Kankakee County
Local Public Health System Assessment

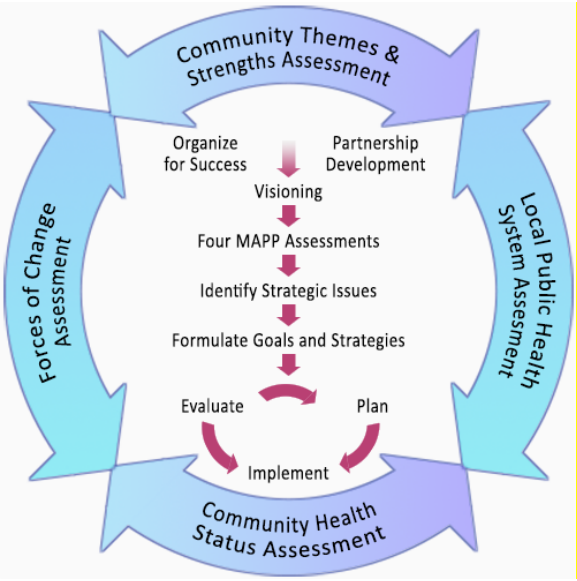
September 2017

Prepared by the Illinois Public Health Institute

Table of Contents

Introduction

The Kankakee County Local Public Health System Assessment (LPHSA) was conducted on September 29, 2017 as one of the four assessments in the Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a community-driven strategic planning framework that guides communities in developing and implementing efforts around the prioritization of public health issues and identification of resources to address them as defined by the 10 Essential Public Health Services. The MAPP process includes four assessment tools, including the Local Public Health System Assessment.



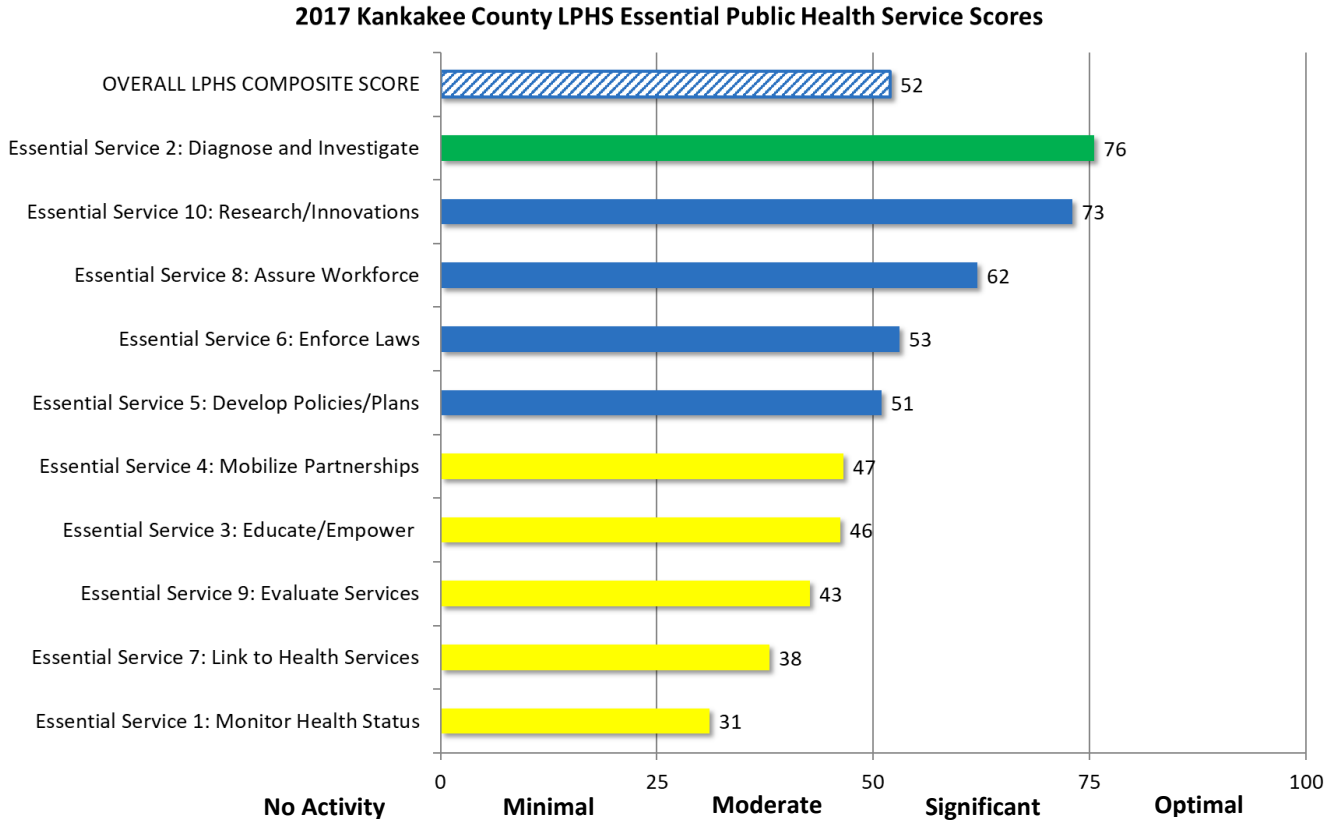
The **Local Public Health System (LPHS)** is defined as the collective efforts of public, private, and voluntary entities, as well as individuals and informal associations that contribute to the public's health within a jurisdiction.

Source: NPHPS

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

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

The average scores by Essential Public Health Service (EPHS) from the September 29, 2017 Kankakee County Local Public Health System Assessment (LPHSA) are pictured below. The highest score was EPHS 2, Diagnose and investigate health problems and health hazards in the community. The lowest score was EPHS 1, Monitor health status to identify community health problems. The overall system performance composite score was 52 (significant).[1]



Throughout the discussions regarding how well Kankakee County addresses the 10 EPHSs, a number of cross-cutting themes emerged in the dialogue across groups. The themes arose as strategic areas to address for improved functioning, capacity, and effectiveness of the local public health system (LPHS) in Kankakee County. These themes are detailed on pages 7 and 8.

[1] The Health Equity Measures were not incorporated into the 2017 EPHS composite scores. Please see page 16 for further explanation.

Strengths

- **Partnerships:** LPHS organizations foster a culture of working together and have a strong desire to solve problems through collaboration. The partnerships in the LPHS span across sectors and include a wide variety of organizations: businesses, higher education institutions, hospitals, government agencies, community-based organizations, health and social services providers, emergency and law enforcement agencies, schools, and laboratories, among many others.
- **Emergency Preparedness:** The LPHS is well-prepared to deal with health hazards and health emergencies. Many partners work together to conduct surveillance, develop emergency plans, and participate in emergency exercises.
- **Data:** The LPHS collects and analyzes population health data to drive decision-making. Health data are becoming increasingly more accessible to LPHS organizations and community members.
- **Assessment:** The LPHS conducts Community Health Assessments (CHAs) on a regular basis. The CHA identifies health needs, raises awareness about health disparities, and stimulates discussion of health issues.
- **Workforce:** The LPHS has a prepared and compliance workforce. LPHS personnel partake in workforce development opportunities and LPHS organizations are improving the school to employment pipeline.

Weaknesses

- **Communication:** LPHS organizations do not share research and data efficiently due to organizational silos and incompatible technology. The LPHS needs to improve outreach to specific demographics and marginalized populations, and to the general public. There is no central calendar for scheduling community meetings.
- **Health Equity:** The LPHS needs to improve awareness and acknowledgement of health inequities in the community. The LPHS lacks adequate data on health disparities and does not address special populations in the all-hazard plan. The LPHS needs to enhance partnerships with agencies who serve vulnerable populations and consistently engage the voice of customers, particularly marginalized communities, in LPHS activities.

- **Participation:** The LPHS needs to address the barriers to community member participation in problem-solving, planning, decision making, and leadership development. More involvement is needed from the business community, elected officials, neighborhood associations, media, smaller communities, customers, marginalized populations, and grassroots organizations.
- **Data:** Finding and accessing data can be challenging for some organizations and community members. The CHA data are not always easy to understand and are not user-friendly for laypersons. In addition, the LPHS is not using evaluation results effectively to make decisions and allocate resources.
- **Assessment:** There are gaps in identifying the needs of populations that do not access formal healthcare channels because they cannot afford care. In regard to community health assessments, the assessment process starts off strong each cycle but loses momentum over the 3-year period between assessments.
- **Awareness:** The general public lacks awareness about policy development and review; health inequities; and the local health department's role in the community. Some providers lack awareness of reportable disease requirements and personal health services/social services available in the LPHS.

<u>Opportunities</u>

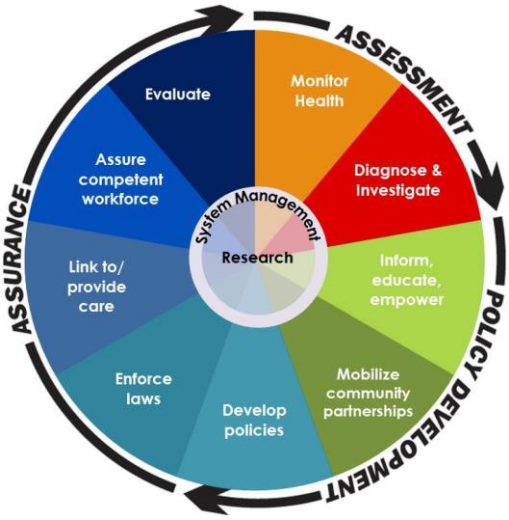
- **Awareness:** The LPHS can improve community and LPHS awareness of population health data; research findings; community events; emergency communication plans; funding opportunities; community planning efforts; workforce development resources; and community service directories (e.g. 211).
- **Communication:** The LPHS should improve communication with community members by utilizing new technology (e.g. social media), publicizing meetings, and making materials understandable for community members. Communication between LPHS organizations could improve by formalizing communication plans, increasing interoperability of electronic systems, and sharing key stakeholder and leadership contact information.
- **Participation:** The LPHS can improve participation rates of community members and organizations by holding more neighborhood meetings, implementing monthly community council meetings, and offering alternative days and times to meet. More diverse community involvement is needed in assessment, community health improvement planning, policy development, and emergency drills.
- **Data:** LPHS organizations should use registry data and evaluation data to its fullest potential. A centralized repository would improve access to data. The LPHS can expand its data sources to include qualitative data from community health workers and data collected in atypical service settings (e.g. the county fair). The LPHS also has an opportunity to make this CHA more user friendly to community members and other new partners.
- **Resources:** The LPHS should identify ways to sustain good programs in the face of funding deficits. The LPHS can tap into existing resources such as the local universities, 211 and KAN-I-HELP, and workforce development opportunities.

The Assessment Instrument

The National Public Health Performance Standards (NPHPS) was a national initiative that developed a set of standardized goals for state and local public health systems and boards of health. This effort was coordinated by the Centers for Disease Control and Prevention (CDC) and six national partners.[2] The NPHPS includes three instruments to assess the performance of public health systems throughout the country. The local instrument is called the **Local Public Health System Assessment (LPHSA)**.

The LPHSA 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 includes 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 local public health system. Ideally, a group that is broadly representative of these public health system partners participates in the assessment process. By sharing diverse perspectives, all participants gain a better understanding of each organization's contributions, the interconnectedness of activities, and how the public health system can be strengthened. **The LPHSA does not focus specifically on the capacity or performance of any single agency or organization**.

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



[2] For more information, see "Overview About the National Public Health Performance Standards (NPHPS)."

The 10 EPHSs are defined as:

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

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

All **Performance Measures** are designed to be scored based on how well participants perceive that, collectively, all members of the local public health system meet the standard within the local jurisdiction. Results are reached through group consensus, and the following scale is used for scoring:

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

The LPHSA results are intended to be used for quality improvement purposes for the local 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 local public health system among assessment participants: this variation may introduce a degree of subjectivity not capable of objective comparison. On a different day, a different group could conduct the assessment and the results could be different. For this reason, it is not advisable to compare scores from one assessment to another. Rather, the scores reflect the perceptions of the group participating at the time, the style of the facilitator, and the rationales shared by participants through discussion, which helps to understand the scores arrived at by participants. The important purpose of the measures is to use them as one tool to determine opportunities for improvement as part of a continuing process of quality improvement.

The Assessment Methodology

The assessment retreat was held on September 29, 2017 and began with a brief plenary presentation to welcome participants, provide an overview of the process, introduce the staff, and answer questions. Following the plenary presentation, participants reported to one of five breakout groups. Each breakout group was responsible for conducting the assessment for two Essential Public Health Services, as follows:

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

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

The 2017 Kankakee County LPHSA included supplemental questions for each EPHS to identify how well the LPHS acknowledges and addresses health inequities. The LPHSA supplement is called “System Contributions to Assuring Health Equity,” from the National Association of County and City Health Officials (NACCHO) MAPP User’s Handbook. A copy of the supplement is in the appendix of this report. This event was the first time the health equity supplement was used for the Kankakee County LPHSA.

Assessment Participants

The Kankakee County Partnership for a Healthy Community (herein referred to as "The Partnership") developed a list of agencies to be invited to participate in the full day assessment retreat. The event organizers carefully considered how to balance participation across sectors and agencies and how to ensure that diverse perspectives as well as adequate expertise were represented in each breakout group.

The event drew 65 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:

Attendees	Constituency Represented
3	Advocacy Organizations
2	Clinics
3	Colleges and Universities
1	Community Members
2	Community-based Organization
1	Department of Parks and Recreation
1	Department of Transportation and Other Transportation Services
1	Elected Officials and Policymakers
8	Faith-based Organizations
1	Fire Departments
1	Foundations
4	Health Department or Other Local Governmental Public Health Entity
1	Health Officer/ Public Health Director
4	Healthcare Systems
10	Hospitals
2	Law Enforcement Agencies and Emergency Services Personnel
2	Mental Health and Substance Abuse Organizations
2	Nonprofit Organizations
2	Nursing Homes
5	Public and Private Schools
1	Service Providers
5	Social Services
2	United Way
65	**TOTAL**

Results of the 2017 Kankakee County Local Public Health System Assessment

The table below provides an overview of the Local Public Health System's performance in each of the 10 Essential Public Health Services. The average of all EPHS scores resulted in a composite score of **significant** for LPHS performance.

Composite EPHS Scores for Kankakee County			
EPHS	**EPHS Description**	**2017 Score[2]**	**Overall Ranking**
1	Monitor health status to identify community health problems.	31 Moderate	10th
2	Diagnose and investigate health problems and health hazards in the community.	76 Optimal	1st
3	Inform, educate, and empower people about health issues.	46 Moderate	7th
4	Mobilize community partnerships to identify and solve health problems.	47 Moderate	6th
5	Develop policies and plans that support individual and community health efforts.	51 Significant	5th
6	Enforce laws and regulations that protect health and ensure safety.	53 Significant	4th
7	Link people to needed personal health services and assure the provision of health services.	38 Moderate	9th
8	Assure a competent public and personal health care workforce.	62 Significant	3rd
9	Evaluate effectiveness, accessibility, and quality of personal/population-based health services.	43 Moderate	8th
10	Research for new insights and innovative solutions to health problems.	73 Significant	2nd
	Overall LPHS Performance Score	**52 Significant**	

Each EPHS score is a composite value determined by the scores breakout group participants assigned to the Performance Measures for each EPHS.[3] The scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to maximum of 100% (all activities associated with the standards are performed at optimal levels). See page 10 for an explanation of the score values.

[3] The Health Equity Measures were not incorporated into the 2017 EPHS composite results. Please see page 16 for further explanation.

