

WePLAN 2020
Local Public Health System
Assessment

DRAFT



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of
Public Health

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Cook County Department of Public Health Local Public Health System Assessment



Prepared by the Illinois Public Health Institute

Table of Contents

Introduction 3

Executive Summary 4

Assessment Instrument 5

Assessment Methodology8

Assessment Participants9

Results of the LPHSA10

Scores and Common Themes for Each Essential Public Health Service 12

EPHS 1: Monitor Health Status to Identify Community Health Problems13

EPHS 2: Diagnose and Investigate Health Problems and Health Hazards17

EPHS 3: Inform, Education, and Empower People about Health Issues 20

EPHS 4: Mobilize Community Partnerships to Identify and Solve Health Problems23

EPHS 5: Develop Policies and Plans that Support Individual and Community Health 26

EPHS 6: Enforce Laws and Regulations that Protect Health and Ensure Safety29

EPHS 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable 32

EPHS 8: Assure a Competent Public Health and Personal Health Care Workforce 35

EPHS 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services 38

EPHS 10: Research for New Insights and Innovative Solutions to Health Problems 41

Conclusion44

Appendix: Essential Public Health Service Score Charts

Introduction

The Cook County Local Public Health System Assessment (LPHSA) was conducted on September 1, 2015 as one of the four assessments in the Cook County Mobilizing for Action through Planning and Partnerships (MAPP) Collaborative process.

MAPP is a community-driven strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and identification of resources to address them as defined by the Ten Essential Public Health Services. The MAPP process includes four assessment tools, including the Local Public Health System Assessment.



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

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

Throughout the discussions of the 10 Essential Public Health Services, a number of cross-cutting themes emerged.. Key strengths that were noted throughout the Cook County local public health system (LPHS) include strong partnerships, robust surveillance, coordinated communication, and well-developed emergency preparedness planning. Participants reported growing emphasis on policy, systems and environmental change approaches to community transformation, and a shared acknowledgement of the critical role of social determinants of health in shaping community health outcomes.

Assessment and surveillance are a strength for the system. The LPHS leverages technology to analyze and communicate data with stakeholders, and partners are working toward increasing alignment to maximize efficiency and effectiveness of this work. Opportunities to build on these strengths include ensuring that data is communicated in a way that is understandable and actionable to the public and policymakers, and to increase data collection on complex health problems like mental health.

Robust partnerships across the LPHS ensure the delivery of consistent, coordinated health messaging. This work can be further honed through streamlining overlapping efforts to make coalitions broader in scope to underscore the interconnected nature of public health issues.

Policy, planning, and enforcement are strengths for the Cook County LPHS. Performance can be even further strengthened through regular evaluation to identify opportunities for quality improvement. As the LPHS works towards greater health equity for the people of Cook County, particular attention must be paid to designing policies and plans that support vulnerable populations and foster greater access to opportunities and resources for all community members.

Partner organizations have a good understanding of the needs of vulnerable populations in Cook County, though participants noted the challenge of adequately addressing these needs in the current fiscal climate. Evaluation is a strength of the system but can be further improved by increasing emphasis on the impact of interventions on health equity.

Workforce development and research were two areas participants targeted for further activity and improvement. Both of these areas can be strengthened through greater collaboration and coordination across system partners. Universities are key partners in this work, but there must be bidirectional, mutually beneficial partnerships in place to strengthen performance.

Dialogue throughout the 10 Essential Services revealed that while the Cook County LPHS has a good infrastructure in place for performing as a system, it could be strengthened through

greater coordination of assessment, planning, and implementation activities, mobilization of grassroots advocacy efforts, and increased action to address health inequity.

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

The Assessment Instrument

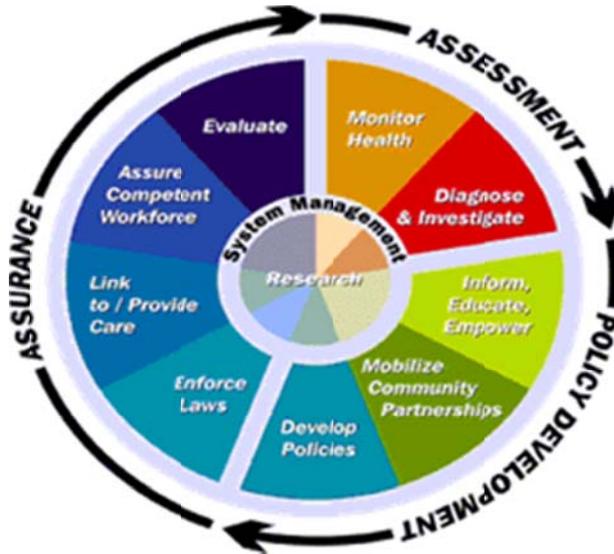
The National Public Health Performance Standards (NPHPS) provide a framework to assess capacity and performance of public health systems and public health governing bodies. The NPHPS tools and materials are developed and supported by a collaborative effort of Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support and the following national partner organizations:

- American Public Health Association
- Association of State and Territorial Health Officials
- Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support
- National Association of County and City Health Officials
- National Network of Public Health Institutes
- Public Health Foundation

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

The instrument is framed around the **10 Essential Public Health Services (EPHS)** that are utilized in the field to describe the scope of public health. For each essential service in the local instrument, the model standards describe or correspond to the primary activities conducted at the local level. The number of model standards varies across the essential services; while some essential services include only two model standards, others include up to four. There are a total of 30 model standards in this instrument. For each standard in each essential service, there are a series of questions that break down the standard into its component parts.

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



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

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

Assessment Methodology

The assessment retreat was held on September 1st and began with a 60-minute plenary presentation to welcome participants, provide an overview of the process, introduce the staff and answer questions. Participants dispersed into five breakout groups to conduct the assessment using the standardized NPHPS local tool. Each group was responsible for discussing, exploring and scoring performance measures for two different essential public health services as outlined:

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

Each group was professionally facilitated, recorded, and staffed by a note taker. The program ended with a plenary session where highlights were reported by members of each group..

Assessment Participants

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

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

Constituency Represented	Total Attended
Businesses	x
Coalitions	x
Colleges and Universities	x
Community-Based Organizations and Non-Profits	x
Hospitals, Health Systems and Clinics	x
Local Health Department	x
Local Government	x
State Government	x

Results of the Cook County Local Public Health System Assessment

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

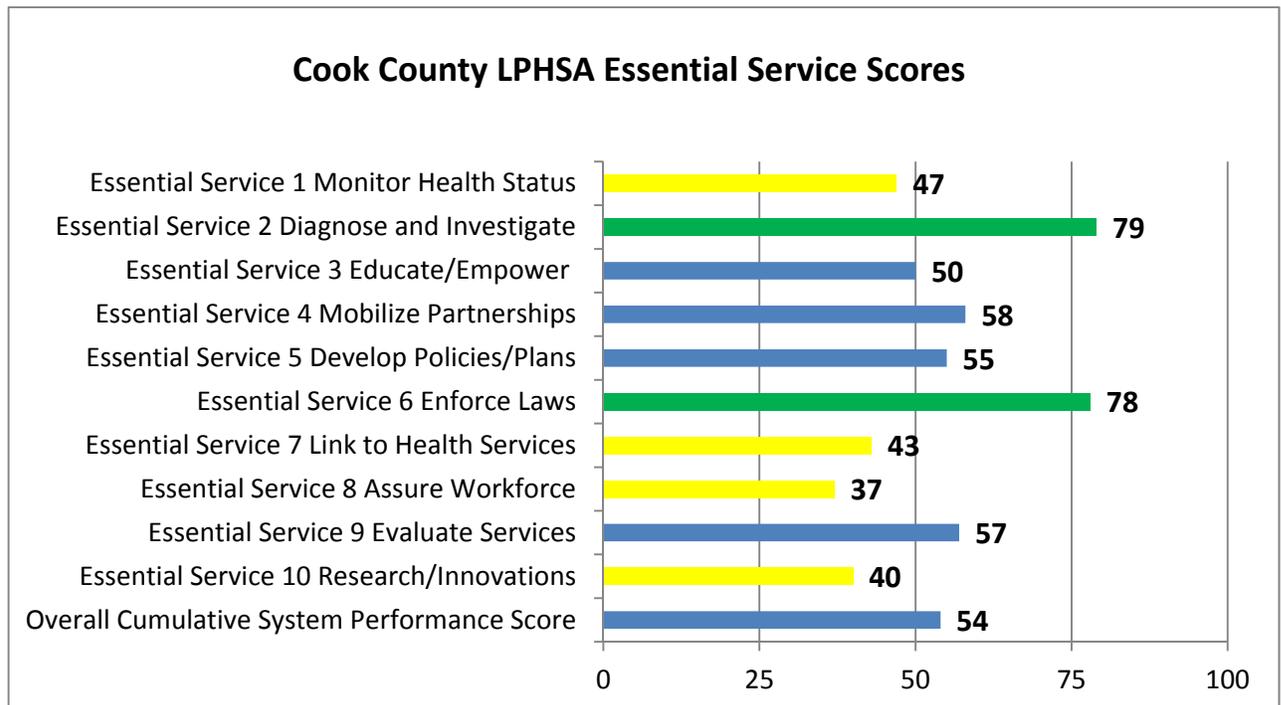
Summary Essential Public Health Service Scores			
EPHS	EPHS Description	2015 Score	Overall Ranking
1	Monitor health status to identify community health problems.	47	7 th
2	Diagnose and investigate health problems and health hazards in the community.	79	1 st
3	Inform, educate, and empower people about health issues.	50	6 th
4	Mobilize community partnerships to identify and solve health problems.	58	3 rd
5	Develop policies and plans that support individual and community health efforts.	55	5 th
6	Enforce laws and regulations that protect health and ensure safety.	78	2 nd
7	Link people to needed personal health services and assure the provision of health services.	43	8 th
8	Assure a competent public and personal health care workforce.	37	10 th
9	Evaluate effectiveness, accessibility, and quality of personal/population-based health services.	57	4 th
10	Research for new insights and innovative solutions to health problems.	40	9 th
Overall LPHS Performance Score			54

The table above provides a quick overview of the system's performance in each of the 10 Essential Public Health Services as determined by participants on September 1, 2015. Each EPHS score is a composite value determined by the scores given to those activities that contribute to each essential service. The scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to maximum of 100% (all activities associated with the standards are performed at optimal levels).

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

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

Based on break out group dialogue, participants scored the Essential Services as follows:



Highest Ranked: EPHS 2, Diagnose and Investigate Health Problems and Health Hazards in the Community, received a cumulative score of **optimal** activity (79).

Lowest Ranked: EPHS 8, Assure a Competent Public and Personal Health Care Workforce, received a cumulative score of **moderate** activity (37).

Overall Performance: The average of all EPHS scores resulted in a cumulative score of **significant** activity (54).

