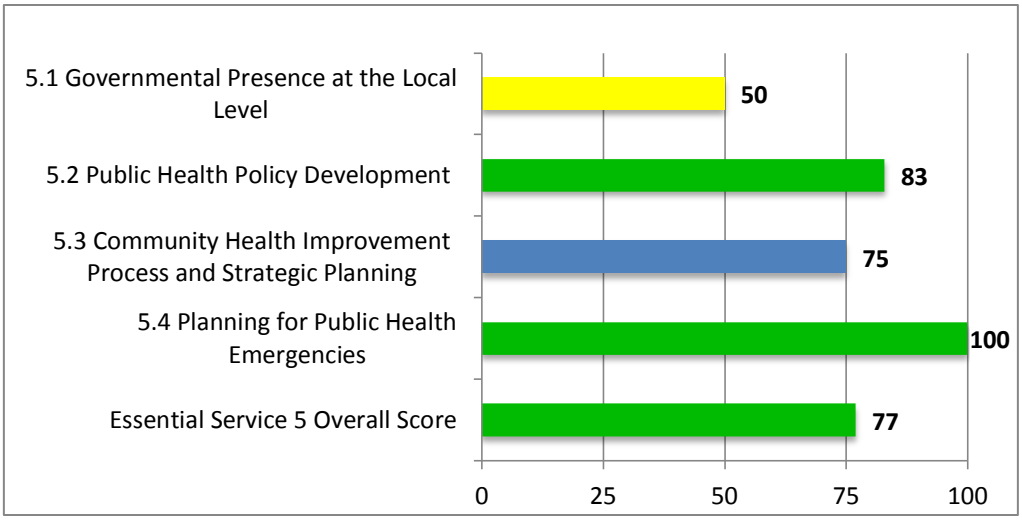
Essential Service 5:
Develop Policies and Plans that Support Individual and Community Health Efforts

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

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

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

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



Overall performance for Essential Service 5 was scored as optimal, with Model Standard 5.1 (Governmental Presence at the Local Level) scoring at the high end of the moderate range, and Model Standards 5.2 (Public Health Policy Development), 5.3 (Community Health Improvement Process and Strategic Planning), and 5.4 (Planning for Public Health Emergencies) scoring in the optimal range. Performance for Essential Service 5 was ranked third out of the 10 Essential Services.

Essential Service 5 Summary

Participants in Essential Service 5 explored public health planning and policy development in Kankakee County. The Kankakee LPHS engages local policymakers to advocate for the development of policies to support public health. LPHS organizations have mobilized partnerships to develop a shared Community Health Improvement Plan to address priority health issues in the community, though further progress can be made on ensuring that resources are leveraged to implement this plan. Emergency planning is the system's greatest strength, with robust plans and partnerships in place.

*An important caveat to the narrative below is that the group discussing Essential Service 5 was small, and felt that they were missing some partners that limited their ability to fully answer discussion questions.

Model Standard 5.1, Governmental Presence at the local level, explores the extent to which the LPHS supports the work of the local health department to ensure the delivery of the 10 Essential Public Health Services and to ensure that the health department has adequate resources to do its part in providing Essential Public Health Services. Participants reported that there is an opportunity for stronger communication and collaboration between the health department and other LPHS partners. Participants reported that the health department is funded through tax revenue and has sufficient resources to fulfill its core functions.

Model Standard 5.2, Public Health Policy Development, explores the extent to which the LPHS contributes to the development and improvement of policies to protect and promote the public's health. Participants reported that the LPHS does a good job of communicating with policymakers and contributing to the development of policies to support public health, but this activity is restricted based on the availability of funding for this work. Participants noted that an opportunity for improvement is enhancing communication with the public about policymaking to ensure that the public is aware of existing and potential policies.

Model Standard 5.3., Community Health Improvement Process and Strategic Planning, looks at the LPHS's actions to improve community health. Performance for this model standard was scored as significant. The Kankakee County Partnership for a Healthy Community is a collaborative partnership that conducts a Community Health Assessment (CHA) every three years, which informs the development of a Community Health Improvement Plan (CHIP) to address community health priority issues. Action teams comprised of representatives from LPHS partner agencies were created for each priority area in the CHIP. While plans are in place and action teams have been created, participants were unsure of the activities and work carried out by the action teams. They recommended that implementation of these plans should be strengthened, and that LPHS partners should be regularly updated on action teams' progress in order to identify opportunities to align efforts and engage in quality improvement when performance is not reaching the intended measure.

Model Standard 5.4, Planning for Public Health Emergencies, explores LPHS emergency preparedness and response planning activities. Performance for Model Standard 5.4 was assessed as optimal, with participants noting this as an area of strength for the LPHS. Kankakee County has excellent planning mechanisms in place. An emergency planning workgroup meets monthly and conducts drills several times a year. The emergency preparedness workforce is trained for many types of disasters and hosts CERTS training for community members so they are prepared to volunteer in disasters. 60 community members have been trained in CERTS so far.

Strengths

- Strong emergency plans are in place for public health threats and disasters.
- The Kankakee County Health Department is an active partner in many community health improvement efforts.
- The county's emergency planning workgroup is a best practice model for other counties in the region.
- The LPHS regularly conducts drills, including both tabletop as well as large-scale drills several times per year.
- The LPHS workforce is trained and prepared for a large variety of emergencies, including chemical spills, natural disasters, and nuclear accidents.

Weaknesses

- Communication barriers and silos can present a challenge to collaborative community health improvement efforts.

Opportunities for Short Term Improvement

- Increase communication and collaboration among health department and other LPHS partners.
- Improve community awareness of community health improvement activities.

Opportunities for Long Term Improvement

- Educate and inform the public and policymakers about public health impacts of potential policy decisions regarding the landfill and proposals for the South Suburban Airport and Illiana Expressway.

