

Kankakee County

Local Public Health System Assessment

2021



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Introduction

The Kankakee County Local Public Health System Assessment (LPHSA) was conducted in July, 2021 as one of the four assessments in the Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a community-driven strategic planning framework that guides communities in developing and implementing efforts around the prioritization of public health issues and identification of resources to address them as defined by the 10 Essential Public Health Services. The MAPP process includes four assessment tools, including the Local Public Health System Assessment.



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

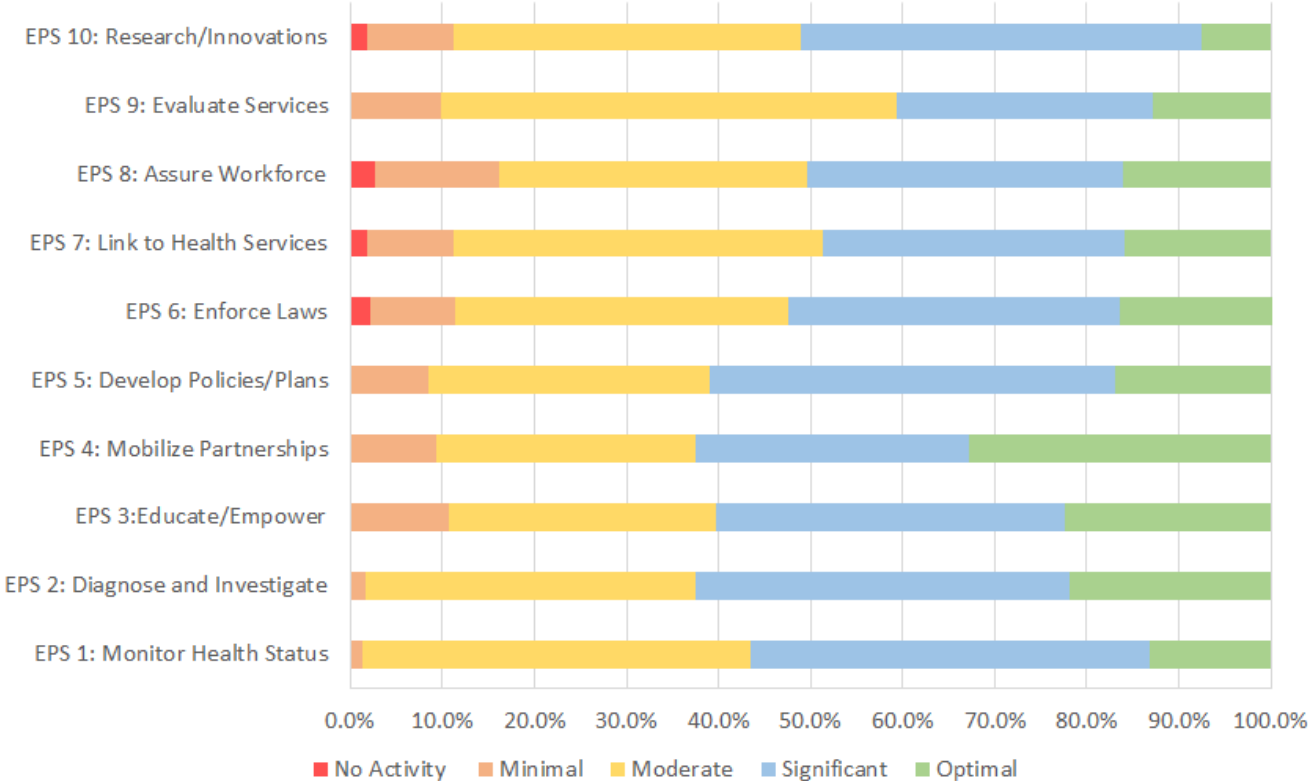
Source: NPHPS

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

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

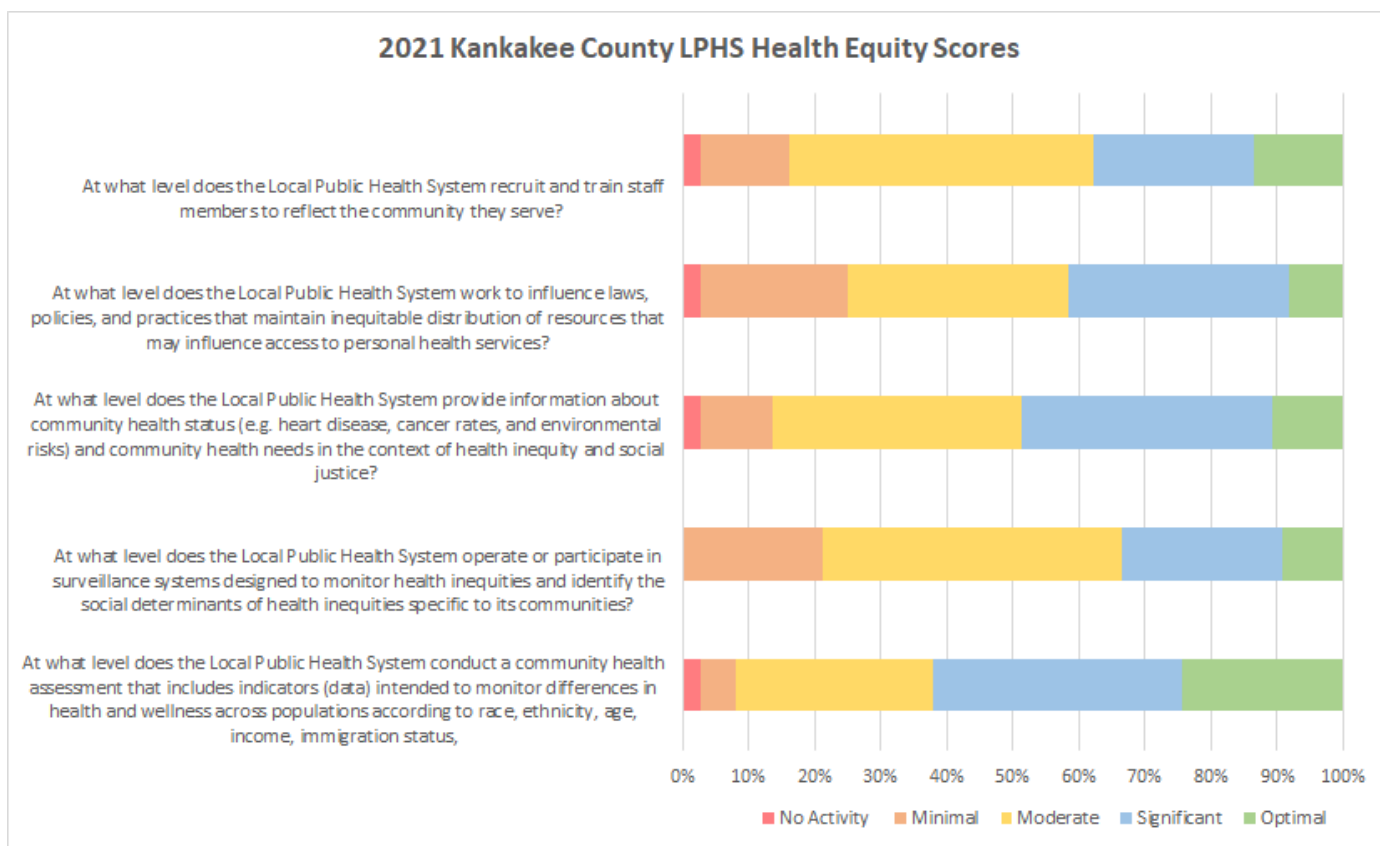
The average scores by Essential Public Health Service (EPHS) from the July, 2021 Kankakee County Local Public Health System Assessment (LPHSA) are pictured below. Performance measures are designed to be scored based on how well survey participants perceive that, collectively, all members of the local public health system meet the standard within the local jurisdiction. The scale used for measurement included **No Activity (0%)** of the public health system does not participate in this activity, **Minimal Activity (1-25%)** of the public health system provides limited activity and there is an opportunity for substantial improvement, **Moderate Activity (26-50%)** of the public health system somewhat participates in this activity and there is opportunity for greater improvement, **Significant Activity (51-75%)** of the public health system participates a great deal in this activity and there is opportunity for minor improvement, or **Optimal Activity (76-100%)** of the public health system is doing absolutely everything possible for this activity and there is no room for improvement. The highest score was the EPHS 4, Mobilize community partnerships to identify and solve health problems. The lowest score was EPHS 7, Link people to needed personal health services and assure the provision of health services. The overall system performance measure was **significant**.¹

2021 Kankakee County LPHS Essential Public Health Service Scores



¹ The Health Equity Measures were not incorporated into the 2021 EPHS mean scores.

The MAPP Coordinators selected 5 health equity questions to represent the EPHS. The Health Equity Score is based on the highest percentage (mean value) assigned to a specific Performance Measure from the survey participants. On the chart below the 2021 Performance Measure is reported along with the percentage of survey participants which identified this rating. The overall Health Equity Score for Kankakee County was in the **moderate** range. There are clearly opportunities to apply health equity to the delivery of the 10 Essential Public Health Services. The partners that comprise the LPHS are at different stages of integrating a health equity lens into their work. Many of the Health Equity Measures score far lower than the Performance Measures because this work is still new but highly prioritized among the LPHS.



Throughout the survey regarding how well Kankakee County addresses the 10 EPHSs, a number of cross-cutting themes emerged through survey responses and additional comments among individuals. The themes arose as strategic areas to address for improved functioning, capacity, and effectiveness of the local public health system (LPHS) in Kankakee County. These themes are detailed on pages 6 and 7.

Strengths

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

Weaknesses

- **Communication:** LPHS organizations do not share research and data efficiently due to organizational silos and incompatible technology. The LPHS needs to improve outreach to specific demographics and marginalized populations, and to the general public. There is no central calendar for scheduling community meetings.
- **Health Equity:** The LPHS needs to improve awareness and acknowledgement of health inequities in the community. The LPHS lacks adequate data on health disparities and does not address special populations in the all-hazard plan. The LPHS needs to enhance partnerships with agencies who serve vulnerable populations and consistently engage the voice of customers, particularly marginalized communities, in LPHS activities.
- **Participation:** The LPHS needs to address the barriers to community member participation in problem-solving, planning, decision making, and leadership development. More involvement is needed from the business community, elected officials, neighborhood associations, media, smaller communities, customers, marginalized populations, and grassroots organizations.
- **Data:** Finding and accessing data can be challenging for some organizations and community members. The CHA data are not always easy to understand and are not user-friendly for laypersons. In addition, the LPHS is not using evaluation results effectively to make decisions and allocate resources.
- **Assessment:** There are gaps in identifying the needs of populations that do not access formal healthcare channels because they cannot afford care. In regard to community health assessments, the assessment process starts off strong each cycle but loses momentum over the 3-year period between assessments.

- **Awareness:** The general public lacks awareness about policy development and review; health inequities; and the local health department's role in the community. Some providers lack awareness of reportable disease requirements and personal health services/social services available in the LPHS.

Opportunities

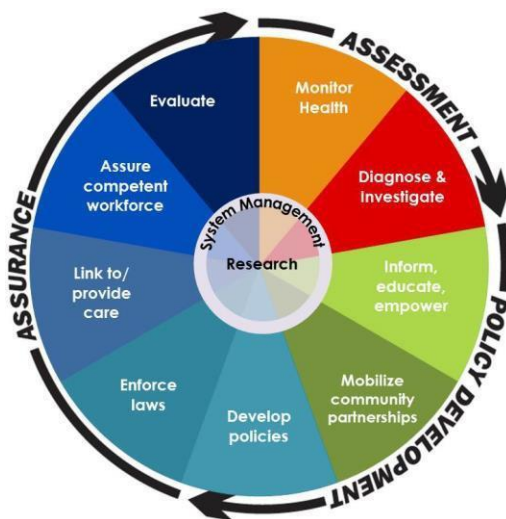
- **Awareness:** The LPHS can improve community and LPHS awareness of population health data; research findings; community events; emergency communication plans; funding opportunities; community planning efforts; workforce development resources; and community service directories.
- **Communication:**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

The Assessment Instrument

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

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

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



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

The 10 EPHSs are defined as:

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

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

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

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

The LPHSA results are intended to be used for quality improvement purposes for the local public health system and to guide the development of the overall public health infrastructure. Analysis and interpretation of data should also take into account variation in knowledge about the local public health system among assessment participants: this variation may introduce a degree of subjectivity not capable of objective comparison. On a different day, a different group could conduct the assessment and the results could be different. For this reason, it is not advisable to compare scores from one assessment to another. Rather, the scores reflect the perceptions of the group participating at the time. The important purpose of the measures is to use them as one tool to determine opportunities for improvement as part of a continuing process of quality improvement.

The Assessment Methodology

Using the **National Associate of County & City Health Officials (NACCHO)** Local Assessment Instrument as a guide, a small workgroup convened in December 2020 to select questions from each of the **10 Essential Public Health Services (EPHSs)**. These selected questions were entered into an online survey collector, called Survey Monkey, to facilitate this Assessment in lieu of the traditional retreat due to the COVID-19 Pandemic. The online instrument is framed around the 10 Essential Public Health Services (EPHSs) that are utilized in the field to describe the scope of public health.

The survey included supplemental questions to identify how well the LPHS acknowledges and addresses health inequities. The LPHSA supplement is called “System Contributions to Assuring Health Equity,” from the National Association of County and City Health Officials (NACCHO) MAPP User’s Handbook. The health equity supplement was also used for the Kankakee County LPHSA in 2017.

In July of 2021, the Kankakee County LPHSA survey was disseminated online by the Partnership for a Health Community to collect responses from members of the public health system. This survey was distributed to a wide-variety of stakeholders that were suggested using the MAPP User’s Handbook (NACCHO). An email was sent which included details of the LPHSA as well as an invited participation to complete the survey through Survey Monkey to rate the overall strengths and weaknesses of the Kankakee County public health system. The online survey was designed to elicit feedback on each of the EPHSs using the same rating scale to assess the model standards.

The introduction page of the survey explained the purpose of the assessment, the model standard ratings, and the defining 10 Essential Public Health Services. Respondents were then directed to the first question which asked participants to choose an essential health service (EHS) that aligns with their job duties within the local public health system. Once a selection was made, the respondent was taken to a series of questions related to that EHS and given the option to comment on their response in addition to providing the model standard rating. This concluded the first section of the LPHSA, reviewing the Essential Public Health Services. Once completed, the respondent was then directed to the second section of the LPHSA, Health Equity. All participants were asked to complete five questions related to Health Equity. Upon completion of both sections of the LPHSA, the respondents were asked to provide their name, email address, phone number, identify their organization or agency and if they would like to be included in a drawing to win a \$25 Aldi Grocery Store gift card.

