

WePLAN 2020 Local Public Health System Assessment Review and Initial impressions

Thursday, October 29, 2015
Community Partner Meeting



Outline

- LPHSA overview and methods
- Summary of assessment results
- Discussion
 - What stands out? Or speaks to you?
 - What is most relevant? Or important about this?

we|PLAN Process Framework

MAPP:
Mobilizing for **A**ction through
Planning and **P**artnerships

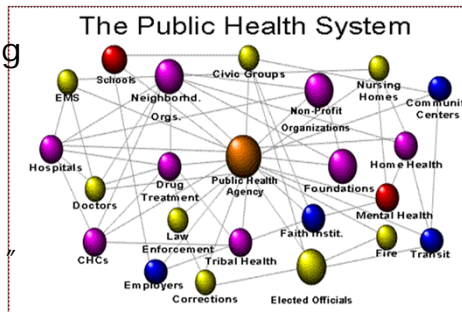
- a strategic approach to community health improvement.
- community-wide and **community directed** planning
- *developed by NACCHO and CDC*
- *approved process for IPLAN in Illinois*



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LPHSA-Local Public Health System Assessment

- Measures the capacity of the local public health system to conduct the 10 essential public health services.
- Answers:
 - "What are the components, activities, competencies, and capacities of our local public health system?"
 - "How are the Essential Services being provided to our community?"
- Focus: system functioning -not CCDPH alone
"all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction."



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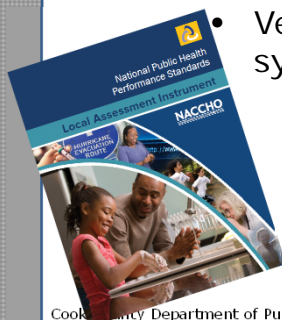
Essential Services

- Monitor health status
- Diagnose and investigate
- Inform, educate, and empower
- Mobilize community partnerships
- Develop policies and plans
- Enforce laws and regulations
- Link people to needed services/assure provision
- Assure a competent workforce
- Evaluate services
- Research

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LPHSA-Local Public Health System Assessment

- Assesses 30 performance (model) standards in 10 domains
- Performance standards describe an optimal performance level and capacity
- Conducted with broad group of partners/sectors
- Version 3 of tool focuses on discussion of system functioning and gaps



Example: Essential Service 1 -
Monitor Health Status to Identify Community Health Problem

- Model Standard 1.1: Population-Based Community Health Assessment
- Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data

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WePLAN2020 LPHSA Approach

- Survey key informants about provision of Essential Services/model standards as preliminary data
- Compile and synthesize data
- Convene broad representation of LPHS partners and sectors
- Conduct assessment in a 1 full day event
 - 5 subgroups/2 Essential services (AM/PM)
 - Capture discussion and ratings
- Distribute/publish results for feedback

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WePLAN 2020 LPHSA Assessment

- Event: Sept 1, 2015
- ~65 partners and CCDPH staff

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.

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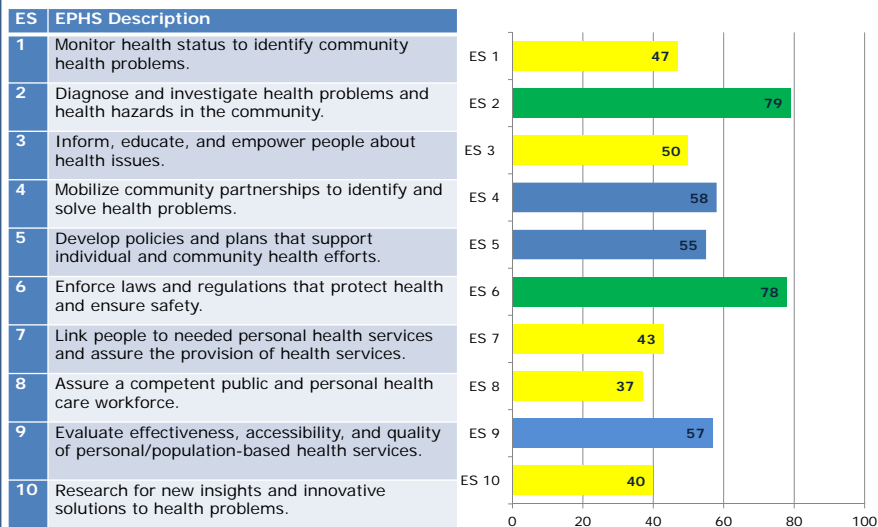
LPHSA Scoring

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.

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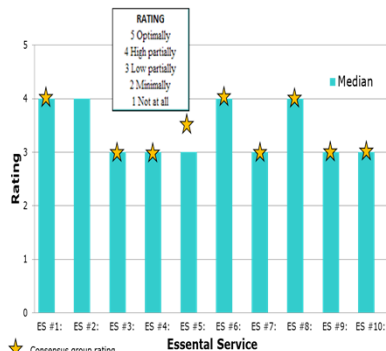
Overall Score by EPHS



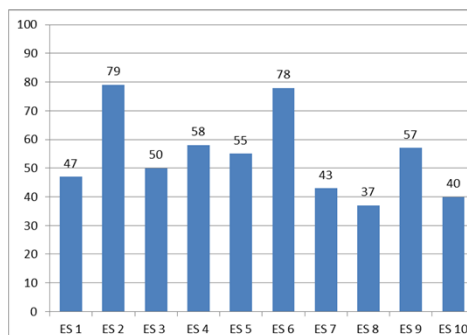
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EPHS Scoring Comparison