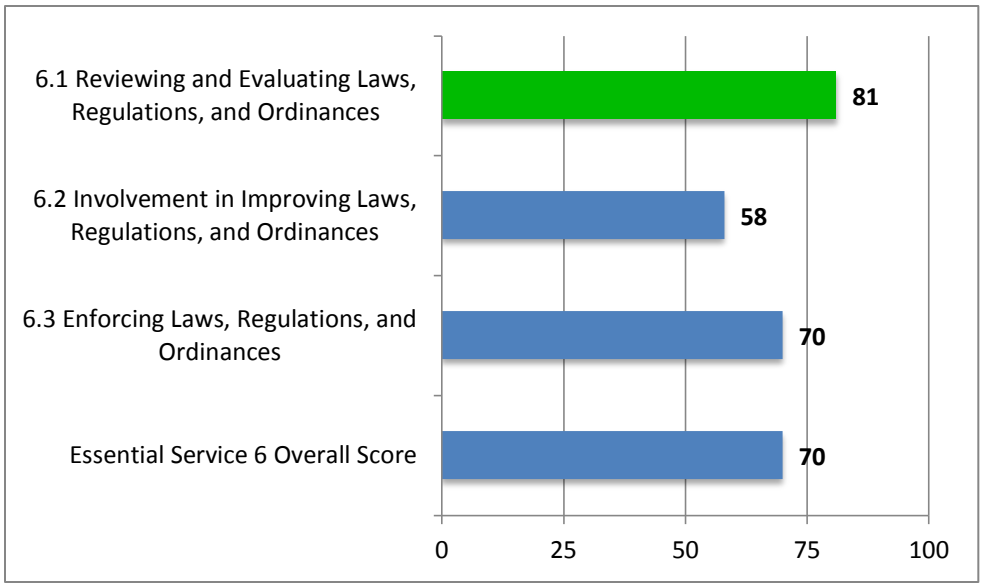
Essential Service 6:
Enforce Laws and Regulations that Protect Health and Ensure Safety

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

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

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

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



Overall performance for Essential Service 6 was scored as significant with Model Standard 6.1 (Reviewing and Evaluating Laws) scoring in the optimal range, and Model Standard 6.2 (Involvement in Improving Laws) and Model Standard 6.3 (Enforcing Laws) scoring in the significant range. Performance for Essential Service 6 was ranked fifth out of the 10 Essential Services.

Essential Service 6 Summary

Essential Service 6 examines the LPHS's performance in enforcing health and safety laws and regulations. Participants described community relationship-building as key to this work, and emphasized the priority the LPHS places on informing residents about policies that protect and promote public health, and educating the community about how to comply with regulations and ordinances. This work could be further strengthened by formalizing systems to ensure regular review of existing policies and to collect data on compliance rates.

*An important caveat to the narrative below is that the group discussing Essential Service 6 was small, and felt that they were missing some partners that limited their ability to fully answer discussion questions.

Model Standard 6.1, Reviewing and Evaluating Laws, Regulations and Ordinances, explores the extent to which the LPHS maintains familiarity and keeps current with current policies, and how well they communicate the public health impact of these policies. While the LPHS lacks a formal tracking process for regular review of policies, participants described that this occurs frequently on a more informal basis. The LPHS also currently lacks a formal process for identifying and proposing potential public health policy changes. Instead, the system is largely reactive, with the LPHS responding to public concerns regarding existing and potential policies by moving concerns up the chain of command. Participants reported that agencies remain in constant contact with one another regarding information on upcoming laws and do a good job of ensuring that the public is informed about laws to protect and promote public health. An opportunity for growth to improve performance would be the creation of a systematized and formalized review process for policies to determine if changes or updates are needed.

Model Standard 6.2, Involvement in Improving Laws, Regulations, and Ordinances, explores the extent to which the LPHS participates in advocating for the improvement or creation of policies that affect public health. Participants reported that the LPHS should take a more active role in promoting policy-based solutions to systemic health and social problems in the community, including youth homelessness, vacant housing, and prescription drug abuse. While LPHS organizations have raised concerns about these issues, policy solutions have not been proposed to address them. Participants expressed the need for more advocacy at both the local and state level to improve existing laws and create new policies to support and protect population health.

Model Standard 6.3, Enforcing Laws, Regulations, and Ordinances, explores LPHS performance in enforcing policies, including making sure community members are aware of relevant laws, regulation, and ordinances. Participants reported that the health department does a good job of enforcing public health policies, but that health department regulators try to frame themselves as educators first and foremost, emphasizing that communication and relationship-building is key to achieving high rates of compliance. Participants perceived that law enforcement could improve compliance with substance abuse laws through enforcement, noting that marijuana and

alcohol possession laws for youth are not being sufficiently enforced. The LPHS currently lacks a system for evaluating enforcement activities, largely due to a lack of data collection on enforcement and compliance rates. Participants identified this as an area where progress is needed.

Strengths

- Kankakee County has a strong legal services department.
- The Kankakee County Health Department does a good job of keeping the public informed and educated about how to comply with laws and regulations. The regulatory approach is education-oriented.

Weaknesses

- There is no formal policy tracking or review process.
- There is no formal process for identifying potential policy changes to improve public health.
- Smaller municipalities within the county have limited ability to create new laws and ordinances.
- Ordinance changes are not always well advertised.
- The LPHS does not collect data on enforcement activities to inform quality improvement efforts.

Opportunities for Short Term Improvement

- Collect data on compliance rates and enforcement activities for regulations, laws, and ordinances.
- Share information on new regulations, laws, and ordinances through both social media and traditional media outlets to ensure that the public is aware of policy changes.

Opportunities for Long Term Improvement

- The Kankakee County Mayor's Association is a collaborative of municipality leaders that could be leveraged to review existing policies and propose new laws to promote and protect community wellbeing.
- Create a systematized and formalized review process for policies to determine if changes or updates are needed.
- Take a more active role in promoting policy-based solutions to systemic health and social problems in the community.
- Increase advocacy at both the local and state level to improve existing laws and create new policies to support and protect population health.
- Research best practices and propose policies to address family stability, housing, crime rates, and workforce development in Kankakee County.