A total of sixty-two responses were collected during the duration of the survey which opened on July 8th, 2021 and closed July 26th, 2021. The survey data was analyzed and reported within this Assessment, which was approved by the MAPP Steering Committee on August 10, 2021.

Assessment Participants

The Kankakee County Partnership for a Healthy Community developed a list of agencies to be invited to participate in the survey to ensure that diverse perspectives as well as adequate expertise were represented through the survey responses.

A total of sixty-two responses were collected from public health system partners that included public, private, and voluntary sectors. Individual survey participants could self-report the organization or agency they represented, but this was a voluntary question which forty-four people skipped. Of those who reported, the composition of attendees reflected a diverse representation of partners which included the twenty-one agencies listed below:

Constituency Represented
AMITA Health St. Mary's Hospital Kankakee
Azzarelli Clinic
Bourbonnais Township Park District
Cornerstone Services
Economic Alliance of Kankakee County
Kankakee Community College
Kankakee County Board District 21
Kankakee County Health Department
Kankakee County State's Attorney's Office
Kankakee Express Care
Kankakee School District 111
Kankakee Valley Park District
KinderCare Learning Center
Lasting Impressions Visions Inc
Manteno Police Department
Riverside Medical Center
United Way of Kankakee & Iroquois Counties
Uplifted Care
Village of Bourbonnais
Village of Hopkins Park
YWCA Kankakee

Of the sixty-two individual responses, each participant was asked to identify the sector of the public health system that they were representing. The sectors are listed below and identified by a marked checkbox if this sector of the public health system was represented through the Local Public Health System Assessment. Faith-Based Organizations, Legal including law groups, district attorneys and public defenders, Media, and Public Works were the only sectors not represented during this survey cycle.

Participants Represented	Constituency Represented
●	Businesses including Chamber of Commerce, Employers, Transportation, Employment Assistance, Business Alliance
●	Child Care
●	Civil and Human Rights Groups/Civic Organizations
●	Community and Social Service Organizations
●	Education including colleges, universities, schools
●	Faith-Based Organizations
●	Government including city and governmental agencies, elected officials, and policy makers
●	Healthcare including Veteran Affairs, Community Health Centers, Hospitals, Physicians, Primary Care, and Community Health
●	Law enforcement/emergency services including animal control, correction facilities, fire department, law enforcement, public safety/emergency response
●	Legal including law groups, district attorney and public defender
●	Local Health Department
●	Long Term Care Facilities
●	Media
●	Mental Health Services including Behavioral Health and Substance Abuse
●	Parks and Recreation
●	Public Works

2021 Local Public Health System Assessment Results

The table below provides an overview of the Local Public Health System’s performance in each of the 10 Essential Public Health Services. Stakeholders were asked to rank, from No Activity (no activity is performed pursuant to the standards) to Optimal Activity (all activities associated with the standards are performed at optimal levels), their and/or their organizations involvement in sectors related to innovation, technological advancements, addressing inequalities, communication, and surveillance as it pertains to personal health service exposures in Kankakee County. Each EPHS performance measure is based on the highest percentage (mean value) ranked score reported by survey participants. On the chart below the 2021 Performance Score is reported along with the percentage of survey participants which identified this rating. See page 10 for an explanation of the score values. Based on the 2021 Score each EPHS was given an overall ranking based on the participants survey assessments. The average of all EPHS scores resulted in an overall LPHS Performance Score of **significant** for LPHS performance.

Composite EPHS Scores for Kankakee County			
EPHS	EPHS Description	2021 Score ³	Overall Ranking
1	Monitor health status to identify community health problems.	43.0 % Significant	4th
2	Diagnose and investigate health problems and health hazards in the community.	40.6% Significant	5th
3	Inform, educate, and empower people about health issues.	37.9% Significant	6th
4	Mobilize community partnerships to identify and solve health problems.	32.8% Optimal	1st
5	Develop policies and plans that support individual and community health efforts.	44.0% Significant	2nd
6	Enforce laws and regulations that protect health and ensure safety.	36.1% Significant	7th
7	Link people to needed personal health services and assure the provision of health services.	40.2% Moderate	10th
8	Assure a competent public and personal health care workforce.	34.2% Significant	8th
9	Evaluate effectiveness, accessibility, and quality of personal/population-based health services.	49.5% Moderate	9th
10	Research for new insights and innovative solutions to health problems.	43.4% Significant	3rd
Overall LPHS Performance Score		Significant	

³ The Health Equity Measures were not incorporated into the 2021 EPHS composite results

The survey did allow participants to complete the survey multiple times to provide feedback on more than one Essential Health Service related to their work. The chart below details how many respondents provided feedback on each Essential Health Service.

Essential Health Services	Number of Survey Respondents
EPS 1: Monitor health status to identify community health problems.	19
EPS 2: Diagnose and investigate health problems and health hazards in the community.	25
EPS 3: Inform, educate, and empower people about health issues.	26
EPS 4: Mobilize community partnerships to identify and solve health problems.	32
EPS 5: Develop policies and plans that support individual and community health efforts.	36
EPS 6: Enforce laws and regulations that protect health and ensure safety.	32
EPS 7: Link people to needed personal health services and assure the provision of health services.	36
EPS 8: Assure a competent public and personal health care workforce.	30
EPS 9: Evaluate effectiveness, accessibility, and quality of personal/population-based health services.	26
EPS 10: Research for new insights and innovative solutions to health problems.	27

The Kankakee County LPHSA participants gave highest percentage based classification to the following three areas:

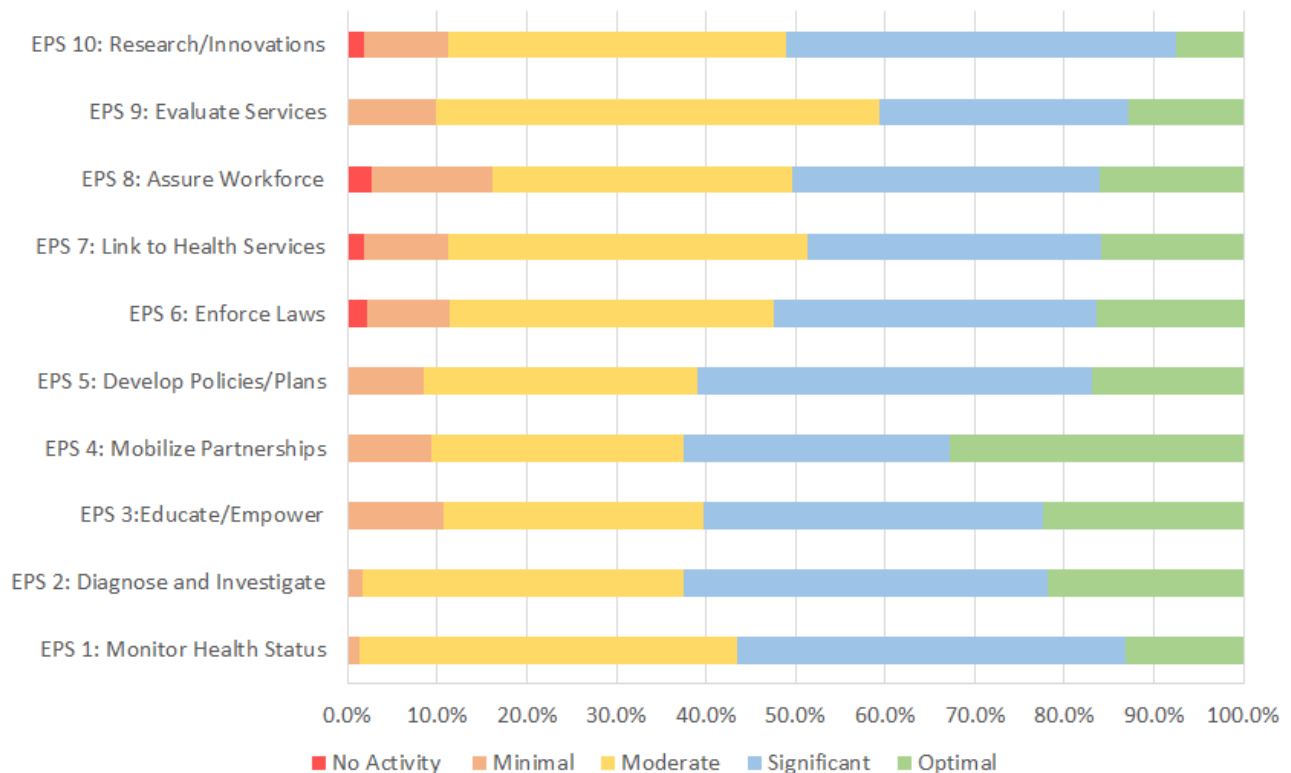
- **EPS 4:** Mobilize community partnerships to identify and solve health problems **(Optimal)**.
- **EPS 5:** Develop policies and plans that support individual and community health efforts **(Significant)**.
- **EPHS 10:** Research for new insights and innovative solutions to health problems **(Significant)**

The participants gave the lowest percentage based classification to the following three areas:

- **EPHS 7:** Link people to needed personal health services and assure the provision of health services **(Moderate)**
- **EPHS 9:** Evaluate effectiveness, accessibility, and quality of personal/population-based health services **(Moderate)**
- **EPS 8:** Assure a competent public and personal health care workforce **(Significant)**.

The chart below provides a graphic representation of the 2021 Essential Public Health Service percentage scores for Kankakee County, without the Health Equity Score.⁴

2021 Kankakee County LPHS Essential Public Health Service Scores



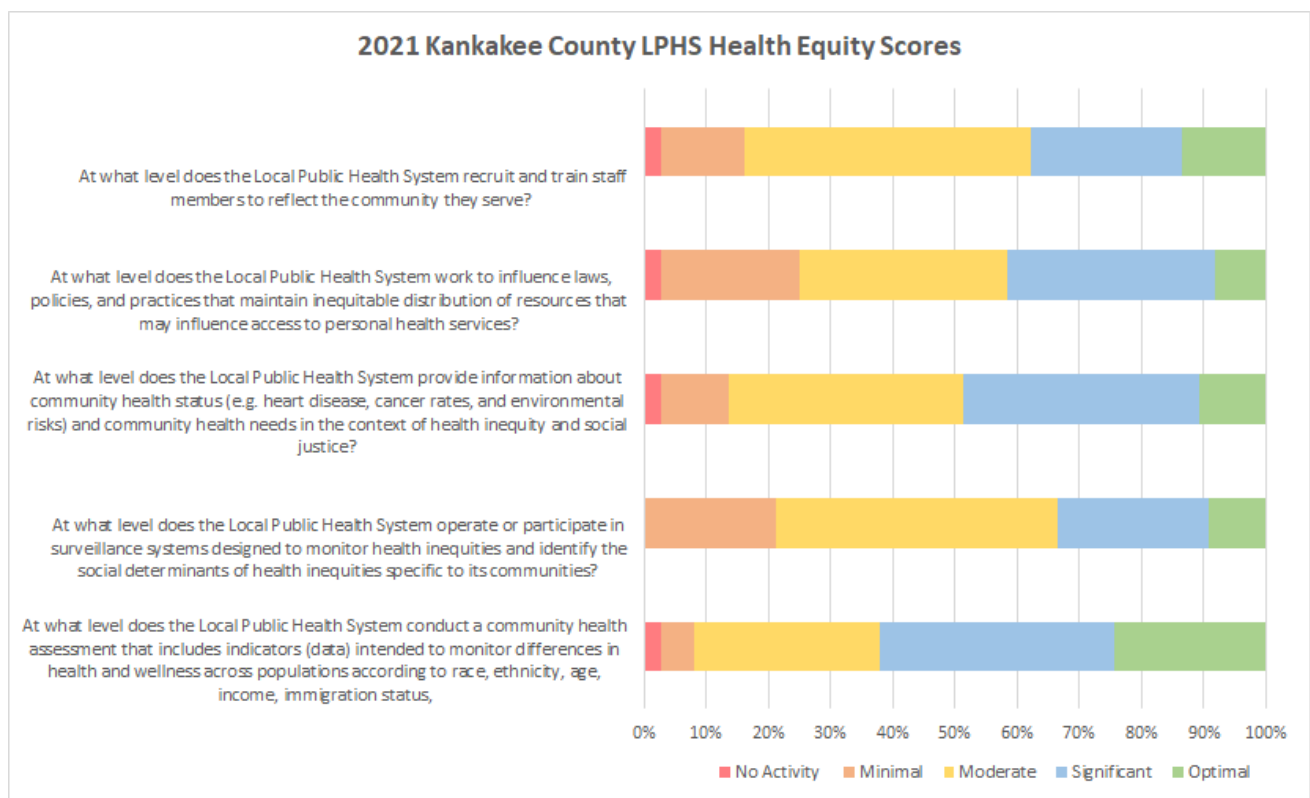
⁴ See page 17 and 74 for information on Health Equity Measures.

System Contributions to Assuring Health Equity

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

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

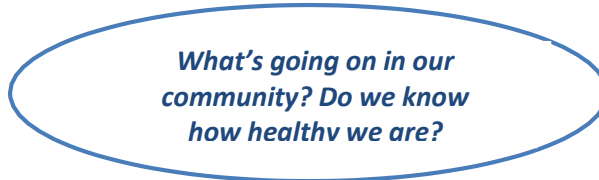
The MAPP Coordinators selected 5 health equity questions to represent the EPHS. The Health Equity Score is based on the highest percentage (mean value) assigned to a specific Performance Measure from the survey participants. On the chart below the 2021 Performance Measure is reported along with the percentage of survey participants which identified this rating. The overall Health Equity Score for Kankakee County was in the **moderate** range. There are clearly opportunities to apply health equity to the delivery of the 10 Essential Public Health Services. The partners that comprise the LPHS are at different stages of integrating a health equity lens into their work. Many of the Health Equity Measures score far lower than the Performance Measures because this work is new and unfamiliar to many LPHS partners.