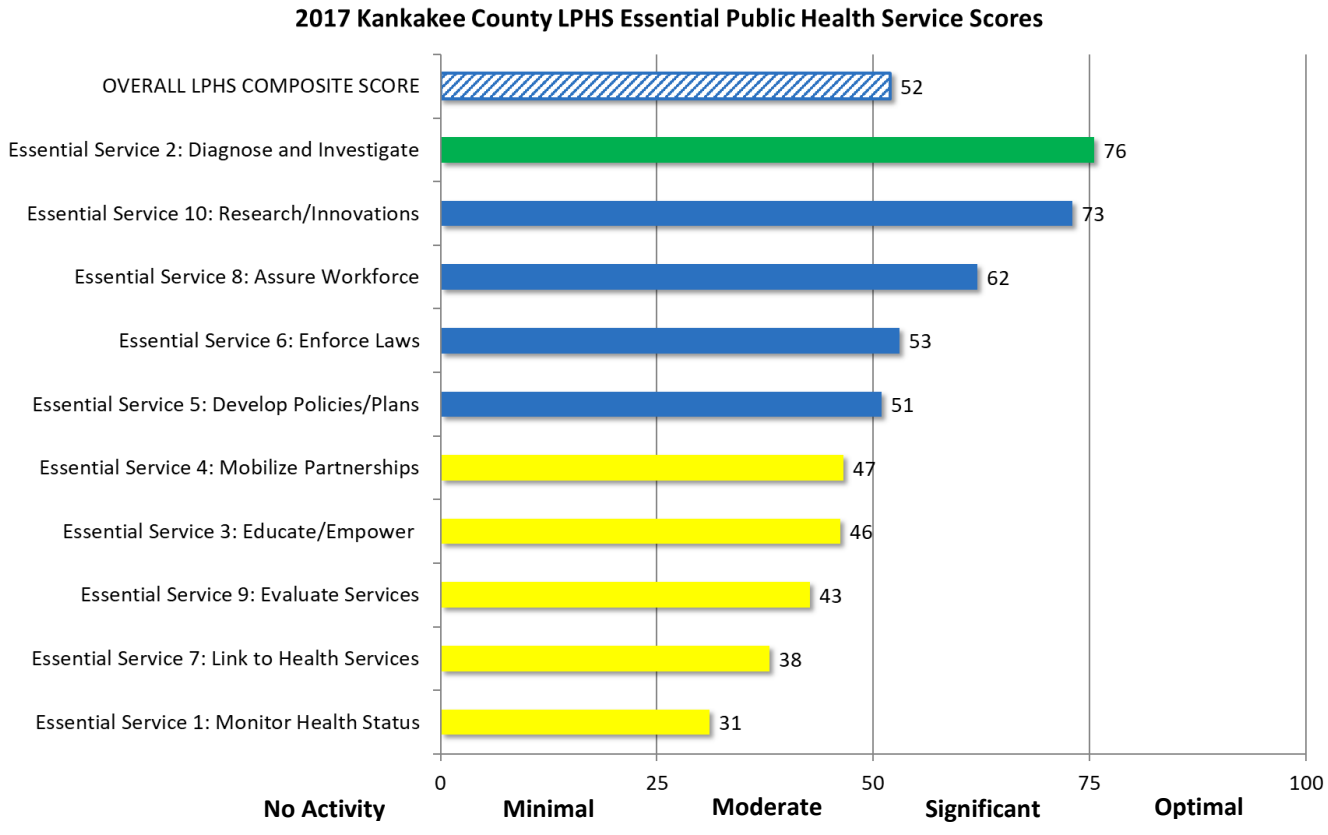
The Kankakee County LPHSA participants gave the highest composite scores to the following three areas:

- EPHS 2 - Diagnose and investigate health problems and health hazards in the community **(optimal)**
- EPHS 10 - Research for new insights and innovative solutions to health problems **(significant)**
- EPHS 8 - Assure a competent public and personal health care workforce **(significant)**

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

- EPHS 1 - Monitor health status to identify community health problems **(moderate)**
- EPHS 7 - Link people to needed personal health services and assure the provision of health services **(moderate)**
- EPHS 9 - Evaluate effectiveness, accessibility, and quality of personal/population-based health services **(moderate)**

The chart below provides a graphic representation of the 2017 Essential Public Health Service scores for Kankakee County, from highest to lowest, without the Health Equity Measures factored into the average.[4]



[4] See page 16 for information on Health Equity Measures.

System Contributions to Assuring Health Equity

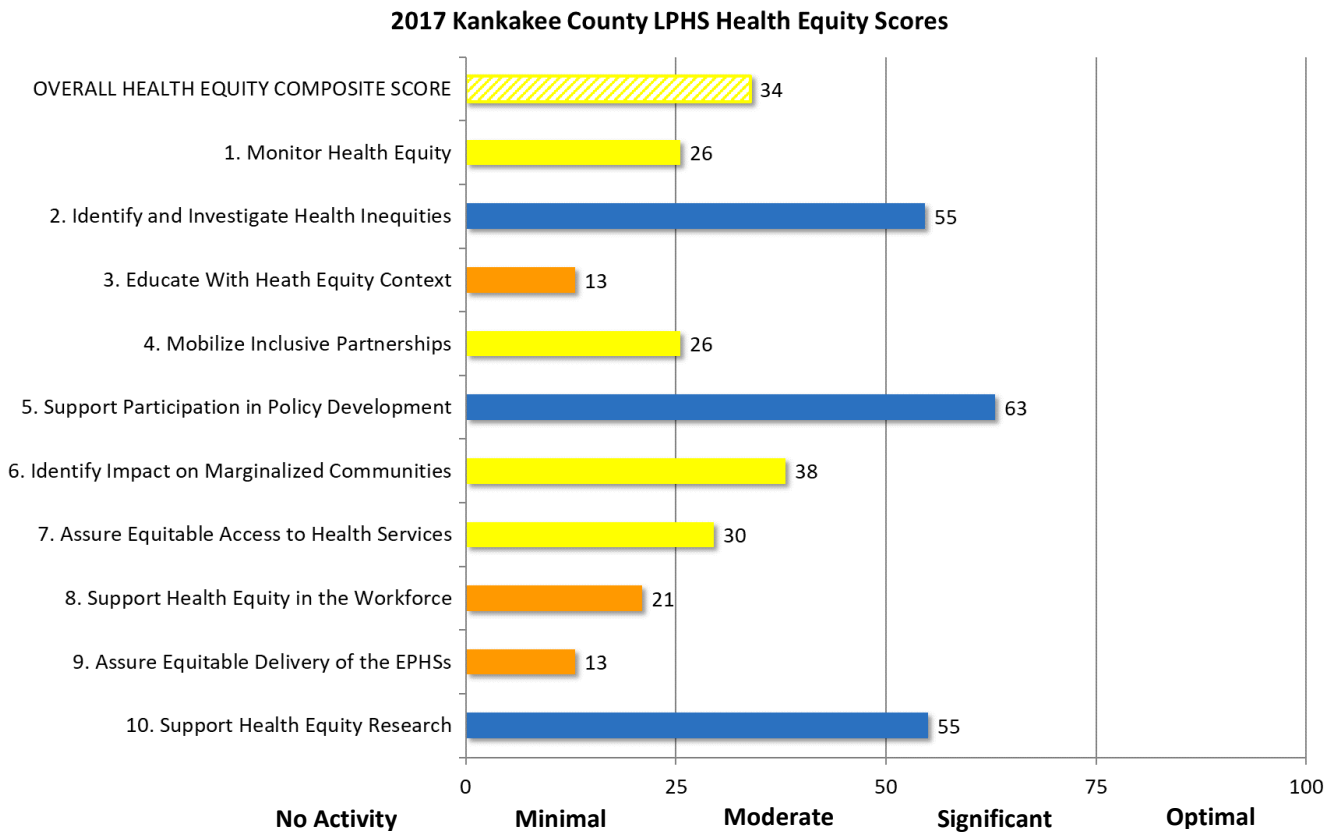
The Kankakee County LPHSA included supplemental questions for each EPHS to identify how well the LPHS acknowledges and addresses health inequities. The LPHSA supplement is called "System Contributions to Assuring Health Equity," from the National Association of County and City Health Officials (NACCHO)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

> …the realization by all people of the highest attainable level of health. Achieving health equity requires valuing all individuals and populations equally and entails focused and ongoing societal efforts to address avoidable inequalities by ensuring the conditions for optimal health for all groups, particularly those who have experienced historical or contemporary injustices or socioeconomic disadvantage.[5]

The MAPP Coordinators selected 1-3 health equity questions for each EPHS. This subset of questions is highlighted in the appendix. The Health Equity Score is a composite value determined by the scores breakout group participants assign to the Health Equity Measures.

The chart on the next page provides graphic representation of the Health Equity Scores by EPHS, and an overall Health Equity Score for the LPHS. The overall Health Equity Score for Kankakee County was in the **moderate** range. The group conversation and findings for the Health Equity Measures are incorporated within the discussion summary for each EPHS.

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



Health equity is a relatively new consideration for many public health systems. However, there are clearly opportunities to apply health equity to the delivery of the 10 Essential Public Health Services. The partners that comprise the LPHS are at different stages of integrating a health equity lens into their work. Many of the Health Equity Measures score far lower than the Performance Measures because this work is new and unfamiliar to many LPHS partners.

Scores and Common Themes for each Essential Public Health Service

The following graphs and scores 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. Each EPHS section contains:

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

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

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

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

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

EPHS 1 Group Composition

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

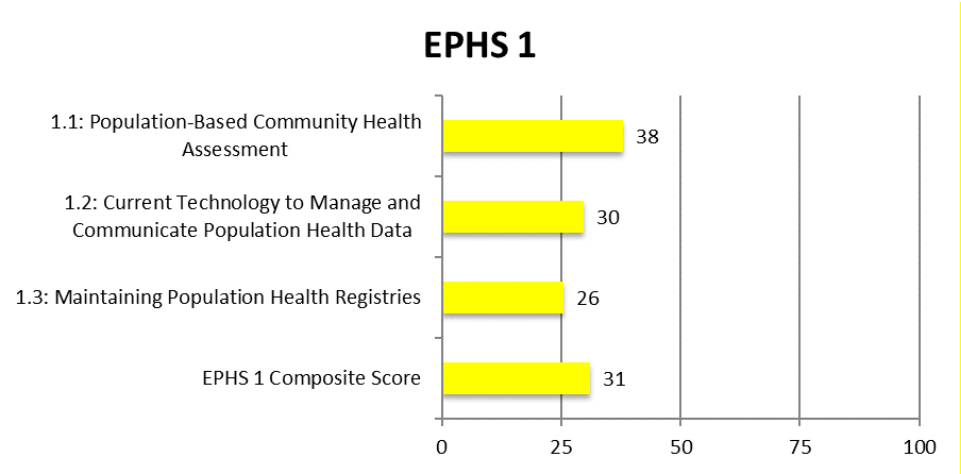
#	Organization Type
1	Advocacy Organizations
1	Clinics
1	Faith-based Organizations
1	Health Department or Other Local Governmental Public Health Entity
1	Healthcare Systems
4	Hospitals
1	Law Enforcement Agencies and Emergency Services Personnel
1	Nursing Homes
1	Public and Private Schools
1	Service Providers

EPHS 1 Model Standard Scores

EPHS 1. Monitor Health Status To Identify Community Health Problems			
The LPHS completes a detailed community health assessment (CHA) to allow an overall look at the community's health. A CHA identifies and describes factors that affect the health of a population and pinpoints factors that determine the availability of resources within the community to adequately address health concerns. This provides the foundation for improving and promoting the health of the community and should be completed at least every three years. Data included in the CHA are accurate, reliable, and interpreted according to the evidence base for public health practice. CHA data and information are shared, displayed, and updated continually according to the needs of the community. By completing a CHA, a community receives an in-depth picture or understanding of its health. From the CHA, the community can identify the most vulnerable populations and related health inequities, prioritize health issues, identify best practices to address health issues, allocate resources where they are most needed, and provide a basis for collaborative efforts to promote the public's health. The CHA also tracks the health of a community over time and compares local measures to other local, state, and national benchmarks.			
1.1.1	Conduct regular CHAs		63
1.1.2	Update the CHA with current information continuously		38
1.1.3	Promote the use of the CHA among community members and partners		13
1.1	Population-Based Community Health Assessment (CHA)	MODERATE	38
The 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. 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 CHA is available in both hard copy and online, and is regularly updated. Links to other sources of information are provided on Web sites.			
1.2.1	Use the best available technology and methods to display data on the public's health		13
1.2.2	Analyze health data, including geographic information, to see where health problems exist		38
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?		38
1.2	Current Technology to Manage and Communicate Population Health Data	MODERATE	30
The 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 populations. The LPHS ensures 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 in order to provide the data to population health registries		38
1.3.2	Use information from population health registries in CHAs or other analyses		13
1.3	Maintaining Population Health Registries	MODERATE	26

EPHS 1 Discussion Summary

Dialogue in the EPHS 1 breakout session explored LPHS performance in monitoring community health status through Community Health Assessment (CHA), using technology to manage and analyze population health data, and maintaining population health registries. Overall performance for EPHS 1 was scored **moderate** in Kankakee County and ranked tenth out of the 10 EPHSs. The three Model Standards for EPHS 1 were scored from low moderate to moderate.



Participants agreed that the LPHS conducts CHAs regularly, and that LPHS members do a good job analyzing and illustrating data through charts, graphs, and maps. However, the respondents noted that the LPHS does not use the best available technology to display health data. In addition, the LPHS needs a better understanding of how community members access health data and if they are able to understand it. Improvement opportunities included continually updating the data; including more health equity data in the CHA; sharing data with the community so that service providers and community members can use it; and improving data presentation on LPHS partner websites.

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

The participants reported that the local health department and hospitals conduct their CHA and CHNA (respectively) every 3 years using the MAPP process. This is the 3rd cycle of MAPP for Kankakee County. The data sets for the CHA include:

- Behavioral risk factors (e.g. pap smears, mammograms, flu shots)
- Diseases (e.g. STIs, all reportable communicable diseases, HIV, rabies)
- Death, illness, and injury (e.g. morbidity (heart disease, cancer rates, cause of death) and injury (motor vehicle accidents))
- Demographic data (e.g. age, single parent households, older adults, race/ethnicity)

- Environmental health (e.g. air quality, childhood lead statistics)
- Health resource availability (e.g. how many healthcare providers per person in county)
- Maternal child health (e.g. pre-term labor, teen pregnancy, prenatal care)
- Mental health (e.g. suicide rates, ED admission rates for mental health diagnosis)
- Quality of life (e.g. grocery store access, SNAP vendors, fast food establishments, housing, life expectancy)
- Socioeconomic status (e.g. household income, poverty rates, uninsured, Medicaid)

The CHA data are obtained from a variety of sources, including local or government websites. Some of the data are automatically reported to the local health department, while other sets are by request (e.g. emergency room admission rates). Participants noted that some state and national data sets are not updated frequently, so it can be challenging to get current data. The group agreed there is room for improvement in sharing data and collecting relevant metrics on a more frequent basis. The CHA and CHNA are publicly accessible through the local health department and hospital websites, though respondents expressed concern that some community members may not be able to access the document or understand the data. Among group participants, awareness of the CHA was fairly low, reflecting a broader lack of awareness in the LPHS. Local health department representatives expressed a desire to more actively promote the CHA to the community.

The CHA is used to monitor progress towards local health priorities by comparing longitudinal data from previous assessments. The CHA compares local data to state benchmarks in the State Health Improvement Plan (SHIP) and to national benchmarks in Healthy People 2020. According to respondents, the CHA is used to identify areas of need, prioritize prevention efforts, guide program development, and acquire funding.

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

The group reported that Electronic Health Records (EHRs) are improving the collection of health data, though hospital representatives said that Epic is a "work in progress" and that hospital personnel do not always have access to information from other internal systems. The Illinois Department of Public Health (IDPH) has a database called IQUERY for collecting and disseminating public health data. Local health department representatives reported that the CHA data are being entered into an Excel database to house the information in a central location. In general, the group agreed that data management and communication in the LPHS is disjointed and access to data is limited at the community level. The LPHS has limited access to geocoded health data – Kankakee County has GIS staff but has not formally partnered with the local health department. LPHS members can utilize Community Commons and the Centers for Disease Control and Prevention (CDC) mapping. The CHA contains computer-generated

graphics that are uniform and easy to understand. Local health department representatives reported that the county health department website does not utilize the best available technology to display data on the public's health because it is cost prohibitive.

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

The LPHS has access to several population health registries, including Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE), Illinois' National Electronic Disease Surveillance System (I-NEDSS), Adverse Pregnancy Outcomes Reporting System (APORS), Systematic Tracking of Elevated Lead Levels and Remediation (STELLAR), and registries for sex-offenders, elder abuse/neglect, and opioid overdoses. Many partners contribute and maintain the population health registries, including the National Institutes of Health (NIH), Health and Human Services (HHS), CDC, Illinois Department of Public Health (IDPH), the Illinois State Board of Education (ISBE), the Illinois Department of Children and Family Services (DCFS), Catholic Charities, the Coroner's Office, the local health department, and local hospitals. The registry data are at minimum used every three years for the CHA and CHNA reports. The group characterized LPHS data sharing as "disjointed" and remarked that duplicated reporting is likely because many organizations collect data but are not sharing it efficiently.

EPHS 1 Health Equity Measures

EPHS 1 Health Equity Measures			
These questions explore the use of the CHA and other assessments to monitor differences in health and wellness across populations, and the level to which the LPHS monitors social and economic conditions that affect health in the community. At what level does the LPHS…			
1A	Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identify, education, gender, and neighborhood?		38
1B	Monitor social and economic conditions that affect health in the community, as well as institutional practices and policies that generate those conditions?		13
HE 1	Monitor Health Equity Via CHA and Other Community Assessments	MODERATE	26

Participants scored Health Equity Measures 1A and 1B from minimal to moderate, resulting in a composite Health Equity score of low moderate. A participant expressed that it is difficult to understand what is going on in the community because some data are not reported. Another participant remarked that the LPHS does not adequately examine "institutional practices and policies that generate [social and economic] conditions."

EPHS 1 Strengths, Weaknesses, and Opportunities

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

Strengths

- The LPHS has talented people that know what needs to be collected and are diligent about getting it done with the resources at hand.
- LPHS organizations work together in partnerships.
- The CHA helps determines health needs in the county.
- The CHA raises awareness about health data which opens the door for communication about health issues.
- More people in the community than ever before are connected to the internet and possess digital devices to allow access to the data.
- Processes are in place to collect registry data and the LPHS continually adds data to population health registries
- Population health data are used to drive decision making in the LPHS.