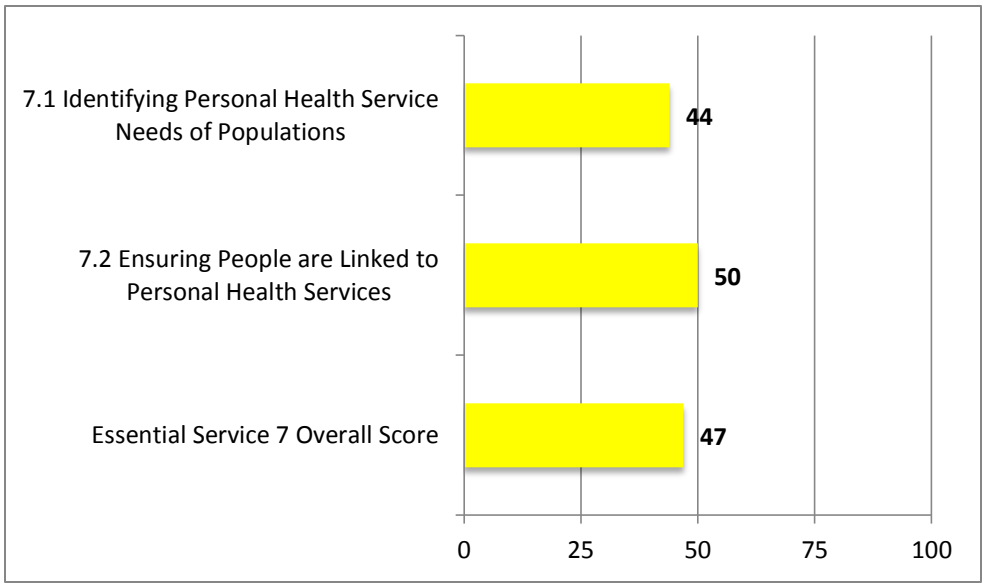
Essential Service 7:
Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable

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

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

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

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



Overall performance for Essential Service 7 was scored as moderate with all model standards scoring in the moderate range. Performance for Essential Service 7 was ranked the lowest out of the 10 Essential Services.

Essential Service 7 Summary

Participants in Essential Service 7 explored LPHS performance in connecting community members to the health services they need. Participants in Essential Service 7 discussed the challenges of creating a sustainable infrastructure to meet the needs of vulnerable residents. Participants expressed concern that service delivery is crisis-driven, due both to an inadequate service reimbursement model that emphasizes acute care over prevention, as well as patient behavior, wherein families wait to seek care until problems reach a crisis level, and frequently miss appointments due to lack of transportation or inability to take time off work. While the Affordable Care Act was designed with an intent to create greater continuity of care for patients through medical homes and care management, the emergency room remains the primary point of contact for many vulnerable community members.

Model standard 7.1, Identifying Personal Health Service Needs of Populations, explores the extent to which the LPHS understands vulnerable populations in the community and the barriers to care that they experience. Performance for this model standard was scored as moderate. Participants identified many vulnerable and at-risk populations in Kankakee, but noted that homeless and undocumented families face the greatest barriers to care and have the highest level of unmet need of all Kankakee County residents. Participants particularly emphasized the increasingly large population of homeless youth and families. Low-income families in rural areas such as Pembroke face particularly challenging barriers to accessing care due to isolation. Missing or inadequate services to support vulnerable populations include preventive care, mental health, dental health, and pediatric health. While participants described an understanding of the unmet needs and vulnerable populations in the community, they reported that the public health system's response has been inadequate, and much of the work that has been done to address barriers and unmet needs has been done in silos.

Model Standard 7.2, Ensuring People are Linked to Personal Health Services, explores LPHS performance in helping vulnerable populations access needed services. Performance for Model Standard 7.2 was scored as moderate. Participants reported that while individual agencies try to help community members access needed services, this is not well-coordinated across the system. The LPHS is moving toward an integrated healthcare model to increase coordination of service delivery. Participants described that there is room for improvement in addressing the unique service needs of specific vulnerable populations, particularly for non-English speaking and homeless populations. Participants also identified the need for greater connection and collaboration between social service providers and medical providers to adequately address unmet needs and link vulnerable populations to necessary services.

Strengths

- The Affordable Care Act has provided coverage for previously uninsured individuals.
- The LPHS is moving toward an integrated healthcare model.

Weaknesses

- Service delivery is crisis-driven rather than prevention-driven.
- Transportation access is a substantial barrier for low income families.
- Low income families living in rural areas of the county face substantial barriers to accessing services due to geographic isolation.
- Homeless families and undocumented individuals are particularly vulnerable, facing substantial barriers to care. The LPHS does not have adequate services to meet the level of need for these populations.
- Providers are poorly reimbursed for patient care, leading them to refer families to the ER, where care is most expensive.

Opportunities for Short Term Improvement

- Leverage changes in the healthcare delivery landscape to improve patient care.
- Work to establish medical homes for newly covered patients to build continuity of care.
- Use the results of the Community Health Assessment to inform LPHS understanding of unmet needs in the community.
- Improve care coordination through creation of a referral follow up system.

Opportunities for Long Term Improvement

- Work to establish medical homes for newly covered patients.
- Advocate for improvements to provider reimbursement.
- Assess service needs for homeless families and seek funding to address these needs.
- Build linguistic and cultural competency among the public health workforce to better serve non-English speaking community members.

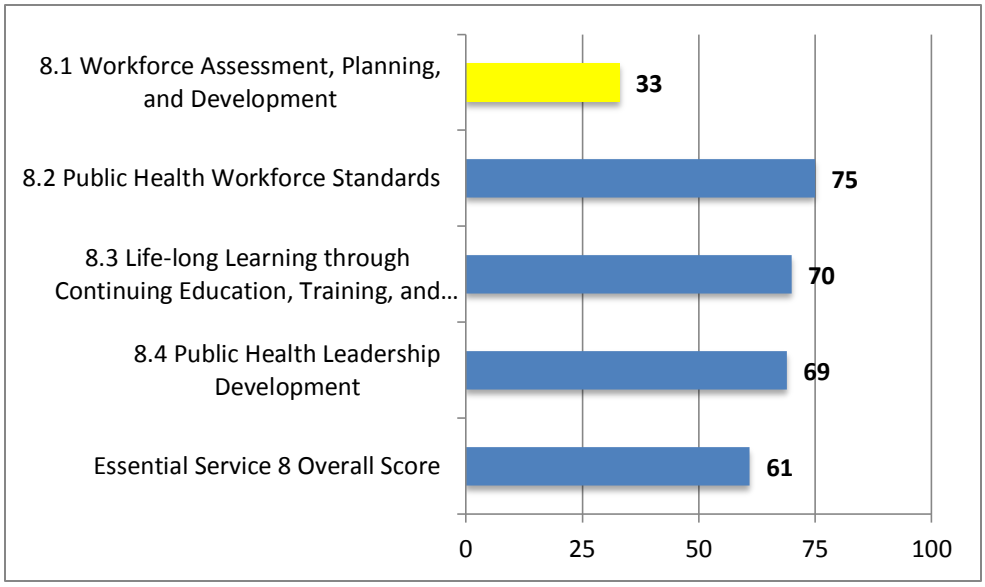
Essential Service 8: Assure a Competent Public Health and Personal Healthcare Workforce

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

Do we have a competent public health staff?