Scores and Common Themes for each Essential Public Health Service

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

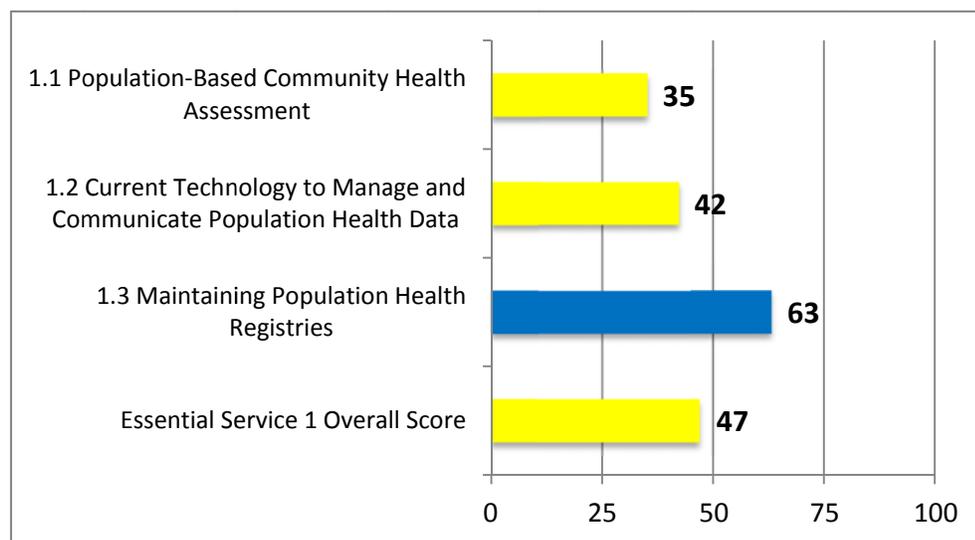
Essential Service 1: Monitor Health Status to Identify Community Health Problems

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

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

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

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



Overall performance for Essential Service 1 was scored as moderate, with Model Standards 1.1 and 1.2 scoring in the moderate range, and Model Standard 1.3 scoring in the significant range. Performance for Essential Service 1 was ranked 7th out of the 10 Essential Services.

Essential Service 1 Summary

Dialogue in Essential Service 1 explored LPHS performance in monitoring community health status through community health assessment, using technology to manage and analyze population health data, and maintaining population health registries. Discussions of this Essential Service described a county-wide Community Health Assessment (CHA) process led by the Cook County Department of Public Health with input and participation from community partners, called the WePLAN. Participants also discussed a collaborative assessment process, called the Health Impact Collaborative of Cook County, which includes 23 hospitals, 6 health departments and over 100 stakeholder organizations working together currently to develop a Community Health Needs Assessment (CHNA) and implementation plan. An area for improvement highlighted by participants is the need to better communicate findings of health data to the public in a manner that is both understandable and actionable to empower community members to use data to inform grassroots organizing and advocacy.

Model Standard 1.1, Population-Based Community Health Assessment, explores the extent to which the Cook County LPHS regularly assesses community health and uses the findings to inform the community and to drive future policy and planning. A robust health assessment is conducted every five years, in accordance with national best practice, and the data is regularly updated to keep information current. Room for improvement remains in creating alignment between the WePlan and hospital community health needs assessments, but progress is being made in working toward greater alignment through the Health Impact Collaborative of Cook County. The collective health assessment will inform the development of a shared community health improvement plan to collectively address priority health issues in Cook County. While a large amount of data is shared through the WePlan, there is an opportunity to integrate more data on availability of resources and social determinants of health. Participants reported that not everyone in the community is aware of the assessment or how to access the data, and described the need for better translation and communication of data to the public so community members can understand it and use it to mobilize and advocate for community health improvement efforts.

Participants highlighted the need to be intentional about using data to monitor and communicate health disparities and inequities among marginalized groups according to race, ethnicity, age, income, immigration status, sexual identity, education, gender, and neighborhood. Participants reported minimal activity in monitoring the social and economic conditions that affect community health and the institutional policies and practices that drive inequity, such as housing discrimination and education funding. While the LPHS is starting to engage in dialogue about the importance of a health equity approach, much progress remains in putting health equity principles into practice in Cook County's health assessment work.

Model Standard 1.2, Current Technology to Manage and Communicate Population Health Data, explores the extent to which the LPHS uses the best technology and methods to combine, analyze, and communicate data on the public's health. Participants perceived that the LPHS

generally does a good job of using technology to track and map data on health and social conditions. There is an opportunity to leverage this use of technology to more effectively communicate this data to the public. Participants felt that there was room for improvement in drawing connections between this data with population health outcomes, and noted that at times there are political barriers preventing the transparent communication of data. Participants also reported that the LPHS needs to improve the dissemination of clear and understandable health information so system partners and the public can engage with the data and use it to inform community action.

Model Standard 1.3, Maintenance of Population Health Registries, explores the extent to which data is regularly collected to update population health registries and how this data is used to inform the Community Health Assessment and other health analyses. The health department and hospitals use registry data to monitor health status and identify the need for targeted services and interventions. Participants reported that underfunding for this work at the state level results in shortcomings that have negative consequences at the local level, including absent or severely delayed data. The lag in securing relevant, timely data impedes the system's ability to make data-driven decisions. Participants also perceived that outside of the health department and clinical partners, there is little use of population health data to inform decision-making.

Strengths

- A collaborative county wide CHNA process is being done to work toward alignment and collective impact.
- Data for the WePlan is being shared with the Health Impact Collaborative of Cook County.
- Partners are moving toward increased emphasis on population health and social determinants of health in their assessment processes.
- Annual risk and vulnerability assessments are conducted.
- Emergency management assessments are regularly conducted.
- There is a high degree of data sharing between hospitals.

Weaknesses

- We do not have data describing the availability of resources to better understand assets.
- The dominant approach to improving health is a risk factor approach and an individual lifestyle approach despite the deep body of evidence demonstrating the importance of social determinants of health.
- We do a great job assessing and using data to inform strategic plans to improve community health, but we don't evaluate to see if we have moved the needle.
- We do not take the data and connect it to the community organizations who can really make community health improvement a grassroots effort.
- There is an insufficient integration of health and built environment data.

-
- A lack of capacity, infrastructure, and resources at the state level creates a severe lag in data reporting.

Opportunities for Short Term Improvement

- Improve sharing and communication of assessment data.
- Continue working toward a standard method of assessment.
- Translate data to make it user friendly for the public.
- Increase community input and participation in the community health assessment process.
- Start incorporating infographics in communication with the public to make data more approachable and understandable.
- Look at best practices from other health departments to improve monitoring and communicating data around health inequity.

Opportunities for Long Term Improvement

- Ensure that partners throughout the system are aware of how to use public health data to inform decision-making (e.g. schools can use birth data to predict and prepare for future enrollment drops or surges).
- Make connections with grassroots social movements to create alignment of efforts to address health inequities.
- Define terminology of health equity, upstream factors, and social determinants of health to be able to communicate these concepts effectively to the public.

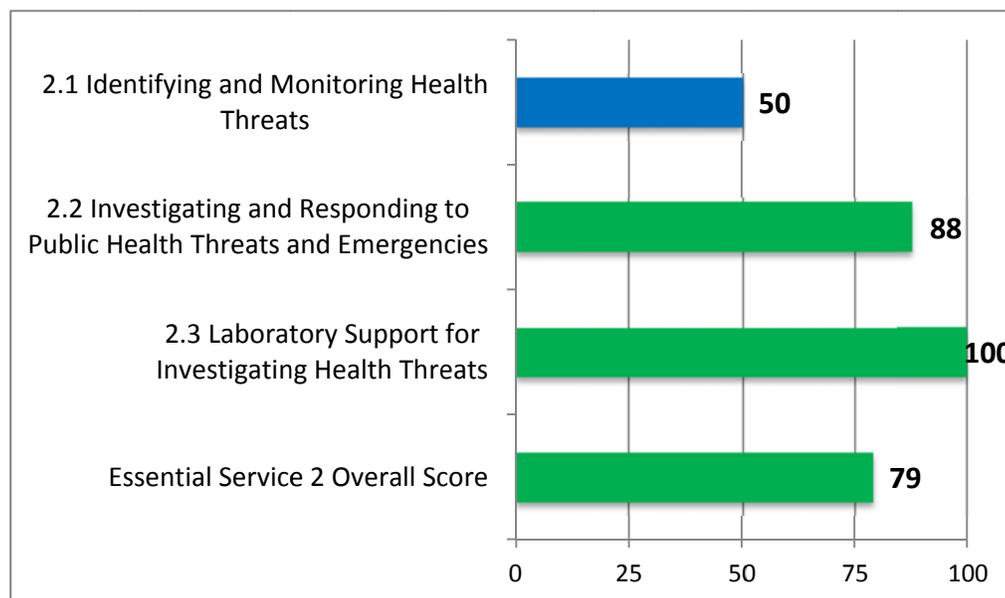
Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards

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

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

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

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



Overall performance for Essential Service 2 was scored as optimal, with Model Standard 2.1 scoring as moderate, and Model Standards 2.2 and 2.3 scoring as optimal. Performance for Essential Service 2 was ranked the highest out of the 10 Essential Services.

Essential Service 2 Summary

Participants in Essential Service 2 explored LPHS readiness to diagnose and effectively respond to health problems and health hazards, which received the highest overall performance score of the 10 Essential Public Health Services. Participants described strong emergency investigation and response capacity and robust laboratory support, but expressed concern regarding communication challenges regarding surveillance, such as long lag times that make data-driven decision making difficult.

Model Standard 2.1, Identification and Surveillance of Health Threats, explores LPHS performance to monitor and identify outbreaks, disasters, emergencies, and other emerging threats to public health. Participants described a robust surveillance system for infectious disease, maternal and child health, and biomedical and bioterrorist threats, and surveillance of inpatient mental health admittance will be available in the coming months. While surveillance systems are in place, some participants expressed concern regarding slow channels of communication resulting in a long lag time for reporting. These communication challenges impede the public health system's ability to act using the most current data. One area for which surveillance data is currently lacking is environmental health. Data documenting the impact of industrial pollution on community health is particularly important for health equity, as industrial production is often concentrated in low-income communities, resulting in disproportionate exposure to poor air quality. Another area for improvement is making health surveillance data accessible and approachable for community members so they are aware of health threats and feel empowered to take action to address health threats in their communities.

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 reported that the LPHS maintains written instructions on how to handle disease outbreaks and toxic exposure incidents, and has a written procedure to follow in the immediate investigation of health threats and emergencies. The LPHS has a designated Emergency Response Coordinator and has the capacity to respond rapidly following the guidelines they have in place. One area for improvement is conducting regular review of plans and procedures to ensure that they are up to date. Some participants expressed concern that not all members of the LPHS workforce understand their expected role in emergency response plans, so further training is needed to ensure that everyone is prepared to respond in accordance with the plans in place. A strength of this model standard is the very highly trained civil support team that has the technical expertise to rapidly respond to biological, chemical, and nuclear disasters.

Model Standard 2.3, Laboratory Support for Investigation of Health Threats, explores the capacity of laboratories to analyze threats to public health. Participants reported that the LPHS has ready access to licensed laboratories that can meet local needs on a regular basis and during emergencies, and maintains a written protocol for laboratory procedures for handling samples and reporting results.