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

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

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



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

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

EPHS 1 Constituency Representation

Constituency represented based on survey completion to assess performance of the local public health system in monitoring health status to identify community health problems included:

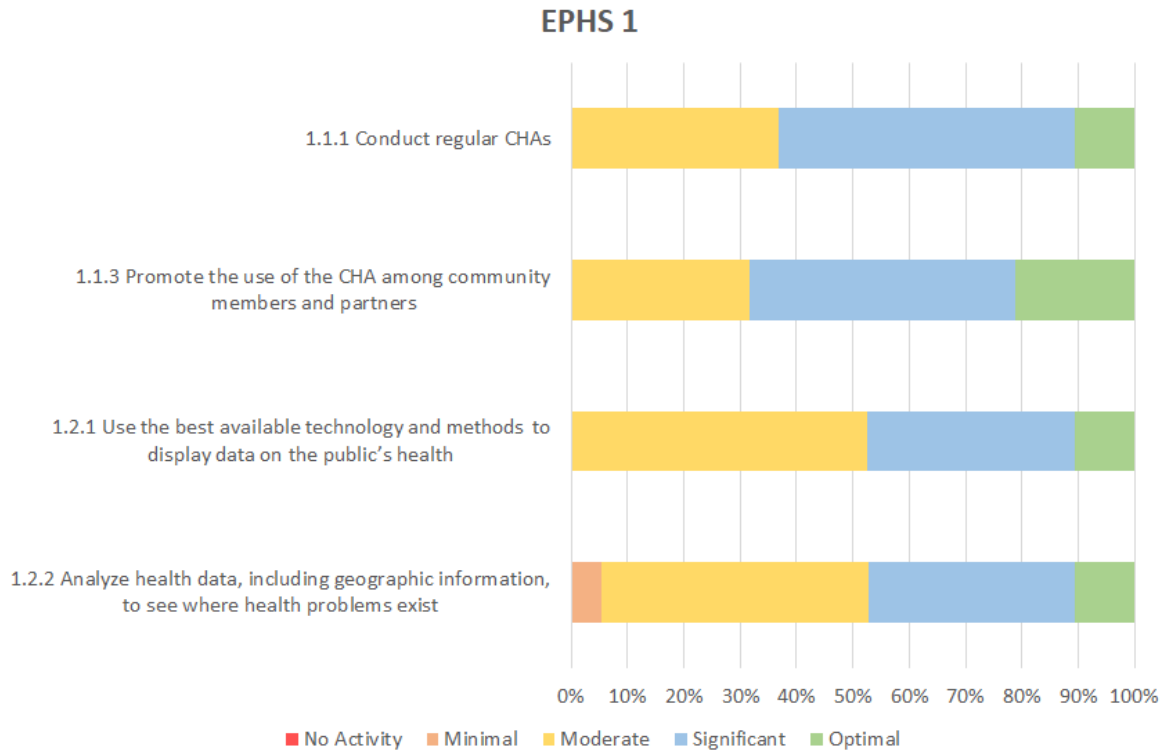
Organization Type
Healthcare including Veteran Affairs, Community Health Centers, Hospitals, Physicians, Primary Care, and Community Health
Local Health Department
Long Term Care Facilities

EPHS 1 Model Standard Scores (Mean)

EPHS 1. Monitor Health Status To Identify Community Health Problems			
<p>The LPHS completes a detailed community health assessment (CHA) to allow an overall look at the community's health. A CHA identifies and describes factors that affect the health of a population and pinpoints factors that determine the availability of resources within the community to adequately address health concerns. This provides the foundation for improving and promoting the health of the community and should be completed at least every three years. Data included in the CHA are accurate, reliable, and interpreted according to the evidence base for public health practice. CHA data and information are shared, displayed, and updated continually according to the needs of the community. By completing a CHA, a community receives an in-depth picture or understanding of its health. From the CHA, the community can identify the most vulnerable populations and related health inequities, prioritize health issues, identify best practices to address health issues, allocate resources where they are most needed, and provide a basis for collaborative efforts to promote the public's health. The CHA also tracks the health of a community over time and compares local measures to other local, state, and national benchmarks.</p>			
1.1.1	Conduct regular CHAs	52.6%	Significant
1.1.3	Promote the use of the CHA among community members and partners	47.4%	Significant
1.1	Population-Based Community Health Assessment (CHA)	50%	Significant
<p>The LPHS provides the public with a clear picture of the current health of the community. Health problems are looked at over time and trends related to age, gender, race, ethnicity, and geographic distribution. Data are shown in clear ways, including graphs, charts, and maps, while the confidential health information of individuals is protected. Software tools are used to understand where health problems occur, allowing the community to plan efforts to lessen the problems and to target resources where they are most needed. The CHA is available in both hard copy and online, and is regularly updated. Links to other sources of information are provided on Web sites.</p>			
1.2.1	Use the best available technology and methods to display data on the public's health	52.6%	Moderate
1.2.2	Analyze health data, including geographic information, to see where health problems exist	47.4%	Moderate
1.2	Current Technology to Manage and Communicate Population Health Data	50%	Moderate

EPHS 1 Summary

Overall performance for EPHS 1 was scored **moderate** in Kankakee County and ranked fourth out of the 10 EPHSs. Two Model Standards for EPHS 1 were surveyed.



Participants agreed that the LPHS conducts Community Health Assessment regularly, and that LPHS members promote the use of the Community Health Assessment among community members and partners. However, the respondents noted that the LPHS only moderately uses the best available technology to display health data. The survey responses also noted needed improvement opportunities to analyze health data to include geographic information, to see where health problems exist in Kankakee County.

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

The local health department and hospitals conduct their CHA and CHNA (respectively) every 3 years using the MAPP process. This is the 4th cycle of MAPP for Kankakee County. The data sets for the CHA include:

- Behavioral risk factors (e.g. pap smears, mammograms, flu shots)
- Diseases (e.g. STIs, all reportable communicable diseases, HIV, rabies)
- Death, illness, and injury (e.g. morbidity (heart disease, cancer rates, cause of death))

- and injury (motor vehicle accidents)
- Demographic data (e.g. age, single parent households, older adults, race/ethnicity)
- Environmental health (e.g. air quality, childhood lead statistics)
- Health resource availability (e.g. how many healthcare providers per person in county)
- Maternal child health (e.g. pre-term labor, teen pregnancy, prenatal care)
- Mental health (e.g. suicide rates, ED admission rates for mental health diagnosis)
- Quality of life (e.g. grocery store access, SNAP vendors, fast food establishments, housing, life expectancy)
- Socioeconomic status (e.g. household income, poverty rates, uninsured, Medicaid)

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

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

Model Standard 1.2, Current Technology to Manage and Communicate Population Health Data, explores the extent to which the local public health system uses the best technology and methods to combine, analyze, and communicate data on the public's health. The participants scored the Performance Measures from no activity to optimal, resulting in a composite Model Standard score of low moderate.

Participants agreed that improvements should be made for technology and methods to display data. Data management and communication in the LPHS is disjointed and access to data is limited at the community level. To meet the Model Standard Data should be shown in clear ways, including graphs, charts, and maps, while the confidential health information of individuals is protected. The survey reported only moderate rates of data analysis and reported a need to include geographic information in more detail to report where the health problems exist in Kankakee County.

EPHS 1 Strengths, Weaknesses, and Opportunities

Survey participants provided comments which were identified and categorized into strengths and weaknesses of the EPHS. Based on the model standards, performance measures, and comments LPHSA members identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

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

Weaknesses

- The CHA data are not always easy to understand and are not user-friendly for lay persons.
- Information about health status and community needs should be paired with information about where to get support in the community.
- The LPHS needs to improve its ability to identify the most vulnerable populations.
- LPHS organizations lack promotion and transparency of CHA results and data.
- Data may be outdated due to needing updated technology.
- Need more participation from other LPHS organizations.
- Vulnerable populations may resist disclosing information because of stigma, immigration status, or other reasons.
- The LPHS has dwindling volunteerism and community support throughout completion of the CHA and involvement in problem solving.

Short-Term Opportunities

- Utilize social media to share findings and raise awareness of health issues.
- Utilize resources from local universities (e.g. students, interns) to increase use of social media and other forms of digital communication for public health.
- Establish additional community partnerships with the local health department.
- Partner with faith-based communities.
- Expand Community Health Worker (CHW) presence to build trust with community members. CHWs can report back to health agencies with local level, qualitative data.

Long-Term Opportunities

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

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

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

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

EPHS 2 Constituency Representation

Constituency represented based on survey completion to assess performance of the local public health system in diagnosing and investigating health problems and health hazards included:

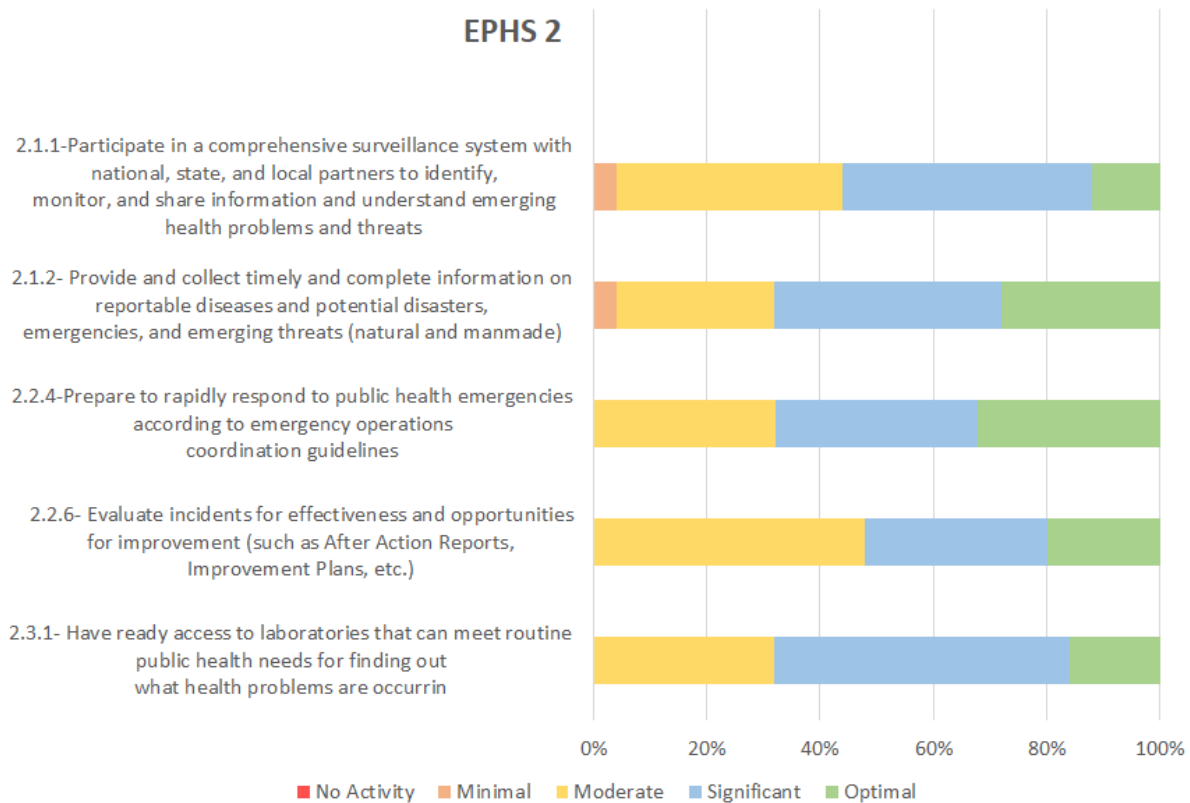
Organization Type
Child Care
Education including colleges, universities, schools
Healthcare including Veteran Affairs, Community Health Centers, Hospitals, Physicians, Primary Care, and Community Health
Local Health Department
Long Term Care Facilities

EPHS 2 Model Standard Scores (Mean)

EPHS 2. Diagnose and Investigate Health Problems and Health Hazards			
<p>The LPHS conducts surveillance to watch for outbreaks of disease, disasters, and emergencies (both natural and manmade), and other emerging threats to public health. Surveillance data include information on reportable diseases, potential disasters and emergencies, or emerging threats. The LPHS uses surveillance data to notice changes or patterns right away, determine the factors that influence these patterns, investigate the potential dangers, and find ways to lessen the effect on public health. The best available science and technologies are used to understand the problems, determine the most appropriate solutions, and prepare for and respond to identified public health threats. To ensure the most effective and efficient surveillance, the LPHS connects its surveillance systems with state and national systems. To provide a complete monitoring of health events, all parts of the system work together to collect data and report findings.</p>			
2.1.1	Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats	44.0%	Significant
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)	40.0%	Significant
2.1	Identifying and Monitoring Health Threats	42.0%	Significant
<p>The LPHS stays ready to handle possible threats to public health. As a threat develops—such as an outbreak of a communicable disease, a natural disaster, or a biological, chemical, nuclear, or other environmental event—a team of LPHS professionals works closely together to collect and understand related data. Many partners support the response, with communication networks already in place among health-related organizations, public safety, rapid response teams, the media, and the public. In a public health emergency, a jurisdictional Emergency Response Coordinator leads LPHS partners in the local investigation and response. The response to an emergent event is in accordance with current emergency operations coordination guidelines.</p>			
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines	35.7%	Significant
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.)	48.0%	Moderate
2.2	Investigating and Responding to Public Health Threats and Emergencies	39.6%	Moderate
<p>The LPHS has the ability to produce timely and accurate laboratory results for public health concerns. Whether a laboratory is public or private, the LPHS sees that the correct testing is done and that the results are made available on time. Any laboratory used by public health meets all licensing and credentialing standards.</p>			
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring	52.0%	Significant
2.3	Laboratory Support for Investigation of Health Threats	52.0%	Significant

EPHS 2 Summary

Overall performance for EPHS 1 was scored **significant** in Kankakee County and ranked fifth out of the 10 EPHSs. Three Model Standards for EPHS 2 were surveyed.



Participants acknowledged that the LPHS has a comprehensive surveillance system with national, state, and local partners to identify, monitor and share information. The LPHS is well-prepared for a communicable disease outbreak or toxic exposure. The LPHS has access to laboratory services from local hospitals, state labs, and private labs. An area of improvement is to evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.).

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

Hospital and health care systems each have infectious disease programs in their individual departments, and illnesses in patients and employees are reported to the state. Many facilities have full-time employees dedicated to surveillance, such as infectious disease consultants, consulting physicians, and nurses. Hospital representatives reported that all accredited healthcare organizations are required to do

an annual hazard vulnerability analysis, which is based on the type of care provided and information such as prevalence of tuberculosis and other risks. The analysis provides insight into the resources that are available and the impact of hazards on resources and the facility, so the organization can develop a plan.