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

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



Overall performance for Essential Service 8 was scored as significant with Model Standard 8.1 (workforce Assessment, Planning and Development) scoring in the moderate range and Model Standard 8.2 (Public Health Workforce Standards), Model Standard 8.3 (Life-long Learning through Continuing Education, Training, and Mentoring) and Model Standard 8.4 (Public Health Leadership Development) scoring in the significant range. Performance for Essential Service 8 was ranked sixth out of the 10 Essential Services.

Essential Service 8 Summary

Participants in Essential Service 8 discussed public health workforce development in Kankakee County. While the LPHS effectively leverages partnerships and shared resources for training and leadership development opportunities and preparing the future public health workforce through provision of internships, the system needs to do a better job of workforce assessment and planning. Lack of funding for workforce development and low educational attainment are challenges the LPHS must address to prepare a strong future LPHS workforce.

*An important caveat to the narrative below is that the group discussing Essential Service 8 was small, and felt that they were missing some partners that limited their ability to fully answer discussion questions.

Model Standard 8.1, Workforce Assessment, Planning, and Development, explores how well the LPHS is assessing its workforce as a system. Participants assessed performance as a low moderate because they were not aware of any assessment of the LPHS workforce in Kankakee County. Participants were aware of a general workforce readiness assessment conducted in the school district, which identified that area high schools have low test scores and graduation rates, and concluded that graduating seniors lack the requisite skills to be prepared for entry into the workforce. Participants reported that they believe that organizations such as the Kankakee County Workforce Board are engaged in workforce assessment and development efforts, but cautioned that they were not familiar or involved with these efforts, and highlighted the need for greater communication from workforce partners about ongoing workforce development efforts.

Model Standard 8.2, Public Health Workforce Standards, explores how well the LPHS complies with certification and licensure requirements for its workforce. Participants reported the assumption that LPHS organizations are compliant with requirements as they are unaware of any problems in this area. Accredited entities, such as the police department, jails, and hospitals, conduct job performance reviews and regularly evaluate compliance with workforce standards. Job standards and position descriptions throughout the LPHS are driven by the skills and knowledge required for delivery of the 10 Essential Public Health Services.

Model Standard 8.3, Life-long Learning Through Continuing Education, Training, and Mentoring, explores the extent to which the LPHS supports professional development of the public health workforce. Participants reported good overall support for professional development among the LPHS, saying that employers are supportive of training and continuing education for staff. Olivet and KCC are key partners in assuring continuing education opportunities for the workforce. While good training and educational opportunities exist for the workforce, participants cautioned that these programs are the first to get cut when budgets are reduced. An area for growth is to improve LPHS training on cultural competency and the social determinants of health.

Model Standard 8.4, Public Health Leadership Development, explores the extent to which the LPHS fosters leadership development opportunities for the workforce at all organizational levels. Participants reported that LPHS organizations do a good job of providing access to leadership development opportunities, but emphasized the need to advocate for leadership development more widely across the community beyond the public health workforce. An area for growth for the LPHS is ensuring that there are ample opportunities for leadership development among members of the LPHS workforce that represent the diversity within the community.

Strengths

- Collaboration has increased and partners are continuing to leverage opportunities to collaborate to develop the LPHS workforce.
- The LPHS has successfully engaged many of the community's major employers in workforce development activities.
- KCC and Olivet provide continuing education opportunities for the LPHS workforce.
- The LPHS has good mentoring opportunities in place for students.
- Increasing graduation rates, educational attainment, and job-readiness has been an area of focus for the LPHS.
- Most LPHS agencies are regulated and many are accredited.

Weaknesses

- No formal LPHS workforce assessment has been conducted.
- Workforce development funding is very minimal.
- Kankakee County has low graduation rates and low job-readiness among the emerging workforce.

Opportunities for Short Term Improvement

- Seek grants to fund training and professional development for the LPHS workforce.
- Create training opportunities to foster LPHS workforce cultural competency skills.

Opportunities for Long Term Improvement

- Continue to address low educational attainment in Kankakee County to strengthen the future workforce.
- Increase system-wide accountability to comply with workforce standards and regulations.
- Increase funding for continuing education and training opportunities for the public health workforce
- Incentivize continuing education among LPHS workforce.
- Foster greater diversity among LPHS leadership.

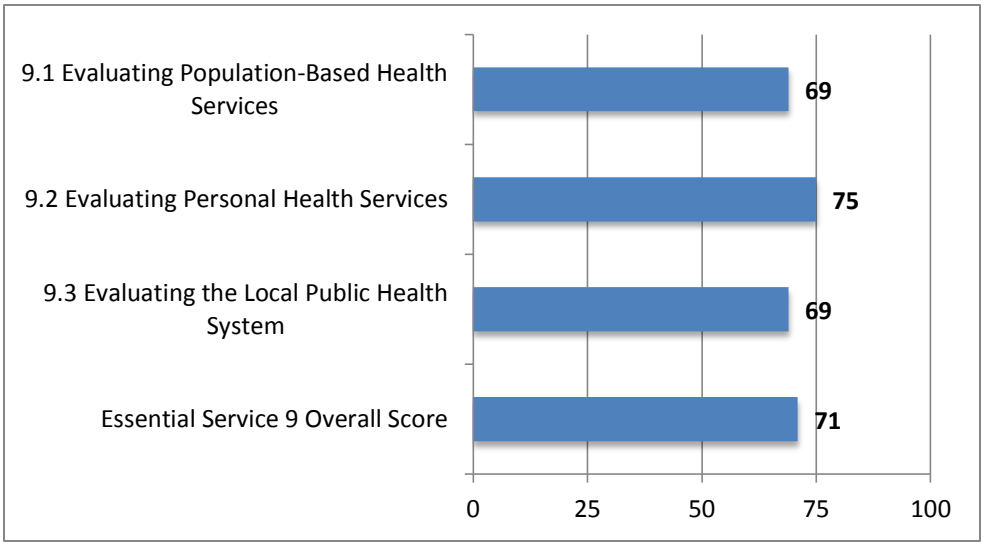
Essential Service 9:
Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

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

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.