Strengths

- Laboratory support is readily accessible in the LPHS.
- Hospitals partner with the health department to investigate outbreaks
- The health department has systems in place for surveillance and notification of public health emergencies throughout the state.
- Policies and procedures are in place to ensure that the labs utilized are competent

Weaknesses

- Lag time in surveillance makes it challenging to act on information in a timely manner
- Health inequities are identified but the LPHS has not taken systematic action to address them
- Air pollution, air quality and other environmental health data are not available
- There is inadequate planning regarding the protection and safety of vulnerable population in emergency response plans

Opportunities for Short Term Improvement

- Make health surveillance data accessible and approachable for community members so they are aware of health threats and empowered to take action

Opportunities for Long Term Improvement

- Advocate for increased funding for surveillance activities to decrease lag time in reporting

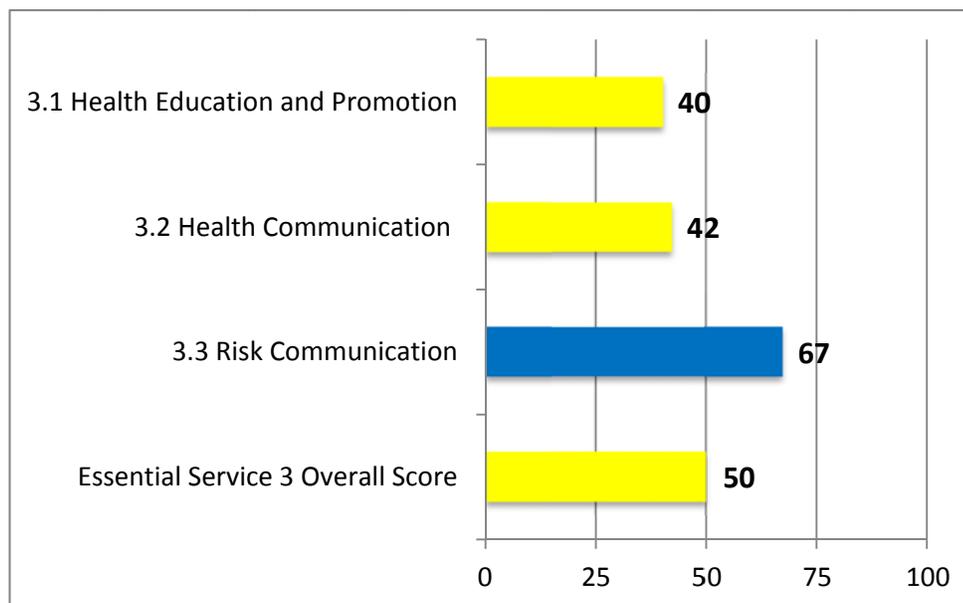
Essential Service 3: Inform, Educate, and Empower People about Health Issues

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

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

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

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



Overall performance for Essential Service 3 was scored as significant with Model Standards 3.1 and 3.2 scoring in the moderate range, and Model Standard 3.3 scoring in the significant range. Performance for Essential Service 3 was ranked sixth out of the 10 Essential Services.

Essential Service 3 Summary

Participants in Essential Service 3 explored LPHS performance in keeping Cook County communities informed and empowered about public health issues. Participants described strong coordination of messaging to educate and inform community members about public health issues and emergencies, but highlighted the tailoring of messaging to subpopulations as an area for improvement.

Model Standard 3.1, Health Education and Promotion, explores the extent to which the LPHS successfully provides policy makers, stakeholders, and the public with health information and related recommendations for health promotion policies, coordinates health promotion and education activities, and engages the community in setting priorities and implementing health education and promotion activities. Participants reported many examples of community health communication and education, but also emphasized that the approach has shifted in recent years to emphasize population-level health promotion through policy, systems, and environmental change efforts rather than individually-targeted health education and intervention. While a population approach to health education and promotion is more impactful than individually-targeted interventions, participants acknowledged that there is still an expectation among the public for a more individual level approach. While less effective for population health improvement, individually directed work, such as health fairs and classes, is still important for maintaining visibility and building trust among community members according to participants. A strength within this model standard is the high level of inter-agency coordination of health promotion activities. An area for improvement to focus on moving forward is increasing community engagement in health promotion policy and advocacy work.

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 reported the presence of strong health communication plans. Partners have internet and social media kits for health communication, and they have shared strategies so messaging to the public is coordinated and consistent. The Healthy Hotspots initiative was cited as an example of a successful communication campaign, in which partner coordination and media collaboration are strong. One area where improvement is needed is targeted outreach to specific subpopulations and tailoring messaging appropriately, including ensuring the accuracy of translations when disseminating health communication in other languages.

Model Standard 3.3, Risk Communication, specifically explores LPHS performance in communicating health information in emergencies. Participants reported that emergency communication systems are in place, allowing for rapid sharing of information with key stakeholders. Multiple agencies coordinate emergency communication planning, including the

health department, the Red Cross, hospitals, and first responders. Emergency communication plans are adaptable to different types of emergencies, and plans comply with the National Incident Management System (NIMS). One weakness participants reported is that while plans are in place, stakeholders do not have a thorough knowledge of their roles within them.

Strengths

- Strong coordination and consistency in communication with the public
- Data analytics are used to understand what information people are looking at on websites

Weaknesses

- Securing accurate translations of health education and promotion materials has been a challenge, limiting the system's ability to communicate effectively with all community members
- Bureaucracy limits the system's ability to be innovative in communication with the public

Opportunities for Short Term Improvement

- Increase use of social media for health messaging
- Disseminate health messaging through radio to reach populations that may have lower access and exposure to web-based communication

Opportunities for Long Term Improvement

- Ensure effective communication to different stakeholders to successfully reach targeted subpopulations
- Cultivate deeper relationships with the media
- Use health data to communicate with the public about health equity

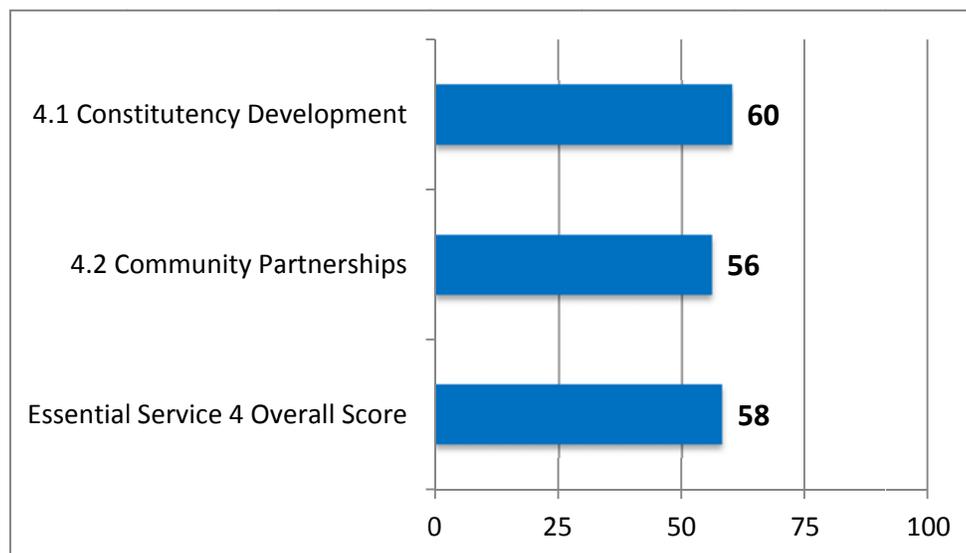
Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

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

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

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

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



Overall performance for Essential Service 4 was scored as significant with all model standards scoring in the significant range. Performance for Essential Service 4 was ranked third out of the 10 Essential Services.

Essential Service 4 Summary

Participants in Essential Service 4 explored the Cook County Local Public Health System's performance in engaging the community in local health issues through partnerships. Mobilizing Community Partnerships was one of the highest-ranking essential services in the assessment. LPHS partners form strategic alliances and foster community engagement to take collective action toward community health improvement.

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 described that key constituents are built through partnerships and strategic alliances. The LPHS seeks out opportunities to engage the community in health improvement efforts. Hosting forums to discuss community health issues is one mechanism for fostering community engagement. Health fairs are also used to engage the public and to forge new partnerships. Participants noted that behavioral health and perinatal health are two areas for which constituency development has been lacking. Efforts have been made to identify and engage diverse constituencies that reflect the diversity of the county, but the LPHS should continue to build on these efforts.

Model Standard 4.2, Community Partnerships, explores 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 reported that the same partners frequently convene for similar meetings, which is inefficient, especially given limited staff capacity in the current fiscal climate. They highlighted the need to better align efforts and create integrated approaches rather than working in silos. For example, instead of having separate coalition meetings for smoking cessation and asthma mitigation, these efforts could be brought together under a broader lung health coalition. Additionally, participants called for an increased emphasis on collective action and implementation, instead of merely convening to discuss a problem.

Strengths

- Strong partnerships and strategic alliances
- LPHS has had success in holding forums to raise awareness regarding childhood obesity and school nutrition

Weaknesses

- Too frequently the same partners convene for meetings with a lot of overlap and duplication in subject matter
- LPHS has not yet held forums on mental health or perinatal health

Opportunities for Short Term Improvement

- Create committees that take an integrated approach to addressing health problems
- Use best practice examples of community collaboratives in neighboring communities, such as the Kane County Planning Collaborative and DuPage FORWARD, to inform strategies to build alignment and collective action
- Hold regular forums to advance dialogue about community design to support active transportation

Opportunities for Long Term Improvement

- Grow the workforce of community outreach health educators
- Raise awareness of public forums to engage more community members in dialogue about how to improve health
- Prioritize health issues to collectively address as a system and focus efforts to increase health impact

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

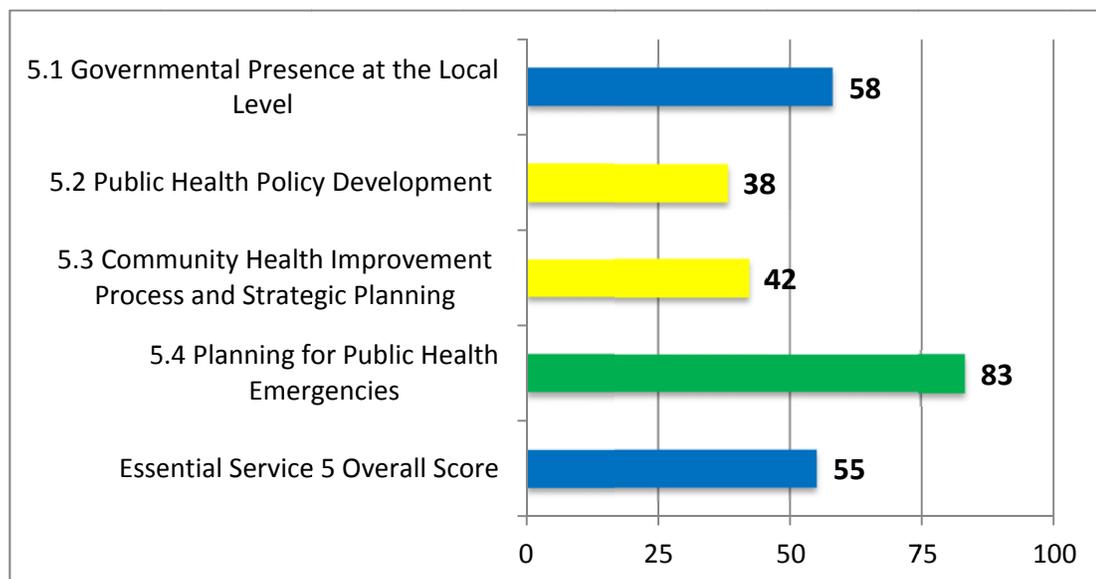
To assess performance for Essential Public Health Service 5, participants were asked to address two key questions:

What local policies in both the government and private sector promote health in our community?

