# 2016 Tri-County
# Local Public Health System Assessment

## Peoria City/County
## Tazewell County
## Woodford County


Prepared by the Illinois Public Health Institute

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## Introduction

The Tri-County Local Public Health System Assessment (LPHSA) was conducted on February 17, 2016 as one of the four assessments in the Tri-County Mobilizing for Action through Planning and Partnerships (MAPP) Collaborative process. The Tri-County region includes Peoria City/County, Tazewell County, and Woodford County and is led by the governmental public health department in each jurisdiction.

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 LPHSA, described in detail in the following section, is used to understand the overall strengths and weaknesses of the public health system based on the 10 Essential Public Health Services. Results from the LPHSA will be analyzed with the key findings from the other three assessments in the MAPP process, which include the Community Health Status Assessment (CHSA), Community Themes and Strengths Assessment (CTSA), and the Forces of Change Assessment (FOCA). Strategic analysis of these assessment results will inform the identification of prevailing strategic issues, which will be prioritized by the Tri-County MAPP Steering Committee and stakeholders from all three counties in a five year community health improvement plan. Goals, measurable objectives and action plans will be developed for each of these priority issues. These action plans will be aligned, implemented and monitored for progress to improve the local public health system and ultimately the health and wellbeing of the Tri-County community.

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

Throughout the discussions of the 10 Essential Public Health Services, a number of cross-cutting themes emerged in the dialogue among each group. Key strengths that were noted throughout the public health system across the three counties include partnerships and collaboration, assessment and monitoring of population health, external communication and health education, and enforcement of public health laws and ordinances. The top scoring EPHS areas for the LPHSA were EPHS 6 (Enforce laws and regulations that protect health and ensure safety), EPHS 3 (Inform, educate, and empower people about health issues), and EPHS 2 (Diagnose and investigate health problems and health hazards in the community). Dialogue throughout the 10 EPHS revealed that the Tri-County LPHS has a strong spirit of collaboration in place and has high expectations for the regional planning effort.

Some areas of weakness emerging throughout the discussions exploring the effectiveness of the LPHS included partnerships gaps, data collection and analysis, funding, and evaluation and quality improvement. The lowest scoring EPHS areas for the LPHSA were EPHS 10 (Research for new insights and innovative solutions to health problems), EPHS 9 (Evaluate effectiveness, accessibility, and quality of personal/population-based health services), and EPHS 8 (Assure a competent public and personal health care workforce). However, the group identified many short and long term opportunities to address these challenges collectively.

While there was some variance between Model Standards, the scores across the three counties were relatively similar for each EPHS and for the overall LPHS. The average scores for the overall LPHS fell in the moderate level of activity (with average scores of 41 and 42). The greatest disparity in scoring between counties occurred in EPHS 8 (Assure a competent public and personal health care workforce), with an 11-point difference between Peoria (high) and Tazewell (low); EPHS 1 (Monitor health status to identify community health problems), with a 10-point difference between Tazewell (high) and Peoria and Woodford (low); and EPHS 10 (Research for new insights and innovative solutions to health problems), with an 8-point difference between Peoria (high) and Tazewell (low). The health equity questions received some of the lowest scores, which brought down the average scores for each of the EPHS.