Overall performance for Essential Service 9 was scored as significant with all model standards scoring in the significant range. Performance for Essential Service 9 was ranked fourth out of the 10 Essential Services.

Essential Service 9 Summary

Participants in Essential Service 9 explored how the Kankakee County LPHS evaluates the effectiveness of personal and population-based services, and the LPHS itself. Evaluation mechanisms are in place and many LPHS organizations use data to inform improvements to service quality. A limitation to this work is that data collection and evaluation often occurs in silos. Moving forward, LPHS partners should work toward greater collaboration and sharing of evaluation data to inform system-wide improvements to service delivery quality and effectiveness.

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. Overall performance for this model standard was scored as significant. Service providers assess client satisfaction with their programs through surveys. The LPHS also conducts a Community Themes and Strengths Assessment, through the MAPP process conducted every three years. This assessment explores community member perceptions of health and quality of life, including perceptions of the quality and accessibility of population-based health services. Participants identified that areas for growth include increasing sharing customer satisfaction data across agencies and using findings from both collective and program-specific assessments to inform improvements to service delivery.

Model Standard 9.2, Evaluation of Personal Health Services, examines the extent to which health care providers are evaluating personal health care services. Performance for this model standard was scored as significant. Presence and Riverside do a good job of evaluating personal health service quality and effectiveness, but evaluation of accessibility of services could be improved upon. Participants emphasized that in addition to surveying patients and clients using services, LPHS organizations also need to survey populations that are not accessing personal health services to build an understanding of the barriers they face to getting care so these issues can be addressed in the future. Personal health service quality data is compared against established standards and guidelines. LPHS entities leverage technological resources including electronic health records to improve quality of care and evaluation findings are used to improve service delivery.

Model Standard 9.3, Evaluation of the Local Public Health System, explores LPHS performance in evaluating its effectiveness as a system. Overall performance for this model standard was assessed as significant. The LPHS has done a good job identifying partner organizations that contribute to the provision of the 10 Essential Public Health Services in Kankakee County, and the LPHS convenes every three years to conduct the Local Public Health System Assessment. A major opportunity for improvement moving forward is to implement system improvements based on Local Public Health System Assessment findings.

Strengths

- 211/ Kan-I-Help is a newly established human services resource directory that can help community members navigate the system and connect to needed services.

Weaknesses

- Medicaid patients receive inconsistent care, and don't receive appropriate referrals and follow up services.
- Vulnerable populations lack medical homes to ensure continuity of care.
- Transportation is a barrier to accessing care, particularly for low income individuals in rural communities.
- The LPHS lacks sufficient resources to adequately meet the needs of homeless families and undocumented individuals.
-

Opportunities for Short Term Improvement

- Increase use of social media to communicate with vulnerable populations.
- Survey vulnerable populations to evaluate barriers to health service accessibility.

Opportunities for Long Term Improvement

- Build trust among undocumented population to encourage them to access available services without fear.
- Remove silos to create a collaborative approach to address unmet service needs in the community.
- Build connections and collaboration among medical providers and social service providers.
- Increase sharing of customer satisfaction data across agencies to inform system-wide quality improvement.

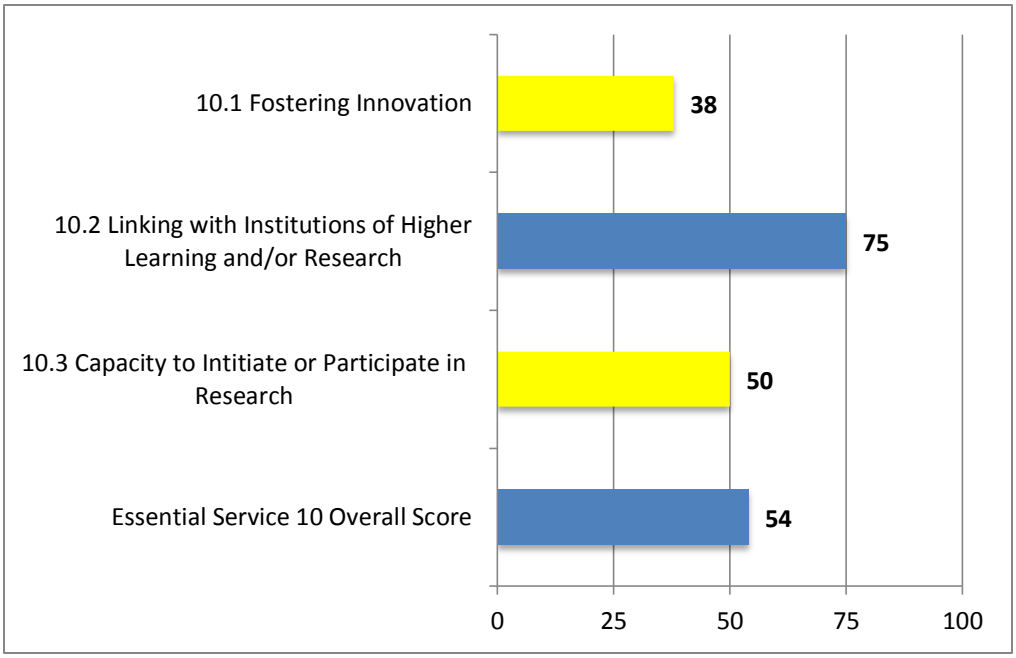
Essential Service 10:
Research for New Insights and Innovative Solutions to Health Problems

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

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

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

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



Overall performance for Essential Service 10 was scored as significant, with Model Standard 10.1 (Fostering Innovation) and Model Standard 10.3 (Capacity to Initiate or Participate in Research) scoring in the moderate range, and Model Standard 10.2 (Linking with Institutions of Higher Learning and/or Research) scoring at the high end of the significant range. Performance for Essential Service 10 was ranked the ninth out of the 10 Essential Services.

Essential Service 10 Summary

Participants in Essential Service 10 discussed LPHS performance in research and innovation. This essential service received one of the lowest cumulative scores in the assessment. While academic institutions like KCC and Olivet are well-integrated within the LPHS, research is not a focus for these institutions, so there is limited access to research infrastructure in the community. The ability of the LPHS to initiate or participate in research is further limited by lack of funding for this work. Participants described a culture of resistance to innovation as a challenge to address moving forward as new LPHS leadership emerges.