How well are we setting healthy local policies?

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

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



Overall performance for Essential Service 5 was scored as significant, with Model Standard 5.1 scoring in the significant range, Model Standards 5.2 and 5.3 scoring in the moderate range, and Model Standard 5.4 scoring in the optimal range. Performance for Essential Service 5 was ranked fifth out of the 10 Essential Services.

Essential Service 5 Summary

Participants in Essential Service 5 explored public health planning and policy development in Cook County. The LPHS maintains a high-performing governmental presence through the Cook County Department of Public Health, though the health department is under-resourced, making it a challenge to fully address the needs of the jurisdiction. There is a growing recognition of the importance of a policy, systems, and environmental approach to addressing population health problems, but greater work must be done to mobilize the public at a grassroots level to advocate for change. The LPHS maintains strong emergency plans and policies.

Model Standard 5.1, Governmental Presence at the local level, explores the extent to which the LPHS supports the work of the local health department to ensure the delivery of the 10 Essential Public Health Services and to ensure that the health department has adequate resources to do its part in providing Essential Public Health Services. The Cook County Department of Public Health is accredited by the Public Health Accreditation Board, meaning that it has demonstrated high performance in assuring delivery of the Essential Public Health Services and the core functions of public health, and has shown a commitment to quality and continuous improvement. However, despite the health department's commitment to service and quality, participants reported that there are not nearly enough resources available to adequately address the needs of the jurisdiction. The LPHS makes efforts to assure the availability of resources for the health department through writing letters of support for grants and by engaging in advocacy activities for public health funding. However, these activities are ad hoc and uncoordinated. Partners highlighted the need for a coordinated, consistent, and continuous advocacy effort on behalf of governmental public health to ensure the availability of resources.

Model Standard 5.2, Public Health Policy Development, explores the extent to which the LPHS contributes to the development and improvement of policies to protect and promote the public's health. The LPHS recognizes the importance of a policy, systems, and environmental change approach to health improvement, and participants believed that the system could do a better job of engaging policymakers and raising voter awareness to mobilize grassroots advocacy. Another area for improvement described by participants is consistently and systematically reviewing existing policies that impact the public's health.

Model Standard 5.3., Community Health Improvement Process and Strategic Planning, explores the LPHS's actions to improve community health. The WePLAN is a collaborative partnership that conducts a Community Health Assessment (CHA) every five years, which informs the development of a Community Health Improvement Plan (CHIP) to address priority community health issues. Participants reported that the challenge is to write a plan that is adaptable and fluid to reflect changing priorities and resources. A goal moving forward is to create integration and alignment with LPHS partner organizations for a shared implementation plan.

Model Standard 5.4, Planning for Public Health Emergencies, explores the LPHS emergency preparedness and response planning activities. Performance for Model Standard 5.4 was assessed as optimal, with participants noting this as an area of strength for the LPHS.

Strengths

- Strong emergency plans are in place for public health threats and disasters
- LPHS makes maximum use of its minimal staffing and funding resources
- Strong training and capacity building for emergency response

Weaknesses

- Lack of funding limits the scope of this work
- Insufficient grassroots mobilization to advocate for public health
- Lack of emphasis on social determinants of health in policy and planning
- Cook County government is perceived as having a poor image among the public, making it challenging to brand efforts as county initiatives

Opportunities for Short Term Improvement

- Increase communication and collaboration among health department and other LPHS partners
- Improve community awareness of community health improvement activities
- Build principles of health impact assessment into built environment policies and decision making

Opportunities for Long Term Improvement

- Address the poor perceptions of Cook County government through positive marketing

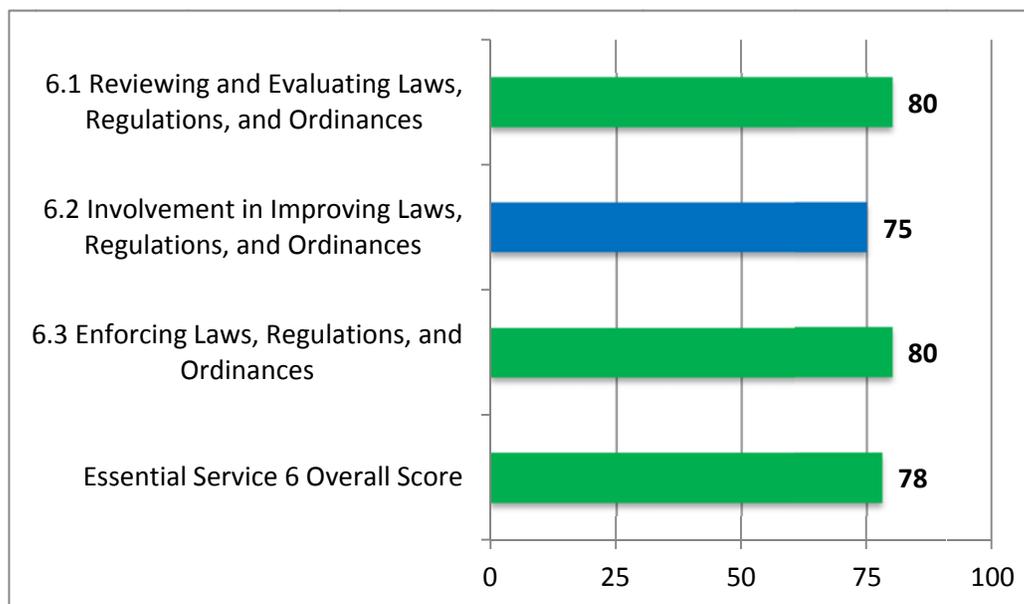
Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

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

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

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

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



Overall performance for Essential Service 6 was scored as optimal, with Model Standards 6.1 and 6.3 scoring in the optimal range, and Model Standard 6.2 scoring in the significant range. Performance for Essential Service 6 was ranked second out of the 10 Essential Services.

Essential Service 6 Summary

Essential Service 6 examines the LPHS's performance in enforcing health and safety laws and regulations. Participants described community education as key to this work, and emphasized the priority the LPHS places on informing residents about policies that protect and promote public health, and educating the community about how to comply with regulations and ordinances. As the public health system increasingly moves to policy, systems, and environmental change strategies to improve population health, work in policy review, improvement, and development will play a critical role in shaping health outcomes.

Model Standard 6.1, Reviewing and Evaluating Laws, Regulations and Ordinances, explores the extent to which the LPHS maintains familiarity and keeps current with existing policies, and how well they communicate the public health impact of these policies. Participants reported that the LPHS continually identifies public health issues that can be addressed through policy, and the system stays up to date with existing policies. The LPHS has expertise and infrastructure in place for review of the health impact of current policies.

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. While the LPHS actively promotes policy-based solutions to community health problems, participants described barriers in creating national and state level policies, noting that it is easier to draft legislation at the municipal level. Creating public health policies at the local level allows for more innovation and experimentation that can be adapted on a larger scale among other jurisdictions. Cook County has the opportunity to serve as a role model for the state and the country by implementing creative policy solutions to address complex public health problems. An area of weaknesses is a lack of technical expertise in drafting language for proposed laws, regulations, and ordinances.

Model Standard 6.3, Enforcing Laws, Regulations, and Ordinances, explores the LPHS's performance in enforcing policies, including making sure community members are aware of relevant laws, regulations, and ordinances. Participants reported a good public health enforcement system, and emphasized that the primary focus should be on education so the community knows how to comply with laws, regulations, and ordinances, and understands why these codes are important. Participants expressed concern that in some cases, laws are enforced unequally with disproportionate impact on vulnerable and disenfranchised communities.

Strengths

- Strong legal expertise for policy review
- Strong health codes and drinking water standards
- Good collaboration across jurisdictions
- Strong capacity for enforcement of laws, regulations and ordinances

Weaknesses

- Inadequate staff capacity to properly enforce public health regulations and ordinances
- Lack of consequences for citizens that do not comply with laws
- Lack of technical assistance and expertise in drafting new legislation

Opportunities for Short Term Improvement

- Engage the public in grassroots advocacy to improve existing local and state laws and create new laws that support population health

Opportunities for Long Term Improvement

- Create a systematized and formalized review process for policies to determine if changes or updates are needed

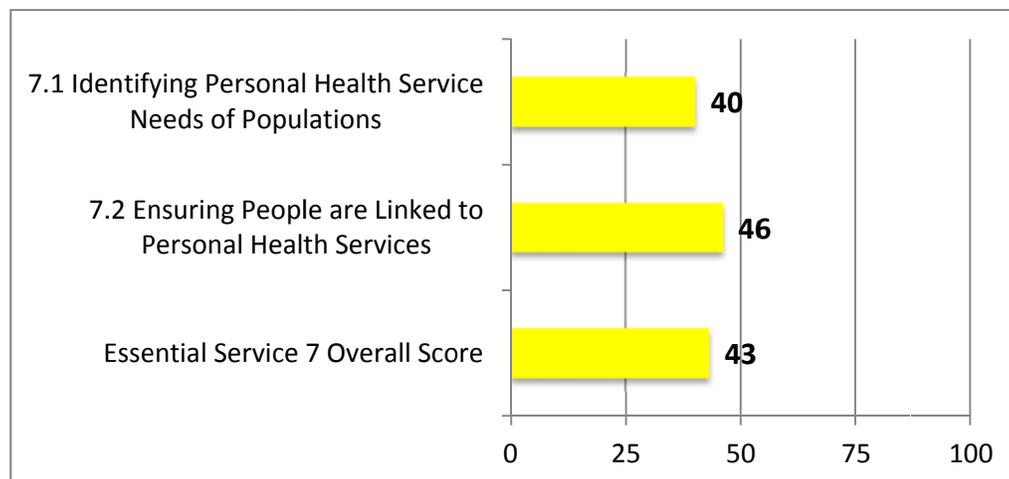
Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable

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

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

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

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



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

Essential Service 7 Summary

Participants in Essential Service 7 explored LPHS performance in connecting community members to the health services they need. Participants reported that the system has a strong understanding of vulnerable populations and their needs. Organizations frequently refer community members to the services they need, but due to insufficient funding, there are not enough resources in the system to truly meet the level of need present in the community. While referrals are made, vulnerable community members face barriers in accessing the services they have been referred to, and the LPHS lacks a good system for tracking successful linkages to care.