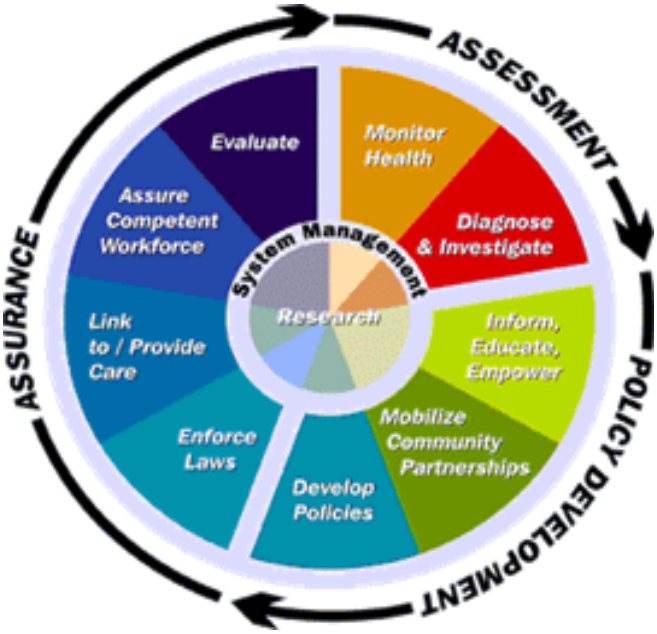
Embarking on the Mobilizing Action through Planning and Partnerships (MAPP) process will help the Tri-County LPHS improve collective performance as a cohesive system by engaging partners across the spectrum of the public health system to develop a comprehensive Community Health Improvement Plan with shared ownership and shared priorities that all partners can work together to address through alignment of individual and collective efforts.

## The Assessment Instrument

The National Public Health Performance Standards (NPHPS) Assessment measures the performance of the local public health system -- defined as the collective efforts of public, private and voluntary entities, as well as individuals and informal associations that contribute to the public's health within a jurisdiction. This may include organizations and entities such as the local health department, other governmental agencies, healthcare providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, and many others. Any organization or entity that contributes to the health or wellbeing of a community is considered part of the public health system. Ideally, a group that is broadly representative of these public health system partners 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 NPHPS does not focus specifically on the capacity or performance of any single agency or organization.

The instrument is framed around the **10 Essential Public Health Services (EPHS)** that are utilized in the field to describe the scope of public health. The 10 EPHS support the 3 core functions of public health: assessment, policy development and assurance. The 10 EPHS 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 local instrument of the NPHPS, the Model Standards describe or correspond to the primary activities conducted at the local level. The number of Model Standards varies across the EPHS; while some EPHS include only two Model Standards, others include up to four. There are a total of 30 Model Standards in the local instrument. For each Model Standard in each EPHS, there are a series of discussion questions and performance measures that break down the Model Standard into its component parts.

All performance measures are designed to be scored based on how well participants understand the local public health system to collectively be meeting the standard within the local jurisdiction. 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. |

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

## The Assessment Methodology

The assessment retreat was held on February 17, 2016 and began with a 60-minute plenary presentation to welcome participants, provide an overview of the process, introduce the staff and answer questions. Following the plenary, participants reported to one of five pre-determined groups. Each breakout group was responsible for conducting the assessment for two essential public health services, as follows:

**LPHSA Breakout Groups**

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

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

## Assessment Participants

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

The event drew 85 public health system partners that included public and voluntary sectors. The composition of attendees reflected a diverse representation of partners that was apportioned as follows:

| Constituency Represented | Peoria City/County | Tazewell County | Woodford County |
|---|---|---|---|
| Colleges and Universities | 4 | 5 | 1 |
| Community-Based Organizations and Non Profits | 7 | 5 | 5 |
| Hospitals, Health Systems and Clinics | 3 | 2 | 4 |
| Local Health Department | 9 | 15 | 7 |
| Local Government | 1 | 5 | 4 |

| | | | |
|---|---|---|---|
| Schools | 1 | 1 | 2 |
| TOTAL | 25 | 33 | 24 |

## Results of the Tri-County Local Public Health System Assessment

The tables below provide an overview of the local public health system's performance scores for each county in each of the 10 EPHS.