Weaknesses

- The CHA data are not always easy to understand and are not user-friendly for lay persons.
- Information about health status and community needs should be paired with information about where to get support in the community.
- The LPHS lacks funding and manpower to use the best available technology and methods to display data on the public's health and to dig deeper into existing data.
- The LPHS needs to improve its ability to identify the most vulnerable populations.
- LPHS organizations do not share/communicate data efficiently.
- Registry data are not always easy to access.
- Some organizations are using old software which inhibits sharing of data.
- The LPHS has data displays of inequality and health equity issues, but there could be more data to break down further by race, ethnicity, income status, etc.
- Vulnerable populations may resist disclosing information because of stigma, immigration status, or other reasons.
- There are gaps in identifying the needs of populations that do not access formal healthcare channels because they cannot afford care. Pride or embarrassment can be a barrier to acknowledging health inequities, especially in places where there is high socioeconomic disparity. Some people are aware and choose to ignore the problem, while others are completely unaware.
- The LPHS has dwindling volunteerism and community support. The community has to be more involved in problem solving.

Short-Term Opportunities

- Utilize social media to share findings and raise awareness of health issues.

- Utilize resources from local universities (e.g. students, interns) to increase use of social media and other forms of digital communication for public health.
- Utilize more registry data in the CHA.
- Need to address social determinants of health and social norms that impact why people do not have healthy lifestyles or cannot access health care.
- Establish additional community partnerships with the local health department.
- Partner with faith-based communities.
- Expand Community Health Worker (CHW) presence to build trust with community members. CHWs can report back to health agencies with local level, qualitative data.

Long-Term Opportunities

- Create a central repository with local data and resources that is accessible to everyone.
- Create additional registries depending on what gaps/needs are revealed by the CHA.

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

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

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

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

EPHS 2 Group Composition

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

#	Organization Type
1	Advocacy Organizations
1	Clinics
1	Health Department or Other Local Governmental Public Health Entity
1	Healthcare Systems
4	Hospitals
1	Law Enforcement Agencies and Emergency Services Personnel
1	Nursing Homes
1	Public and Private Schools
1	Service Providers

EPHS 2 Model Standard Scores

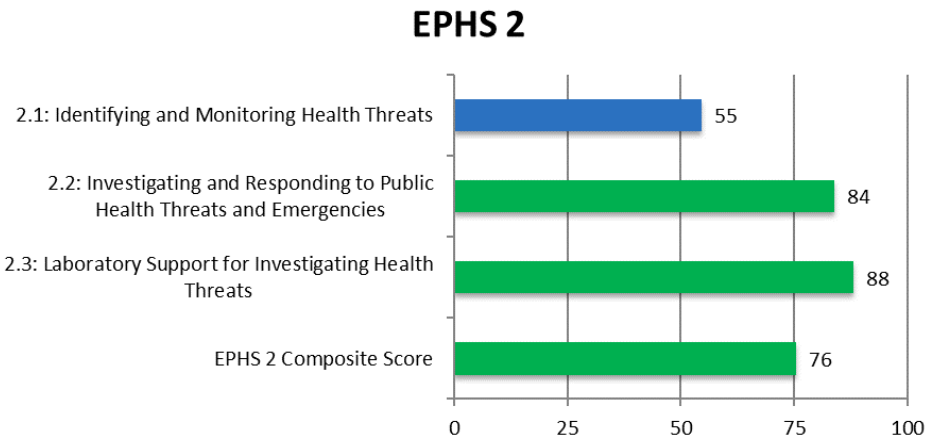
EPHS 2. Diagnose and Investigate Health Problems and Health Hazards			
The LPHS conducts surveillance to watch for outbreaks of disease, disasters, and emergencies (both natural and manmade), and other emerging threats to public health. Surveillance data include information on reportable diseases, potential disasters and 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 effect on public health. The best available science and technologies are used to understand the problems, determine the most appropriate solutions, and prepare for and respond to identified public health threats. To ensure the most effective and efficient surveillance, the LPHS connects its surveillance systems with state and national systems. To provide a complete monitoring of health events, all parts of the system work together to collect data and report findings.			
2.1.1	Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats		63
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)		63
2.1.3	Ensure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise		38
2.1	Identifying and Monitoring Health Threats	SIGNIFICANT	55
The LPHS stays ready to handle possible threats to public health. As a threat develops—such as an outbreak of a communicable disease, a natural disaster, or a biological, chemical, nuclear, 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 written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment		88
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters		63
2.2.3	Designate a jurisdictional Emergency Response Coordinator?		88
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines		88
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies		88
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.)		88
2.2	Investigating and Responding to Public Health Threats and Emergencies	OPTIMAL	84

(continued on next page)

The 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	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring		88
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards		88
2.3.3	Use only licensed or credentialed laboratories		88
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (including collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting the results		88
2.3	Laboratory Support for Investigation of Health Threats	OPTIMAL	88

EPHS 2 Discussion Summary

Participants in EPHS 2 explored LPHS readiness to diagnose and effectively respond to health problems and health hazards. Overall performance for EPHS 2 was scored **low optimal** in Kankakee County and ranked first out of the 10 EPHSs. The three Model Standards for EPHS 2 were scored from low significant to optimal.



Participants acknowledged that the LPHS has good surveillance systems for monitoring health threats. The group agreed that the LPHS is well-prepared for a communicable disease outbreak or toxic exposure. The LPHS has access to laboratory services from local hospitals, state labs, and private labs. LPHS members are able to test 24/7 and receive results in a timely manner. An area of improvement is to collect more data on the social determinants of health.

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

The group discussed the surveillance system in the LPHS. IDPH maintains a list of reportable disease timeframes and updates it regularly. The local health department and healthcare systems report diseases to the state through I-NEDSS; likewise, data from I-NEDSS populates the local health department dashboard. If there is a question about a suspected case, the local health department, providers, and state health department work together to confirm the diagnosis. Depending on the type of case, I-NEDSS prompts the user to enter information such as sex, age, address, and household members, among other parameters. The local health department system is well integrated with the state system. Public health staff check the dashboard every morning and reported that the state is very proactive about communication. The group agreed that reporting has improved, though timeliness of reporting is still a weakness.

Hospital and health care system representatives described the resources available to support health problem and health hazard surveillance and investigation activities within the LPHS. Hospital and health care systems each have infectious disease programs in their individual departments, and illnesses in patients and employees are reported to the state. Many facilities have full-time employees dedicated to surveillance, such as infectious disease consultants, consulting physicians, and nurses. Hospital representatives reported that all accredited healthcare organizations are required to do an annual hazard vulnerability analysis, which is based on the type of care provided and information such as prevalence of tuberculosis and other risks. The analysis provides insight into the resources that are available and the impact of hazards on resources and the facility, so the organization can develop a plan. Respondents noted that Kankakee County is prone to natural hazards such as tornados, fires, and floods.

When responding to a call, law enforcement personnel communicate with the hospital or local Emergency Management Service (EMS) regarding prevention and proper protocol if there is suspicion of infectious disease. Occasionally, law enforcement will call the hospital or EMS to reported suspicious symptoms in the community.

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 scored the Performance Measures from significant to optimal, resulting in a composite Model Standard score of optimal.

The county has an all-hazard plan, which covers the whole county and any type of disaster or emergency; the Emergency Management Agency (EMA) Director is the Emergency Response Coordinator for the jurisdiction. The all-hazard plan has lists of emergency personnel, their positions and expertise, and how to contact them. The group reported that each LPHS organization has an emergency response coordinator and they all report to the EMA. The Local Emergency Planning Committee (LEPC) is part of the EMA and works with companies in the local area that deal with hazardous materials.

The LPHS has several mechanisms to mobilize volunteers during a disaster. Respondents described a "manpower station," where volunteers can sign up and get dispersed for emergencies. The county has a Community Emergency Response Team (CERT) (trained volunteers) and participates in the Illinois Voluntary Organizations Active in Disaster (VOAD) (spontaneous volunteers). The county currently does not have a Medical Reserve Corps (MRC). The county may utilize the Red Cross during an emergency, depending on the extent of the disaster.

The I-NEDSS database is a helpful resource for guidelines on case finding, contact tracing, source identification, and containment for communicable diseases. During the Ebola outbreak, LPHS partners met to establish an Ebola response plan, including symptoms to look for, scripts with questions to ask, and processes for quarantine and testing. Participants were less familiar with written processes and standards for toxic exposures.

The group described the various ways LPHS personnel are prepared to rapidly respond to natural and intentional disasters, including drills, exercises, table tops, and learning from previous experiences. The county is required to do nuclear drills every other year because the community is in close proximity to the Braidwood nuclear power plant. Many LPHS partners participate in annual emergency preparedness training in-person and online. The LEPC participates in Incident Command System (ICS) training.

After emergency drills, each organization conducts their own hot wash and develops After Action Reports (AARs). LPHS members come together to work on Improvement Plans. The group agreed that the LPHS does a good job evaluating emergency response incidents. Respondents described how the community evaluated the emergency response and took action after a local train wreck. The LPHS members learned that law enforcement and fire personnel could not communicate on their radios, so the county integrated their communication systems. Additionally, Olivet Nazarene University (ONU) was added into the EMA as a triage center.

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

The LPHS has access to local hospital labs, state labs, and private labs (e.g. Quest). The LPHS utilizes the laboratory services to identify and diagnose communicable diseases (e.g. STIs, rabies, meningitis) so that the disease can be reported, treated, and contained. The laboratories are responsible for reporting into the I-NEDSS system, which is tied to a notification system for the state and local health department. The group agreed that this process works well. The participants reported that all laboratories are required to have Clinical Laboratory Improvement Amendments (CLIA) certification. The LPHS has written procedures, protocols in place in hospitals and the local health department, and provider competencies to ensure the proper handling of laboratory samples. The group indicated that there are procedures in place for lab samples that are part of a criminal act, such as chain of custody for sexual assault cases.

EPHS 2 Health Equity Measures

EPHS 2 Health Equity Measures			
These questions explore participation in surveillance systems designed to monitor health inequities, collection of reportable disease information about health inequities, and resources available to investigate the social determinants of health inequities. At what level does the LPHS…			
2A	Operate or participate in surveillance systems designed to monitor health inequities and identify the social determinants of health inequities specific to the jurisdiction and across several of its communities?		88
2B	Collect reportable disease information from community health professionals about health inequities?		38
2C	Have the necessary resources to collect information about specific health inequities and investigate the social determinants of health inequities?		38
HE 2	Identify and Investigate Health Inequities Through Surveillance and Reporting	SIGNIFICANT	55

Participants scored Health Equity Measures 2A, 2B, and 2C from moderate to optimal, resulting in a composite Health Equity score of low significant. The respondents did not observe a great deal of reportable disease information about health inequities. One participant noted that I-NEDSS allows users to run reports with limited parameters (e.g. race, gender). The group agreed that the LPHS should be collecting more information (e.g. income level, sexual orientation) to better understand the intersection of reportable diseases and health inequity. A hospital representative stated that their organization is developing a risk stratification tool.

EPHS 2 Strengths, Weaknesses, and Opportunities

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

Strengths

- The public is aware of hazards in the community and healthcare systems are well prepared for health hazards.
- Healthcare systems have a good relationship with EMS.
- Hospitals have dedicated infectious disease staff.
- There is a good relationship between providers, health care systems, and the local health department.
- The LPHS is improving health education efforts around communicable disease prevention (e.g. grocery stores supplying sanitizing wipes).
- There are strong policies in place to prevent spread of communicable disease (e.g. preventing return to school or workplace without a doctor's note).
- The LPHS has timely and collaborative responses to public health threats.
- The LPHS has well-trained emergency personnel (e.g. first responders, hospital staff).
- There are numerous partnerships in the county for emergency training and exercises.
- The LPHS utilizes process improvement after incidents (e.g. jail break, train wreck).
- The LPHS integrated the radio communication systems for law enforcement and fire.
- Hospitals, local health department, fire, police, and all municipalities participate in a local STARCOM21 drill every month to test emergency communication.
- The early warning system for tornados and other disasters is tested once a month.
- The LPHS has ready access to licensed laboratories (local and state), protocols in place for handling samples, and timely lab results.
- The LPHS has a good relationship with the state labs for investigating environmental health (e.g. water, soil, paint testing for lead).
- There is general awareness of health equity issues and a willingness to get a deeper understanding of health equity.

Weaknesses

- Some providers do not report notifiable conditions in a timely manner.
- Response time is slow for outlying parts of the county (e.g. sheriff's response).
- Providers outside of traditional health settings are not reporting properly, because they are not aware of the requirements, or they do not know how to.
- It is difficult to anticipate the unknown (to prepare for emergencies).
- The LPHS lacks funding for response or upgrading systems.
- The LPHS lacks adequate volunteers, possibly due to time commitments for training.
- Hospital staff are already overwhelmed by day to day work, and may feel that training requirements are a burden.
- The all-hazard plan does not fully address special populations, such as non-English speakers, older adults, and people with disabilities.

- State turn-around time for STIs lab results could be improved (currently 1 week).
- The LPHS needs more tools to collect health inequity data.
- There are differences in opinion about what information to collect and what conversations are appropriate to have with patients and community members (e.g. sexual activity in adolescents, sexual/gender identity).

Short-Term Opportunities

- Improve education on surveillance reporting – what to report and how soon.
- The LPHS needs additional trained volunteers for emergency response.
- If public health practitioners ask the right questions, it can create opportunities for conversation and teachable moments.

Long-Term Opportunities

- The all-hazard plan should address special populations.
- The LPHS should update the drill scenarios to be more relevant, and should pull in more rural areas to participate.
- The LPHS should plan another exercise for communicable disease outbreak.

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

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

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

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

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

EPHS 3 Group Composition

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

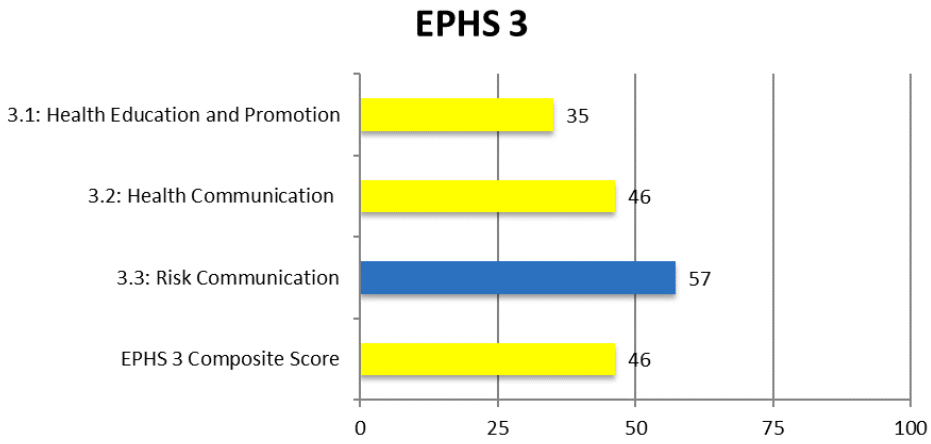
#	Organization Type
1	Advocacy Organizations
1	Community-based Organization
1	Department of Parks and Recreation
3	Faith-based Organizations
1	Health Department or Other Local Governmental Public Health Entity
2	Hospitals
2	Public and Private Schools
2	Social Services
1	United Way

EPHS 3 Model Standard Scores

EPHS 3. Inform, Educate and Empower People about Health Issues			
The LPHS designs and puts in place health promotion and health education activities 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	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies		38
3.1.2	Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels		46
3.1.3	Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities		21
3.1	Health Education and Promotion	MODERATE	35
The LPHS uses health communication strategies to contribute to healthy living and healthy communities that include the following: 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 efforts use 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, and 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	Develop health communication plans for media and public relations and for sharing information among LPHS organizations		38
3.2.2	Use relationships with different media providers (e.g., print, radio, television, the Internet) to share health information, matching the message with the target audience		38
3.2.3	Identify and train spokespersons on public health issues		63
3.2	Health Communication	MODERATE	46
The LPHS uses health risk communications strategies to allow individuals, groups, 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 (PIO) 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	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information		63
3.3.2	Make sure resources are available for a rapid emergency communication response		63
3.3.3	Provide risk communication training for employees and volunteers		46
3.3	Risk Communication	SIGNIFICANT	57

EPHS 3 Discussion Summary

Participants in EPHS 3 explored LPHS performance in keeping the community informed and empowered about public health issues. Overall performance for EPHS 3 was scored **high moderate** in Kankakee County and ranked seventh out of the 10 EPHSs. The three Model Standards for EPHS 3 were scored from moderate to significant.



The LPHS is good at partnership, collaboration, and engaging stakeholders, but there is a need to enhance engagement at the individual level at all phases of the health promotion process, including analysis. The participants identified a gap in communication with adult populations and how to communicate best with them. The LPHS also needs to identify the reach of campaigns into marginalized communities and work with these communities to improve messaging. The group noted opportunities to expand on good working relationships with the media and to expand use of social media to reach more populations. The LPHS excels in raising awareness of violence and trauma, but the LPHS lacks adequate mental health services to address these issues. According to the group, Emergency Preparedness systems are well established and have good communication in the LPHS. There are opportunities for better training at the individual level (e.g. volunteers) and to market where emergency management information sources can be found. The group identified a need to keep community resource sites updated and have a central community calendar so everyone can know where and when partnership meetings will occur. They advised developing a system-wide process to keep information relevant on these sites.