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

Model Standard 2.2, Investigation and Response to Public Health Threats and Emergencies, explores LPHS performance in collecting and analyzing data on public health threats and responding to emergencies. Participants scored the Performance Measures from moderate to optimal, resulting in a composite Model Standard score of moderate.

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

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

The I-NEDSS database is a helpful resource for guidelines on case finding, contact tracing, source identification, and containment for communicable diseases. During the Ebola outbreak, LPHS partners met to establish an Ebola response plan, including symptoms to look for, scripts with questions to ask, and processes for quarantine and testing. Participants were less familiar with written processes and standards for toxic exposures. The group described the various ways LPHS personnel are prepared to rapidly respond to natural and intentional disasters, including drills, exercises, table tops, and learning from previous experiences. The county is required to do nuclear drills every other year because the community is in close proximity to the Braidwood nuclear power plant. Many LPHS partners participate in annual emergency preparedness training in-person and online. The LEPC participates in [Incident Command System \(ICS\)](#) training.

After emergency drills, each organization conducts their own hot wash and develops After Action Reports (AARs). LPHS members come together to work on Improvement Plans. The LPHS does a good job evaluating emergency response incidents but may expand participation and awareness throughout Kankakee County, in effort to increase the Performance Measure.

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

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

EPHS 2 Strengths, Weaknesses, and Opportunities

Survey participants provided comments which were identified and categorized into strengths and weaknesses of the EPHS. Based on the model standards, performance measures, and comments LPHSA members identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

- The public is aware of hazards in the community and healthcare systems are well prepared for health hazards.
- Healthcare systems have a good relationship with EMS.
- Hospitals have dedicated infectious disease staff.
- There is a good collaborative relationship between providers, health care systems, and the local health department.
- The LPHS has timely and collaborative responses to public health threats.
- The LPHS has well-trained emergency personnel (e.g. first responders, hospital staff).
- There are numerous partnerships in the county for emergency training and exercises.
- The LPHS utilizes process improvement after incidents (e.g. jailbreak, train wreck).
- The LPHS integrated the radio communication systems for law enforcement and fire.
- Hospitals, local health departments, fire, police, and all municipalities participate in a local [STARCOM21](#) drill every quarter to test emergency communication.
- The early warning system for tornadoes and other disasters is tested once a month.
- The LPHS has ready access to licensed laboratories (local and state), protocols in place for handling samples, and timely lab results.
- The LPHS has a good relationship with the state labs for investigating environmental health (e.g. water, soil, paint testing for lead).
- There is general awareness of health equity issues and a willingness to get a deeper understanding of health equity.

Weaknesses

- Some providers do not report notifiable conditions in a timely manner.
- Response time is slow for outlying parts of the county (e.g. sheriff's response).
- Providers outside of traditional health settings are not reporting properly, because they are not aware of the requirements, or they do not know how to.
- It is difficult to anticipate the unknown (to prepare for emergencies).
- The LPHS lacks funding for response or upgrading systems.
- The LPHS lacks adequate volunteers, possibly due to time commitments for training.
- LPHS staff have been overwhelmed due to the COVID-19 pandemic.
- The LPHS needs more tools to collect health inequity data.

- There are differences in opinion about what information to collect and what conversations are appropriate to have with patients and community members (e.g. sexual activity in adolescents, sexual/gender identity).

Short-Term Opportunities

- Improve education on surveillance reporting – what to report and how soon.
- The LPHS needs additional trained volunteers for emergency response.
- If public health practitioners ask the right questions, it can create opportunities for conversation and teachable moments to increase health equity.
- LPHS should increase collaboration to discuss, train, practice, drill and work through many natural and man-made issues.

Long-Term Opportunities

- The all-hazard plan should address special populations.
- The LPHS should update the drill scenarios and pull in more rural areas to participate.

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

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

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

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

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

EPHS 3 Constituency Representation

Constituency represented based on survey completion to assess performance of the local public health system in monitoring health status to identify community health problems included:

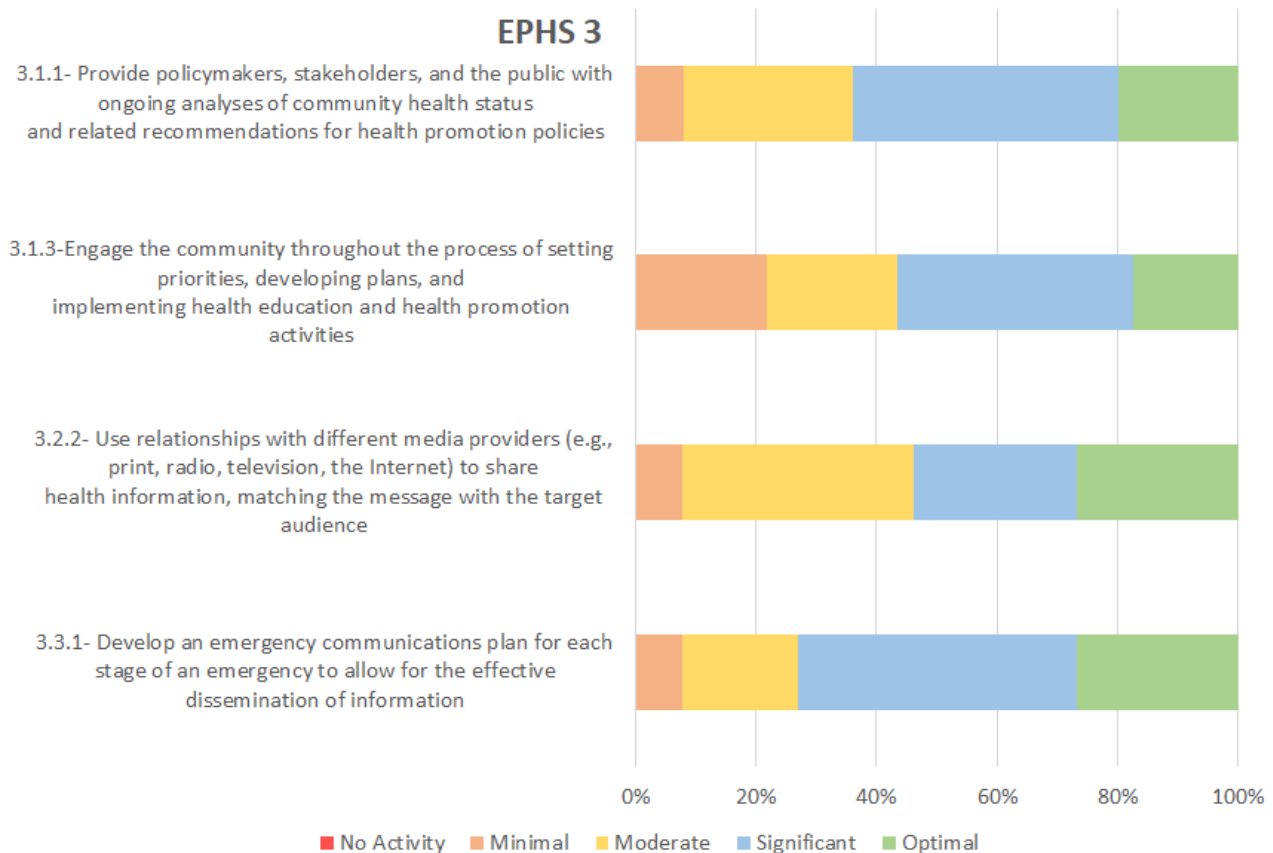
Organization Type
Education including colleges, universities, schools
Community and Social Service Organizations
Civil and Human Rights Groups/Civic Organizations
Local Health Department
Long Term Care Facilities
Healthcare including Veteran Affairs, Community Health Centers, Hospitals, Physicians, Primary Care, and Community Health

EPHS 3 Model Standard Scores (Mean)

EPHS 3. Inform, Educate and Empower People about Health Issues			
The LPHS designs and puts in place health promotion and health education activities to create environments that support health. These promotional and educational activities are coordinated throughout the LPHS to address risk and protective factors at the individual, interpersonal, community, and societal levels. The LPHS includes the community in identifying needs, setting priorities, and planning health promotional and educational activities. The LPHS plans for different reading abilities, language skills, and access to materials.			
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies	44.0%	Significant
3.1.3	Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities	34.6%	Significant
3.1	Health Education and Promotion	39.2%	Significant
The LPHS uses health communication strategies to contribute to healthy living and healthy communities that include the following: increasing awareness of risks to health; ways to reduce health risk factors and increase health protective factors; promoting healthy behaviors; advocating organizational and community changes to support healthy living; increasing demand and support for health services; building a culture where health is valued; and creating support for health policies, programs, and practices. Health communication efforts use a broad range of strategies, including print, radio, television, the Internet, media campaigns, social marketing, entertainment education, and interactive media. The LPHS reaches out to the community through efforts ranging from one-on-one conversations to small group communication, to communications within organizations and the community, and to mass media approaches. The LPHS works with many groups to understand the best ways to present health messages in each community setting and to find ways to cover the costs.			
3.2.2	Use relationships with different media providers (e.g., print, radio, television, the Internet) to share health information, matching the message with the target audience	38.5%	Moderate
3.2	Health Communication	38.5%	Moderate
The LPHS uses health risk communications strategies to allow individuals, groups, organizations, or an entire community to make optimal decisions about their health and well-being in emergency events. The LPHS recognizes a designated Public Information Officer (PIO) for emergency public information and warning. The LPHS organizations work together to identify potential risks (crisis or emergency) that may affect the community and develop plans to effectively and efficiently communicate information about these risks. The plans include pre-event, event, and post-event communication strategies for different types of emergencies.			
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information	46.2%	Significant
3.3	Risk Communication	46.2%	Significant

EPHS 3 Summary

Overall performance for EPHS 3 was scored **significant** in Kankakee County and ranked sixth out of the 10 EPHSs. Three Model Standards for EPHS 3 were surveyed



Participants agreed that the LPHS is good at providing policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health. The LPHS engages the community throughout the process of setting priorities, developing plans, and implementing health education and overall health. The participants identified a gap in communication with adult populations and how to communicate best with them. The LPHS also needs to identify the reach of campaigns into marginalized communities and work with these communities to improve messaging. The survey responses reflected identification for opportunities to expand on good working relationships with the media and to expand use of social media to reach more populations. Emergency Preparedness systems are well established and have good communication in the LPHS. Survey participants thought the LPHS had significant performance measures to develop emergency communication plans for each stage of an emergency to allow for the effective dissemination of information.

Model Standard 3.1, Health Education and Promotion, explores the extent to which the LPHS successfully provides policy makers, stakeholders, and the public with health information and related recommendations for health promotion policies, coordinates health promotion and

education activities, and engages the community in setting priorities and implementing health education and promotion activities. Participants scored the Performance Measures from minimal to optimal, resulting in a mean Model Standard score of significant. LPHS partners provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies. LPHS partners coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels and in various settings.

Model Standard 3.2, Health Communication, explores the extent to which the LPHS uses health communication strategies to increase awareness of health risk factors, promote healthy behaviors, advocate for organizational and community changes to support healthy living, build a culture of health, and create support for health policies and programs through development of relationships with the media, information sharing among LPHS partners, and identification and training of spokespersons on public health issues. Participants scored the Performance Measures from minimal to optimal, resulting in a mean Model Standard score of moderate.

Survey participants described several areas where LPHS organizations have worked together to link communication plans and complete assessments. However, there seems to be an adequate saturation gap at the community level. Survey comments noted that public support is an issue due to the lack in utilizing multi-media platforms to pulizing health related data, plans, announcements, and invitations to include community members. Communication improvements throughout the community could increase resident and stakeholder understanding and participation.

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

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

Participants indicated that the EMA and VOAD are active in the LPHS.

The LPHS emergency communications plans can be adapted to different types of emergencies and that the plans include established lines of authority for communications teams in accordance with the National Incident Management System (NIMS). Participants acknowledged a need for growth in risk communication training in the LPHS. The survey comments noted that the emergency communication plans are in place but that awareness of protocols and procedures among LPHS key members should be better communicated.

EPHS 3 Strengths, Weaknesses, and Opportunities

Survey participants provided comments which were identified and categorized into strengths and weaknesses of the EPHS. Based on the model standards, performance measures, and comments LPHSA members identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

- There are many working relationships and collaboration among LPHS partners including public agencies, local academic institutions (e.g. KCC and ONU), and faith-based organizations (e.g. Kankakee First Church of the Nazarene)..
- The Park District is broadening its scope to include more community involvement.
- There are opportunities for youth to contribute to health education and promotion activities.
- The LPHS has good disaster preparedness plans.
- Some media outlets have coordinated with LPHS partners to share information on health issues
- The LPHS has a strong network for emergency preparedness.
- The LPHS has an up-to-date siren warning system.
- Law enforcement has been an active partner in emergency preparedness.

Weaknesses

- No central repository for communication about community meetings.
- Need for more ground level involvement from the business community and elected officials.
- Develop more robust partnerships with agencies that serve vulnerable populations.
- The LPHS needs to identify marginalized populations and improve targeted outreach through multi-media strategies.
- Hospitals need to have more formal policies and procedures for coordinating their communication plans.
- There are gaps in messaging for specific demographics and marginalized populations.
- Need for additional partners in risk communication.
- More effective campaign targeting for specific groups (African American, LGBTQ, people with disabilities).
- Need for education about structural and social determinants of health.

Short-Term Opportunities

- Need for adverse childhood experiences (ACEs) training and capacity.
- Create an app or community calendar with community events and resources.
- Convey results to the community regularly in a way they understand.

- LPHS partners can receive training through the Illinois Emergency Management Agency (IEMA).
- Share the sheriff emergency contact directory more widely.

Long-Term Opportunities

- Increase communication of treatment resources for addiction.
- Expand resources for infant and early childhood mental health.
- Improve networking among groups and churches.
- Improve marketing through social media and communicate more with marginalized groups.
- Improve targeted messaging to key populations based on data.
- Conduct a media survey to understand what information populations are receiving (or not) to access health literacy.
- Improve awareness of designated PIOs in the LPHS.
- Identify ways to sustain good programs in the face of funding deficits and the COVID-19 pandemic.