| Summary Essential Public Health Service Scores for Peoria City/County | | | |
|---|---|---|---|
| **EPHS** | **EPHS Description** | **2016 Score** | **Overall Ranking** |
| **1** | Monitor health status to identify community health problems. | 43 | 5th |
| **2** | Diagnose and investigate health problems and health hazards in the community. | 53 | 3rd |
| **3** | Inform, educate, and empower people about health issues. | 58 | 2nd |
| **4** | Mobilize community partnerships to identify and solve health problems. | 43 | 6th |
| **5** | Develop policies and plans that support individual and community health efforts. | 47 | 4th |
| **6** | Enforce laws and regulations that protect health and ensure safety. | 64 | 1st |
| **7** | Link people to needed personal health services and assure the provision of health services. | 37 | 7th |
| **8** | Assure a competent public and personal health care workforce. | 35 | 8th |
| **9** | Evaluate effectiveness, accessibility, and quality of personal/population-based health services. | 19 | 10th |
| **10** | Research for new insights and innovative solutions to health problems. | 26 | 9th |
| **Overall LPHS Performance Score** | | **42 - MODERATE** | |

| Summary Essential Public Health Service Scores for Tazewell County | | | |
|---|---|---|---|
| **EPHS** | **EPHS Description** | **2016 Score** | **Overall Ranking** |
| **1** | Monitor health status to identify community health problems. | 53 | 4th |
| **2** | Diagnose and investigate health problems and health hazards in the community. | 55 | 3rd |
| **3** | Inform, educate, and empower people about health issues. | 64 | 1st |
| **4** | Mobilize community partnerships to identify and solve health problems. | 41 | 6th |
| **5** | Develop policies and plans that support individual and community health efforts. | 52 | 5th |
| **6** | Enforce laws and regulations that protect health and ensure safety. | 61 | 2nd |
| **7** | Link people to needed personal health services and assure the provision of health services. | 39 | 7th |
| **8** | Assure a competent public and personal health care workforce. | 24 | 8th |
| **9** | Evaluate effectiveness, accessibility, and quality of personal/population-based health services. | 22 | 9th |
| **10** | Research for new insights and innovative solutions to health problems. | 18 | 10th |
| **Overall LPHS Performance Score** | | **41 - MODERATE** | |

| Summary Essential Public Health Service Scores for Woodford County | | | |
|---|---|---|---|
| **EPHS** | **EPHS Description** | **2016 Score** | **Overall Ranking** |
| **1** | Monitor health status to identify community health problems. | 43 | 5th |
| **2** | Diagnose and investigate health problems and health hazards in the community. | 52 | 3rd |
| **3** | Inform, educate, and empower people about health issues. | 62 | 2nd |
| **4** | Mobilize community partnerships to identify and solve health problems. | 42 | 6th |
| **5** | Develop policies and plans that support individual and community health efforts. | 51 | 4th |
| **6** | Enforce laws and regulations that protect health and ensure safety. | 66 | 1st |
| **7** | Link people to needed personal health services and assure the provision of health services. | 33 | 7th |
| **8** | Assure a competent public and personal health care workforce. | 32 | 8th |
| **9** | Evaluate effectiveness, accessibility, and quality of personal/population-based health services. | 22 | 9th |
| **10** | Research for new insights and innovative solutions to health problems. | 21 | 10th |
| **Overall LPHS Performance Score** | | **42 - MODERATE** | |

The tables above provide a quick overview of the system's performance in each county in each of the 10 Essential Public Health Services. Each EPHS score is a composite value determined by the scores break-out group participants assigned to the performance measures for those activities that contribute to each EPHS. The scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to maximum of 100% (all activities associated with the standards are performed at optimal levels). See page 6 for an explanation of the score values.