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

LPHS partners provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies, including:

- The local health department communicates with policymakers to shape laws and policies related to tobacco use and partners with hospitals and community groups to shape consistent messages to the public.
- A participant described a multisector coalition that addresses substance abuse prevention in youth and children. The Youth Advisory Council allows youth to have a voice in policy development.
- The Mental Health Roundtable is a behavioral health coalition hosted by the Kankakee school district. The roundtable brings together 60-70 people at Kankakee Community College (KCC) to view presentations, share resources, and give feedback on needs related to behavioral health in youth. Participants in this roundtable identified a gap in behavioral health providers for adolescents and a lack of capacity to address childhood trauma.
- A community task force is teaching community members how to identify sex trafficking. The biggest barrier to response is that community members are unaware that sex trafficking is occurring in the community.

LPHS partners coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels and in various setting described below:

- The local health department representatives noted several community health programs that provide information to individuals, including diabetes prevention outreach, the Illinois tobacco quit line, and smoking cessation programs.
- The local health department is working with a YMCA initiative called Pioneering Healthy Communities to promote Rethink Your Drink.
- 5210, a childhood obesity prevention program, is used in after school programs and participants desired to expand its use in educational settings for every grade level through high school.
- Individuals who register for park district programs are provided with health education information, such as topics for seniors (health and fitness, Silver Sneakers), and topics for parents (information on counseling, preschool programs).
- Kankakee County Center Against Sexual Assault (KCCASA) provides education on safe dating at different settings in the community, such as youth group sessions at churches.
- Iroquois-Kankakee Regional Office of Education (I-KAN ROE) provides information to stakeholders about human trafficking and teen dating violence. They partner with KCC and ONU to provide Continuing Education Units (CEUs) to students.
- Hospital representatives speak with nursing students at KCC and ONU about requirements for responding to sexual assault and human trafficking.
- The Life Education Center provides substance abuse prevention education in schools. They also have a positive social norms campaign.

LPHS partners engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities, including:

- Success by 6 is a coalition of hospitals, early childhood education, Kankakee school district, Bradley school district, Kankakee YMCA, and human services agencies that addresses gaps in mental health resources for children ages 0-6. The group noted that resources are limited for infant and early childhood mental health. Participants expressed a desire to conduct a county-wide assessment of Kindergarteners in public and private schools using the Early Development Instrument to measure physical health and wellbeing, emotional wellbeing, cognitive development, and general knowledge.
- There are churches (Gathering Point, Kankakee First) involved with the Family Violence Coordinating Council.
- Youth are involved in planning through the Youth Advisory Council, Pledge for Life, and the State's Attorney's Office.
- Walgreens and CVS are involved in efforts to reduce opioid over-prescription and have offered to host the annual prescription drug take-back event.
- Participants desired more involvement from elected officials in planning health promotion activities. Respondents noted that local media are adequately engaged.

The group acknowledged that communication is a weakness across the LPHS. They stressed the importance of intentional communication with appropriate staff that can disseminate information, otherwise information might not be passed on. Participants desired a central repository to track community events. KAN-I-HELP lists government agencies and health providers, and a local community foundation has a community calendar used by larger organizations, but these sources are not comprehensive. One participant suggested developing an app to share what resources and events are available to the community. Another participant suggested better access to information for policymakers and stakeholders through a portal, hub, or database.

Participants agreed that the LPHS has a lot of programming for youth and seniors, but there is a gap in reaching adults, parents, low-income individuals, and immigrants. One group member described an effort at a free clinic to understand why patients were not utilizing a referral program for heart disease and diabetes. The agency prepared a survey in Spanish and English but the survey was not disseminated due to lack of staffing. The group saw an opportunity to expand outreach to additional populations by using social media and by creating user-friendly websites. The group also acknowledged that the LPHS could improve outreach by going to sites in the community where marginalized populations gather.

Participants reported that more programs are evidence based due to shifts in funding requirements, however LPHS partners still use some non-evidence based programs such as DARE (Drug Abuse Resistance Education). Respondents noted that some programs do regular evaluations as part of their annual reports.

Model Standard 3.2, Health Communication, explores the extent to which the LPHS uses health communication strategies to increase awareness of health risk factors, promote healthy

behaviors, advocate for organizational and community changes to support healthy living, build a culture of health, and create support for health policies and programs through development of relationships with the media, information sharing among LPHS partners, and identification and training of spokespersons on public health issues. Participants scored the Performance Measures from moderate to significant, resulting in a composite Model Standard score of high moderate.

Participants described several areas where LPHS organizations have worked together to link communication plans, including disaster preparedness and violence prevention campaigns (human trafficking, child abuse, teen dating, domestic violence, and sexual assault awareness). The group noted that campaigns need to have adequate saturation at the community level to be effective. An example given was the social norms campaign – instead of diluting the message by targeting every school at a high level, they focused on select schools and refined the message until it gained traction.

The group noted that the LPHS has room for improvement in developing formal policies and procedures to coordinate responses and public announcements related to public health issues (e.g. flu surveillance). The members noted that LPHS partners often have the same source for information (e.g. the CDC) but do not coordinate enough with each other. Some organizations have standard press releases for certain issues, such as reportable diseases.

Group members discussed how different sectors of the population are identified in order to create targeted public health messages for various audiences. One participant described efforts with law enforcement to use qualitative and quantitative data to identify “hot spots” for targeted interventions. Another participant said LPHS organizations have worked together to develop more culturally and linguistically appropriate messaging (e.g. posters in English and Spanish). Participants acknowledged that there is room for improvement in reaching target audiences from vulnerable and marginalized populations.

The LPHS coordinates with local media to develop information or features on health issues; examples included the opioid epidemic and child abuse prevention in local newspapers and radio stations. Participants noted that media targeted to the African American population (not only local but across the country) is oversaturated with information about bankruptcy and lacks information on many other public health issues. Participants reported that some organizations have designated Public Information Officers (PIOs) to handle media inquiries. Hospitals and larger public health agencies typically have PIOs but smaller organizations do not. The group reported there are trainings available to designated spokespersons. Emergency preparedness organizations were cited as having the most integrated health communication plans and the best-trained spokespersons.

Participants noted that the breakout group lacked adequate representation from emergency preparedness and law enforcement personnel to discuss Model Standard 3.2.

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

Many LPHS organizations are involved in/aware of emergency communications plans, including first responders, hospitals, the Red Cross, social service agencies, and academic institutions (KCC and ONU). Hospitals and ONU are designated service sites and the local health department and KCC are designated medication drop sites during an emergency. Participants indicated that local media coordinate with hospitals to report on emergency events. Participants indicated that the EMA and VOAD are active in the LPHS.

The group agreed that emergency communications plans can be adapted to different types of emergencies and that the plans include established lines of authority for communications teams in accordance with the National Incident Management System (NIMS). The group was unsure how the plans are used to alert communities, including special populations, about possible health threats or disease outbreaks. The group noted several types of technology used to ensure rapid communication response, including warning sirens and radio announcements.

Participants acknowledged a need for growth in risk communication training in the LPHS. The sheriff's office maintains a directory of emergency contact information, however the group agreed that the directory needs to be shared more widely among LPHS partners. A participant reported that I-KAN ROE worked with NIMS to develop an emergency management program wherein teachers are provided with a "backpack" of emergency contact information that they can easily transport in case of emergency. The group agreed that additional funding is needed to sustain programs like this. Participants reported that law enforcement provides training in various settings for active shooter scenarios. However, the group indicated a need for more training opportunities for emergency volunteers, and to raise awareness of training opportunities among community members so they will participate.

Participants noted that the breakout group lacked adequate representation from emergency preparedness and law enforcement personnel to discuss Model Standard 3.3.

EPHS 3 Health Equity Measures

EPHS 3 Health Equity Measures			
These questions explore how the general public, policymakers, and private stakeholders are informed about community health status and needs in the context of health equity and social justice, whether health promotion and education campaigns are culturally competent, and whether the LPHS plans campaigns to identify the structural and social determinants of health inequities. At what level does the LPHS…			
3A	Provide the general public, policymakers, and public and private stakeholders with information about health inequities and the impact of government and private sector decision-making on historically marginalized communities?		13
3C	Plan and conduct health promotion and education campaigns that are appropriate to culture, age, language, gender, socioeconomic status, race/ethnicity, and sexual orientation?		13
3D	Plan campaigns that identify the structural determinants of health inequities and the social determinants of health inequities (rather than focusing solely on individuals' health behaviors and decision-making)?		13
HE 3	Inform, Educate, and Empower People About the Social Determinants of Health	MINIMAL	13

Participants scored Health Equity Measures 3A, 3C, and 3D as minimal, resulting in a composite Health Equity score of minimal. The group debated whether or not the LPHS provides adequate information about health inequities to the general public. Some argued that awareness is limited to those who work in public health or participate in meetings, but others argued that there is awareness among the general public, even in rural parts of the county. One participant suggested that the public is not fully aware of the unintended consequences of policy and how it may impact marginalized communities "in a way we don't expect." Another participant claimed that policymakers tend to listen to constituents with money, so they are not hearing from the full range of stakeholders. The group agreed that there has been greater effort in the LPHS to translate materials into different languages. Participants indicated a need for training related to understanding sexual orientation and communicating with people with disabilities. Participants noted several barriers to conducting campaigns that reach the breadth of diversity in Kankakee, including resource constraints, lack of spatial data, and fear of working with certain populations (i.e. people involved with criminal activity). The group agreed that social and structural determinants of health are still relatively new concepts for many people and that additional education is needed to increase understanding throughout the LPHS.

EPHS 3 Strengths, Weaknesses, and Opportunities

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

Strengths

- The Partnership is improving the school to employment pipeline.
- There are many working relationships and collaboration among LPHS partners including public agencies, local academic institutions (e.g. KCC and ONU), and faith-based organizations (e.g. Kankakee First Church of the Nazarene).
- There are many education and promotion activities targeting seniors.
- The Park District is broadening its scope to include more community involvement.
- The LPHS has numerous violence prevention programs.
- There are opportunities for youth to contribute to health education and promotion activities.
- The Mental Health Roundtable is an active behavioral health coalition.
- The SART (Sexual Assault Response Team) is successful.
- Pledge for Life uses environmental strategies to reduce youth substance abuse.
- Business partners (e.g. CVS, Walgreens) are providing resources to the LPHS.
- The LPHS has good disaster preparedness plans.
- LPHS partners have coordinated campaigns related to violence prevention.
- Media outlets have coordinated with LPHS partners to share information on health issues; participants identified WVLI and Milner Broadcasting.
- The LPHS has a strong network for emergency preparedness.
- The LPHS has an up-to-date siren warning system.
- Law enforcement has been an active partner in emergency preparedness.
- The LPHS received an opioid grant.

Weaknesses

- Lack of treatment and resources for addiction.
- Lack of mental health resources for children ages 0-6.
- The LPHS needs to communicate better with local churches.
- No central repository for communication about community meetings.
- Need for more ground level involvement from business community and elected officials.
- Develop more robust partnerships with agencies that serve vulnerable populations.
- There are gaps in reaching adults and parents (e.g. populations between youth and older adults).
- The LPHS needs to identify marginalized populations and improve targeted outreach.
- Hospitals need to have more formal policies and procedures for coordinating their communication plans.
- There are gaps in messaging for specific demographics and marginalized populations.

- The group was unsure how the emergency communication plans are used to alert communities.
- Need for additional partners in risk communication.
- More effective campaign targeting for specific groups (African American, LGBTQ, people with disabilities).
- Need for education about structural and social determinants of health.

Short-Term Opportunities

- Need for adverse childhood experiences (ACEs) training and capacity.
- Conduct a county-wide assessment of Kindergarteners in public and private schools using the Early Development Instrument.
- Create an app or community calendar with community events and resources.
- Convey results to the community regularly in a way they understand.
- LPHS partners can receive training through the Illinois Emergency Management Agency (IEMA).
- Share the sheriff emergency contact directory more widely.

Long-Term Opportunities

- Continue to improve the school to employment pipeline.
- Provide treatment resources for addiction.
- Expand the use of 5210 program throughout all grade levels.
- Expand education and training related to human trafficking.
- Expand resources for infant and early childhood mental health.
- Improve networking among groups and churches.
- Improve marketing through social media and communicate more with marginalized groups.
- Improve targeted messaging to key populations based on data.
- Conduct a media survey to understand what information populations are receiving (or not).
- Improve awareness of designated PIOs in the LPHS.
- Identify ways to sustain good programs in the face of funding deficits.
- Reach out to individuals within target populations.

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

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

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

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

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

EPHS 4 Group Composition

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

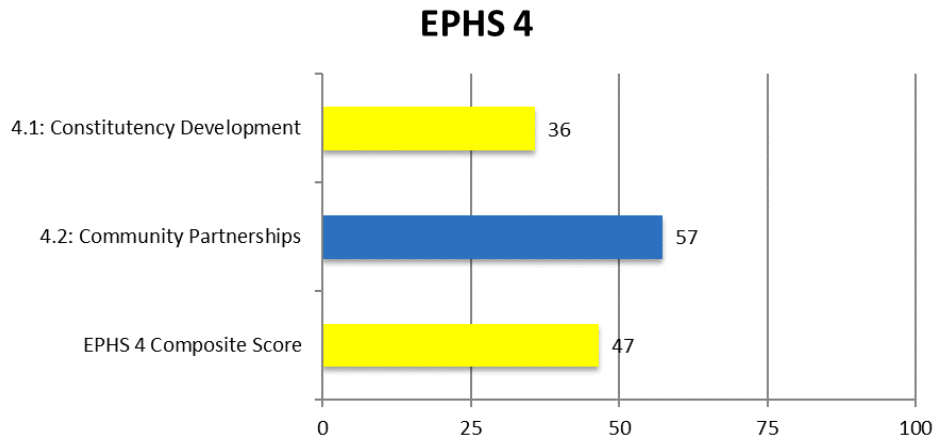
#	Organization Type
1	Advocacy Organizations
1	Community-based Organization
1	Department of Parks and Recreation
1	Health Department or Other Local Governmental Public Health Entity
1	Hospitals
1	Public and Private Schools
1	Social Services
1	United Way

EPHS 4 Model Standard Scores

EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems			
The 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, and 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	Maintain a complete and current directory of community organizations		46
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns		13
4.1.3	Encourage constituents to participate in activities to improve community health		46
4.1.4	Create forums for communication of public health issues		38
4.1	Constituency Development	MODERATE	36
The 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	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community		63
4.2.2	Establish a broad-based community health improvement committee		63
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health		46
4.2	Community Partnerships	SIGNIFICANT	57

EPHS 4 Discussion Summary

Participants in EPHS 4 explored LPHS performance in engaging the community in local health issues through partnerships. Overall performance for EPHS 4 was scored **high moderate** in Kankakee County and ranked sixth out of the 10 EPHSs. The two Model Standards for EPHS 4 were scored from moderate to significant.



Participants agreed that collaboration is one of the greatest strengths for the Kankakee County LPHS; organizations are not focused solely on promoting their own work, but also recognize the shared environment. The LPHS has many partnerships and coalitions, including a broad-based community health improvement committee (The Partnership). However, the group noted that LPHS partners are not targeting rural communities effectively, and some populations continue to be marginalized and lack representation in the LPHS. Participants identified several opportunities for improvement, such as: identify duplication and gaps in partnerships and coalitions; maintain organization directories with current leadership and key constituents; develop a more efficient process to identify and follow up with local champions; and create a Kankakee County app with a community calendar as well as an updated organization directory.

Model Standard 4.1, Constituency Development, examines LPHS performance in identifying and involving a wide range of community partners and providing opportunities to contribute to community health. Participants scored the Performance Measures from minimal to high moderate, resulting in a composite Model Standard score of moderate.

Awareness regarding the importance of public health issues is developed with the community-at-large and with organizations by collecting and analyzing community data. One participant noted a lack of diverse geographical representation in LPHS activities and desired more collaboration between urban and rural areas in Kankakee County. A potential barrier to geographic representation is lack of public transit. The “show bus” is a service to enable people without transportation to get to shopping and doctor’s appointments, but participants remarked that funding changes have reduced the frequency of this service. Other partners that lack representation in LPHS activities include business, law enforcement, policy makers,

managed care organizations, social service providers, professional organizations, neighborhood associations, and media.

Participants noted that LPHS partners are working on outreach efforts, going into the neighborhoods to identify new individuals and groups for constituency building. They reported that engagement method matters – if people hear they are being surveyed, they assume there is a problem, while if they are asked to describe needs at a community event, there is less stigma. The group reported that the LPHS has an abundance of community events including town hall meetings, forums, and health fairs but respondents were unsure if these events were making any impact. The LPHS creates forums for communication of public health issues but the general public might have difficulty finding out about these events.

The group reported that the LPHS maintains a current and accessible directory of organizations through 211 and KAN-I-HELP. These directories track organizations but there is no list of key individuals and key constituents for the LPHS. Participants noted that LPHS meetings usually include a discussion about bringing in new people, but there is often a lack of follow-through to build connections. The LPHS has room for improvement in developing public health champions and including decision-makers on the directory lists. A barrier to maintaining constituency lists is turnover of staff and related loss of institutional memory. An opportunity would be to create a process and identify persons responsible for maintaining the lists.

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

Participants described numerous partnerships that exist in the community to maximize public health improvement activities, including:

- CHEE (Coalition for Hope and Excellence in Education) is an initiative focused on addressing unemployment. The CHEE coalition worked with the school district to improve job readiness for students moving from high school directly into the workforce. The participants reported that lack of funding has prevented the initiative from expanding to additional school districts.
- Pledge for Life is a volunteer-led multi-sector coalition that focuses on a collective response to substance use (marijuana, alcohol, tobacco, and prescription) through environmental strategies.
- According to participants, the SART (Sexual Assault Response Team) is very successful. Multiple stakeholders are involved, including law enforcement, KCCASA, DCFS, and the Kankakee-Iroquois Human Trafficking Task Force.