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

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

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

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

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

EPHS 4 Constituency Representation

Constituency represented based on survey completion to assess performance of the local public health system in monitoring health status to identify community health problems included:

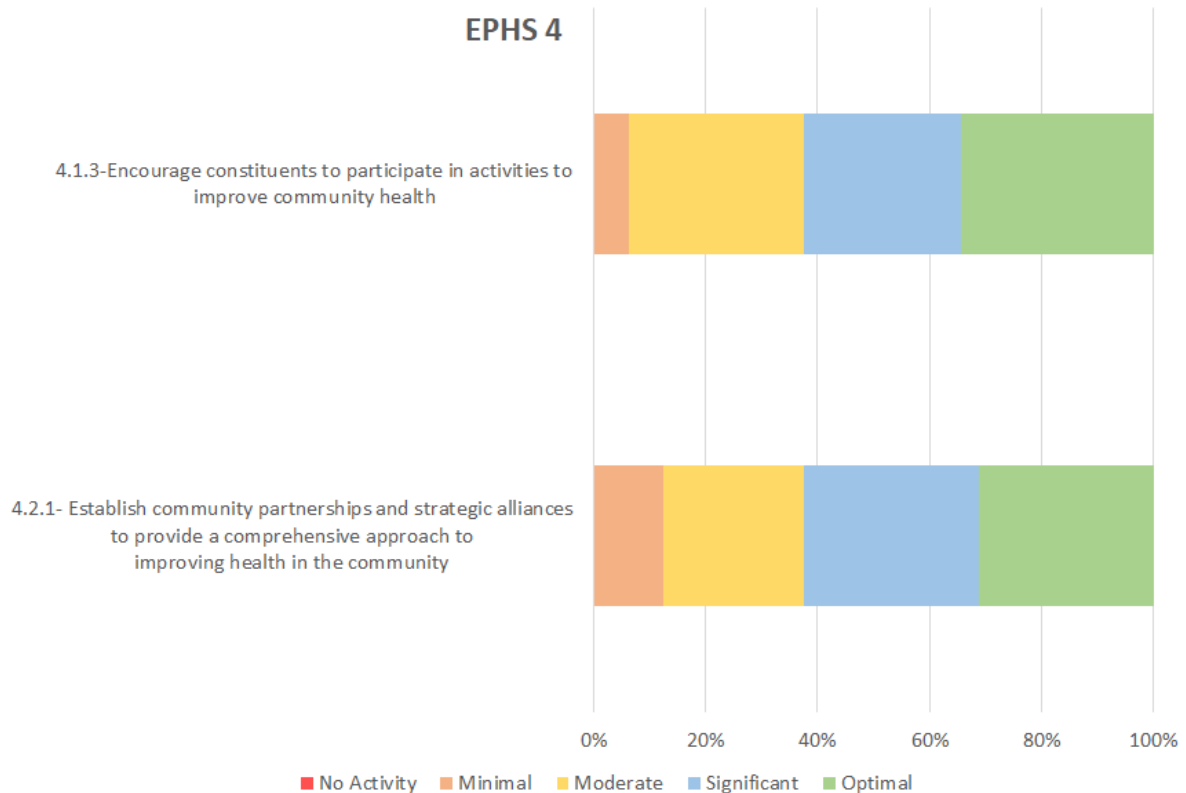
Organization Type
Healthcare including Veteran Affairs, Community Health Centers, Hospitals, Physicians, Primary Care, and Community Health
Local Health Department
Long Term Care Facilities
Education including colleges, universities, schools
Government including city and governmental agencies, elected officials, and policy makers
Community and Social Service Organizations
Mental Health Services including Behavioral Health and Substance Abuse
Civil and Human Rights Groups/Civic Organizations

EPHS 4 Model Standard Scores (Mean)

EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems			
<p>The LPHS actively identifies and involves community partners—the individuals and organizations (constituents) with opportunities to contribute to the health of communities. These stakeholders may include health, transportation, housing, environmental, and non-health related groups, and community members. The LPHS manages the process of establishing collaborative relationships among these and other potential partners. Groups within the LPHS communicate well with one another, resulting in a coordinated, effective approach to public health, so that the benefits of public health are understood and shared throughout the community.</p>			
4.1.3	Encourage constituents to participate in activities to improve community health	34.4%	Optimal
4.1	Constituency Development	34.4%	Optimal
<p>The LPHS encourages individuals and groups to work together so that community health may be improved. Public, private, and voluntary groups—through many different levels of information sharing, activity coordination, resource sharing, and in-depth collaborations—strategically align their interests to achieve a common purpose. By sharing responsibilities, resources, and rewards, community partnerships allow each member to share its expertise with others and strengthen the LPHS as a whole. A community group follows a collaborative, dynamic, and inclusive approach to community health improvement; it may exist as a formal partnership, such as a community health planning council, or as a less formal community group.</p>			
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community	31.3%	Optimal
4.2	Community Partnerships	32.8%	Optimal

EPHS 4 Discussion Summary

Overall performance for EPHS 4 was scored **Optimal** in Kankakee County and ranked first out of the 10 EPHSs. Two Model Standards for EPHS 1 were surveyed.



Participants agreed that collaboration is one of the greatest strengths for the Kankakee County LPHS; organizations are not focused solely on promoting their own work, but also recognize the shared environment. The LPHS has many partnerships and coalitions, including a broad-based community health improvement committee (The Partnership). The survey participants identified an optimal performance measure for the LPHS encouraging constituents to participate in activities to improve community health as well as establishing community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community.

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

Awareness regarding the importance of public health issues is developed with the community-at-large and with organizations by collecting and analyzing community data. There is a desire for more collaboration between urban and rural areas in Kankakee County. Other partners that lack representation in LPHS activities include business, law enforcement, policy makers,

managed care organizations, professional organizations, neighborhood associations, and media.

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

According to the survey participants, The Partnership subcommittees report to the steering committee on their progress. Each subcommittee has different objectives; some focus on education and training, while others implement interventions to increase access to health. The subcommittees convene regularly to share progress with each other, ensure the committees understand the short and long-term goals of The Partnership, and to develop an annual report for The Partnership.

EPHS 4 Strengths, Weaknesses, and Opportunities

Survey participants provided comments which were identified and categorized into strengths and weaknesses of the EPHS. Based on the model standards, performance measures, and comments LPHSA members identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

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

Weaknesses

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

Short-Term Opportunities

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

Long-Term Opportunities

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

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

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

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

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

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

EPHS 5 Constituency Representation

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

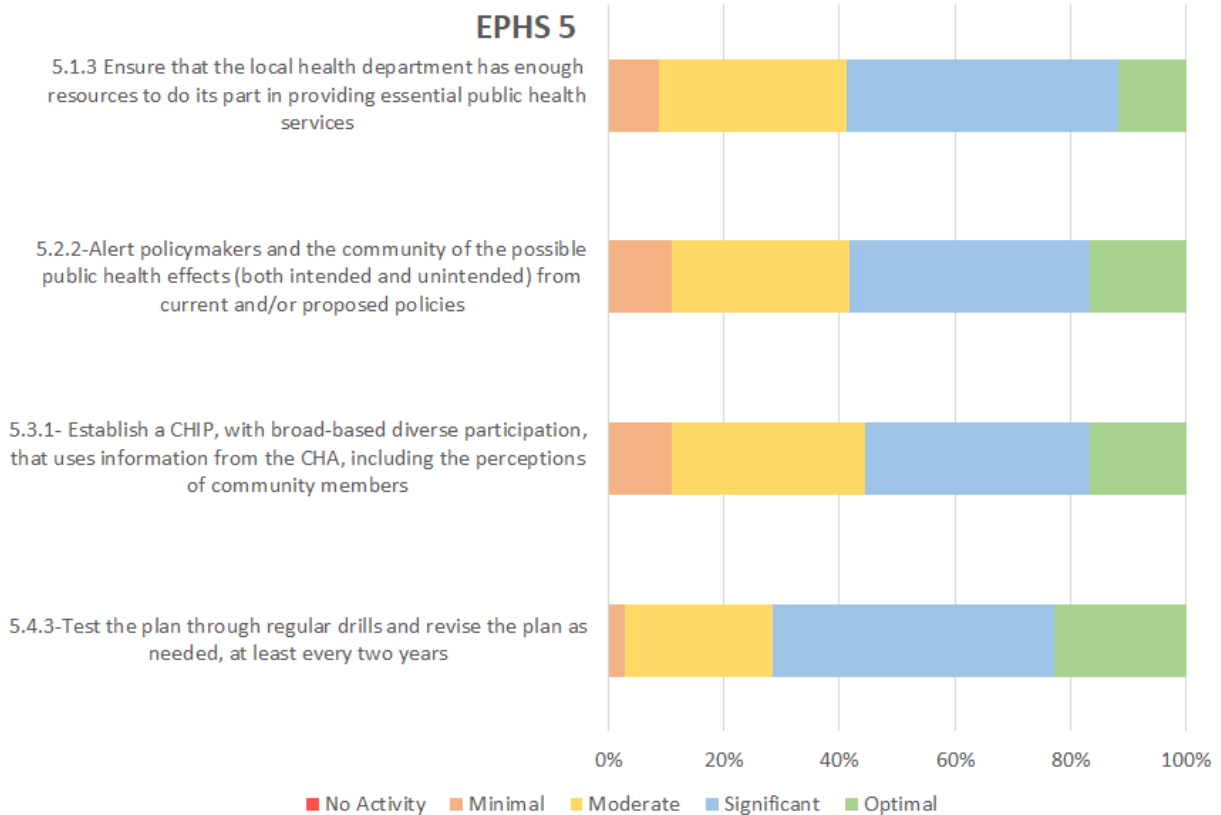
Organization Type
Healthcare including Veteran Affairs, Community Health Centers, Hospitals, Physicians, Primary Care, and Community Health
Local Health Department
Long Term Care Facilities
Law enforcement/emergency services including animal control, correction facilities, fire department, law enforcement, public safety/emergency response
Government including city and governmental agencies, elected officials, and policy makers
Community and Social Service Organizations
Civil and Human Rights Groups/Civic Organizations
Parks and Recreation

EPHS 5 Model Standard Scores (Mean)

EPHS 5. Develop Policies and Plans that Support Individual Community Health Efforts				
<p>The LPHS includes a local health department (which could also be another governmental entity dedicated to public health). The LPHS works with the community to make sure a strong local health department exists and that it is doing its part in providing 10 Essential Public Health Services. The local health department may be a regional health agency with more than one local area (e.g., city, county, etc.) under its jurisdiction. The local health department is accredited through the Public Health Accreditation Board's (PHAB's) voluntary, national public health department accreditation program.</p>				
5.1.3	Ensure that the local health department has enough resources to do its part in providing essential public health services		47.1%	Significant
5.1	Governmental Presence at the Local Level		47.1	Significant
<p>The LPHS develops policies that will prevent, protect, or promote the public's health. Public health problems, possible solutions, and community values are used to inform the policies and any proposed actions, which may include new laws or changes to existing laws. Additionally, current or proposed policies that have the potential to affect the public's health are carefully reviewed for consistency with public health policy through health impact assessments (HIAs). The LPHS and its ability to make informed decisions are strengthened by community member input. The LPHS, together with community members, works to identify gaps in current policies and needs for new policies to improve the public's health. The LPHS educates the community about policies to improve public health and serves as a resource to elected officials who establish and maintain public health policies.</p>				
5.2.2	Alert policymakers and the community of the possible public health effects (both intended and unintended) from current and/or proposed policies		41.7%	Significant
5.2	Public Health Policy Development		41.7%	Significant
<p>The LPHS seeks to improve community health by looking at it from many sides, such as environmental health, healthcare services, business, economic, housing, land use, health equity, and other concerns that affect public health. The LPHS leads a community-wide effort to improve community health by gathering information on health problems, identifying the community's strengths and weaknesses, setting goals, and increasing overall awareness of and interest in improving the health of the community. This community health improvement process provides ways to develop a community-owned community health improvement plan (CHIP) that will lead to a healthier community. With the community health improvement effort in mind, each organization in the LPHS makes an effort to include strategies related to community health improvement goals in their own organizational strategic plans.</p>				
5.3.1	Establish a CHIP, with broad-based diverse participation, that uses information from the CHA, including the perceptions of community members		38.9%	Significant
5.3	Community Health Improvement Process and Strategic Planning		38.9%	Significant
<p>The LPHS adopts an emergency preparedness and response plan that describes what each organization in the system should be ready to do in a public health emergency. The plan describes community interventions necessary to prepare, mitigate, respond, and recover from all types of emergencies, including both natural and intentional disasters. The plan also looks at challenges of possible events, such as biological, chemical, or nuclear events. Practicing for possible events takes place through regular exercises or drills. A workgroup sees that the necessary organizations and resources are included in the planning and practicing for all types of emergencies. The workgroup uses national standards (e.g., CDC's Public Health Emergency Preparedness Capabilities) to advance local preparedness planning efforts.</p>				
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years		48.6%	Significant
5.4	Planning for Public Health Emergencies	OPTIMAL	48.6%	Significant

EPHS 5 Summary

Overall performance for EPHS 1 was scored **significant** in Kankakee County and ranked second out of the 10 EPHSs. Four Model Standards for EPHS 5 were surveyed.



The group agreed that The Partnership for a Healthy Community represents one of many strong partnerships in the LPHS. Survey responses noted a significant performance score for the LPHS ensuring that the local health department has enough resources to do its part in providing essential public health service. The policymakers and the community are alerted of possible public health effects (both intended and unintended) from current or proposed policies. However, there is room for improvement to continue breaking down organizational silos for more effective collaboration. Respondents noted that the LPHS could improve accountability in implementing the Community Health Improvement Plan (CHIP) but overall significant work has been accomplished with establishing CHIP. The survey participants agreed that significant activity is involved with testing plans through regular drills and that appropriate revisions are completed at least every two years.

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

of significant. The Kankakee County Health Department (KCHD) functions as the governmental local public health presence to ensure the provision of the 10 EPHSs to the community. The KCHD was established through county resolution and was one of the last local health departments to be established in Illinois. The local health department derives its legal responsibility from statutes. Kankakee County has an appointed Board of Health and an elected County Board.

Participants described the various services provided by the local health department, COVID-19 response and vaccinations, WIC programs, environmental health services (e.g. testing water, licensing restaurants), vaccines for children (VFC Program), flu vaccinations, health education, family case management, and additional communicable disease surveillance. A wide variety of LPHS organizations work closely with the local health department. Various LPHS organizations work together to ensure the availability of resources for the local health department's contributions to the 10 EPHSs. The Partnership does so by assessing service access, service gaps, and training and professional development needs.