Model standard 7.1, Identifying Personal Health Service Needs of Populations, explores the extent to which the LPHS understands vulnerable populations in the community and the barriers to care that they experience. Participants emphasized that while the LPHS has a good understanding of vulnerable populations and their needs, this understanding does not necessarily translate to action to address these needs, because the LPHS does not have sufficient funding to meet the level of need that exists in the community. In identification and assessment of vulnerable populations, the LPHS shares a common language of social determinants of health, and organizations throughout the system understand the root causes of poor health. The caveat, however, is that system partners need to do a better job of communicating this message to those outside of public health, particularly policymakers. The system must also do a better job of articulating health inequity in the context of historical injustices against marginalized communities.

Model Standard 7.2, Ensuring People are Linked to Personal Health Services, explores LPHS performance in helping vulnerable populations access needed services. While individual agencies try to help community members access needed services, this activity is not well-coordinated across the system. Referrals are made, but an opportunity exists to create a referral tracking system so the system can see whether there has been follow through on successfully linking people to the care and services they need. An area of strength is that the system has done a great job in enrolling people in County Care, which is a first step to helping vulnerable populations access care. However, participants cautioned that coverage doesn't necessarily translate to true access to care, because vulnerable community members face additional barriers in access, including lack of providers accepting Medicaid and lack of transportation.

Strengths

- The Affordable Care Act has provided coverage for previously uninsured individuals
- LPHS has done a good job enrolling newly eligible Medicaid patients

Weaknesses

-
- Geographic differences in access to services—lower access in southern Cook County than in northern Cook County
 - Transportation access is a substantial barrier for many vulnerable community members

Opportunities for Short Term Improvement

- Improve care coordination through creation of a referral follow up system
- Improve interpretation services and recruit translators for Polish and Arabic speaking populations

Opportunities for Long Term Improvement

- Work to influence laws, policies, and practices that drive inequitable distribution of health and wealth

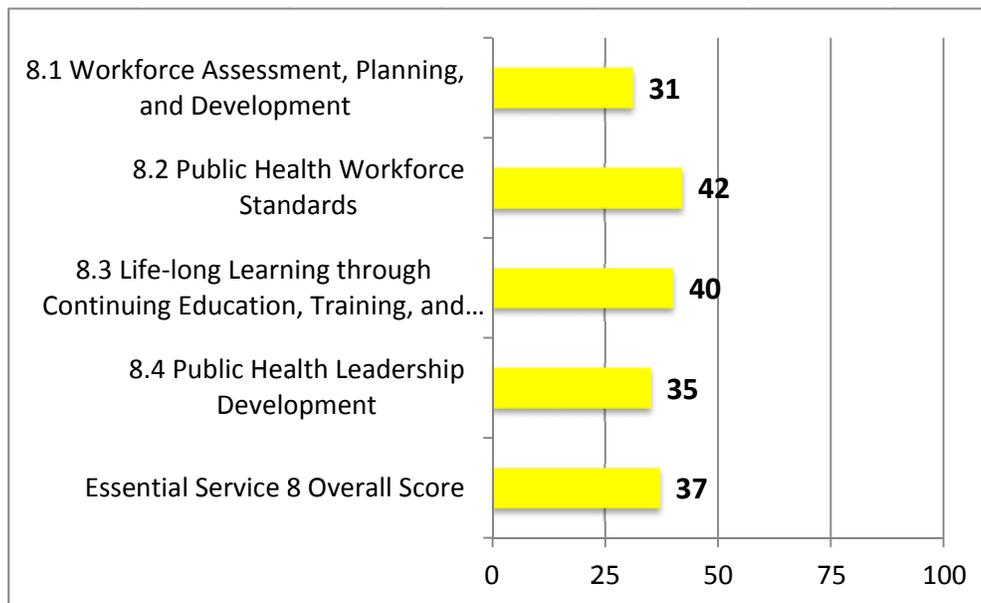
Essential Service 8: Assure a Competent Public Health and Personal Healthcare Workforce

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

Do we have a competent public health staff?

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

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



Overall performance for Essential Service 8 was scored as moderate with all model standards scoring in the moderate range. Performance for Essential Service 8 was ranked the lowest out of the 10 Essential Services.

Essential Service 8 Summary

Participants in Essential Service 8 discussed public health workforce development in Cook County. While not a coordinated system effort, many organizations throughout the LPHS are engaged in workforce assessment and development. Employers maintain public health workforce standards, but rarely integrate public health competencies into job descriptions and training. Continuing education and leadership development opportunities exist for the workforce, but these are largely directed at management. Moving forward, the LPHS should create training and workforce development opportunities for frontline staff so employees at all levels have access to increase their skills and knowledge.

Model Standard 8.1, Workforce Assessment, Planning, and Development, explores how well the LPHS is assessing its workforce as a system. Participants reported that multiple organizations within the LPHS are engaged in workforce assessment, but these assessments occur in isolation of each other because the system lacks a coordinating body to bring partners and existing assessment data together to assess the whole workforce and come up with a shared workforce development plan that partners implement through aligned efforts.

Model Standard 8.2, Public Health Workforce Standards, explores how well the LPHS complies with certification and licensure requirements for its workforce. Organizations are compliant with licensure requirements, and conduct employee performance reviews on a regular basis. Participants were concerned that partner organizations do not incorporate public health competencies into job descriptions, job duties, or training.

Model Standard 8.3, Life-long Learning Through Continuing Education, Training, and Mentoring, explores the extent to which the LPHS supports professional development of the public health workforce. Participants reported good support for professional development for management and upper level staff within the public health workforce but expressed concern that there are far fewer professional development opportunities for frontline staff.

Model Standard 8.4, Public Health Leadership Development, explores the extent to which the LPHS fosters leadership development opportunities for the workforce at all organizational levels. Participants reported that LPHS organizations do a good job of providing access to leadership development opportunities, citing the MidAmerica Regional Public Health Leadership Institute (MARPHLI) as one example. Beyond formal opportunities like MARPHLI, there are also informal opportunities for members of the workforce to develop leadership skills, such as volunteering to chair a coalition workgroup. An area for growth for the LPHS is ensuring that there are ample opportunities for leadership development among members of the LPHS workforce that represent the diversity within the community.

Strengths

- LPHS organizations are engaged in workforce assessment activities
- Most LPHS agencies are regulated and many are accredited and workforce is appropriately licensed and credentialed

Weaknesses

- Lack of coordination of workforce assessment and planning activities
- Few workforce development opportunities exist for lower level staff in LPHS partner organizations

Opportunities for Short Term Improvement

- Centralize workforce assessment under one coordinating entity
- Ensure access to professional development opportunities for all levels of the LPHS workforce
- Seek grants to fund training and professional development for the LPHS workforce

Opportunities for Long Term Improvement

- Continue to foster a shared vision of what constitutes a healthy community
- Increase funding for continuing education and training opportunities for the public health workforce
- Incentivize continuing education among LPHS workforce
- Foster greater diversity among LPHS leadership

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

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

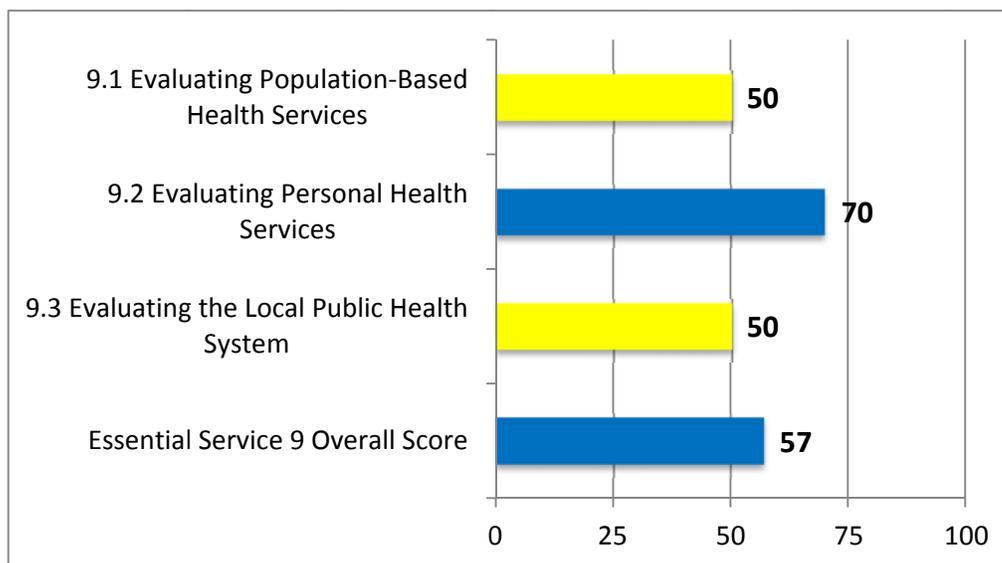
Are we meeting the needs of the population we serve?

Are we doing things right?

Are we doing the right thing?

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

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



Overall performance for Essential Service 9 was scored as significant with Model Standards 9.1 and 9.3 scoring in the moderate range, and Model Standard 9.2 scoring in the significant range. Performance for Essential Service 9 was ranked fourth out of the 10 Essential Services.

Essential Service 9 Summary

Participants in Essential Service 9 explored how the Cook County LPHS evaluates the effectiveness of personal and population-based services, and the LPHS itself. Evaluation of personal health services occurs frequently and data is used to inform improvements to service quality. Population-based health service evaluation is less consistent. Moving forward, LPHS partners should work toward greater collaboration and sharing of evaluation data to inform system-wide improvements to service delivery quality and effectiveness, and should work to assess equitability of outcomes for different populations to inform progress toward achieving health equity.

Model Standard 9.1, Evaluation of Population-Based Health Services, explores whether population-based services are being adequately evaluated by the LPHS, whether community feedback is sought, and whether gaps in service provision have been identified. Participants reported that the evaluation of population-based services is going on in a limited basis, and is often driven by grant reporting. The health department uses data from the Behavioral Risk Factor Surveillance System and health registries to monitor the success of population-based interventions. An area for improvement is assessment of community satisfaction with population-based health services, which has been quite limited. Participants reported low awareness of their partners' evaluation activities.

Model Standard 9.2, Evaluation of Personal Health Services, examines the extent to which health care providers are evaluating personal health care services. Hospitals and clinics are required to evaluate their effectiveness, and they gather input from patients on their service quality through dissemination of customer feedback surveys. Personal health service quality data is compared against established standards and guidelines. LPHS entities leverage technological resources such as electronic health records to improve quality of care and evaluation findings are used to improve service delivery. While there is a lot of activity in this area, participants reported that evaluation is driven by funding, which may leave important questions unanswered. For example, partners do not collect data on equitability of outcomes among diverse populations.

Model Standard 9.3, Evaluation of the Local Public Health System, explores LPHS performance in evaluating its effectiveness as a system. The LPHS has done a good job identifying partner organizations that contribute to the provision of the 10 Essential Public Health Services in Cook County. However, not all organizations comprising the LPHS think of themselves as such, so it is important to communicate the impact of each sector's work on population health. The LPHS convenes every five years to assess its collective performance through the Local Public Health System Assessment.