The Partnership is a broad-based community health improvement committee established in 2012.[6] It is in its third iteration and has various subcommittees. The Violence Prevention and Safety Subcommittee works with law enforcement, fire departments, local agencies, and hospitals to provide information and training to the community. The subcommittee met with the coroner to discuss the importance of having information about opiates available to the community. The subcommittee has also worked to provide more mental health and substance use training, such as mental health first aid and crisis intervention training (CIT). According to participants, the CIT trainings have been well-attended by law enforcement. The subcommittee is also working with Riverside Hospital and the local health department on opioid use; the health department reportedly received grant funding and have a forum planned for March 2018.

According to the participants, The Partnership subcommittees report to the steering committee on their progress. Each subcommittee has different objectives; some focus on education and training, while others implement interventions such as 5210 (childhood obesity prevention). Participants reported that the last time the subcommittees were all together was after the last round of MAPP assessments. They said it would be beneficial for the subcommittees to convene more regularly to share progress with each other, ensure the committees understand the short and long-term goals of The Partnership, and to develop an annual report for The Partnership.

EPHS 4 Health Equity Measures

EPHS 4 Health Equity Measures			
These questions explore inclusiveness of LPHS coalitions and decision-making. At what level does the LPHS…			
4A	Have a process for identifying and engaging key constituents and participants that recognizes and supports differences among groups?		38
4B	Provide institutional means for community-based organizations and individual community members to participate fully in decision-making?		13
HE 4	Inclusive and Participatory Community Partnerships	MINIMAL	26

The participants scored Health Equity Measures 4A and 4B from minimal to moderate, resulting in a composite Health Equity score of high minimal. Participants reported that LPHS partners have made efforts to work with the NAACP and the LGBTQ community to engage diverse constituents. One participant noted that it is important to develop a broad array of partnerships with individuals who are familiar with marginalized communities. The group agreed that the voice of the customer needs to be amplified in LPHS activities.

[6] Kankakee County Partnership for a Healthy Community ("The Partnership") original members included: Riverside Medical Center, Presence St. Mary's Hospital, Kankakee County Health Department, the United Way of Kankakee County, Olivet Nazarene University, and Kankakee Community College. 2017 Partnership members included: Riverside Medical Center, Presence St Mary's Hospital, Kankakee County Health Department, United Way, Hispanic Partnership of Kankakee, and Helen Wheeler Center for Community Mental Health.

EPHS 4 Strengths, Weaknesses, and Opportunities

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

Strengths

- Assessments raise awareness regarding the importance of public health issues.
- The LPHS has many community partnerships and strategic alliances, both formal and informal.

Weaknesses

- A potential gap for LPHS activity is neighborhood associations and media.
- There is a lack of geographic representation, especially from smaller communities in the LPHS.
- The LPHS lacks adequate transportation in rural areas.
- The LPHS needs to have more meetings in neighborhoods.
- The LPHS lacks a comprehensive list of leaders and key constituents.
- Need to bring the voice of customers and marginalized communities into work.

Short-Term Opportunities

- Increase the number of town hall meetings and focused neighborhood meetings.
- Discuss how to involve other key leaders.

Long-Term Opportunities

- Maintain a list of contacts and develop a process the update the list regularly.
- Convene The Partnership organizations more regularly to clarify roles and prevent confusion.
- Measure satisfaction of constituents.
- Produce reports or summaries of committee discussions and goals.

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

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

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

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

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

EPHS 5 Group Composition

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

#	Organization Type
1	Advocacy Organizations
1	Colleges and Universities
1	Community-based Organization
1	Department of Transportation and Other Transportation Services
1	Elected Officials and Policymakers
2	Faith-based Organizations
1	Fire Departments
1	Health Department or Other Local Governmental Public Health Entity
1	Hospitals
1	Nursing Homes
1	Public and Private Schools
2	Social Services

EPHS 5 Model Standard Scores

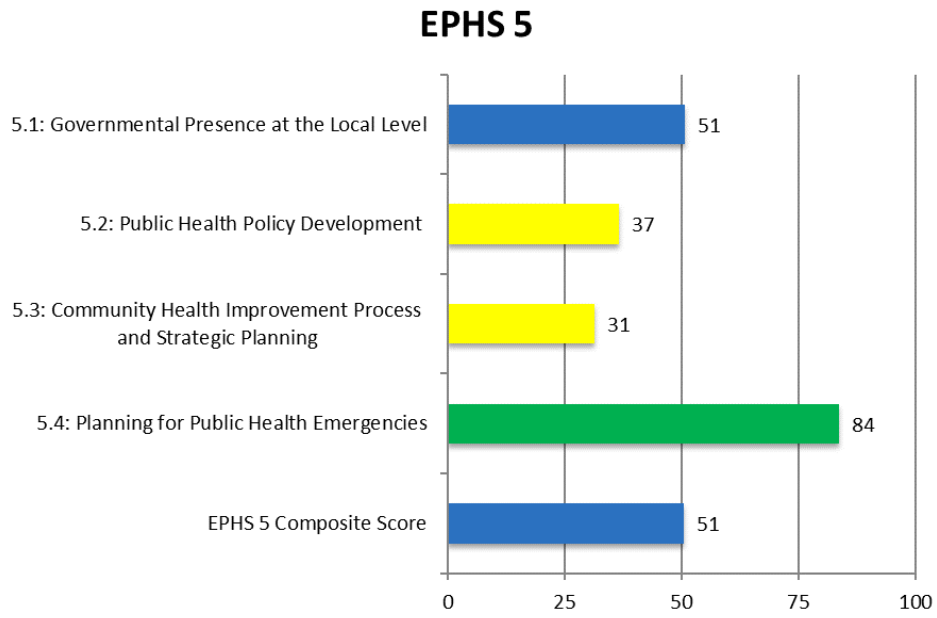
EPHS 5. Develop Policies and Plans that Support Individual Community Health Efforts			
The LPHS includes a local health department (which could also be another governmental entity dedicated to public health). The LPHS works with the community to make sure a strong local health department exists and that it is doing its part in providing 10 Essential Public Health Services. The local health department may be a regional health agency with more than one local area (e.g., city, county, etc.) under its jurisdiction. The local health department is accredited through the Public Health Accreditation Board's (PHAB's) voluntary, national public health department accreditation program.			
5.1.1	Support the work of the local health department (or other governmental local public health entity) to make sure the 10 Essential Public Health Services are provided		63
5.1.2	See that the local health department is accredited through the PHAB's voluntary, national public health department accreditation program		38
5.1.3	Ensure that the local health department has enough resources to do its part in providing essential public health services		51
5.1	Governmental Presence at the Local Level	SIGNIFICANT	51
The LPHS develops policies that will prevent, protect, or promote the public's 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's health are carefully reviewed for consistency with public health policy through health impact assessments (HIAs). The LPHS and its ability to make informed decisions are strengthened by community member input. The LPHS, together with community members, works to identify gaps in current policies and needs for new policies to improve the public's health. The LPHS educates the community about policies to improve public health and serves as a resource to elected officials who establish and maintain public health policies.			
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process		46
5.2.2	Alert policymakers and the community of the possible public health effects (both intended and unintended) from current and/or proposed policies		38
5.2.3	Review existing policies at least every three to five years		26
5.2	Public Health Policy Development	MODERATE	37
The 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 affect 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 community health improvement plan (CHIP) 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 organizational strategic plans.			
5.3.1	Establish a CHIP, with broad-based diverse participation, that uses information from the CHA, including the perceptions of community members		55
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps		26
5.3.3	Connect organizational strategic plans with the CHIP		13
5.3	Community Health Improvement Process and Strategic Planning	MODERATE	31

(continued on next page)

The LPHS adopts an emergency preparedness and response plan that describes what each organization in the system should be ready to do in a public health emergency. The plan describes community interventions necessary to prepare, mitigate, respond, and recover from all types of emergencies, including both natural and intentional disasters. The plan also looks at challenges of possible events, such as biological, chemical, or nuclear events. Practicing for possible events takes place through regular exercises or drills. A workgroup sees that the necessary organizations and resources are included in the planning and practicing for all types of emergencies. The workgroup uses national standards (e.g., CDC's Public Health Emergency Preparedness Capabilities) to advance local preparedness planning efforts.			
5.4.1	Support a workgroup to develop and maintain emergency preparedness and response plans		75
5.4.2	Develop an emergency preparedness and response plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed		88
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years		88
5.4	Planning for Public Health Emergencies	OPTIMAL	84

EPHS 5 Discussion Summary

Participants in EPHS 5 explored public health planning and policy development in Kankakee County. Overall performance for EPHS 5 was scored **low significant** in Kankakee County and ranked fifth out of the 10 EPHSs. The four Model Standards for EPHS 5 were scored from moderate to optimal.



The group agreed that The Partnership represents one of many strong partnerships in the LPHS. However, there is room for improvement to continue breaking down organizational silos for more effective collaboration. Respondents noted that the LPHS needs to improve accountability in implementing the Community Health Improvement Plan (CHIP). The group agreed that planning activities have a strong community presence, pointing to the LPHSA retreat as evidence, but there is room for improvement to incorporate groups and populations that do not have adequate representation, such as veterans. The regularity of assessment and efforts to expand diversity of participation demonstrates commitment to the community planning process. Participants remarked that they were not familiar enough with the policy development process to adequately assess LPHS activities in this specific area. They noted that the general public and partners outside of public health lack awareness of the full range of public health activities and the role of the local health department.

Model Standard 5.1, Governmental Presence at the Local Level, discusses how the LPHS works to provide resources for local health departments and supports the voluntary accreditation of health departments through the Public Health Accreditation Board (PHAB). Participants scored the Performance Measures from moderate to significant, resulting in a composite Model Standard score of low significant.

The Kankakee County Health Department (KCHD) functions as the governmental local public health presence to ensure the provision of the 10 EPHSs to the community. A participant said that KCHD was established through county resolution and was one of the last local health departments to be established in Illinois. The local health department derives its legal responsibility from statutes. The group confirmed that Kankakee County has an appointed Board of Health and an elected County Board. At the time of this retreat, the local health department was not nationally accredited and was not pursuing accreditation. The participants were not familiar with the national accreditation process and agreed that community members outside of public health were likely unaware of the process either.

Participants described the various services provided by the local health department, including flu shots, WIC programs, environmental health services (e.g. testing water, licensing restaurants), vaccines for children (VFC Program), health education, family case management, and communicable disease surveillance. Participants said that a wide variety of LPHS organizations work closely with the local health department, among them: Hospice of Kankakee Valley calls with questions about communicable disease guidelines; Child Network refers clients for vaccines for children; Pledge for Life uses the local health department as a data source for planning and grant writing, especially for behavioral health survey data; and Garden of Prayer Youth Center works with the local health department to make sure facilities uphold health code standards. One participant was particularly impressed by the number of representatives from municipalities and law enforcement that attended The Partnership's Mental Health and Substance Use Subcommittee meeting in September 2017.

Various LPHS organizations work together to ensure the availability of resources for the local health department's contributions to the 10 EPHSs. The Partnership does so by assessing service access, service gaps, and training and professional development needs. Riverside Hospital, the Coroner's Office, and the local health department worked together to obtain a $250,000 grant to provide training to local law enforcement on how to administer Narcan. The local health department also works with the state health department to obtain funding for the 10 EPHSs.

Model Standard 5.2, Public Health Policy Development, discussed how the LPHS contributes to new or modified public health policies, alerts policy makers and the community of possible health impacts from policies, and performs policy review. Participants scored the Performance Measures from low moderate to high moderate, resulting in a composite Model Standard score of moderate. Overall, most of the session participants lacked a detailed understanding about how LPHS organizations were involved in the policy development and review process, which contributed to lower scores in this Model Standard.

The LPHS alerts policymakers and the general public of public health impacts from current and/or proposed policies through regular progress reports. For example, one participant said that the police regularly report to the Kankakee City Council's Public Safety Committee on the number of people violating the hands-free driving law. A transportation representative said that his agency and others contacted policymakers when the mass transit budget was reduced,

to make them aware of the consequences of reduced service. A respondent described how hospice stakeholders testified in the state capital to oppose funding cuts to programs like Meals on Wheels and Adult Protective Services.

The LPHS contributes to the development of public health policies through multiple avenues. A participant described how the local health department is working with the Pledge for Life Youth Advisory Council[7] on several issues, including an advocacy plan for Tobacco 21, and examining pending legislation to legalize recreational marijuana. The participant further elaborated on Pledge for Life efforts to plan a summit on Adverse Childhood Experiences (ACEs), which would convene adult policymakers to investigate the impact of ACEs on children and their families. Participants reported that policy development often starts with a workgroup or planning committee of professionals who reach out to various law making bodies (County Board, City/Village Councils, etc.). According to one participant, the Kankakee City Council regularly reviews existing local ordinances.

The LPHS engage constituents in identifying and analyzing issues at various levels in the community. One example offered by a participant involved the analysis of sugar content in school lunches performed by the students in the school's STEM program alongside staff from the wellness program at the local health department. The LPHS works together to see that public health considerations become a part of all policies. For example, the Village of Bourbonnais conducted a transportation study and contacted the local health department to obtain health data for the study.

Model Standard 5.3, Community Health Improvement Process and Strategic Planning, looks at LPHS work to establish a Community Health Improvement Plan (CHIP), develop strategies to achieve CHIP objectives, and connect organizational strategic plans to the CHIP. Participants scored the Performance Measures from minimal to low significant, resulting in a composite Model Standard score of moderate.

Participants reported that this is the third time Kankakee County has used MAPP for its community health improvement process. A wide variety of organizations are involved in the CHA and CHIP, including schools, the local health department, emergency services, hospitals, non-profits, City Council, local universities and colleges (ONU and KCC), and faith-based institutions. Participants described many types of secondary data that go into the CHIP, including: The Illinois Youth Survey; data on types of abuse, reporters, and outcomes; data from the police department and adult/juvenile probation; and data from faith-based efforts to address homelessness, to name a few. Primary data collection for the CHIP varies depending on the funding that is available, but in the past, The Partnership has mailed paper surveys to homes; distributed surveys to local organizations; conducted phone surveys; and facilitated community focus groups. A representative said The Partnership conducts additional outreach to ensure the primary data has adequate representation from many population groups. The group

[7] The Youth Advisory Council is composed of student representatives from all of the high schools in the county. The youth are trained to give policy presentations to local municipal bodies.

agreed that the community has demonstrated a commitment to the community health improvement process, but some were concerned about adequate participation from certain populations and organizations. A participant remarked that focus groups were the most effective tool for capturing community perception. The Partnership is utilizing this collection method for the Community Themes and Strengths Assessment (CTSA).

Partnership subcommittees develop Action Plans to address each community health objective identified in the CHIP. The Partnership has 4 subcommittees: Access to Care, Chronic Disease, Mental Health/Substance Abuse, and Safety and Violence. The subcommittees have representation from many LPHS organizations, including hospitals, the local health department, Catholic Charities, probation, court services, and treatment providers, among many others. A few participants noted that it has been difficult to involve faith-based institutions in the CHIP; some reasons included incompatible meeting times, availability of part-time faith staff, and the abundance of small faith organizations that are not organized under a larger umbrella. Participants noted a few programs that were established through the CHIP, including the 211 community services directory. The group agreed that there needs to be more accountability for addressing the strategies in the CHIP. According to the group, some organizations have strategic plans, but it was unclear if these plans were aligned with the CHIP.

Model Standard 5.4, Planning for Public Health Emergencies, describes how the LPHS supports workgroups to develop and maintain preparedness and response plans with clearly defined protocols, and tests the plans through regular drills. Participants scored the Performance Measures from high significant to optimal, resulting in a composite Model Standard score of optimal.

The Kankakee County EMA develops the local emergency preparedness and response plans, in partnership with hospitals, police, the Red Cross, the Salvation Army, the local health department, local industries, and churches. Participants reported that individual organizations develop their own emergency plans that align fully or partially with the EMA plans. The Emergency Operations Center (EOC) partners with many organizations in the LPHS, including schools, hospitals, the Coroner's Office, and the County Board. The group reported that the EMA updates the All-Hazard Emergency Preparedness and Response Plan once a year and that it follows national standards. A variety of incidents are covered in this plan, including nuclear/chemical emergencies, natural disasters, terrorism, and active shooters. A participant noted that the new Centers for Medicare and Medicaid Services (CMS) requirements have expanded emergency preparedness to include Medicaid-certified entities, and there has been a push to educate providers (for example, hospices) on emergency planning. The participants noted that the Medicaid entities are adjusting to the new requirements and will need to have a bigger role in the development and maintenance of the emergency plans. The participants reported that there are regular emergency drills in the LPHS. Large scale drills occur approximately every 3 years while individual organizations conduct drills annually. The LPHS prepares After-Action Reports (AARs) after each drill to evaluate the emergency plans. The group noted there is some room for improvement in emergency preparedness planning but for the most part they felt safe and prepared.