Model Standard 5.2, Public Health Policy Development, discussed how the LPHS contributes to new or modified public health policies, alerts policy makers and the community of possible health impacts from policies, and performs policy review. Participants scored the Performance Measures from minimal to optimal, resulting in a mean Model Standard score of significant.

The LPHS alerts policymakers and the general public of public health impacts from current and/or proposed policies through regular progress reports. The LPHS contributes to the development of public health policies through multiple avenues. The LPHS engage constituents in identifying and analyzing issues at various levels in the community. The LPHS works together to see that public health considerations become a part of all policies.

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

This is the fourth time Kankakee County has used MAPP for its community health improvement process. A wide variety of organizations are involved in the CHA and CHIP, including schools, the local health department, emergency services, hospitals, non-profits, City Council, local universities and colleges (ONU and KCC), and faith-based institutions. Many types of primary and secondary data go into the assessment process in order to complete the CHIP. Based on the MAPP assessment completion numbers this cycle there is concern about adequate participation from certain populations and organizations. However, most of the MAPP process was completed throughout the COVID-19 pandemic which could of been an unavoidable barrier to participation.

Partnership subcommittees develop Action Plans to address each community health objective identified in the CHIP. The Partnership has established 3 subcommittees for the upcoming

cycle: Health and Wellness, Education and Employment, and Behavioral Health. The subcommittees have representation from many LPHS organizations.

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

The Kankakee County EMA develops the local emergency preparedness and response plans, in partnership with hospitals, police, the Red Cross, the Salvation Army, the local health department, local industries, and churches. The Emergency Operations Center (EOC) partners with many organizations in the LPHS, including schools, hospitals, the Coroner's Office, and the County Board. The group reported that the EMA updates the All-Hazard Emergency Preparedness and Response Plan once a year and that it follows national standards. A variety of incidents are covered in this plan, including nuclear/chemical emergencies, natural disasters, terrorism, and active shooters. Large scale drills occur approximately every 3 years while individual organizations conduct drills annually. The LPHS prepares After-Action Reports (AARs) after each drill to evaluate the emergency plans.

EPHS 5 Strengths, Weaknesses, and Opportunities

Survey participants provided comments which were identified and categorized into strengths and weaknesses of the EPHS. Based on the model standards, performance measures, and comments LPHSA members identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

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

Weaknesses

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

Short-Term Opportunities

- Increase awareness of the local health department and what it does.
- When there are grants and programs available, find ways to let the public and community partners know.
- Increase public awareness and involvement in policy development.
- More diversity in CHIP participation.
- Reach out to multiple faith communities for community improvement planning.
- Convey emergency preparedness information to a wider audience.

Long-Term Opportunities

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

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

To assess performance for Essential Public Health Service 6, participants were asked to address



the key question:

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

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

EPHS 6 Constituency Representation

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

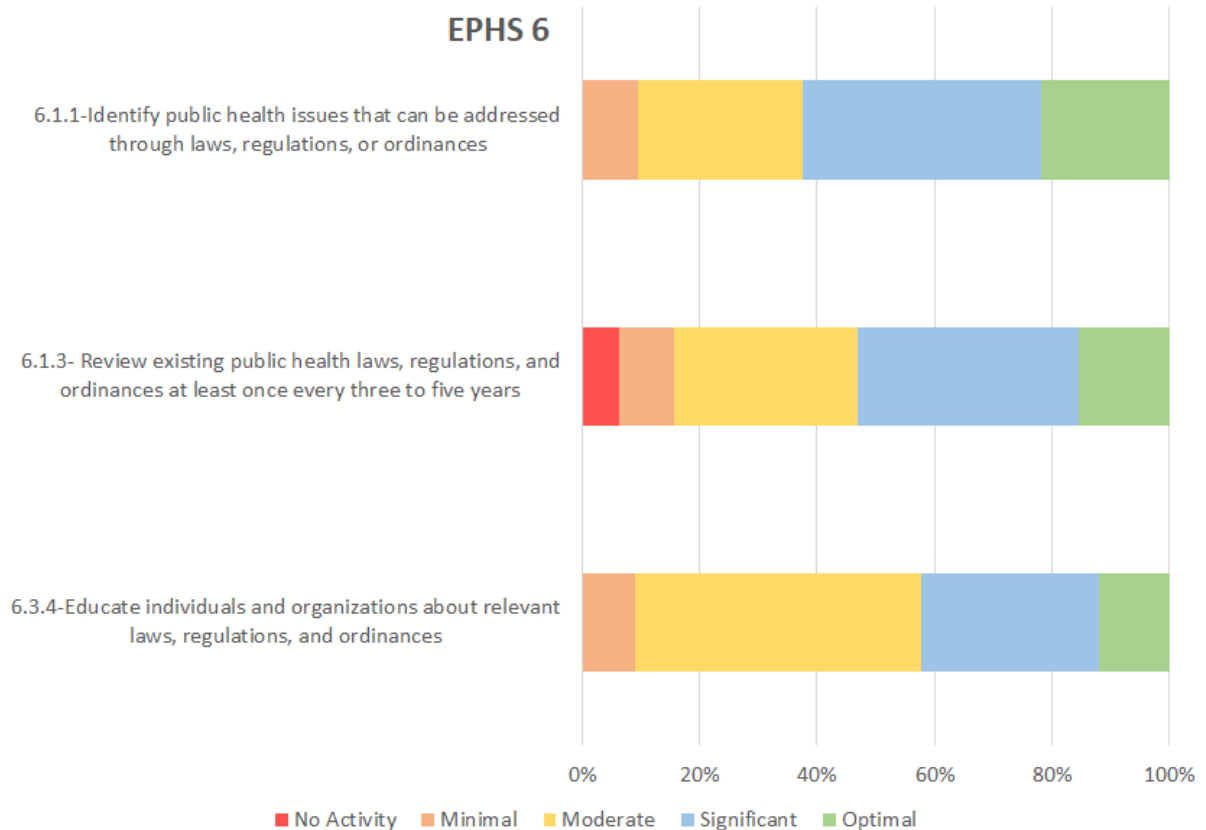
Organization Type
Healthcare including Veteran Affairs, Community Health Centers, Hospitals, Physicians, Primary Care, and Community Health
Law enforcement/emergency services including animal control, correction facilities, fire department, law enforcement, public safety/emergency response
Government including city and governmental agencies, elected officials, and policy makers
Civil and Human Rights Groups/Civic Organizations
Parks and Recreation
Local Health Department
Long Term Care Facilities
Community and Social Service Organizations

EPHS 6 Model Standard Scores (Mean)

EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety			
<p>The LPHS reviews existing laws, regulations, and ordinances related to public health, including laws that prevent health problems, promote, and protect public health. The LPHS looks at federal, state, and local laws to understand the authority provided to the system and the potential impact of laws, regulations, and ordinances on the health of the community. The LPHS also looks at any challenges involved in complying with laws, regulations, or ordinances, whether community members have any opinions or concerns, and whether any laws, regulations, or ordinances need to be updated.</p>			
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances	40.6%	Significant
6.1.3	Review existing public health laws, regulations, and ordinances at least once every three to five years	37.5%	Significant
6.1	Reviewing and Evaluating Laws, Regulations, and Ordinances	39.1%	Significant
<p>The LPHS sees that public health laws, regulations, and ordinances are followed. The LPHS knows which governmental agency or other organization has the authority to enforce any given public health-related requirement within its community, supports all organizations tasked with enforcement responsibilities, and ensures that the enforcement is conducted within the law. The LPHS has sufficient authority to respond in an emergency event. The LPHS also makes sure that individuals and organizations understand the requirements of relevant laws, regulation, and ordinances. The LPHS communicates the reasons for legislation and the importance of compliance.</p>			
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances	48.5%	Moderate
6.3	Enforcing Laws, Regulations, and Ordinances	48.5%	Moderate

EPHS 6 Summary

Overall performance for EPHS 6 was scored **significant** in Kankakee County and ranked seventh out of the 10 EPHSs. Two Model Standards for EPHS 6 were surveyed.



Participants understood who is responsible for enforcing laws and regulations in the LPHS. They could identify public health issues that can be addressed through laws, regulations, or ordinances. survey participants reported a significant level of reviewing existing public health laws, regulations, and ordinances at least once every three to five years. The LPHS only moderately educates individuals and organizations about relevant laws, regulations, and ordinances.

Model Standard 6.1, Reviewing and Evaluating Laws, Regulations and Ordinances, emphasizes the impact of policies on the health of the public, and issues of compliance among community members. Participants scored the Performance Measures from no activity to optimal, resulting in a mean Model Standard score of significant.

Various areas of public health protection that are best addressed through laws, regulations, and ordinances, including: animal control; vaccines; daycare; long term care; schools; foster care; air quality; waste management; controlled substances; safe housing; and public swimming pools, among many others. Various local, state, and federal government bodies are responsible for enforcing standards and laws.

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

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

The Board of Health, County Board, and state regulations give authority to the local health department, police, fire, and other agencies, to enforce ordinances to protect the public's health. The LPHS ensures that all enforcement activities are conducted in accordance with laws, regulations, and ordinances by auditing enforcement agencies on a regular basis. The local health department disseminates information on public health laws, regulations, and ordinances through various methods including posting on their website and direct mailings.

EPHS 6 Strengths, Weaknesses, and Opportunities

Survey participants provided comments which were identified and categorized into strengths and weaknesses of the EPHS. Based on the model standards, performance measures, and comments LPHSA members identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

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

Weaknesses

- Sometimes there are disagreements between different levels of government on how to best regulate an issue.
- Poor measures of how well certain laws are enforced.

Short-Term Opportunities

- There are opportunities to bring forward technical assistance for changing laws.
- Increase general awareness of lobbying efforts.

Long-Term Opportunities

- Collaborate to change laws and regulations (“strength in numbers”).
- Increase diversity in the policy making process.

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

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



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

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

EPHS 7 Constituency Representation

Constituency represented based on survey completion to assess performance of the local public health system in monitoring health status to identify community health problems included:

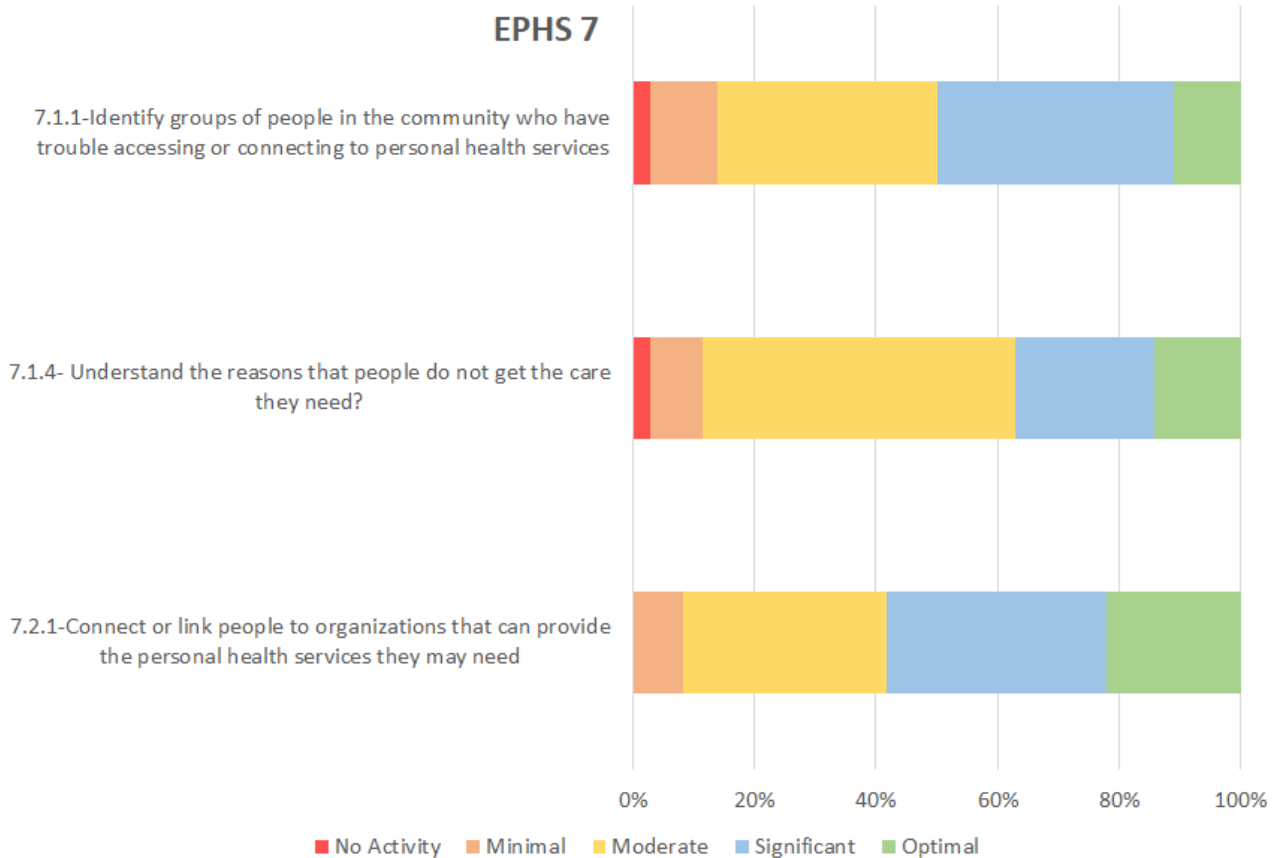
Organization Type
Law enforcement/emergency services including animal control, correction facilities, fire department, law enforcement, public safety/emergency response
Government including city and governmental agencies, elected officials, and policy makers
Community and Social Service Organizations
Civil and Human Rights Groups/Civic Organizations
Parks and Recreation
Healthcare including Veteran Affairs, Community Health Centers, Hospitals, Physicians, Primary Care, and Community Health
Local Health Department
Long Term Care Facilities

EPHS 7 Model Standard Scores (Mean)

EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable			
The LPHS identifies the personal health service needs of the community and identifies the barriers to receiving these services, especially among particular groups that may have particular difficulty accessing personal health services. The LPHS has defined roles and responsibilities for the local health department (or other governmental public health entity) and other partners (e.g., hospitals, managed care providers, and other community health agencies) in relation to overcoming these barriers and providing services.			
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services	38.9%	Significant
7.1.4	Understand the reasons that people do not get the care they need?	51.4%	Moderate
7.1	Identifying Personal Health Service Needs of Populations	43.7%	Moderate
The LPHS partners work together to meet the diverse needs of all populations. Partners see that persons are signed up for all benefits available to them and know where to refer people with unmet personal health service needs. The LPHS develops working relationships between public health, primary care, oral health, social services, mental health systems, and organizations that are not traditionally part of the personal health service system, such as housing, transportation, and grassroots organizations.			
7.2.1	Connect or link people to organizations that can provide the personal health services they may need	36.1%	Significant
7.2	Ensuring People Are Linked to Personal Health Services	36.1%	Significant

EPHS 7 Summary

Overall performance for EPHS 7 was scored **moderate** in Kankakee County and ranked tenth out of the 10 EPHSs. Two Model Standards for EPHS 1 were surveyed.