Strengths

- Strong outcome measurement
- Evaluations are conducted on a regular basis

Weaknesses

- Money drives evaluations, leaving some important questions left unanswered
- Partners are not aware of one another's evaluation activities

Opportunities for Short Term Improvement

- Increase awareness of partner's evaluations
- Create evaluation questions with health equity in mind

Opportunities for Long Term Improvement

- Increase sharing of customer satisfaction data across agencies to inform system-wide quality improvement

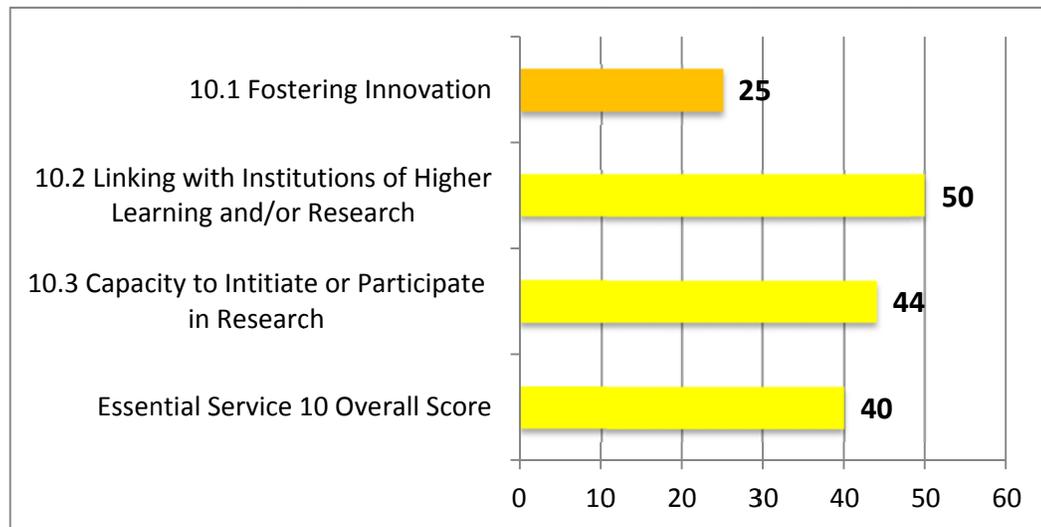
Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

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

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

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

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



Overall performance for Essential Service 10 was scored as moderate with Model Standard 10.1 scoring in the high minimal range, and Model Standards 10.2 and 10.3 scoring in the moderate range. Performance for Essential Service 10 was ranked the ninth out of the 10 Essential Services.

Essential Service 10 Summary

Participants in Essential Service 10 discussed LPHS performance in research and innovation. This essential service received one of the lowest cumulative scores in the assessment. While there is a strong research infrastructure in the community due to the abundance of academic institutions in the county, the ability of many LPHS partner organizations to participate in research is limited due to lack of funding. Participants also reported that while a lot of research is going on, academic researchers have traditionally been interested in topics that are not as immediately relevant to public health practice, limiting the tangible impact of research findings on the LPHS. As there is growing recognition of the importance of translational research, LPHS partner organizations have an opportunity to take a more active role in public health research.

Model Standard 10.1, Fostering Innovation, explores LPHS performance in finding new ways to improve public health practice. Participants reported that in addition to the research going on at academic institutions, practice-based institutions more frequently use pilot testing and quality improvement to explore innovative approaches. They noted, however, that practice-based partner organizations do not systematically evaluate this work, and lessons learned are not always shared throughout the system, limiting the benefit to the LPHS as a whole. While organizations do sometimes partner with academic institutions, participants explained that academic researchers are not always interested in practice questions. There has also been a historic imbalance of power in research, in which academic institutions drive the research agenda with little input from community partners. The emerging emphasis on community-based participatory research is an opportunity to shift the balance of power so that public health practitioners have a greater voice in shaping research agendas and conducting studies that have more immediate relevance to their work.

Model Standard 10.2, Linkage with Institutions of Higher Learning and Research, examines the extent to which the LPHS engages in relationships with universities and other research institutions to collaborate and share data and best practices. Participants reported that many relationships are in place between academic institutions and other LPHS partner organizations, and described the presence of formal academic and community collaborations. For example, the MidAmerica Center for Public Health Practice at UIC seeks to bridge the academia and practice fields. Participants noted that a positive trend is the shift toward universities doing research and data analysis on behalf of practice organizations. For example, the University of Chicago recently approached Cook County Department of Public Health and offered to help the health department analyze lead data.

Model Standard 10.3, Capacity to Initiate or Participate in Research, received a moderate overall score. The LPHS has access to a wide breadth of research expertise, including data analysis, survey design, program evaluation, and policy research. As discussed above, participants noted that a limitation of accessing these resources is aligning researcher's interests

with work that would be beneficial to practice institutions. Participants reported the presence of a strong infrastructure for research, including the presence of Institutional Review Boards, experts skilled in research methodology, and an understanding of research ethics. Collaborations are in place between universities and practice organizations, which can be strengthened further to expand joint research endeavors. The true limiting factor is a lack of funding.

Strengths

- Good relationships exist between practice organizations and academia
- The abundance of universities provide a robust research infrastructure

Weaknesses

- Lack of resources to fund innovation and implement findings of cutting-edge research

Opportunities for Short Term Improvement

- Continue to strengthen LPHS linkages with research institutions
- Increase bidirectional exchange and collaboration between practice organizations and researchers

Opportunities for Long Term Improvement

- Create a formal research/practice collaborative to work between institutions and practice organizations to coordinate public health research
- Engage the community further in setting research priorities

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

Cook County's Local Public Health System Assessment revealed a number of key areas of excellence for the public health system, including strong health assessment, monitoring, and surveillance, and robust emergency preparedness and response. Major areas for improvement identified through the assessment included addressing duplication of effort, improving coordination of assessment, planning, and implementation activities, and increasing communication with policymakers and the public on the importance of addressing the social determinants of health to achieve health equity.

The LPHS is engaged in a high level of health assessment and surveillance work to monitor population health, and effort is being made to better align these activities across partner organizations through initiatives like the Health Impact Collaborative of Cook County. Participants emphasized the need to make health data accessible and understandable to the public and policymakers so this data can inform advocacy and policy change.

Tracking and surveillance is a strength across Cook County, but partners must be more intentional about data sharing to work toward greater cohesive response to health problems. A limitation in this area is that surveillance has traditionally focused on acute health conditions, but as the disease burden has shifted, the public health system must develop systems to monitor progress toward improving outcomes for complex health problems like obesity and mental health.

The LPHS does a good job of coordinating communication to deliver consistent health messaging to the media and to the public, but the system can further hone its communication with the public regarding the importance of social determinants of health.

Strong partnerships are in place across the LPHS, but there is a great deal of duplication of effort, in which many coalitions and initiatives exist to address overlapping health issues, resulting in partners spending too much time at meetings. The system can increase efficiency and effectiveness by grouping related topics and making coalitions broader in scope. For example, instead of having separate meetings on asthma and tobacco, system partners can convene around the broader issue of lung health.

Policy development and planning are a strength for the system, particularly regarding emergency preparedness and response. The system has strong policies and plans in place, but the area for improvement is making sure these plans are implemented and evaluated. The LPHS must also take a critical look about how to engage vulnerable populations in its policy and planning work to ensure an equitable approach.

Enforcement of laws and regulations is a great system strength. Laws, regulations, and ordinances are well-written and enforced. However, not all public health issues are amenable to regulation, so the system must also engage in education with the public to communicate the importance of building communities that support healthy behaviors and foster wellness.

Partner organizations have a good understanding of the needs of vulnerable populations in Cook County, and agencies do a good job of referring community members to services. The area for improvement is improving follow through on referrals to ensure that people are successfully linked to the care they need. Also, in the current state fiscal and policy environment, there are insufficient resources and funding to meet the level of need that exists in the community. The LPHS must continue to advocate for critical services to protect population health and wellbeing.

The LPHS is engaged in workforce assessment and development activities, but these efforts occur in isolation of each other due to the absence of a coordinating body to bring partners together to share data and align for collective action. Sharing workforce assessment data and creating a cohesive plan and coordinating implementation would increase efficiency and effectiveness of this work.

Evaluation and quality improvement is a strength for personal health care services, but occurs less frequently for population health interventions. Effectiveness is evaluated through outcome measures and program targets. A weakness in evaluation is that funding drives the questions we ask and answer, so questions of equity are often left out of evaluation dialogue.

The abundance of high caliber universities in Cook County and ongoing partnerships between academia and community organizations create a robust infrastructure for public health research. The limitation is that research institutions drive their own agendas, which may have low applicability to the practice field. To fully leverage the research expertise in the community, there must be more equitable and bidirectional collaboration between researchers and the practice field to make research more relevant to inform public health practice improvement.

By leveraging the strengths and working towards improvement in the areas discussed above, the Cook County LPHS can enhance its collective performance and effectiveness as a system to work toward achieving greater health and quality of life for the citizens of Cook County.

Appendix: Essential Public Health Service Scoring Charts

EPHS 1. Monitor Health Status To Identify Community Health Problems		
Model Standard Scores		
1.1 Population-Based Community Health Assessment (CHA)	MODERATE	47
<p>The local public health system (LPHS) develops a community health profile using data from a detailed community health assessment (CHA) to give an overall look at the community's health. The CHA includes information on health status, quality of life, risk factors, social determinants of health, and strengths of the community at least every 3 years. Data included in the community health profile are accurate, reliable, and interpreted according to the evidence base for public health practice. CHP data and information are displayed and updated according to the needs of the community.</p> <p>With a CHA, a community receives an in-depth picture or understanding of the health of the community. From the CHA and CHP, the community can identify the most vulnerable populations and related health inequities, prioritize health issues, identify best practices to address health issues and put resources where they are most needed. The CHP also tracks the health of a community over time and compares local measures to other local, state, and national benchmarks.</p>		
1.1.1 Community Health Assessment		75
1.1.2 Continuously update CHA with current information		25
1.1.3 Community-wide use of community health assessment or CHP data		25
1.1.4 Monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identify, education, gender, and neighborhood		25
1.1.5 Monitor social and economic conditions that affect health in the community		25
1.2 Current Technology to Manage and Communicate Population Health Data	MODERATE	42
<p>The local public health system (LPHS) provides the public with a clear picture of the current health of the community. Health problems are looked at over time and trends related to age, gender, race, ethnicity, and geographic distribution are examined. Data are shown in clear ways, including graphs, charts, and maps while the confidential health information of individuals is protected. Software tools are used to understand where health problems occur, allowing the community to plan efforts to lessen the problems and to target resources where they are most needed. The Community Health Profile (CHP) is available in both hard copy and online formats, and is regularly updated. Links to other sources of information are provided on websites.</p>		
1.2.1 Best available technology and methods to display data		50
1.2.2 Analyze health data to see where health problems exist		50
1.2.3 Use computer software to create chart, graphs, and maps to display complex data		25