EPHS 5 Health Equity Measures

EPHS 5 Health Equity Measures			
This question examines whether community organizations and individuals have a substantive role in deciding policies, procedures, rules, and practices that govern community health efforts. At what level does the LPHS…			
5A	Ensure that community-based organizations and individual community members have a substantive role in deciding what policies, procedures, rules, and practices govern community heath efforts?		63
HE 5	Community Participation in Policy Development	SIGNIFICANT	63

The participants scored Health Equity Measure 5A as significant. Participants debated whether individuals had adequate voice in deciding policies and practices that govern community health efforts. Some participants argued that individuals are adequately represented through the organizations that are involved in community health. The group agreed that the LPHS makes an effort to include a wide variety of community-based organizations at the decision-making table but there must be more effort to evaluate if participation is, in-fact, broad-based and diverse. If a group or population is missing, the LPHS must seek to understand why.

EPHS 5 Strengths, Weaknesses, and Opportunities

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

Strengths

- The local health department is involved with an abundance of community partners.
- The state requires that all counties have a local health department (their own or shared).
- The CHA and CHIP are completed on a regular basis.
- There is a lot of collaboration around emergency preparedness planning.

Weaknesses

- Some people are unaware of the existence of the local health department or are unfamiliar with its role.
- Media is far more fragmented than in the past, which makes it more difficult to get messages out to the general public.
- There is a general lack of awareness about policy development and review.
- It is difficult to hold organizations accountable for CHIP strategies.

Short-Term Opportunities

- Increase awareness of the local health department and what it does.
- When there are grants and programs available, find ways to let the public and community partners know.
- Increase public awareness and involvement in policy development.
- More diversity in CHIP participation (e.g. veterans).
- Reach out to multiple faith communities for community improvement planning.
- Promote 211 and KAN-I-HELP as a central location for community resources.
- Convey emergency preparedness information to a wider audience.

Long-Term Opportunities

- Utilize the broad spectrum of media to publicize public health activities.
- Increase accountability of organizations in CHIP implementation.

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

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

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

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

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

EPHS 6 Group Composition

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

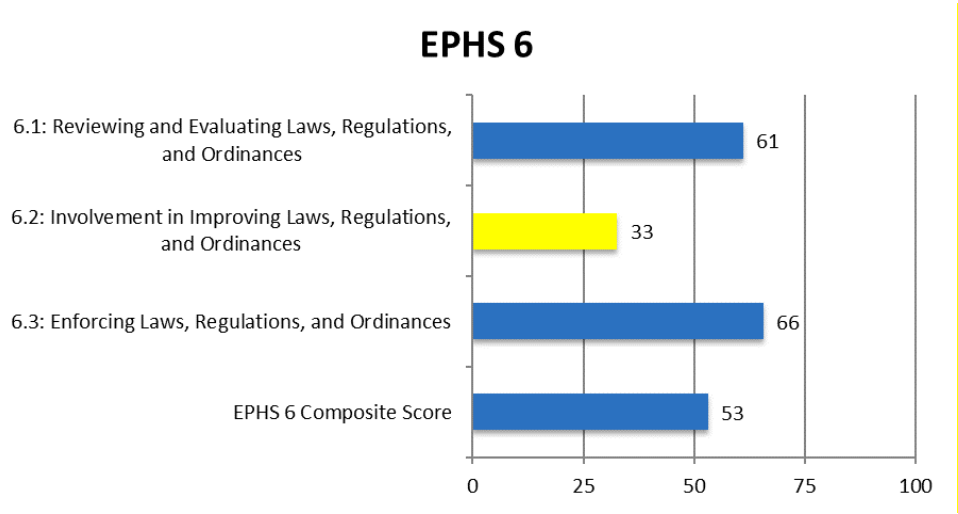
#	Organization Type
1	Advocacy Organizations
1	Colleges and Universities
1	Community-based Organization
1	Department of Transportation and Other Transportation Services
1	Elected Officials and Policymakers
1	Health Department or Other Local Governmental Public Health Entity
1	Hospitals
1	Nursing Homes
2	Social Services

EPHS 6 Model Standard Scores

EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety			
The LPHS reviews existing laws, regulations, and ordinances related to public health, including laws that prevent health problems, promote, and protect public health. The LPHS looks at federal, state, and local laws to understand the authority provided to the system 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	Identify public health issues that can be addressed through laws, regulations, or ordinances		63
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health on the federal, state, and local levels		63
6.1.3	Review existing public health laws, regulations, and ordinances at least once every three to five years		55
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances		63
6.1	Reviewing and Evaluating Laws, Regulations, and Ordinances	SIGNIFICANT	61
The 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 health problems or protect or promote public health. To promote 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	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances		55
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health		30
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances		13
6.2	Involvement in Improving Laws, Regulations, and Ordinances	MODERATE	33
The 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 ensures that the enforcement is conducted within the law. The LPHS has sufficient authority to respond in an emergency event. The LPHS also 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	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances		76
6.3.2	Ensure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies		88
6.3.3	Ensure that all enforcement activities related to public health codes are done within the law		63
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances		38
6.3.5	Evaluate how well local organizations comply with public health laws		38
6.3	Enforcing Laws, Regulations, and Ordinances	SIGNIFICANT	66

EPHS 6 Discussion Summary

EPHS 6 examines LPHS performance in evaluating, improving, and enforcing health and safety laws and regulations. Overall performance for EPHS 6 was scored **low significant** in Kankakee County and ranked fourth out of the 10 EPHSs. The three Model Standards for EPHS 6 were scored from moderate to significant.



Participants understood who is responsible for enforcing laws and regulations in the LPHS. They noted several weaknesses such as not sharing information due to organizational silos, disagreements between different levels of government, and inconsistent enforcement of some public health laws (e.g. underage drinking). Areas of opportunity include: bringing forward technical assistance for change; increasing awareness of lobbying efforts in the LPHS; evaluation of law enforcement; and increasing diversity of those involved in policy making and enforcement.

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

Participants discussed various areas of public health protection that are best addressed through laws, regulations, and ordinances, including: animal control; vaccines; daycare; long term care; schools; foster care; air quality; waste management; controlled substances; safe housing; and public swimming pools, among many others. Various local, state, and federal government bodies are responsible for enforcing standards and laws. A participant noted that the food safety program measures its success by lack of food-borne illnesses in the community. Another participant noted that the Illinois Youth Survey revealed that few youths are obtaining alcohol from gas stations and convenience stores, which implies that these establishments are adhering to minimum age requirements for selling alcohol. They also reported that there have been efforts to pass a local ordinance that would penalize parents of children found in possession of alcohol or marijuana with a fine or requirement to attend a parenting class. The group seemed

skeptical that such an ordinance would actually pass because it would be difficult to enforce. A participant reported that LPHS partners are convening a summit with school board members and administrators to review their substance abuse policies and to determine the best way to work with parents on reducing teen substance use.

In general, the group agreed that it requires a lot of funding and manpower to stay up-to-date with current laws, regulations, and ordinances. Contractors that operate in multiple municipalities must learn local variances in regulation, though a participant remarked that they can communicate with the Mayors and Managers Association for assistance. Information about pending legislation is sometimes shared in The Partnership subcommittee meetings, and participants reported that the police and fire departments meet once a month to give updates.

The group was unsure how regularly the LPHS reviews existing public health laws, regulations, and ordinances. They suggested that review is more reactive than proactive. Participants noted that several LPHS organizations have access to legal counsel through the State's Attorney's Office to assist with the review of laws, regulations, and ordinances. Some respondents were concerned that while government entities (e.g. police, health department) have access to legal counsel, some smaller non-profits may not. According to the group, there should be more education across the LPHS about laws, regulations, and ordinances to improve individual and organizational compliance; one participant noted this would be particularly helpful for addressing elder abuse and neglect.

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

The group gave several examples of local public health issues that are not adequately addressed through existing laws, regulations, and ordinances. One participant noted that municipalities are decriminalizing marijuana possession while at the same time, schools and health systems are warning about the negative effects of long-term marijuana use. The participant believed that "inconsistent messaging" about the risks of marijuana use could be harmful to public health. Enforcement of smoking bans and restrictions, including vaping and e-cigarettes, is inconsistent, according to participants. A respondent noted that there is guidance on controlling bed bugs but no ordinances to support enforcement through building inspectors, for example. LPHS organizations work with Aldermen, Councilmen, State Representatives, and the local health department to develop and modify laws, regulations, and ordinances for public health issues. However, participants believed that the breakout group did not have enough expertise to give further insight into this Model Standard. Many participants understood that that the LPHS engages in improving laws, regulations, and ordinances but could not identify who changes existing laws, creates new laws, or provides technical assistance to draft regulations.

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

The Board of Health, County Board, and state regulations give authority to the local health department, police, fire, and other agencies, to enforce ordinances to protect the public's health. The participants believed that the LPHS is fairly lax about assessing the compliance of institutions and businesses with laws, regulations, and ordinances, unless there is an incident involving gross negligence or tragedy. A local health department representative said that inspectors sometimes go to bars to check that smoking regulation stickers are in place. A respondent commented that citizens need to assist with enforcement activities. The LPHS ensures that all enforcement activities are conducted in accordance with laws, regulations, and ordinances by auditing enforcement agencies on a regular basis. The local health department disseminates information on public health laws, regulations, and ordinances through various methods including posting on their website and direct mailings. If a health ordinance is passed, it has to be posted in the local newspaper for 10 days. One participant noted that The Partnership and its subcommittees offer training to educate individuals and organizations about relevant laws, regulations, and ordinances, but in general there is less awareness at the individual level than at the organizational level.

EPHS 6 Health Equity Measures

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

Participants scored Health Equity Measure 6A as moderate. The group agreed that the LPHS has made some effort to identify local public health issues that have a disproportionate impact on historically marginalized communities. Data quality varies, which can affect the ability to identify disparities. Some data are more easily attainable - for example, chronic disease versus mental illness. Some data are not available by race or ethnicity.

EPHS 6 Strengths, Weaknesses, and Opportunities

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

Strengths

- The LPHS has identified a large scope of public health protection areas that are best addressed through laws and regulations.
- People are generally aware of who enforces public health laws in the LPHS.

Weaknesses

- Organizational silos prevent sharing of information.
- Sometimes there are disagreements between different levels of government on how to best regulate an issue.
- Poor measures of how well certain laws are enforced; for example, underage drinking laws are inconsistently enforced.

Short-Term Opportunities

- There are opportunities to bring forward technical assistance for changing laws.
- Increase general awareness of lobbying efforts.
- Collaborate to change laws and regulations ("strength in numbers").
- Evaluate law enforcement.
- Increase diversity in the policy making process.

Long-Term Opportunities

- None noted.

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

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

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

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

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

EPHS 7 Group Composition

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

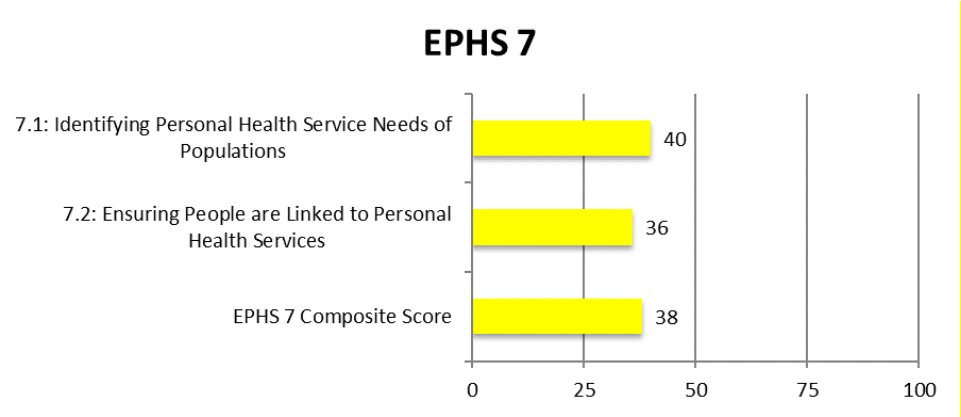
#	Organization Type
1	Faith-based Organizations
1	Health Officer/ Public Health Director
1	Healthcare Systems
2	Hospitals
1	Law Enforcement Agencies and Emergency Services Personnel
2	Mental Health and Substance Abuse Organizations
2	Nonprofit Organizations
1	Public and Private Schools
1	United Way

EPHS 7 Model Standard Scores

EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable			
The 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 particular 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	Identify groups of people in the community who have trouble accessing or connecting to personal health services		63
7.1.2	Identify all personal health service needs and unmet needs throughout the community		38
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community		38
7.1.4	Understand the reasons that people do not get the care they need?		21
7.1	Identifying Personal Health Service Needs of Populations	MODERATE	40
The 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, mental health systems, and organizations that are not traditionally part of the personal health service system, such as housing, transportation, and grassroots organizations.			
7.2.1	Connect or link people to organizations that can provide the personal health services they may need		38
7.2.2	Help people access personal health services in a way that takes into account the unique needs of different populations		38
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)		55
7.2.4	Coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need		13
7.2	Ensuring People Are Linked to Personal Health Services	MODERATE	36

EPHS 7 Discussion Summary

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



Participants reported that the LPHS is able to identify populations with barriers to care and service gaps in the community. LPHS partners demonstrate good communication and strong collaboration to link individuals to personal health services and social services. The centralized community service databases – 211 and KAN-I-HELP – are assets for the community, though the group agreed that many people are unaware of these resources. Primary care providers (PCPs) were perceived by the group as "gatekeepers" that can facilitate or hinder patient linkage to other services; the group emphasized that PCPs must be trained to provide trauma-informed care and must have awareness of the services available outside their organization's wall. The group suggested monthly council meetings as a way for agencies to come together to talk about local resources and how to help clients. Participants noted a lack of grassroots and community-level input and suggested more diverse representation in planning and decision-making. LPHS organizers could facilitate this by having meetings outside of traditional business hours, or conducting focus groups with populations that are not able to participate in regular meetings. Another improvement opportunity would be to share the 211 quarterly report data with LPHS partners to ensure they are addressing the most critical needs in the community.

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

Participants agreed that the LPHS is able to identify people in the community who have trouble accessing or connecting to personal health services. They gave some examples of such groups identified in the LPHS:

- Early intervention programs and school readiness programs are mechanisms to identify children that may experience barriers to personal health services. One participant described how their organization is integrating home visits and utilizing tools to zero-in on health issues in children before they start school.
- Participants noted that the Headstart Program provides a support system for migrant workers and their families. Azzarelli Clinic was identified as a provider that assists Spanish-speaking families.
- A participant described how LPHS partners have made an effort to identify the homeless population and invite them to receive health services.
- The Local Emergency Planning Commission (LEPC) has a list of people who need special assistance during an emergency, including their name, where they live, and what kind of assistance is needed.
- According to one participant, Riverside Hospital sees over 5,000 patients without a PCP. The participant suggested that patients do not retain a PCP because they do not think it is meaningful – they go to the doctor only when they are sick or need a prescription.
- The LPHS currently lacks a method to follow up with formerly incarcerated individuals who may need to continue services they received in jail/prison.

Participants agreed that asset mapping is a useful tool to identify barriers and gaps in services. One participant described how it would be helpful to layer maps containing the locations of clinics, hospitals, early childhood programs, and other services to see if populations have equitable access to these services. Population data at the zip code level is useful for this analysis. Participants noted that rural areas of the county may not get enough messaging (e.g. billboards, etc.) to be aware of services. Another participant suggested that people working in clinical settings (ER, clinics, hospitals) are unaware of the social support services available in the LPHS and this may be a barrier to patient access. In general, the group agreed that most people do not branch out from their respective organizational silos. A local health department representative said that the department is organizing a memorandum of understanding between various agencies to coordinate service provision. The group agreed that the LPHS needs to work on defining partner roles and responsibilities to respond to unmet needs in the community.

Participants agreed that the LPHS is able to identify many personal health service needs and unmet needs, but there is substantial room for improvement. Unmet personal health service and social service needs in the community include:

- The LPHS has a few mental health providers that do case management, however, one participant noted that most case management is not reimbursed.
- There is a lack of behavioral health services for children from birth to age 5.
- Patients with mental health issues may have difficulty finding supportive housing that will enable them to live independently.
- Even though the community has immediate care clinics, participants noted that it is often difficult for parents to leave work to go to immediate care. Alternatively, parents

who need immediate care but do not have a PCP will often take their children to the Emergency Room.
- The group agreed that low-income seniors struggle to make ends meet and sometimes have to choose between paying for medication and paying for food.
- The reentry program at the Sheriff's Office was funded by a grant that expired, so there are few reentry services available.
- Affordable oral health is a need in the community.

The group agreed that the LPHS understands some of the reasons people do not get the care they need but there is substantial room for improvement in this area. Participants agreed that lack of transportation, culturally competent care, income, and health literacy are barriers to accessing care. Many health screenings are free but the group was unsure why people do not take advantage of them. According to a transportation committee member, the Kankakee bus service is handicap accessible and vouchers are available to mitigate costs, but the service is underutilized. The participants described the "show bus", a rural bus service that takes residents into town for personal needs such as doctor's visits. Additionally, the "metro bus" is by appointment (3 days' advance notice required) and can pick up and drop off riders door to door. Group members offered possible reasons why residents are not using the various bus services, including lack of awareness about the bus routes and cost; lack of understanding of how to request a ride; and stigma associated with using the bus. Residents can call 211 or go to KAN-I-HELP online for transportation assistance but group members reported that many residents are unaware of these community service directories.