Participants reported that the LPHS significantly identify groups of people in the community who have trouble accessing or connecting to personal health services. The survey responses identified a need to understand the reason that people do not get the care they need, based on a performance measure of moderate. Participants noted a significant level of connection to people and organizations that can provide the personal health services they may need.

Model standard 7.1, Identifying Personal Health Service Needs of Populations, looks at the ability of the LPHS to identify groups in the community who have trouble accessing personal health services and to define responsibilities for partners to respond to the unmet needs of the community. Participants scored the Performance Measures from no activity to optimal, resulting in a mean Model Standard score of significant.

Participants agreed that the LPHS is able to identify many personal health service needs and unmet needs, but there is substantial room for improvement. Survey comments noted the need to improve care to vulnerable populations and those who lack access to care. The survey participants agreed that the LPHS understands some of the reasons people do not get the care

they need but there is substantial room for improvement in this area. Unmet personal health service and social service needs in the community include:

- The LPHS has a few mental health providers that do case management.
- There is a lack of behavioral health services for children from birth to age 5.
- Housing
- Even though the community has immediate care clinics, participants noted that it is often difficult for parents to leave work to go to immediate care. Alternatively, parents who need immediate care but do not have a PCP will often take their children to the Emergency Room.
- Affordable oral health is a need in the community.

Participants noted that lack of transportation, culturally competent care, income, and health literacy are barriers to accessing care. Many health screenings are free but not utilized by community members and the LPHS is unsure why people do not take advantage of them. The Kankakee bus service is handicap accessible and vouchers are available to mitigate costs, but the service is underutilized.

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

Many types of providers work together to coordinate the delivery of personal health and social services to optimize access to services for populations who may encounter barriers to care. Local clinics, hospitals, local health departments, and social service agencies deliver health care and social services. Some large organizations have a central intake service that is directly connected to referral agencies and resources in the community. Small organizations generally do not have capacity to fully integrate their services. According to participants, managed care plans play a minimal role in coordinating delivery of services. Participants reported that some organizations have culturally and linguistically competent staff, but resources are limited and availability varies across the county. Many organizations provide forms in multiple languages. The LPHS indicated that service providers work to enroll individuals in public benefit programs.

EPHS 7 Strengths, Weaknesses, and Opportunities

Survey participants provided comments which were identified and categorized into strengths and weaknesses of the EPHS. Based on the model standards, performance measures, and comments LPHSA members identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

- The LPHS uses the MAPP process to assess the community. Many organizations participate in various aspects of the MAPP process.
- The LPHS has 2 hospitals.
- LPHS organizations foster a culture of working together and have a strong desire to solve problems through collaboration.
- LPHS organizations collaborate to deliver personal health services.

Weaknesses

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

Short-Term Opportunities

- Implement monthly community council meetings.
- Hold meetings at different times of day so different people have an opportunity to attend.
- Conduct more focus groups to understand why people are not accessing services.

Long-Term Opportunities

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

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

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

Do we have a competent public health staff?

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

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

EPHS 8 Constituency Representation

Constituency represented based on survey completion to assess performance of the local public health system in monitoring health status to identify community health problems included:

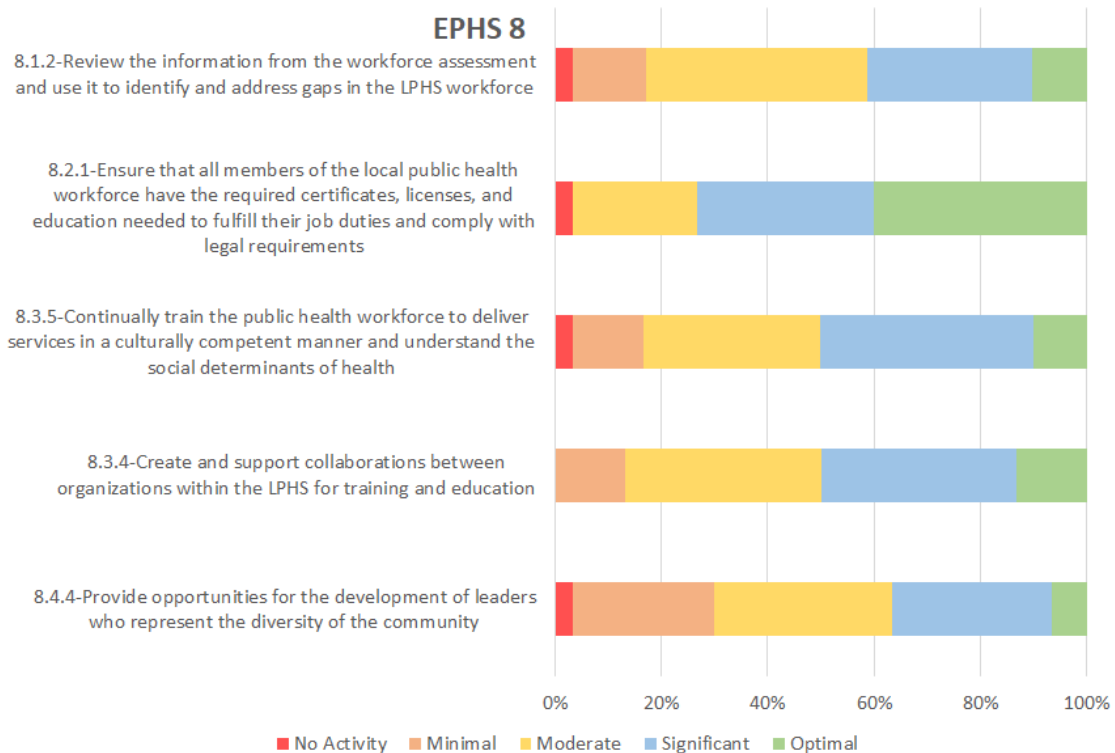
Organization Type
Law enforcement/emergency services including animal control, correction facilities, fire department, law enforcement, public safety/emergency response
Education including colleges, universities, schools
Community and Social Service Organizations
Mental Health Services including Behavioral Health and Substance Abuse
Healthcare including Veteran Affairs, Community Health Centers, Hospitals, Physicians, Primary Care, and Community Health
Local Health Department
Long Term Care Facilities

EPHS 8 Model Standard Scores (Mean)

EPHS 8. Assure a Competent Public Health and Personal Health Care Workforce			
<p>The LPHS assesses the local public health workforce—all who contribute to providing the 10 Essential Public Health Services for the community. Workforce assessment looks at what knowledge, skills, and abilities the local public health workforce needs and the numbers and kinds of jobs the system should have to adequately prevent health problems and protect and promote health in the community. The LPHS also looks at the training that the workforce needs to keep its knowledge, skills, and abilities up to date. After the workforce assessment determines the number and types of positions the local public health workforce should include, the LPHS identifies gaps and works on plans to fill those gaps.</p>			
8.1.2	Review the information from the workforce assessment and use it to identify and address gaps in the LPHS workforce	41.1%	Moderate
8.1	Workforce Assessment, Planning, and Development	41.1%	Moderate
<p>The LPHS maintains standards to see that workforce members are qualified to do their jobs, with the certificates, licenses, and education that are required by law or by local, state, or federal guidance. Information about the knowledge, skills, and abilities that are needed to provide the 10 Essential Public Health Services are used in personnel systems, so that position descriptions, hiring, and performance evaluations of workers are based on public health competencies.</p>			
8.2.1	Ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements	40.0%	Optimal
8.2	Public Health Workforce Standards	40.0%	Optimal
<p>The LPHS encourages lifelong learning for the local public health workforce. Both formal and informal opportunities in education and training are available to the workforce, including workshops, seminars, conferences, and online learning. Experienced staff persons are available to coach and advise newer employees. Interested workforce members have the chance to work with academic and research institutions, particularly those connected with schools of public health, public administration, and population health. As the academic community and the local public health workforce collaborate, the LPHS is strengthened. The LPHS trains its workforce to recognize and address the unique culture, language, and health literacy of diverse consumers and communities and to respect all members of the community. The LPHS also educates its workforce about the many factors that can influence health, including interpersonal relationships, social surroundings, physical environment, and individual characteristics (such as economic status, genetics, behavioral risk factors, and healthcare).</p>			
8.3.4	Create and support collaborations between organizations within the LPHS for training and education	36.7%	Moderate
8.3.5	Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health	40.0%	Significant
8.3	Life-Long Learning through Continuing Education, Training, and Mentoring	38.3%	Significant
<p>Leadership within the LPHS is demonstrated by organizations and individuals that are committed to improving the health of the community. Leaders work to continually develop the LPHS, create a shared vision of community health, find ways to achieve the vision, and ensure that local public health services are delivered. Leadership may come from the local health department, from other governmental agencies, non-profits, the private sector, or from several LPHS partners. The LPHS encourages the development of leaders that represent the diversity of the community and respect community values.</p>			
8.4.4	Provide opportunities for the development of leaders who represent the diversity of the community	33.3%	Moderate
8.4	Public Health Leadership Development	33.3%	Moderate

EPHS 8 Summary

Overall performance for EPHS 8 was scored **significant** in Kankakee County and ranked eighth out of the 10 EPHSs. Four Model Standards for EPHS 8 were surveyed.



Participants agreed that the LPHS moderately reviews the information from the workforce assessment and uses it to identify and address gaps in the LPHSA workforce. However, the optimal performance measure was assessed regarding ensuring that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements. The Kankakee County LPHS significantly trains the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health. The LPHS significantly creates and supports collaborations between organizations within the LPHS for training and education. However, there were identified opportunities for the development of leaders who represent the diversity of the community.

Model Standard 8.1, Workforce Assessment, Planning, and Development, explores how well the LPHS is assessing its workforce as a system. Participants scored the Performance Measures from no activity to optimal, resulting in a mean Model Standard score of moderate.

The LPHS partners work together to assess workforce needs and gaps, though there is no formal workforce assessment for the LPHS. Most individuals and many organizations in the LPHS are unaware of the findings from informal workforce assessments. Some of the workforce gaps in the LPHS include:

Model Standard 8.2, Public Health Workforce Standards, explores how the LPHS ensures that

workforce members are qualified and that hiring and performance reviews are based on public health competencies. Participants scored the Performance Measures from no activity to optimal, resulting in a mean Model Standard score of optimal.

Many positions that deliver the 10 EPHSs require specific degrees, licensure, or certifications and some organizations are subject to audit by accrediting bodies. All organizations have written job standards and/or position descriptions for all personnel delivering the 10 Essential Public Health Services. Some job standards are tied to public health competencies.

LPHS organizations have performance review systems.

Model Standard 8.3, Life-long Learning Through Continuing Education, Training, and Mentoring, reviews LPHS performance in identifying education and training needs, providing incentives for workforce training, and creating collaborations between organizations for training and education. Participants scored the Performance Measures from no activity to optimal, resulting in a mean Model Standard score of significant.

There are grants available to help staff obtain CEUs. Community foundations have grants for training purposes, particularly early childhood education. College and university students work in the community through student teaching, internships, hospital/clinical settings, and social work. ONU partners with health care organizations to bring in professionals to teach classes and give students a better understanding of their career path. The local health department and hospitals host students to complete clinical hours for their degrees. Participants identified cultural competency training as a need for workforce development, particularly how to work with non-English speaking clients. More bilingual staff is needed.

Model Standard 8.4, Public Health Leadership Development, discusses leadership development in the LPHS including creating a shared vision of community health and providing opportunities for the development of leaders that reflect diversity in the community. The participants scored the Performance Measures from no activity to optimal, resulting in a composite Model Standard score of moderate.

The leaders in the LPHS and the community have collaborated to create a shared vision through The Partnership. The Partnership has subcommittees dedicated to implementing strategies to achieve the shared goals outlined in the CHIP. The participants were unsure how much the general public understood about the CHIP and The Partnership's work on a shared vision. The Partnership should report back to the community more often (quarterly) about CHIP progress. More leaders from the Hispanic community should be involved in decision-making. LPHS leadership needs to be more representative of the diverse populations in the county.

The participants agreed that The Partnership needs to have the right people at the table to take ownership of the CHIP, however it can be difficult to get commitment from leaders and stakeholders whose time and effort are pulled in many directions. Adding community outreach and community involvement as an explicit component of leadership job descriptions in the LPHS. In some cases, community members do not trust the leadership, have more pressing issues, or encounter barriers to accessing basic needs that preclude participation in LPHS

activities. Partnering with grassroots organizations to address underlying social determinants could be a way to improve participation in a shared vision. Additionally, LPHS partners need to be intentional about building relationships with marginalized groups, and must recognize that this process can be uncomfortable and slow.