*An important caveat to the narrative below is that the group discussing Essential Service 10 was small, and felt that they were missing some partners that limited their ability to fully answer discussion questions.

Model Standard 10.1, Fostering Innovation, explores LPHS performance in finding new ways to improve public health practice. Participants reported that while there are isolated pockets of research and innovation occurring, primarily driven by Olivet Nazarene University, the LPHS lacks a culture of innovation and research. Barriers that inhibit the development of a culture of innovation include lack of funding for innovative work, change resistance among the seasoned members of the LPHS workforce, and the perception that innovation is not valuable. Participants perceived an opportunity to build a culture of innovation as new leadership emerges among the LPHS workforce. New leadership may lead to greater collaboration with non-traditional partners and greater willingness to embrace innovative approaches to public health practice.

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. Participants described strong integration of Olivet Nazarene University and Kankakee Community College within the LPHS. These institutions play an active role in many community partnerships. They boost the capacity of the LPHS by providing student interns to many organizations and contribute to workforce development by offering continuing education opportunities to the LPHS workforce. While Olivet and KCC are key players in many partnership efforts throughout the Kankakee County LPHS, participants did not identify any examples of collaborative research partnerships between these institutions and other LPHS entities. Strong partnerships and working relationships among Olivet, KCC and other LPHS organizations provide a good foundation for collaborative research initiatives in the future and may be an important long-term opportunity to work toward.

Model Standard 10.3, Capacity to Initiate or Participate in Research, received a moderate overall score. Participants reported that due to the strong integration of Olivet within many LPHS activities and partnerships, relationships are in place to support research activities should the LPHS choose to pursue this goal. However, research is not currently an area of focus at

Olivet, so a research infrastructure would need to be established and grown over time. Lack of funding for public health research is a key barrier to pursuing this work.

Strengths

- Olivet and KCC are well integrated within LPHS partnerships.

Weaknesses

- LPHS lacks a culture of innovation.
- High level of resistance to innovative approaches among some LPHS leaders.

Opportunities for Short Term Improvement

- Continue to strengthen LPHS linkages with institutions of higher learning.

Opportunities for Long Term Improvement

- Leverage newly emerging leadership and workforce turnover to foster a greater interest in research and innovation.
- Seek out and build nontraditional partnerships to foster innovative approaches to community health improvement.
- Leverage partnerships with KCC and Olivet to increase system research capacity.

Conclusion: Key Findings from the Kankakee County Local Public Health System Assessment

Kankakee County's Local Public Health System Assessment revealed a number of key areas of excellence for the public health system, including strong health assessment, monitoring, and surveillance, and robust emergency preparedness and response. Major areas for improvement identified through the assessment included communication among agencies, mobilization of partnerships for implementation of plans, and strengthening LPHS infrastructure to support work as a collective system.

Kankakee County has strong data collection systems for health monitoring and surveillance. A collaborative Community Health Assessment is conducted every three years, and assessment results are widely shared among LPHS partners and the public. This activity can be further improved by encouraging LPHS agencies to contribute the collection of system-level data that all LPHS partners can access and use for system-wide improvement. Monitoring can also be made more robust through leveraging partner access to zip code level data and county GIS expertise. Strong systems for surveillance and response to health threats are in place, but activity could be further supported by increased funding and capacity at the state laboratory to assist with testing and investigation of health threats.

Emergency planning and response is perhaps the system's chief strength. A robust emergency preparedness infrastructure is in place, with partners meeting regularly to update plans and conduct drills. Mutual aid agreements, staff credentialing, and volunteer recruitment and training ensure that the system can rapidly mobilize resources in the event of a public health emergency. The LPHS can continue to build on this asset through engaging nontraditional partners in emergency planning efforts to expand surge capacity and increase community buy in. For example, churches have valuable resources, including meeting space and volunteers that have not yet been tapped into or integrated into emergency planning efforts.

Discussions throughout the Local Public Health System Assessment also revealed areas for improvement related to inter-agency communication and system-wide implementation of plans to address community health. Participants in the assessment reported that the LPHS lacks formal communication mechanisms to keep all partner agencies informed, which hinders its ability to act as a cohesive system. For example, low awareness of the activities or progress of the Partnership for a Healthy Community's action teams prevent partner agencies from lending support or resources to advance work. Improved communication mechanisms and clear health improvement objectives and strategies can strengthen system coordination and alignment to ensure successful implementation of the shared Community Health Improvement Plan (CHIP). Advancing policy and systems solutions will be key to addressing health challenges in Kankakee County, including low educational attainment, housing vacancy, and homelessness. Policy and systems approaches should be built in to planning and implementation efforts.

The assessment also identified some infrastructure improvement opportunities to strengthen overall system capacity and functioning. A collective workforce assessment and development will strengthen current and future public health workforce capacity. Strengthening workforce capacity also necessitates working to secure more funding across the LPHS, with an emphasis on partnership and resource sharing to leverage and maximize resources as agency budgets and staffing continue to drop. As new LPHS leadership emerges, the system should work to build a culture of innovation and best practice.

Improvements in the areas discussed above will help the Kankakee County LPHS enhance its collective performance and effectiveness as a system to work toward achieving greater health and quality of life for all Kankakee County residents.

Appendix: Essential Public Health Service Scoring Charts

EPHS 1. Monitor Health Status To Identify Community Health Problems Model Standard Scores

1.1 Population-Based Community Health Assessment (CHA)	OPTIMAL	92

The local public health system (LPHS) develops a community health profile using data from a detailed community health assessment (CHA) to give an overall look at the community's health. The CHA includes information on health status, quality of life, risk factors, social determinants of health, and strengths of the community at least every 3 years. Data included in the community health profile are accurate, reliable, and interpreted according to the evidence base for public health practice. CHP data and information are displayed and updated according to the needs of the community.

With a CHA, a community receives an in-depth picture or understanding of the health of the community. From the CHA and CHP, the community can identify the most vulnerable populations and related health inequities, prioritize health issues, identify best practices to address health issues and put resources where they are most needed. The CHP also tracks the health of a community over time and compares local measures to other local, state, and national benchmarks.