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

Many types of providers work together to coordinate the delivery of personal health and social services to optimize access to services for populations who may encounter barriers to care. Local clinics and social service agencies such as Pembroke clinic, Aunt Martha's, Azzarelli Clinic, Agency Council, and United Way deliver health care and social services. Hospitals help families connect with social workers. The local health department, LEPC, and VOAD meet regularly to discuss community needs and access to services. Some large organizations have a central intake service that is directly connected to referral agencies and resources in the community. Small organizations generally do not have capacity to fully integrate their services. According to participants, managed care plans play a minimal role in coordinating delivery of services. School representatives said it was a challenge to communicate with parents about health issues, due to HIPAA restrictions and parent disengagement. One participant noted that social workers, counselors, and other community members work in the schools but was unsure what role they played in linking students to health services.

Participants reported that some organizations have culturally and linguistically competent staff, but resources are limited and availability varies across the county. One participant said their

agency is able to do live translation through video conference with translators. Some non-English speaking parents rely on their children as translators, or bring their own interpreters to appointments. Many organizations provide forms in multiple languages. Group members indicated that service providers work to enroll individuals in public benefit programs. One participant perceived that some individuals are turned away from public benefits even if they qualify and attributed this to Illinois' poor financial state.

EPHS 7 Health Equity Measures

EPHS 7 Health Equity Measures			
These questions explore barriers for subpopulations, the influence of social injustices on access to personal health services, and inequitable distribution of resources. At what level does the LPHS…			
7B	Identify the means through which historical social injustices specific to the jurisdiction (e.g., the inequitable distribution health services and transportation resources) may influence access to personal health services?		21
7C	Work to influence laws, policies, and practices that maintain inequitable distributions of resources that may influence access to personal health services?		38
HE 7	Inequitable Access to Personal Health Services	MODERATE	30

The participants scored Health Equity Measures 7B and 7C from high minimal to moderate, resulting in a composite Health Equity score of low moderate. The group did not engage in detailed discussion for the EPHS 7 health equity measures.

EPHS 7 Strengths, Weaknesses, and Opportunities

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

Strengths

- The LPHS uses the MAPP process to assess the community. Many organizations participate in various aspects of the MAPP process.
- The LPHS has 2 hospitals.
- LPHS organizations foster a culture of working together and have a strong desire to solve problems through collaboration.
- LPHS organizations collaborate to deliver personal health services. There is a strong commitment to improving community health.
- The centralized community service databases – 211 and KAN-I-HELP – are assets for the community, though the group agreed that many people are unaware of these resources.

Weaknesses

- Many community members and service providers are unaware of personal health services and social services available in the LPHS.
- Leadership sometimes assumes that they understand community needs. There is a lack of grassroots involvement.
- Many patients do not have a PCP.
- People that work in clinical settings are largely unaware of the variety of health and social services available in the LPHS.

Short-Term Opportunities

- Implement monthly community council meetings (example: Will County).
- Hold meetings at different times of day so different people have an opportunity to attend.
- Involve more diversity in assessment and planning meetings (e.g. migrant workers, African Americans).
- Conduct focus groups to understand why people are not accessing services.
- Educate PCPs about health and social services available in the LPHS and how to connect patients to them.
- Share the 211 quarterly report data with LPHS partners to ensure they are addressing the most critical needs in the community

Long-Term Opportunities

- Involve more diversity in assessment and planning meetings (e.g. migrant workers, African Americans).
- Educate PCPs about health and social services available in the LPHS and how to connect patients to them.

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

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

Do we have a competent public health staff?

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

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

EPHS 8 Group Composition

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

#	Organization Type
1	Chambers of Commerce
1	Clinics
2	Colleges and Universities
1	Community Members
1	Faith-based Organizations
1	Foundations
1	Health Department or Other Local Governmental Public Health Entity
2	Healthcare Systems
1	Hospitals
1	Social Services

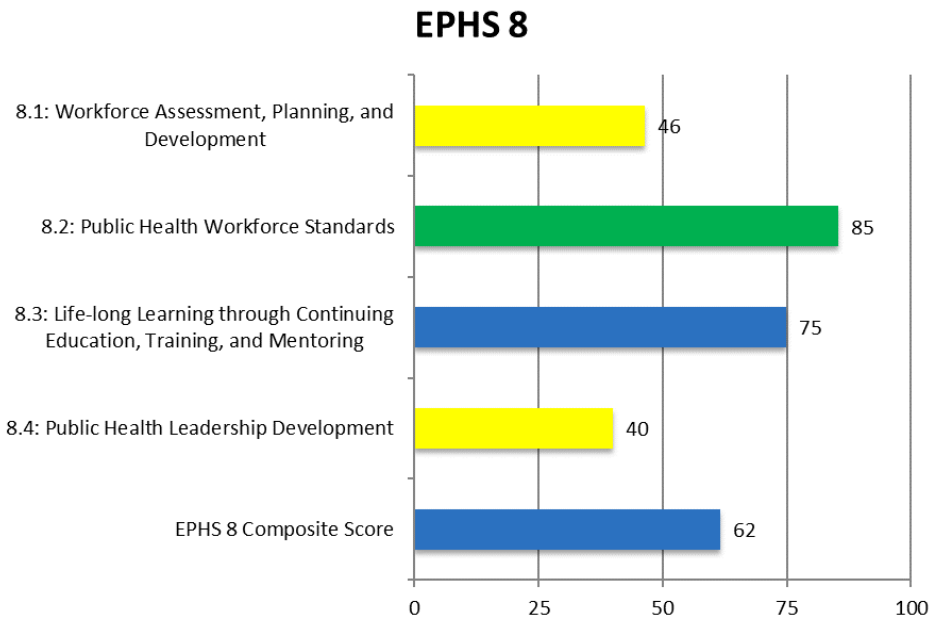
EPHS 8 Model Standard Scores

EPHS 8. Assure a Competent Public Health and Personal Health Care Workforce			
The LPHS assesses the local public health workforce—all who contribute to providing the 10 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 health problems and 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 those gaps.			
8.1.1	Complete a workforce assessment, a process to track the numbers and types of LPHS jobs—both public and private sector—and the associated knowledge, skills, and abilities required of the jobs		63
8.1.2	Review the information from the workforce assessment and use it to identify and address gaps in the LPHS workforce		38
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning		63
8.1	Workforce Assessment, Planning, and Development	MODERATE	46
The 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 by local, state, or federal guidance. Information about the knowledge, skills, and abilities that are needed to provide the 10 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	Ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements		88
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the 10 Essential Public Health Services		80
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies		88
8.2	Public Health Workforce Standards	OPTIMAL	85
The LPHS encourages lifelong learning for the local 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 community. 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 healthcare).			
8.3.1	Identify education and training needs and encourage the public health workforce to participate in available education and training		88
8.3.2	Provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services		88
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases		55
8.3.4	Create and support collaborations between organizations within the LPHS for training and education		80
8.3.5	Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health		63
8.3	Life-Long Learning through Continuing Education, Training, and Mentoring	SIGNIFICANT	75

Leadership within the LPHS is demonstrated by organizations and individuals that are committed to improving the health of the community. Leaders work to continually develop the LPHS, create a shared vision of community health, find ways to achieve the vision, and ensure that local public health services are delivered. Leadership may come from the local health department, from other governmental agencies, non-profits, the private sector, or from several LPHS partners. The LPHS encourages the development of leaders that represent the diversity of the community and respect community values.			
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels		38
8.4.2	Create a shared vision of community health and the LPHS, welcoming all leaders and community members to work together		38
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources		46
8.4.4	Provide opportunities for the development of leaders who represent the diversity of the community		38
8.4	Public Health Leadership Development	MODERATE	40

EPHS 8 Discussion Summary

Participants in EPHS 8 discussed public health workforce development in the LPHS. Overall performance for EPHS 8 was scored **moderate** in Kankakee County and ranked third out of the 10 EPHSs. The four Model Standards for EPHS 8 were scored from moderate to optimal.



The LPHS has two higher education institutions (Olivet Nazarene University and Kankakee Community College) that provide a prepared and competent workforce. These institutions partner with other LPHS organizations to provide many continuing education opportunities. The group agreed there is no shortage of development opportunities for the workforce. Weaknesses for the LPHS include poor communication, lack of grassroots involvement in decision-making, lack of diversity in leadership, and no systematic assessment of the workforce. The group suggested adding "community involvement" as a requirement in leadership job descriptions, increasing diversity of the workforce (both staff and leadership), and improving communication across various levels of the LPHS.

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

The group agreed that many LPHS partners work together to assess workforce needs and gaps, though there is no formal workforce assessment for the LPHS. Respondents noted that most individuals and many organizations in the LPHS are unaware of the findings from informal workforce assessments. An area of improvement is to create a standardized communication plan to ensure widespread dissemination of workforce information.

KCC conducts workforce analysis and meets with Presence and Riverside quarterly to see if college offerings match up with workforce needs. They review job roles and get feedback from stakeholders on how to adjust the curriculum at schools. ONU also convenes with Riverside to discuss curriculum, trends in healthcare, and whether or not students are equipped with the right skills when they enter the workforce. The participants reported a long waiting list for many healthcare education programs (e.g. nursing) due to high demand.

Some of the workforce gaps in the LPHS include:

- Demand has risen for home health care so LPHS organizations have moved to include home health in their curricula. Riverside is working with its health coaches and navigators on initiating home visits.
- One participant noted a gap in maintenance and facilities workers that support operations in health care settings.
- The Economic Alliance produced a 2014-2019 strategic plan and disseminates annual reports. The Alliance identified low educational attainment as a weakness and is working to increase the high school graduation rate in the community. They are also reaching out to children at a young age to expose them to career paths and potential jobs in the community.
- Students lack awareness of jobs and careers available in the community. The local chambers of commerce are networking with high school and middle school colleagues to expose high school and middle school students to health care jobs in the area. The chambers will pilot a program in 2018 called Future Leaders of Kankakee County, a 6-week program for summer camps where children ages 14-18 go to various worksites to learn about different career pathways (health care, education, renewable energy, agriculture, civics, etc.).
- ONU and KCC also partner for workforce development and have created an "incubator" at a local high school.

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

Many positions that deliver the 10 EPHSs require specific degrees, licensure, or certifications and some organizations are subject to audit by accrediting bodies. ONU supports their staff by paying for a portion of training fees and membership dues with professional associations. At the hospital, staff have to pay for their own CEUs to maintain licensure, though sometimes the hospital reimburses costs. At the local health department, nurses are reimbursed for mileage and time. The department pays for the initial exam but if the employee does not pass, the employee must pay to retake the exam.

According to participants, all organizations have written job standards and/or position descriptions for all personnel delivering the 10 Essential Public Health Services. Some job standards are tied to public health competencies.

LPHS organizations have performance review systems. At ONU, faculty and staff complete their own assessment – they list how they are living up to the mission, teaching effectively, providing community service, and contributing to the profession. At Riverside, the nurses evaluate their own performance and also do peer evaluations. A former nurse case manager said they used a standardized tool that looked at competencies.

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

Participants reported there are grants available to help staff obtain CEUs. Community foundations have grants for training purposes, particularly early childhood education. College and university students work in the community through student teaching, internships, hospital/clinical settings, and social work. ONU partners with health care organizations to bring in professionals to teach classes and give students a better understanding of their career path. The local health department and hospitals host students to complete clinical hours for their degrees. Local health department staff are linked with DCHS for staff training in Chicago to understand state-wide issues.

Participants identified cultural competency training as a need for workforce development, particularly how to work with non-English speaking clients. More bilingual staff is needed. Students in certain healthcare tracks are required to have minimal exposure to other languages. Smaller organizations have limited incentives for their staff to participate in educational and training experiences – for example, it is difficult for direct services personnel to get time off for classes. The hospitals and higher education institutions offer many training opportunities to the community. For example, ONU offers an ethics training once a year to all social workers in the area.

Model Standard 8.4, Public Health Leadership Development, discusses the leadership development in the LPHS including creating a shared vision of community health and providing opportunities for the development of leaders that reflect diversity in the community. The participants scored the Performance Measures from moderate to high moderate, resulting in a composite Model Standard score of moderate.

The group agreed that the leaders in the LPHS and the community have collaborated to create a shared vision through The Partnership. The Partnership has subcommittees dedicated to implementing strategies to achieve the shared goals outlined in the CHIP. The participants were unsure how much the general public understood about the CHIP and The Partnership's work on a shared vision. The group suggested that The Partnership report back to the community more often (quarterly) about CHIP progress.

The respondents noted that The Partnership needs to involve more leaders from the Hispanic community in participatory decision-making. LPHS leadership needs to be more representative of the diverse populations in the county. A participant said The Partnership recruited members through several means including phone calls, emails, and letters to key organizations in the LPHS. The group agreed that the LPHS needs a better system for reaching out, developing leaders who represent the diversity of the community, and fostering community ownership of the CHIP.

The participants agreed that The Partnership needs to have the right people at the table to take ownership of the CHIP, however it can be difficult to get commitment from leaders and stakeholders whose time and effort are pulled in many directions. Some participants suggested adding community outreach and community involvement as an explicit component of leadership job descriptions in the LPHS. In some cases, community members do not trust the leadership, have more pressing issues, or encounter barriers to accessing basic needs that preclude participation in LPHS activities. Partnering with grassroots organizations to address underlying social determinants could be a way to improve participation in a shared vision. Additionally, LPHS partners need to be intentional about building relationships with marginalized groups, and must recognize that this process can be uncomfortable and slow.

EPHS 8 Health Equity Measures

EPHS 8 Health Equity Measures			
These questions explore how the LPHS is developing staff capacity to support health equity, the inclusiveness of workforce assessment planning, and the recruitment of diverse, multidisciplinary staff at LPHS organizations. At what level does the LPHS…			
8E	Recruit and train staff members that reflect the communities they serve?		13
HE 8	Health Equity in Workforce Development	MINIMAL	13

The participants scored Health Equity Measure 8E as minimal. The group agreed that the LPHS is making some effort to recruit staff that reflect the communities they serve, but there is substantial room for improvement.

EPHS 8 Strengths, Weaknesses, and Opportunities

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

Strengths:

- The LPHS has a prepared and compliant workforce.
- LPHS workers who deliver the 10 EPHSs partake in ongoing workforce development.
- There is no shortage of resources for staff development.
- The LPHS is regularly evaluating workforce performance.

Weaknesses:

- Need more systematic approach to workforce investment across system.
- Need to improve communication across partners/platforms.

Short-Term Opportunities:

- Understand the most effective communication channels and use those to disseminate workforce assessment information.
- Better communication of resources available for workforce development.
- Increase cultural competency training.
- Hire more bilingual staff.
- Increase communication and awareness of the shared community vision, especially among key community leaders.
- Update leadership job descriptions to include community involvement.
- Publicize key meetings for the CHIP.
- Identify barriers to leadership opportunities.

Long-Term Opportunities:

- Formalize communication about plans, system changes, and navigation.
- Diversify the LPHS workforce.
- Improve transition of key leadership.
- Improve diverse representation of stakeholders.
- Tap into grassroots partners to address underlying social determinants that may preclude leadership development and participation in decision-making.

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

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

Are we meeting the needs of the population we serve?
Are we doing things right?
Are we doing the right things?

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

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

EPHS 9 Group Composition

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

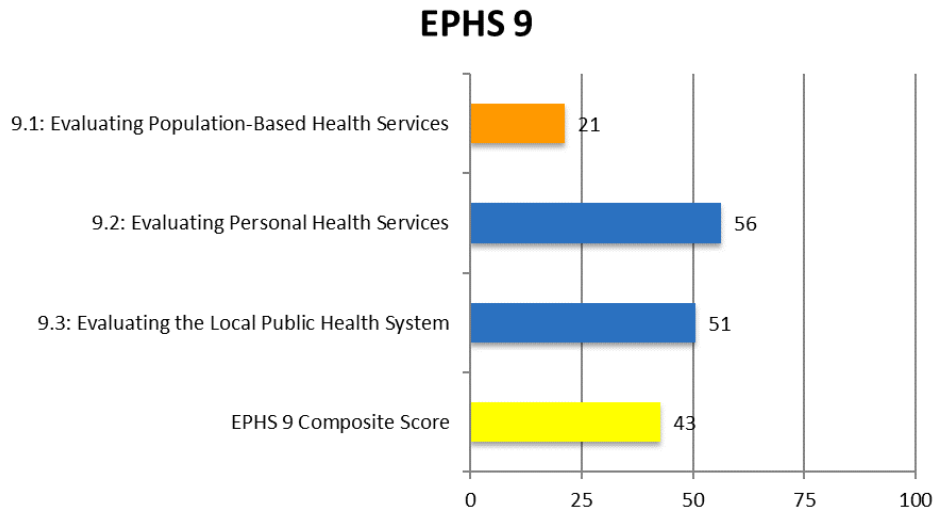
#	Organization Type
1	Faith-based Organizations
1	Health Officer/ Public Health Director
1	Healthcare Systems
2	Hospitals
1	Law Enforcement Agencies and Emergency Services Personnel
2	Mental Health and Substance Abuse Organizations
2	Nonprofit Organizations
1	Public and Private Schools
1	United Way

EPHS 9 Model Standard Scores

EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services			
The 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	Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved		38
9.1.2	Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury		13
9.1.3	Identify gaps in the provision of population-based health services		21
9.1.4	Use evaluation findings to improve plans, processes, and services		13
9.1	Evaluating Population-Based Health Services	MINIMAL	21
The 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 surveys with persons 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	Evaluate the accessibility, quality, and effectiveness of personal health services		63
9.2.2	Compare the quality of personal health services to established guidelines		55
9.2.3	Measure user satisfaction with personal health services		63
9.2.4	Use technology, like the Internet or electronic health records, to improve quality of care		63
9.2.5	Use evaluation findings to improve services and program delivery		38
9.2	Evaluating Personal Health Services	SIGNIFICANT	56
The LPHS evaluates itself to see how well it is working as a whole. Representatives from all groups (public, private, and voluntary) that provide all or some of the 10 Essential Public Health Services gather to conduct a systems evaluation. Together, using guidelines (such as this Local Instrument) 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	Identify all public, private, and voluntary organizations that contribute to the delivery of the 10 Essential Public Health Services		63
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services		63
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services		38
9.3.4	Use results from the evaluation process to improve the LPHS		38
9.3	Evaluating the Local Public Health System	SIGNIFICANT	51

EPHS 9 Discussion Summary

EPHS 9 explores how the LPHS evaluates the effectiveness of personal and population-based services, and the LPHS itself. Overall performance for EPHS 9 was scored **moderate** in Kankakee County and ranked eighth out of the 10 EPHSs. The three Model Standards for EPHS 9 were scored from high minimal to significant.