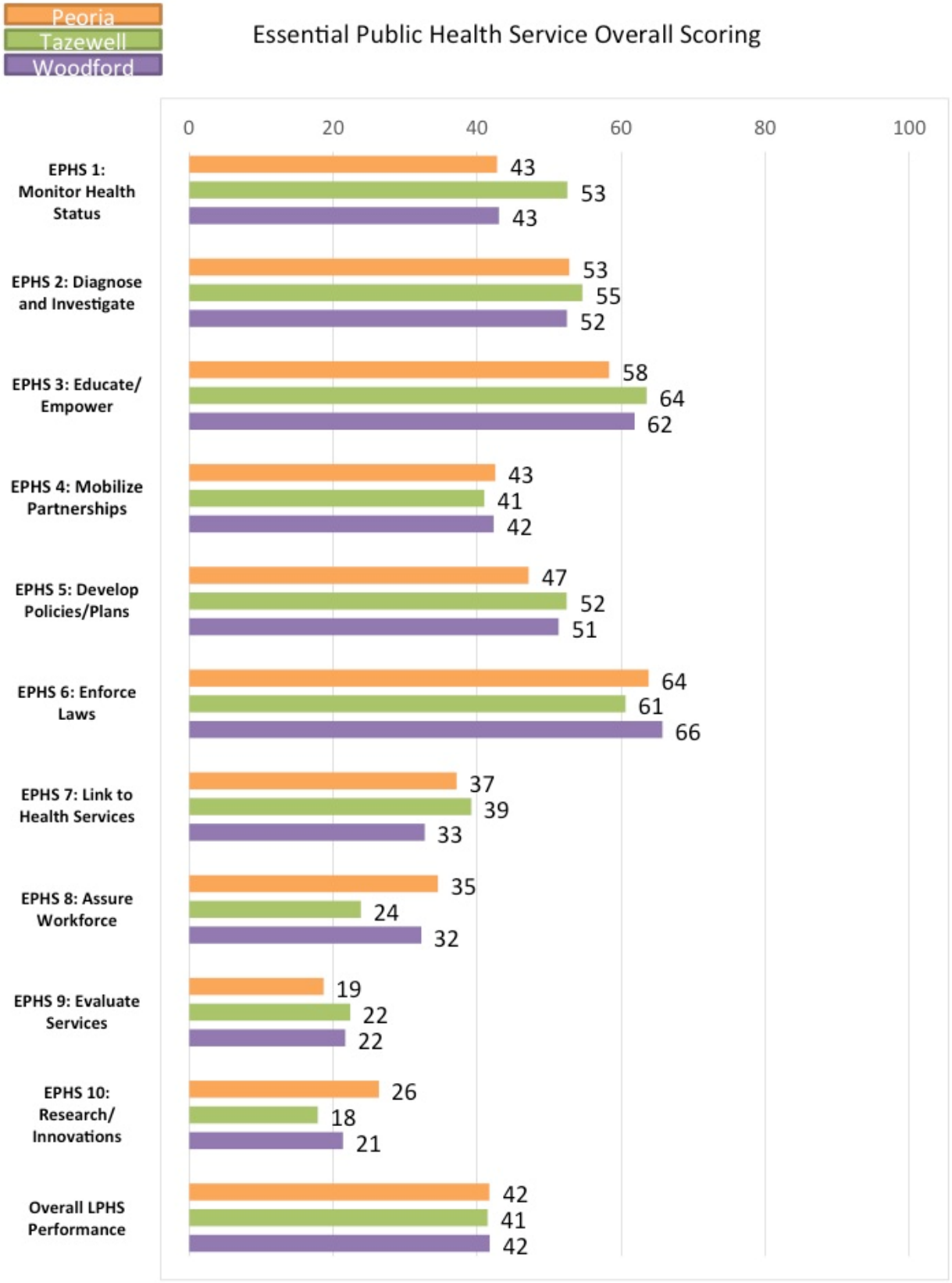
The table below shows how each EPHS was ranked in each county.