WePLAN 2015



WePLAN 2020



Higher Scores:

- [EPHS 1 Monitor Health Status](#)
- [EPHS 2, Diagnose and Investigate Health Problems and Health Hazards in the Community'](#)
- [EPHS 6, Enforce Laws and Regulations](#)
- [EPHS 8, Assure a Competent Public and Personal Health Care Workforce](#)

Higher Scores:

- [EPHS 2, Diagnose and Investigate Health Problems and Health Hazards in the Community'](#)
- [EPHS 6, Enforce Laws and Regulations](#)

Lower Scores:

- [EPHS 8, Assure a Competent Public and Personal Health Care Workforce](#)
- [EPHS 10 Research for New Insights](#)
- [EPHS 7 Link People to Personal /Preventive Services](#)
- [EPHS 1 Monitor Health Status](#)

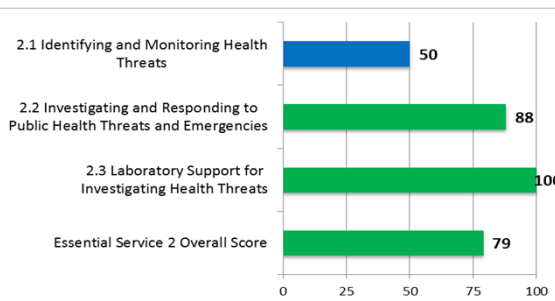
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Leading Performance Area:

ES 2: Diagnose and Investigate Health Hazards/Emergencies

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](#)

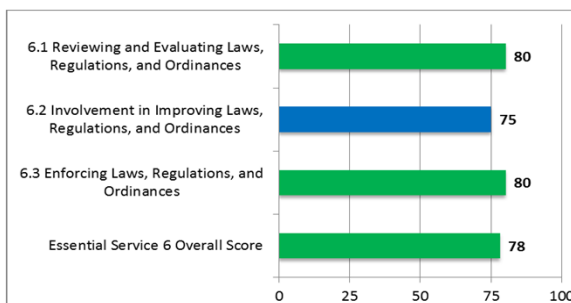


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Leading Performance Area: ES 6: Enforce Laws and Regulations

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



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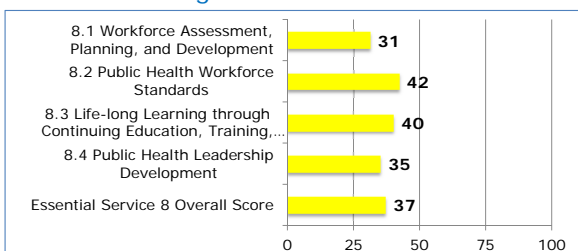
Lower Performing Areas: ES 8: Assure a Competent Public Health and Personal Healthcare Workforce

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



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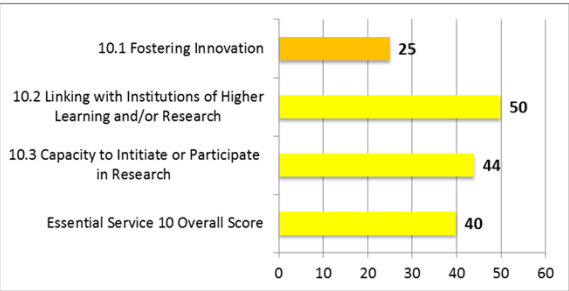
Lower Performing Areas: ES10: Research for New Insights and Innovative Solutions to Health Problems

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



Category	Score
10.1 Fostering Innovation	25
10.2 Linking with Institutions of Higher Learning and/or Research	50
10.3 Capacity to Intitiate or Participate in Research	44
Essential Service 10 Overall Score	40

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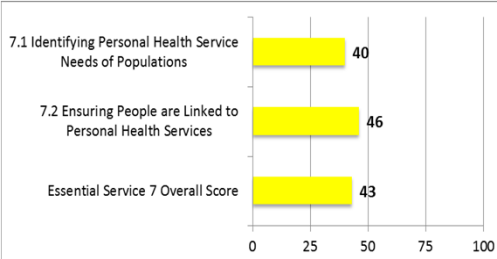
Lower Performing Areas: ES7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable

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



Category	Score
7.1 Identifying Personal Health Service Needs of Populations	40
7.2 Ensuring People are Linked to Personal Health Services	46
Essential Service 7 Overall Score	43

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Lower Performing Areas:

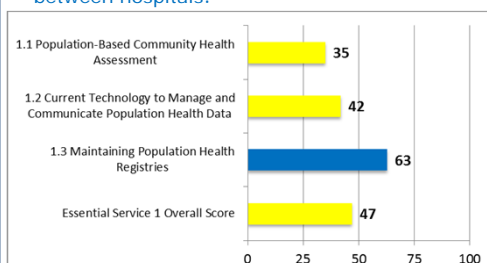
ES1: Monitor Health Status to Identify Health Problems

Strengths

- A 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.



Key Opportunities Assessment (ES 1 and 2)

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

Key Opportunities Policy/Planning (ES 3, 4, 5)

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

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Key Opportunities Assurance (ES 6, 7, 8, 9)

- Engage the public in grassroots advocacy to improve existing local and state laws and create new laws that support population health
- Improve care coordination through creation of a referral follow up system
- Improve interpretation services and recruit translators
- 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
- Increase awareness of partner's evaluations
- Create evaluation questions with health equity in mind

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Key Opportunities Research/Innovation (ES 10)

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

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Discussion

- What stands out/resonates for you?
- What is a gap/not evident?
- What is your reaction to this?

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