1.1.1	Community Health Assessment	100
1.1.2	Continuously update CHA with current information	100
1.1.3	Community-wide use of community health assessment or CHP data	75

1.2 Current Technology to Manage and Communicate Population Health Data	SIGNIFICANT	75

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.

1.2.1	Best available technology and methods to display data	75
1.2.2	Analyze health data to see where health problems exist	75
1.2.3	Use computer software to create chart, graphs, and maps to display complex data	75

1.3 Maintenance of Population Health Registries	SIGNIFICANT	75

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.		
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

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

2.1 Identification and Surveillance of Health Threats	OPTIMAL	100

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 it 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.

2.1.1	Comprehensive surveillance system to identify, monitor and share information	100
2.1.2	Provide and collect information on reportable disease and potential disasters and threats	100
2.1.3	Best available resources to support surveillance systems and activities	100

2.2 Investigation and Response to Public Health Threats and Emergencies	OPTIMAL	100

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.

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	100
2.2.5	Identification of technical expertise	100
2.2.6	Evaluation of public health emergency response	100

2.3 Laboratory Support for Investigation of Health Threats	OPTIMAL	100

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.

2.3.1	Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2	Ready access to laboratories for public health threats, hazards, and emergencies	100
2.3.3	Licenses and/or credentialed laboratories	100
2.3.4	Written protocols for laboratories for handling samples	100

EPHS 3. Inform, Educate and Empower People about Health Issues Model Standard Scores

3.1 Health Education and Promotion	SIGNIFICANT	58
The local public health system (LPHS) designs and puts in place health promotion and health education activities to enable and support efforts to exert control over the determinants of health and to create environments that support health. These promotional and educational activities are coordinated throughout the LPHS to address risk and protective factors at the individual, interpersonal, community, and societal levels. The LPHS includes the community in identifying needs, setting priorities and planning health promotional and educational activities. The LPHS plans for different reading abilities, language skills, and access to materials.		
3.1.1 Provision of community health information		50
3.1.2 Health education and/or health promotion activities		75
3.1.3 Collaboration on health communication plans		50
3.2 Health Communication	**SIGNIFICANT**	**58**
The local public health system (LPHS) uses health communication strategies to contribute to healthy living and healthy communities, including: increasing awareness of risks to health; ways to reduce health risk factors and increase health protective factors; promoting healthy behaviors; advocating organizational and community changes to support healthy living; increasing demand and support for health services; building a culture where health is valued; and creating support for health policies, programs and practices. Health communication uses a broad range of strategies, including print, radio, television, the internet, media campaigns, social marketing, entertainment education, and interactive media. The LPHS reaches out to the community through efforts ranging from one-on-one conversations to small group communication, to communications within organizations and the community, to mass media approaches. The LPHS works with many groups to understand the best ways to present health messages in each community setting and to find ways to cover the costs.		
3.2.1 Development of health communication plans		50
3.2.2 Relationships with media		75
3.2.3 Designation of public information officers		50
3.3 Risk Communication	**OPTIMAL**	**100**
The local public health system (LPHS) uses health risk communications strategies to allow individuals, groups and organizations, or an entire community to make optimal decisions about their health and well-being in emergency events. The LPHS recognizes a designated Public Information Officer for emergency public information and warning. The LPHS organizations work together to identify potential risks (crisis or emergency) that may affect the community and develop plans to effectively and efficiently communicate information about these risks. The plans include pre-event, event, and post-event communication strategies for different types of emergencies.		
3.3.1 Emergency communication plans		75
3.3.2 Resources for rapid communications response		75
3.3.3 Risk communication training		50

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

4.1 Constituency Development	SIGNIFICANT	63
The local public health system (LPHS) actively identifies and involves community partners -- the individuals and organizations (constituents) with opportunities to contribute to the health of communities. These stakeholders may include health; transportation, housing, environmental, and non-health related groups, as well as community members. The LPHS manages the process of establishing collaborative relationships among these and other potential partners. Groups within the LPHS communicate well with one another, resulting in a coordinated, effective approach to public health so that the benefits of public health are understood and shared throughout the community.		
4.1.1 Directory of organizations that comprise the LPHS		75
4.1.2 Identification of key constituents and stakeholders		50
4.1.3 Participation of constituents in improving community health		75
4.1.4 Communications strategies to build awareness of public health		50
4.2 Community Partnerships	SIGNIFICANT	58
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.		
4.2.1 Partnerships for public health improvement activities		75
4.2.2 Community health improvement committee		50
4.2.3 Review of community partnerships and strategic alliances		50

EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts Model Standard Scores

5.1 Governmental Presence at the Local Level	MODERATE	50

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.

5.1.1	Governmental local public health presence	50
5.1.2	Local health department accreditation	25
5.1.3	Resources for the local health department	75

5.2 Public Health Policy Development	OPTIMAL	83

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.

5.2.1	Contribution to development of public health policies	75
5.2.2	Alert policymakers/public of public health impacts from policies	75
5.2.3	Review of public health policies	100

5.3 Community Health Improvement Process and Strategic Planning	SIGNIFICANT	75

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.

5.3.1	Community health improvement process	100
5.3.2	Strategies to address community health objectives	75
5.3.3	Organizational strategic planning alignment with community health improvement plan	50

5.4 Plan for Public Health Emergencies		OPTIMAL	100
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

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

6.1 Review and Evaluation of Laws, Regulations and Ordinances	OPTIMAL	81

The local public health system (LPHS) reviews existing laws, regulations, and ordinances related to public health, including laws that prevent health problems, promote, or protect public health. The LPHS looks at federal, state, and local laws to understand the authority provided to the LPHS and the potential impact of laws, regulations, and ordinances on the health of the community. The LPHS also looks at any challenges involved in complying with laws, regulations, or ordinances, whether community members have any opinions or concerns, and whether any laws, regulations, or ordinances need to be updated.

6.1.1	Provision of community health information	75
6.1.2	Knowledge of laws, regulations, and ordinances	75
6.1.3	Review of laws, regulations and ordinances	100
6.1.4	Access to legal counsel	75

6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	SIGNIFICANT	67

The local public health system (LPHS) works to change existing laws, regulations, or ordinances – or to create new ones – when they have determined that changes or additions would better prevent, protect or promote public health. To advocate for public health, the LPHS helps to draft the new or revised legislation, regulations, or ordinances, takes part in public hearings, and talks with lawmakers and regulatory officials.