1.3 Maintenance of Population Health Registries	SIGNIFICANT	63
<p>The local public health system (LPHS) collects data on health-related events for use in population health registries. These registries allow more understanding of major health concerns, such as birth defects and cancer, and tracking of some healthcare delivery services, such as vaccination records. Registries also allow the LPHS to give timely information to at-risk persons. The LPHS assures accurate and timely reporting of all the information needed for health registries. Population health registry data are collected by the LPHS according to standards, so that they can be compared with other data from private, local, state, regional, and national sources. With many partners working together to contribute complete data, population registries provide information for policy decisions, program implementation, and population research.</p>		
1.3.1	Collect timely data consistent with current standards on specific health concerns	75
1.3.2	Use information from population health registries in CHAs	50

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

2.1 Identification and Surveillance of Health Threats		MODERATE	50
<p>The local public health system (LPHS) conducts surveillance to watch for outbreaks of disease, disasters and emergencies (both natural and manmade), and other emerging threats to public health. Surveillance data includes information on reportable diseases and potential disasters, emergencies or emerging threats. The LPHS uses surveillance data to notice changes or patterns right away, determine the factors that influence these patterns, investigate the potential dangers, and find ways to lessen the impact on public health. The best available science and technologies are used to understand the problems, determine the most appropriate solutions, and prepare for and respond to identified public health threats. To ensure the most effective and efficient surveillance, the LPHS connects its surveillance systems with state and national systems. To provide a complete monitoring of health events, all parts of the system work together to collect data and report findings.</p>			
2.1.1	Comprehensive surveillance system to identify, monitor and share information		75
2.1.2	Provide and collect information on reportable disease and potential disasters and threats		50
2.1.3	Best available resources to support surveillance systems and activities		50
2.1.4	Monitor health inequities and identify the social determinants of health inequities		25
2.1.5	Resources to collect information about inequities and investigate social determinants of health		50
2.2 Investigation and Response to Public Health Threats and Emergencies		OPTIMAL	88
<p>The local public health system (LPHS) stays ready to handle possible threats to the public health. As a threat develops – such as an outbreak of a communicable disease, a natural disaster, or a chemical, radiological, nuclear, explosive, or other environmental event – a team of LPHS professionals works closely together to collect and understand related data. Many partners support the response with communication networks already in place among health related organizations, public safety, rapid response teams, the media, and the public. In a public health emergency, a jurisdictional Emergency Response Coordinator leads LPHS partners in the local investigation and response. The response to an emergent event is in accordance with current emergency operations coordination guidelines.</p>			
2.2.1	Maintain instructions on how to handle communicable disease outbreaks		75
2.2.2	Written protocols for investigation of public health threats		75
2.2.3	Designated emergency response coordinator		100
2.2.4	Rapid response of personnel in emergency/ disasters		75
2.2.5	Identification of technical expertise		100
2.2.6	Evaluation of public health emergency response		100
2.3 Laboratory Support for Investigation of Health Threats		OPTIMAL	100
<p>The local public health system (LPHS) has the ability to produce timely and accurate laboratory results for public health concerns. Whether a laboratory is public or private, the LPHS sees that the correct testing is done and that the results are made available on time. Any laboratory used by public health meets all licensing and credentialing standards.</p>			
2.3.1	Ready access to laboratories for routine diagnostic and surveillance needs		100
2.3.2	Ready access to laboratories for public health threats, hazards, and emergencies		100
2.3.3	Licenses and/or credentialed laboratories		100
2.3.4	Written protocols for laboratories for handling samples		100

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

Model Standard Scores

3.1 Health Education and Promotion	MODERATE	40
<p>The local public health system (LPHS) designs and puts in place health promotion and health education activities to enable and support efforts to exert control over the determinants of health and to create environments that support health. These promotional and educational activities are coordinated throughout the LPHS to address risk and protective factors at the individual, interpersonal, community, and societal levels. The LPHS includes the community in identifying needs, setting priorities and planning health promotional and educational activities. The LPHS plans for different reading abilities, language skills, and access to materials.</p>		
3.1.1	Provision of community health information	50
3.1.2	Health education and/or health promotion activities	50
3.1.3	Collaboration on health communication plans	50
3.1.4	Provide information about community health status and community health needs in the context of health equity and social justice	25
3.1.5	Plan campaigns to identify structural determinants of health inequities	25
3.2 Health Communication	MODERATE	47
<p>The local public health system (LPHS) uses health communication strategies to contribute to healthy living and healthy communities, including: increasing awareness of risks to health; ways to reduce health risk factors and increase health protective factors; promoting healthy behaviors; advocating organizational and community changes to support healthy living; increasing demand and support for health services; building a culture where health is valued; and creating support for health policies, programs and practices. Health communication uses a broad range of strategies, including print, radio, television, the internet, media campaigns, social marketing, entertainment education, and interactive media. The LPHS reaches out to the community through efforts ranging from one-on-one conversations to small group communication, to communications within organizations and the community, to mass media approaches. The LPHS works with many groups to understand the best ways to present health messages in each community setting and to find ways to cover the costs.</p>		
3.2.1	Development of health communication plans	50
3.2.2	Relationships with media	50
3.2.3	Designation of public information officers	25
3.3 Risk Communication	SIGNIFICANT	67
<p>The local public health system (LPHS) uses health risk communications strategies to allow individuals, groups and organizations, or an entire community to make optimal decisions about their health and well-being in emergency events. The LPHS recognizes a designated Public Information Officer for emergency public information and warning. The LPHS organizations work together to identify potential risks (crisis or emergency) that may affect the community and develop plans to effectively and efficiently communicate information about these risks. The plans include pre-event, event, and post-event communication strategies for different types of emergencies.</p>		
3.3.1	Emergency communication plans	75
3.3.2	Resources for rapid communications response	75
3.3.3	Risk communication training	50

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

4.1 Constituency Development	SIGNIFICANT	60
<p>The local public health system (LPHS) actively identifies and involves community partners -- the individuals and organizations (constituents) with opportunities to contribute to the health of communities. These stakeholders may include health; transportation, housing, environmental, and non-health related groups, as well as community members. The LPHS manages the process of establishing collaborative relationships among these and other potential partners. Groups within the LPHS communicate well with one another, resulting in a coordinated, effective approach to public health so that the benefits of public health are understood and shared throughout the community.</p>		
4.1.1 Directory of organizations that comprise the LPHS		50
4.1.2 Identification of key constituents and stakeholders		75
4.1.3 Participation of constituents in improving community health		75
4.1.4 Communications strategies to build awareness of public health		50
4.1.5 Engagement of key constituents that supports differences among groups		50
4.2 Community Partnerships	SIGNIFICANT	56
<p>The local public health system (LPHS) encourages individuals and groups to work together so that community health may be improved. Public, private, and voluntary groups – through many different levels of information sharing, activity coordination, resource sharing, and in-depth collaborations – strategically align their interests to achieve a common purpose. By sharing responsibilities, resources, and rewards, community partnerships allow each member to share its expertise with others and strengthen the LPHS as a whole. A community group follows a collaborative, dynamic, and inclusive approach to community health improvement; it may exist as a formal partnership, such as a community health planning council, or as a less formal community group.</p>		
4.2.1 Partnerships for public health improvement activities		75
4.2.2 Community health improvement committee		50
4.2.3 Review of community partnerships and strategic alliances		50
4.2.4 Provide institutional means for CBOs and community members to participate fully in decision-making		50

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

Model Standard Scores

5.1 Governmental Presence at the Local Level	SIGNIFICANT	58
<p>The local public health system (LPHS) includes a governmental public health entity dedicated to the public health. The LPHS works with the community to make sure a strong local health department (or other governmental public health entity) exists and that it is doing its part in providing essential public health services. The governmental public health entity can be a regional health agency with more than one local area under its jurisdiction. The local health department (or other governmental public health entity) is accredited through the national voluntary accreditation program.</p>		
5.1.1 Governmental local public health presence		50
5.1.2 Local health department accreditation		75
5.1.3 Resources for the local health department		50
5.2 Public Health Policy Development	MODERATE	38
<p>The local public health system (LPHS) develops policies that will prevent, protect or promote the public health. Public health problems, possible solutions, and community values are used to inform the policies and any proposed actions, which may include new laws or changes to existing laws. Additionally, current or proposed policies that have the potential to affect the public health are carefully reviewed for consistency with public health policy through health impact assessments. The LPHS and its ability to make informed decisions are strengthened by community member input. The LPHS, together with the community, works to identify gaps in current policies and needs for new policies to improve the public health. The LPHS educates the community about policies to improve the public health and serves as a resource to elected officials who establish and maintain public health policies.</p>		
5.2.1 Contribution to development of public health policies		50
5.2.2 Alert policymakers/public of public health impacts from policies		50
5.2.3 Review of public health policies		25
5.2.4 Ensure that CBOs and individual community members have a substantive role in deciding what policies, procedures, rules, and practices govern community health efforts		25
5.3 Community Health Improvement Process and Strategic Planning	MODERATE	42
<p>The local public health system (LPHS) seeks to improve community health by looking at it from many sides, such as environmental health, healthcare services, business, economic, housing, land use, health equity, and other concerns that impact the public health. The LPHS leads a community-wide effort to improve community health by gathering information on health problems, identifying the community's strengths and weaknesses, setting goals, and increasing overall awareness of and interest in improving the health of the community. This community health improvement process provides ways to develop a community-owned plan that will lead to a healthier community. With the community health improvement effort in mind, each organization in the LPHS makes an effort to include strategies related to community health improvement goals in their own strategic plans.</p>		
5.3.1 Community health improvement process		75
5.3.2 Strategies to address community health objectives		25
5.3.3 Organizational strategic planning alignment with community health improvement plan		25

5.4 Plan for Public Health Emergencies	OPTIMAL	83
<p>The local public health system (LPHS) adopts an emergency preparedness and response plan which describes what each organization in the LPHS should be ready to do in a public health emergency. The plan describes community interventions necessary to prevent, monitor, and manage all types of emergencies, including both natural and intentional disasters. The plan also looks at challenges of possible events, such as nuclear, biological, or terrorist events. Practicing for possible events takes place through regular exercises or drills. A task force sees that the necessary organizations and resources are included in the planning and practicing for all types of emergencies.</p>		
5.4.1	Community task force or coalition for emergency preparedness and response plans	100
5.4.2	Emergency preparedness and response plan	75
5.4.3	Review and revision of the emergency preparedness and response plan	75