EPHS 8 Strengths, Weaknesses, and Opportunities

Survey participants provided comments which were identified and categorized into strengths and weaknesses of the EPHS. Based on the model standards, performance measures, and comments LPHSA members identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths:

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

Weaknesses:

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

Short-Term Opportunities:

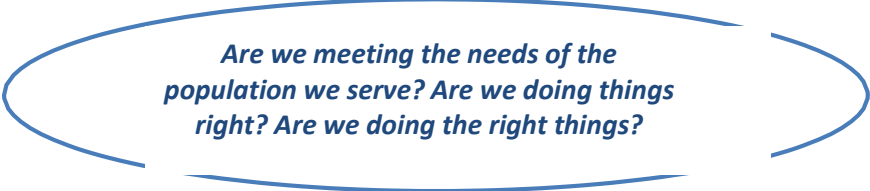
- Understand the most effective communication channels and use those to disseminate workforce assessment information.
- Better communication of resources available for workforce development.
- Increase cultural competency training.
- Hire more bilingual staff.
- Increase communication and awareness of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

Long-Term Opportunities:

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

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

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



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

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

EPHS 9 Constituency Representation

Constituency represented based on survey completion to assess performance of the local public health system in monitoring health status to identify community health problems included:

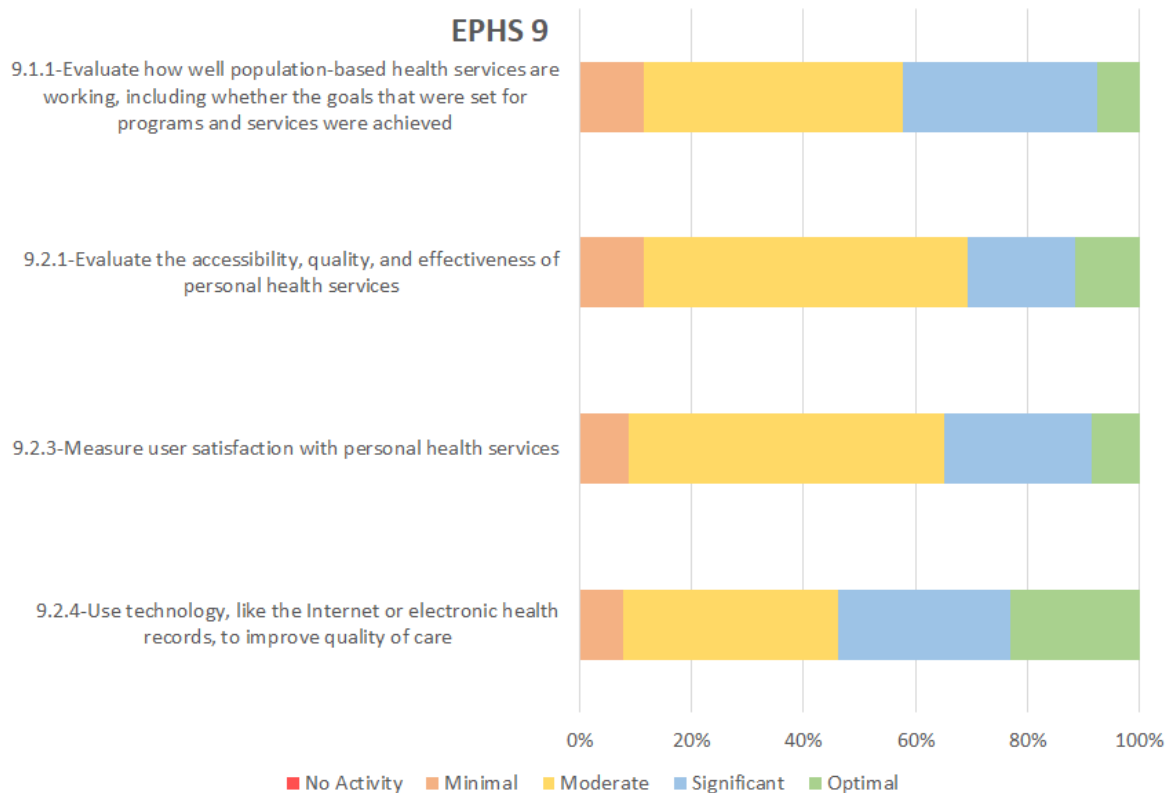
Organization Type
Education including colleges, universities, schools
Community and Social Service Organizations
Civil and Human Rights Groups/Civic Organizations
Healthcare including Veteran Affairs, Community Health Centers, Hospitals, Physicians, Primary Care, and Community Health
Local Health Department
Long Term Care Facilities

EPHS 9 Model Standard Scores (Mean)

EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services			
<p>The LPHS evaluates population-based health services, which are aimed at disease prevention and health promotion for the entire community. Many different types of population-based health services are evaluated for their quality and effectiveness in targeting underlying risks. The LPHS uses nationally recognized resources to set goals for their work and identify best practices for specific types of preventive services (e.g., <i>Healthy People 2020</i> or <i>The Guide to Community Preventive Services</i>). 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	Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved	46.2%	Moderate
9.1	Evaluating Population-Based Health Services	46.2%	Moderate
<p>The LPHS regularly evaluates the accessibility, quality, and effectiveness of personal health services. These services range from preventive care, such as mammograms or other preventive screenings or tests, to hospital care, to care at the end of life. The LPHS sees that the personal health services in the area match the needs of the community, with available and effective care for all ages and groups of people. The LPHS works with communities to measure satisfaction with personal health services through multiple methods, including surveys with persons who have received care and others who might have needed care or who may need care in the future. The LPHS uses findings from the evaluation to improve services and program delivery, using technological solutions, such as electronic health records, when indicated, and modifying organizational strategic plans, as needed.</p>			
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services	57.7%	Moderate
9.2.3	Measure user satisfaction with personal health services	56.5%	Moderate
9.2.4	Use technology, like the Internet or electronic health records, to improve quality of care	38.5%	Moderate
9.2	Evaluating Personal Health Services	50.6%	Moderate

EPHS 9 Summary

Overall performance for EPHS 9 was scored **moderate** in Kankakee County and ranked ninth out of the 10 EPHSs. Two Model Standards for EPHS 9 were surveyed.



LPHS organizations evaluate personal and population-based services but the results are not widely shared. Based on survey responses for every measure of the EPHS is only conducted at a moderate level. Improvements are needed to evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved. There seems to be a gap in measuring user satisfaction with personal health services in Kankakee County. One area of improvement could be to utilize technology to reach the population at great capacity and improve quality of care.

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

Participants assumed that many population-based health services are evaluated in the LPHS, as many funders require evaluations for grant-funded activities. Some facilities conduct satisfaction surveys with their clients during their visits, with paper or computer

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

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

LPHS organizations regularly evaluate their personal health services, however the data are not shared widely. Hospitals utilize EHRs and the software will notify the person filling out the record if there is missing information or notify the patient if they are due for a screening. Hospitals are using information technology to educate patients. Referrals and medical records are transferred electronically. The hospitals and local health department collect patient satisfaction surveys and provide suggestion boxes; the doctors, hospital administrators, and local health department staff reportedly look at accessibility, quality, and effectiveness metrics on a regular basis.

EPHS 9 Strengths, Weaknesses, and Opportunities

Survey participants provided comments which were identified and categorized into strengths and weaknesses of the EPHS. Based on the model standards, performance measures, and comments, LPHSA members identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths

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

Weaknesses

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

Short-Term Opportunities

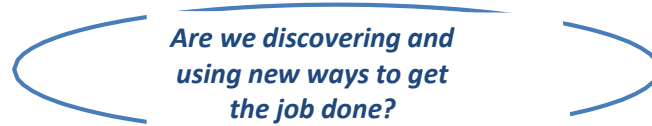
- Implement the three pronged approach (assess, identify, and use evaluation data to improve).
- Share evaluation data with LPHS partners.
- Identify opportunities to collect data from users of personal health services in non-traditional settings (e.g. county fair).
- Involve long-term home health care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

Long-Term Opportunities

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

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

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



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

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

EPHS 10 Constituency Representation

Constituency represented based on survey completion to assess performance of the local public health system in monitoring health status to identify community health problems included:

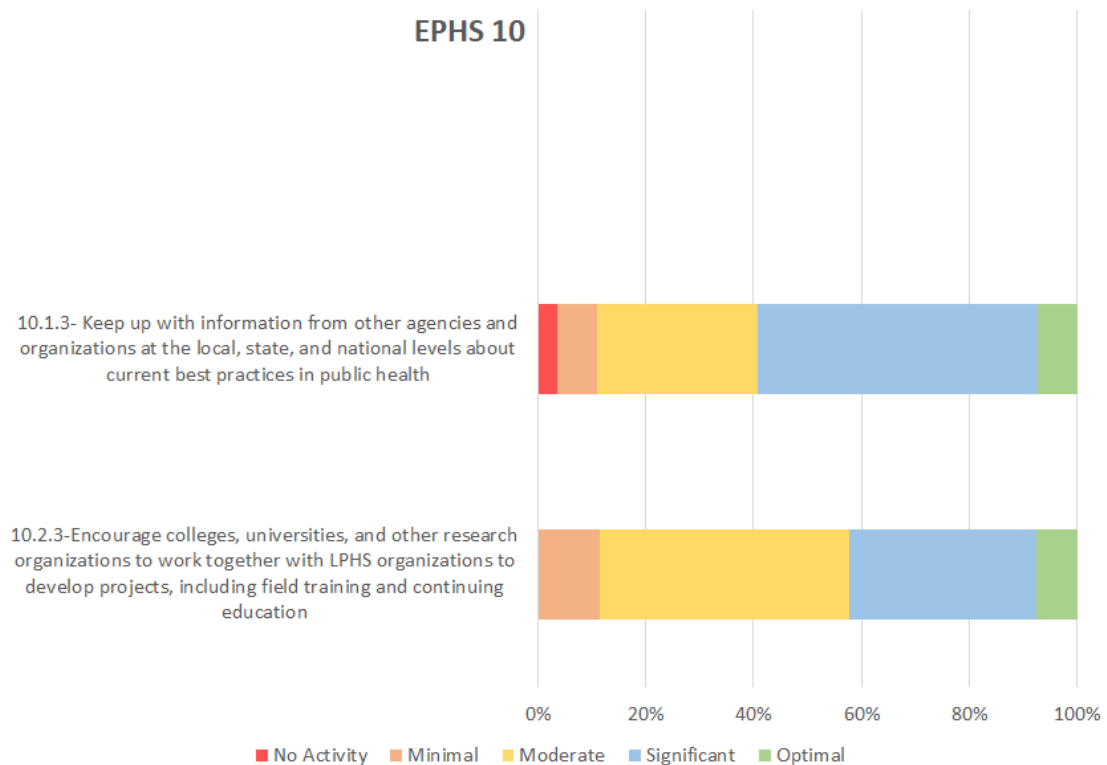
Organization Type
Education including colleges, universities, schools
Community and Social Service Organizations
Civil and Human Rights Groups/Civic Organizations
Healthcare including Veteran Affairs, Community Health Centers, Hospitals, Physicians, Primary Care, and Community Health
Local Health Department
Long Term Care Facilities

EPHS 10 Model Standard Scores (Mean)

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems			
LPHS organizations try new and creative ways to improve public health practice. In both academic and practice settings, such as universities and local health departments, new approaches are studied to see how well they work.			
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health	51.9%	Significant
10.1	Fostering Innovation	51.9	Significant
The LPHS establishes relationships with colleges, universities, and other research organizations. The LPHS is strengthened by ongoing communication between academic institutions and LPHS organizations. They freely share information and best practices and set up formal or informal arrangements to work together. The LPHS connects with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms. The LPHS does community-based participatory research that includes community members and those organizations representing community members as full partners from selection of the topic of study, to design, to sharing of findings. The LPHS works with one or more colleges, universities, or other research organizations to co-sponsor continuing education programs.			
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education	46.2%	Moderate
10.2	Linking with Institutions of Higher Learning and/or Research	46.2%	Moderate

EPHS 10 Summary

Overall performance for EPHS 10 was scored **significant** in Kankakee County and ranked third out of the 10 EPHSs. Two Model Standards for EPHS 10 were surveyed.



The survey respondents reported that the LPHS significantly keeps up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health. However, only moderately encourages colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education.

Model Standard 10.1, Fostering Innovation, explores LPHS performance in finding new ways to improve public health practice. The participants scored the Performance Measures from no activity to optimal, resulting in a composite Model Standard score of significant.

LPHS organizations encourage staff to develop new solutions to health problems in the community by linking specialists with students to do research, start clubs, and run businesses to try out innovative ideas. The hospitals in the LPHS are also using evidence-based practices.

Model Standard 10.2, Linkage with Institutions of Higher Learning and Research, examines the extent to which the LPHS engages in relationships with universities and other research institutions to collaborate and share data and best practices. The participants scored the

Performance Measures from minimal to optimal, resulting in a composite Model Standard score of high moderates.

The higher education institutions are involved in understanding best practices and showing other organizations how to implement them. Based on the survey responses, the LPHS could increase research conducted but it needs to be shared with the media and local health services partners.

EPHS 10 Strengths, Weaknesses, and Opportunities

Survey participants provided comments which were identified and categorized into strengths and weaknesses of the EPHS. Based on the model standards, performance measures, and comments that LPHSA members identified potential short- and long-term opportunities for action throughout the LPHS. A summary is provided below.

Strengths:

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

Weaknesses:

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

Short-Term Opportunities:

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

Long-Term Opportunities:

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

Health Equity Measures (Mean)

EPHS Health Equity Measures		
At what level does the LPHS...		
HE1	Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identity, education, gender, and neighborhood?	Significant
HE2	Operate or participate in surveillance systems designed to monitor health inequities and identify the social determinants of health inequities specific to the jurisdiction and across several of its communities?	Moderate
HE3	At what level does the Local Public Health System provide information about community health status (e.g. heart disease, cancer rates, and environmental risks) and community health needs in the context of health inequity and social justice?	Moderate
HE4	At what level does the Local Public Health Department work to influence laws, policies, and practices that maintain inequitable distribution of resources that may influence access to personal health services?	Moderate
HE5	At what level does the Local Public Health Department recruit and train staff members to reflect the community they serve?	Moderate
HE	Overall EPHS Health Equity Measure	Moderate

Survey participants scored Health Equity Measures no activity to optimal, resulting in a mean Health Equity score of moderate. These questions explore the use of the CHA and other assessments to monitor differences in health and wellness across populations, and the level to which the LPHS monitors social and economic conditions that affect health in the community. Participation in surveillance systems encompasses designing and to monitoring health inequities, collection of reportable disease information about health inequities, and resources available to investigate the social determinants of health inequities. These questions explore how the general public, policymakers, and private stakeholders are informed about community health status and needs in the context of health equity and social justice, whether health promotion and education campaigns are culturally competent, and whether the LPHS plans campaigns to identify the structural and social determinants of health inequities. Additionally, inclusiveness of LPHS coalitions and decision-making. The LPHS moderately examines whether community organizations and individuals have a substantive role in deciding policies, procedures, rules, and practices that govern community health efforts. Health Equity questions explores whether the LPHS identifies public health issues that have disproportionate impact and are not adequately addressed through existing laws and regulations. The LPHS moderately explores barriers for subpopulations, the influence of social injustices on access to personal health services, and inequitable distribution of resources, staff capacity to support health equity.