6.2.1	Identification of public health issues not addressed through existing laws	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	75

6.3 Enforcement of Laws, Regulations, and Ordinances	SIGNIFICANT	75

The local public health system (LPHS) sees that public health laws, regulations, and ordinances are followed. The LPHS knows which governmental agency or other organization has the authority to enforce any given public health related requirement within its community, supports all organizations tasked with enforcement responsibilities, and assures that the enforcement is conducted within the law. The LPHS has sufficient authority to respond in an emergency event; and makes sure that individuals and organizations understand the requirements of relevant laws, regulation, and ordinances. The LPHS communicates the reasons for legislation and the importance of compliance.

6.3.1	Authority to enforce laws, regulations, and ordinances	100
6.3.2	Public health emergency powers	100
6.3.3	Enforcement in accordance with applicable laws, regulations, and ordinances	50
6.3.4	Provision of information about compliance	100
6.3.5	Assessment of compliance	25

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

7.1 Identification of Personal Health Service Needs of Populations	MODERATE	44
The local public health system (LPHS) identifies the personal health service needs of the community and identifies the barriers to receiving these services, especially among particular groups that may have difficulty accessing personal health services. The LPHS has defined roles and responsibilities for the local health department (or other governmental public health entity) and other partners (e.g. hospitals, managed care providers, and other community health agencies) in relation to overcoming these barriers and providing services.		
7.1.1 Identification of populations who experience barriers to care		50
7.1.2 Identification of personal health service needs of populations		50
7.1.3 Develop partnerships to respond to unmet needs of the community		25
7.1.4 Understand barriers to care		50
7.2 Assuring the Linkage of People to Personal Health Services	**MODERATE**	**50**
The local public health system (LPHS) partners work together to meet the diverse needs of all populations. Partners see that persons are signed up for all benefits available to them and know where to refer people with unmet personal health service needs. The LPHS develops working relationships between public health, primary care, oral health, social services, and mental health systems as well as organizations that are not traditionally part of the personal health service system, such as housing, transportation, and grassroots organizations.		
7.2.1 Link populations to needed personal health services		50
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		75
7.2.4 Coordination of personal health and social service		25

EPHS 8. Assure a Competent Public Health and Personal Health Care Workforce Model Standard Scores

8.1 Workforce Assessment, Planning and Development	MODERATE	42
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.		
8.1.1 Assessment of the LPHS workforce		50
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce		50
8.1.3 Dissemination of results of the workforce assessment/gap analysis		25
8.2 Public Health Workforce Standards	OPTIMAL	100
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.		
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
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	SIGNIFICANT	75
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).		
8.3.1 Identification of education and training needs for workforce development		75
8.3.2 Opportunities for developing core public health competencies		75
8.3.3 Educational and training incentives		100
8.3.4 Collaboration between organizations and the LPHS for training and education		75
8.3.5 Education and training on cultural competency and social determinants of health		50
8.4 Public Health Leadership Development	MODERATE	63

Leadership within the local public health system (LPHS) is demonstrated by organizations and individuals that are committed to improving the health of the community. Leaders work to continually develop the local public health system, create a shared vision of community health, find ways to make the vision happen, and to make sure that public health services are delivered. Leadership may come from the health department, from other governmental agencies, nonprofits, the private sector, or from several partners. The LPHS encourages the development of leaders that represent different groups of people in the community and respect community values.		
8.4.1	Development of leadership skills	75
8.4.2	Collaborative leadership	50
8.4.3	Leadership opportunities for individuals and/or organizations	75
8.4.4	Recruitment and retention of new and diverse leaders	50

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

9.1 Evaluation of Population-Based Health Services	SIGNIFICANT	69

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.

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	75
9.1.4	Use of population-based health services evaluation	75

9.2 Evaluation of Personal Health Services	SIGNIFICANT	75

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.

9.2.1	Personal health services evaluation	50
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	75
9.2.5	Use of personal health services evaluation	75

9.3 Evaluation of the Local Public Health System	SIGNFICANT	69

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.

9.3.1	Identification of community organizations or entities that contribute to the EPHS	100
9.3.2	Periodic evaluation of LPHS	75

9.3.3	Evaluation of partnership within the LPHS	50
9.3.4	Use of evaluation to guide improvements to the LPHS	50

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems Model Standard Scores		
10.1 Fostering Innovation	MODERATE	38
Local public health system (LPHS) organizations try new and creative ways to improve public health practice. In both academic and practice settings, such as universities and local health departments, new approaches are studied to see how well they work.		
10.1.1 Encouragement of new solutions to health problems		25
10.1.2 Proposal of public health issues for inclusion in research agenda		50
10.1.3 Identification and monitoring of best practices		50
10.1.4 Encouragement of community participation in research		25
10.2 Linkage with Institutions of Higher Learning and/or Research	SIGNIFICANT	75
The local public health system (LPHS) establishes relationships with colleges, universities, and other research organizations. The LPHS is strengthened by ongoing communication between academics and LPHS organizations. They freely share information and best practices, and setting up formal or informal arrangements to work together. The LPHS connects with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms. The LPHS does community-based participatory research, including the community as full partners from selection of the topic of study to design to sharing of findings. The LPHS works with one or more colleges, universities, or other research organizations to co-sponsor continuing education programs.		
10.2.1 Relationships with institutions of higher learning and/or research organizations		75
10.2.2 Partnerships to conduct research		50
10.2.3 Collaboration between the academic and practice communities		100
10.3 Capacity to Initiate or Participate in Research	MODERATE	50
The local public health system (LPHS) takes part in research to help improve the performance of the LPHS. This research includes the examination of how well LPHS members provide the Essential Public Health Services in the community (public health systems and services research) as well as studying what influences health care quality and service delivery in the community (health services research). The LPHS has access to researchers with the knowledge and skills to design and conduct health-related studies, supports their work with funding and data systems, and provides ways to share findings. Research capacity includes access to libraries and information technology, the ability to analyze complex data, and ways to share research findings with the community and use them to improve public health practice.		
10.3.1 Collaboration with researchers		50
10.3.2 Access to resources to facilitate research		75
10.3.3 Dissemination of research findings		50
10.3.4 Evaluation of research activities		25