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

6.1 Review and Evaluation of Laws, Regulations and Ordinances	OPTIMAL	80
<p>The local public health system (LPHS) reviews existing laws, regulations, and ordinances related to public health, including laws that prevent health problems, promote, or protect public health. The LPHS looks at federal, state, and local laws to understand the authority provided to the LPHS and the potential impact of laws, regulations, and ordinances on the health of the community. The LPHS also looks at any challenges involved in complying with laws, regulations, or ordinances, whether community members have any opinions or concerns, and whether any laws, regulations, or ordinances need to be updated.</p>		
6.1.1 Provision of community health information		75
6.1.2 Knowledge of laws, regulations, and ordinances		75
6.1.3 Review of laws, regulations and ordinances		50
6.1.4 Access to legal counsel		100
6.1.5 Identify issues that have a disproportionate impact on historically marginalized communities		100
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	SIGNIFICANT	75
<p>The local public health system (LPHS) works to change existing laws, regulations, or ordinances – or to create new ones – when they have determined that changes or additions would better prevent, protect or promote public health. To advocate for public health, the LPHS helps to draft the new or revised legislation, regulations, or ordinances, takes part in public hearings, and talks with lawmakers and regulatory officials.</p>		
6.2.1 Identification of public health issues not addressed through existing laws		75
6.2.2 Development or modification of laws or public health issues		75
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances		75
6.3 Enforcement of Laws, Regulations, and Ordinances	OPTIMAL	80
<p>The local public health system (LPHS) sees that public health laws, regulations, and ordinances are followed. The LPHS knows which governmental agency or other organization has the authority to enforce any given public health related requirement within its community, supports all organizations tasked with enforcement responsibilities, and assures that the enforcement is conducted within the law. The LPHS has sufficient authority to respond in an emergency event; and makes sure that individuals and organizations understand the requirements of relevant laws, regulation, and ordinances. The LPHS communicates the reasons for legislation and the importance of compliance.</p>		
6.3.1 Authority to enforce laws, regulations, and ordinances		100
6.3.2 Public health emergency powers		100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances		75
6.3.4 Provision of information about compliance		75
6.3.5 Assessment of compliance		50

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

Model Standard Scores

7.1 Identification of Personal Health Service Needs of Populations	MODERATE	40
<p>The local public health system (LPHS) identifies the personal health service needs of the community and identifies the barriers to receiving these services, especially among particular groups that may have difficulty accessing personal health services. The LPHS has defined roles and responsibilities for the local health department (or other governmental public health entity) and other partners (e.g. hospitals, managed care providers, and other community health agencies) in relation to overcoming these barriers and providing services.</p>		
7.1.1	Identification of populations who experience barriers to care	50
7.1.2	Identification of personal health service needs of populations	50
7.1.3	Develop partnerships to respond to unmet needs of the community	25
7.1.4	Understand barriers to care	50
7.1.5	Identification of populations that experience barriers 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	50
7.1.6	Identification of the means through which historical social injustices influence access	50
7.2 Assuring the Linkage of People to Personal Health Services	MODERATE	46
<p>The local public health system (LPHS) partners work together to meet the diverse needs of all populations. Partners see that persons are signed up for all benefits available to them and know where to refer people with unmet personal health service needs. The LPHS develops working relationships between public health, primary care, oral health, social services, and mental health systems as well as organizations that are not traditionally part of the personal health service system, such as housing, transportation, and grassroots organizations.</p>		
7.2.1	Link populations to needed personal health services	50
7.2.2	Assistance to vulnerable populations in accessing needed health services	25
7.2.3	Initiatives for enrolling eligible individuals in public benefit programs	75
7.2.4	Coordination of personal health and social service	25
7.2.5	Influence laws, policies, and practices that maintain inequitable distributions of resources that may influence access to personal health services	25

EPHS 8. Assure a Competent Public Health and Personal Health Care Workforce Model Standard Scores		
8.1 Workforce Assessment, Planning and Development	MODERATE	31
<p>The local public health system (LPHS) assesses the local public health workforce – all who contribute to providing essential public health services for the community. Workforce assessment looks at what knowledge, skills, and abilities the local public health workforce needs and the numbers and kinds of jobs the system should have to adequately prevent, protect and promote health in the community. The LPHS also looks at the training that the workforce needs to keep its knowledge, skills, and abilities up to date. After the workforce assessment determines the number and types of positions the local public health workforce should include, the LPHS identifies gaps and works on plans to fill the gaps.</p>		
8.1.1 Assessment of the LPHS workforce		50
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce		25
8.1.3 Dissemination of results of the workforce assessment/gap analysis		25
8.1.4 Assessment of staff capacity to support health equity initiatives		25
8.2 Public Health Workforce Standards	MODERATE	42
<p>The local public health system (LPHS) maintains standards to see that workforce members are qualified to do their jobs, with the certificates, licenses, and education that are required by law or in local, state, or federal guidance. Information about the knowledge, skills, and abilities that are needed to provide essential public health services are used in personnel systems, so that position descriptions, hiring, and performance evaluations of workers are based on public health competencies.</p>		
8.2.1 Awareness of guidelines and/or licensure/certification requirements		75
8.2.2 Written job standards and/or position descriptions		25
8.2.3 Performance evaluations		25
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	MODERATE	40
<p>The local public health system (LPHS) encourages lifelong learning for the public health workforce. Both formal and informal opportunities in education and training are available to the workforce, including workshops, seminars, conferences, and online learning. Experienced staff persons are available to coach and advise newer employees. Interested workforce members have the chance to work with academic and research institutions, particularly those connected with schools of public health, public administration, and population health. As the academic community and the local public health workforce collaborate, the LPHS is strengthened. The LPHS trains its workforce to recognize and address the unique culture, language and health literacy of diverse consumers and communities and to respect all members of the public. The LPHS also educates its workforce about the many factors that can influence health, including interpersonal relationships, social surroundings, physical environment, and individual characteristics (such as economic status, genetics, behavioral risk factors, and health care).</p>		
8.3.1 Identification of education and training needs for workforce development		50
8.3.2 Opportunities for developing core public health competencies		50
8.3.3 Educational and training incentives		25
8.3.4 Collaboration between organizations and the LPHS for training and education		25
8.3.5 Education and training on cultural competency and social determinants of health		50

8.4 Public Health Leadership Development	MODERATE	35
<p>Leadership within the local public health system (LPHS) is demonstrated by organizations and individuals that are committed to improving the health of the community. Leaders work to continually develop the local public health system, create a shared vision of community health, find ways to make the vision happen, and to make sure that public health services are delivered. Leadership may come from the health department, from other governmental agencies, nonprofits, the private sector, or from several partners. The LPHS encourages the development of leaders that represent different groups of people in the community and respect community values.</p>		
8.4.1 Development of leadership skills		25
8.4.2 Collaborative leadership		25
8.4.3 Leadership opportunities for individuals and/or organizations		50
8.4.4 Recruitment and retention of new and diverse leaders		25
8.4.5 Recruitment of staff members committed to achieving health equity		50

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

Model Standard Scores

9.1 Evaluation of Population-Based Health Services		MODERATE	50
<p>The local public health system (LPHS) evaluates population based health services, which are aimed at disease prevention and health promotion for the entire community. Many different types of population-based health services are evaluated for their quality and effectiveness in targeting underlying risks. The LPHS uses nationally recognized resources to set goals for their work and identify best practices for specific types of preventive services (e.g. Healthy People 2020 or the Guide to Community Preventive Services). The LPHS uses data to evaluate whether population-based services are meeting the needs of the community and the satisfaction of those they are serving. Based on the evaluation, the LPHS may make changes and may reallocate resources to improve population-based health services.</p>			
9.1.1	Evaluation of population-based health services		50
9.1.2	Assessment of community satisfaction with population-based health services		50
9.1.3	Identification of gaps in the provision of population-based health services		50
9.1.4	Use of population-based health services evaluation		50
9.2 Evaluation of Personal Health Services		SIGNIFICANT	70
<p>The local public health system (LPHS) regularly evaluates the accessibility, quality, and effectiveness of personal health services. These services range from preventive care, such as mammograms or other preventive screenings or tests, to hospital care to care at the end of life. The LPHS sees that the personal health services in the area match the needs of the community, with available and effective care for all ages and groups of people. The LPHS works with communities to measure satisfaction with personal health services through multiple methods, including a survey that includes people who have received care and others who might have needed care or who may need care in the future. The LPHS uses findings from the evaluation to improve services and program delivery, using technological solutions such as electronic health records when indicated, and modifying organizational strategic plans as needed.</p>			
9.2.1	Personal health services evaluation		50
9.2.2	Evaluation of personal health services against established standards		75
9.2.3	Assessment of client satisfaction with personal health services		75
9.2.4	Information technology to assure quality of personal health services		75
9.2.5	Use of personal health services evaluation		75
9.3 Evaluation of the Local Public Health System		MODERATE	50
<p>The local public health system (LPHS) evaluates itself to see how well it is working as a whole. Representatives from all groups (public, private, and voluntary) that provide essential public health services gather to conduct a systems evaluation. Together, using guidelines (such as this tool) that describe a model LPHS, participants evaluate LPHS activities and identify areas of the LPHS that need improvement. The results of the evaluation are also used during a community health improvement process.</p>			
9.3.1	Identification of community organizations or entities that contribute to the EPHS		50
9.3.2	Periodic evaluation of LPHS		75
9.3.3	Evaluation of partnership within the LPHS		50
9.3.4	Use of evaluation to guide improvements to the LPHS		50
9.3.5	Identification of organizations that deliver EPHS to historically marginalized communities		50
9.3.6	Monitor delivery of EPHS to ensure they are equitably distributed		25

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems		
Model Standard Scores		
10.1 Fostering Innovation	MINIMAL	25
Local public health system (LPHS) organizations try new and creative ways to improve public health practice. In both academic and practice settings, such as universities and local health departments, new approaches are studied to see how well they work.		
10.1.1 Encouragement of new solutions to health problems		25
10.1.2 Proposal of public health issues for inclusion in research agenda		25
10.1.3 Identification and monitoring of best practices		50
10.1.4 Encouragement of community participation in research		25
10.1.5 Use of health equity impact assessments		0
10.2 Linkage with Institutions of Higher Learning and/or Research	MODERATE	50
The local public health system (LPHS) establishes relationships with colleges, universities, and other research organizations. The LPHS is strengthened by ongoing communication between academics and LPHS organizations. They freely share information and best practices, and setting up formal or informal arrangements to work together. The LPHS connects with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms. The LPHS does community-based participatory research, including the community as full partners from selection of the topic of study to design to sharing of findings. The LPHS works with one or more colleges, universities, or other research organizations to co-sponsor continuing education programs.		
10.2.1 Relationships with institutions of higher learning and/or research organizations		50
10.2.2 Partnerships to conduct research		50
10.2.3 Collaboration between the academic and practice communities		50
10.3 Capacity to Initiate or Participate in Research	MODERATE	44
The local public health system (LPHS) takes part in research to help improve the performance of the LPHS. This research includes the examination of how well LPHS members provide the Essential Public Health Services in the community (public health systems and services research) as well as studying what influences health care quality and service delivery in the community (health services research). The LPHS has access to researchers with the knowledge and skills to design and conduct health-related studies, supports their work with funding and data systems, and provides ways to share findings. Research capacity includes access to libraries and information technology, the ability to analyze complex data, and ways to share research findings with the community and use them to improve public health practice.		
10.3.1 Collaboration with researchers		50
10.3.2 Access to resources to facilitate research		50
10.3.3 Dissemination of research findings		50
10.3.4 Evaluation of research activities		0
10.3.5 Facilitation of substantive community participation in development and implementation of research		25