LPHS organizations evaluate personal and population-based services but the results are not widely shared. The Partnership evaluates the local public health system by regularly hosting the LPHSA retreat. The group noted that the MAPP process starts off strong at the beginning of the cycle but loses momentum in years 2 and 3 due to staff turnover in subcommittees. The LPHS could improve coordination of care by increasing interoperability of computer systems to streamline referrals and linkages across agencies. Other opportunities for improvement included: better data sharing across partners; identifying additional opportunities to collect data from service users; greater involvement in the LPHSA from school districts, home health, and long term care representatives; and planning ahead for staff turnover in planning subcommittees.

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

Participants assumed that many population-based health services are evaluated in the LPHS, including physical activity promotion (5210 Let's Go and Fit 4 Life), tobacco use prevention (YWCA), substance use prevention (Prescription Drug Take Back program), STI prevention (testing at clinics), injury prevention (farm safety, Safety Town), environmental health (septic and well education; water, radon, and lead testing), and vaccination programs. Many funders require evaluations for grant-funded activities. Some facilities conduct satisfaction surveys with

their clients during their visits, with paper or computer questionnaires. The group agreed that LPHS organizations should collect more information about client satisfaction. Some organizations have internal quality improvement departments and others are externally evaluated by federal agencies (e.g. DCFS). A participant noted that the LPHS may not fully understand gaps in health service delivery among individuals and populations that do not regularly access services through the local health department or other providers. A participant noted that they distribute and collect surveys at the County Fair to understand gaps and needs. The group agreed that the LPHS has significant room to grow in using evaluation findings to improve plans, processes, and services.

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

According to participants, LPHS organizations regularly evaluate their personal health services, however the data are not shared widely. One participant expressed concerned about getting feedback from patients that do not have a medical home. Hospitals utilize EHRs and the software will notify the person filling out the record if there is missing information or notify the patient if they are due for a screening, for example. Hospitals are using information technology to educate patients. Referrals and medical records are transferred electronically. Hospital representatives confirmed that the hospitals usually do not exchange evaluation data because they are competitors. The hospital representatives reported that their outpatient health services are evaluated against Healthcare Effectiveness Data and Information Set (HEDIS) standards. HEDIS is used to evaluate a wide range of services including clinical preventive services, though the participants were not sure if oral health services were included. One participant remarked that meeting the established guidelines for quality does not necessarily mean the LPHS is meeting community needs. The hospitals and local health department collect patient satisfaction surveys and provide suggestion boxes; the doctors, hospital administrators, and local health department staff reportedly look at accessibility, quality, and effectiveness metrics on a regular basis.

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

A local health department representative reported that the planning committee for the LPHSA identified many community organizations and entities that contribute to the delivery of the 10 EPHSs and invited partners that covered all 10 areas of the assessment and the diversity of the community. The group confirmed that the LPHSA is conducted every 3 years in Kankakee County. The participants said that exchange of information, linkage mechanisms among providers, and use of resources to support coordination are assessed through the LPHSA. The results of the LPHSA are used to guide the development of the CHIP, including setting priorities and reducing duplicative efforts among LPHS organizations.

EPHS 9 Health Equity Measures

EPHS 9 Health Equity Measures			
These questions explore delivery of the 10 EPHS to historically marginalized communities and whether the LPHS monitors the delivery to ensure equitable distribution. At what level does the LPHS…			
9B	Monitor the delivery of the Essential Public Health Services to ensure that they are equitably distributed?		13
HE 9	Equitable Delivery of the EPHS	MINIMAL	13

The participants scored Health Equity Measure 9B as minimal. The group did not engage in detailed discussion for the health equity measure.

EPHS 9 Strengths, Weaknesses, and Opportunities

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

Strengths

- Many programs focused on population-based health are being evaluated.
- Hospitals have evaluation data.
- The LPHS is using social media and other new technology (e.g. text messages, etc.) to communicate and share data.
- There is good collaboration and networking among stakeholders with regard to referrals.
- LPHS partners are willing to get together for assessments every 3 years instead of the mandated 5 years.

Weaknesses

- Evaluation results are not widely shared or used to improve services.
- Not enough evaluation of populations compared to individuals.
- The LPHS is not assessing, identifying, and using evaluation data to improve.
- Some elderly individuals do not accept new technologies.
- Home health and long-term care facilities were absent from the breakout discussion.
- Each action cycle starts off strong but loses momentum over the 3-year period.

Short-Term Opportunities

- Implement the three pronged approach (assess, identify, and use evaluation data to improve).
- Share evaluation data with LPHS partners.
- Identify opportunities to collect data from users of personal health services in non-traditional settings (e.g. county fair).
- Involve long-term home health care facilities, school districts, and rural segments of the county in the LPHSA.

Long-Term Opportunities

- Increase interoperability between computer systems to improve coordination of services between agencies.
- Identify opportunities to collect data from users of personal health services in non-traditional settings (e.g. county fair).
- Maintain the momentum of assessment through 3-year period.

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

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

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

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

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

EPHS 10 Group Composition

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

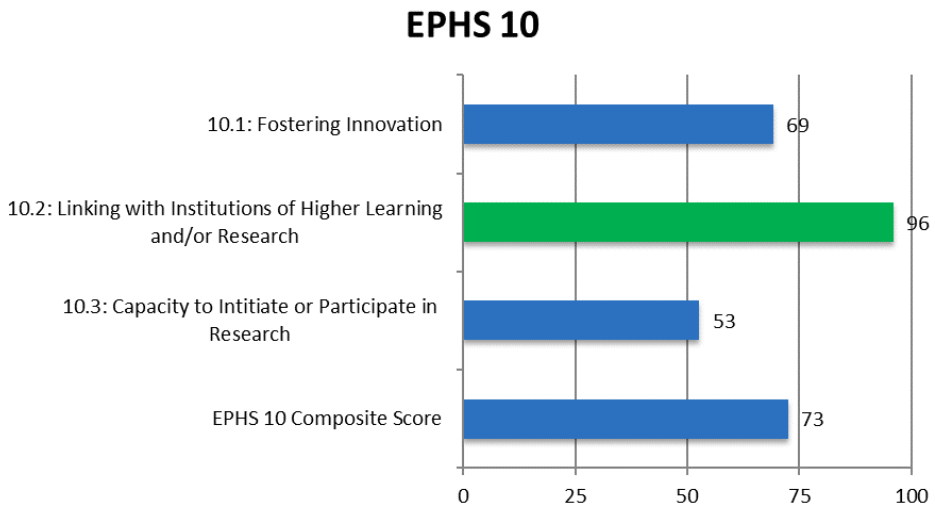
#	Organization Type
1	Chambers of Commerce
1	Clinics
2	Colleges and Universities
1	Community Members
1	Faith-based Organizations
1	Foundations
1	Health Department or Other Local Governmental Public Health Entity
2	Healthcare Systems
1	Hospitals
1	Social Services

EPHS 10 Model Standard Scores

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems			
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	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work		63
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that conduct research		63
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health		88
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and sharing results		69
10.1	Fostering Innovation	SIGNIFICANT	69
The LPHS establishes relationships with colleges, universities, and other research organizations. The LPHS is strengthened by ongoing communication between academic institutions and LPHS organizations. They freely share information and best practices and set 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 that includes community members and those organizations representing community members 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	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together		96
10.2.2	Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research		96
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education		96
10.2	Linking with Institutions of Higher Learning and/or Research	OPTIMAL	96
The LPHS takes part in research to help improve the performance of the LPHS. This research includes examining how well LPHS organizations provide the 10 Essential Public Health Services in the community (public health systems and services research) and studying what influences healthcare 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	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies		63
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources		55
10.3.3	Share findings with public health colleagues and the community broadly, through journals, Web sites, community meetings, etc.		30
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to effect on local public health practice		63
10.3	Capacity to Initiate or Participate in Research	SIGNIFICANT	53

EPHS 10 Discussion Summary

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



The group identified 3 key strengths for the LPHS: innovative partnerships between health organizations and universities; 2 higher learning institutions that strongly utilize students, research, and resources; and organizations that work to maintain compliance with federal and state accrediting agencies. The LPHS could do a better job sharing the results of community research and evaluating how that research promotes and impacts change. The participants identified several short and long term opportunities, including: share research projects and results through various media outlets; publish quarterly updates on research in the LPHS; perform more intentional review of how policies and practices can impact marginalized populations; and do a better job articulating the impetus for collective impact work.

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

LPHS organizations encourage staff to develop new solutions to health problems in the community by linking specialists with students to do research, start clubs, and run businesses to try out innovative ideas. Riverside implemented an Institutional Review Board (IRB) to support research efforts. According to one participant, most accredited bodies are required to stay current with best practices. ONU programs are reviewed every 3 years as part of accreditation to ensure students are receiving instruction that is cutting edge. The hospitals in the LPHS are also using evidence-based practices. A participant identified the walking trails and bike paths as innovative ways to encourage exercise in the LPHS.

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

The higher education institutions are involved in understanding best practices and showing other organizations how to implement them. ONU has brought together researchers from Indiana and Illinois to address run-off into the Kankakee River, and convened an Opioid Conference to disseminate information to the community. The group agreed that there is plenty of research conducted in the LPHS but it needs to be shared with the media and local health services partners.

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

Participants indicated that there are some research grants available. Research experience and expertise includes the counseling lab and local universities. Participants reported that the research efforts are decentralized and there is no feedback loop to communicate results. The group suggested a more coordinated approach to reporting research, including quarterly updates and a semi-annual compilation of research in progress and completed, spearheaded by The Partnership subcommittees.

EPHS 10 Health Equity Measures

EPHS 10 Health Equity Measures			
These questions examine how well the LPHS explores root causes of health inequity, shares information and strategies around health equity, uses Health Equity Impact Assessments, and encourages community participation in health equity research. At what level does the LPHS…			
10C	Use Health Equity Impact Assessments to analyze the potential impact of local policies, practices, and policy changes on historically marginalized communities?		55
HE 10	Health Equity Research	SIGNIFICANT	55

The participants scored Health Equity Measure 10C as low significant. The LPHS does not utilize Health Impact Assessments (HIAs), but LPHS organizations do analyze the potential impact of local policies, practices, and policy changes on historically marginalized communities, to an extent. The group discussed the implications of the Affordable Care Act (ACA) on access to care for marginalized populations.

EPHS 10 Strengths, Weaknesses, and Opportunities

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

Strengths:

- Innovative partnerships between LPHS organizations and students.
- Higher learning institutions add resources to the LPHS: students, research.
- LPHS organizations comply with regulatory agencies that require best practices.

Weaknesses:

- Poor dissemination of research to community members.
- Decentralized resources for research and evaluation.
- Unclear how research findings are applied in real world.

Short-Term Opportunities:

- Share research findings with media and public health partners.
- Increase partnerships with faith-based institutions.

Long-Term Opportunities:

- Publish quarterly updates on research conducted in the LPHS.
- Perform intentional review about how policies and practices can impact marginalized populations.
- Increase intentional efforts to build relationships with underrepresented parties.

Appendices

Appendix 1: List of Participating Organizations

Organizations
American Lutheran Church
Bourbonnais Township Park District
Catholic Charities
Catholic Charities, Diocese of Joliet
Child and Family Connections #15/Early Intervention
Chamberlain University
Child Network
City of Kankakee / City Council
Community Foundation of Kankakee River Valley
First Church of the Nazarene
Garden of Prayer Youth Center
Hospice of Kankakee Valley
Iroquois-Kankakee Regional Office of Education (I-KAN ROE)
Indian Oaks Academy
Kankakee City Fire
Kankakee Community College (KCC)
Kankakee County Chamber of Commerce
Kankakee County Health Department (KCHD)
Kankakee First Church of the Nazarene
Kankakee School Health Centers
Kankakee County Center Against Sexual Assault (KCCASA)
Lorenzo R. Smith School
Manteno Police Department
Morning Star Baptist Church
Olivet Nazarene University (ONU)
Pembroke Community Consolidated School District #259
Pledge for Life Partnership
Presence Home Care
Presence St. Mary's Hospital
River Valley Metro Mass Transit District
Riverside Healthcare
Riverside Medical Center
The Helen Wheeler Center for Community Mental Health
United Way
YWCA Kankakee

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

Local Public Health System Assessment continued

Health Equity

System Contributions to Assuring Health Equity

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

Essential Public Health Service 1: Monitoring Health Status

At what level does the LPHS…

1A • Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identify, education, gender, and neighborhood?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

1B • Monitor social and economic conditions that affect health in the community, as well as institutional practices and policies that generate those conditions?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

Essential Public Health Service 2: Diagnosing and Investigating Health Problems

At what level does the LPHS…

2A • Operate or participate in surveillance systems designed to monitor health inequities and identify the social determinants of health inequities specific to the jurisdiction and across several of its communities?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

2B • Collect reportable disease information from community health professionals about health inequities?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

2C • Have the necessary resources to collect information about specific health inequities and investigate the social determinants of health inequities?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

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

At what level does the LPHS…

3A • Provide the general public, policymakers, and public and private stakeholders with information about health inequities and the impact of government and private sector decision-making on historically marginalized communities?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

3B • Provide information about community health status (e.g., heart disease rates, cancer rates, and environmental risks) and community health needs in the context of health equity and social justice?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

Local Public Health System Assessment continued

System Contributions to Assuring Health Equity

3C • Plan and conduct health promotion and education campaigns that are appropriate to culture, age, language, gender, socioeconomic status, race/ethnicity, and sexual orientation?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

3D • Plan campaigns that identify the structural determinants of health inequities and the social determinants of health inequities (rather than focusing solely on individuals' health behaviors and decision-making)?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

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

At what level does the LPHS…

4A • Have a process for identifying and engaging key constituents and participants that recognizes and supports differences among groups?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

4B • Provide institutional means for community-based organizations and individual community members to participate fully in decision-making?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

4C • Provide community members with access to community health data?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

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

At what level does the LPHS…

5A • Ensure that community-based organizations and individual community members have a substantive role in deciding what policies, procedures, rules, and practices govern community heath efforts?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

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

At what level does the LPHS…

6A • Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances)?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

System Contributions to Assuring Health Equity

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

At what level does the LPHS…

7A • Identify any populations that may experience barriers to personal health services based on factors such as on age, education level, income, language barriers, race or ethnicity, disability, mental illness, access to insurance, sexual orientation and gender identity, and additional identities outlined in Model Standard 7.1?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

7B • Identify the means through which historical social injustices specific to the jurisdiction (e.g., the inequitable distribution health services and transportation resources) may influence access to personal health services?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

7C • Work to influence laws, policies, and practices that maintain inequitable distributions of resources that may influence access to personal health services?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

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

At what level does the LPHS…

8A • Conduct assessments related to developing staff capacity and improving organizational functioning to support health equity initiatives?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

8B • Identify staff perspectives on the facilitators and barriers to addressing health equity initiatives?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

8C • Include staff members that are often excluded from planning and organizational decision-making processes in workforce assessments?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

8D • Recruit and train staff members from multidisciplinary backgrounds that are committed to achieving health equity?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

8E • Recruit and train staff members that reflect the communities they serve?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

Local Public Health System Assessment continued

System Contributions to Assuring Health Equity

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

At what level does the LPHS…

9A • Identify community organizations or entities that contribute to the delivery of the Essential Public Health Services to historically marginalized communities?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

9B • Monitor the delivery of the Essential Public Health Services to ensure that they are equitably distributed?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

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

At what level does the LPHS…

10A • Encourage staff, research organizations, and community members to explore the root causes of health inequity, including solutions based on research identifying the health impact of structural racism, gender and class inequity, social exclusion, and power differentials?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

10B • Share information and strategize with other organizations invested in eliminating health inequity?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

10C • Use Health Equity Impact Assessments to analyze the potential impact of local policies, practices, and policy changes on historically marginalized communities?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

10D • Facilitate substantive community participation in the development and implementation of research about the relationships between structural social injustices and health status?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○