| Essential Public Health Service Rankings for the Tri-County | | | |
|---|---|---|---|
| **Rank** | **Peoria** | **Tazewell** | **Woodford** |
| **1st** | ES6: Enforce Laws | ES3: Inform, Educate, Empower | ES6: Enforce Laws |
| **2nd** | ES3: Inform, Educate, Empower | ES6: Enforce Laws | ES3: Inform, Educate, Empower |
| **3rd** | ES2: Diagnose & Investigate | ES2: Diagnose & Investigate | ES2: Diagnose & Investigate |
| **4th** | ES5: Develop Policies | ES1: Monitor Health | ES5: Develop Policies |
| **5th** | ES1: Monitor Health | ES5: Develop Policies | ES1: Monitor Health |
| **6th** | ES4: Mobilize Community Partnerships | ES4: Mobilize Community Partnerships | ES4: Mobilize Community Partnerships |
| **7th** | ES7: Link to/Provide Care | ES7: Link to/Provide Care | ES7: Link to/Provide Care |
| **8th** | ES8: Assure Competent Workforce | ES8: Assure Competent Workforce | ES8: Assure Competent Workforce |
| **9th** | E10: Research | ES9: Evaluate | ES9: Evaluate |
| **10th** | ES9: Evaluate | E10: Research | E10: Research |

The Tri-County participants ranked EPHS 6 (Enforce laws and regulations that protect health and ensure safety), EPHS 3 (Inform, educate, and empower people about health issues), and EPHS 2 (Diagnose and investigate health problems and health hazards in the community) as the top three strongest areas of performance for the LPHS.

The lowest scoring EPHS areas for the LPHSA were EPHS 10 (Research for new insights and innovative solutions to health problems), EPHS 9 (Evaluate effectiveness, accessibility, and quality of personal/population-based health services), and EPHS 8 (Assure a competent public and personal health care workforce).

The chart on the next page provides a graphic representation of Essential Public Health Service scores for each community area: Peoria City/County, Tazewell, and Woodford. Each bar represents a composite score based on the Model Standards and health equity questions for each EPHS.


Peoria
Tazewell
Woodford
Essential Public Health Service Overall Scoring
0
20
40
60
80
100
EPHS 1: Monitor Health Status
43
53
43
EPHS 2: Diagnose and Investigate
53
55
52
EPHS 3: Educate/ Empower
58
64
62
EPHS 4: Mobilize Partnerships
43
41
42
EPHS 5: Develop Policies/Plans
47
52
51
EPHS 6: Enforce Laws
64
61
66
EPHS 7: Link to Health Services
37
39
33
EPHS 8: Assure Workforce
35
24
32
EPHS 9: Evaluate Services
19
22
22
EPHS 10: Research/ Innovations
26
18
21
Overall LPHS Performance
42
41
42

Each jurisdiction (Peoria, Tazewell, and Woodford) had local public health system representatives in each breakout group. The representatives scored the performance measures and health equity questions, and those numbers were averaged to obtain scores for each Model Standard and each Essential Public Health Service. The Model Standards did not show a great variation in scoring between counties, which suggests that the three counties have similar strengths and weaknesses across the LPHS despite acting as separate jurisdictions.

The highest ranked Essential Public Health Services were EPHS 6 (Enforce laws and regulations that protect health and ensure safety) and EPHS 3 (Inform, educate, and empower people about health issues), which received scores in the **significant** range of activity (51-75%).

The lowest ranked Essential Public Health Services were EPHS 10, (Research for new insights and innovative solutions to health problems) and EPHS 9 (Evaluate effectiveness, accessibility, and quality of personal/population-based health services), which received scores in the **minimal** range of activity (1-25%).

The average of all EPHS scores resulted in a cumulative score of **moderate** for LPHS performance in each county.

## Scores and Common Themes for each Essential Public Health Service

The following graphs and scores are intended to help the Tri-County Local Public Health System gain a better understanding of its collective performance and work toward strengthening areas for improvement. For each EPHS there is a bar graph depicting the range of scores and the average score for each Model Standard, a cumulative rating score, discussion themes, and a summary of strengths, weaknesses, and opportunities for immediate and long-term improvement. Refer to Appendix 2 for the specific performance measure scoring for each Model Standard in each jurisdiction.

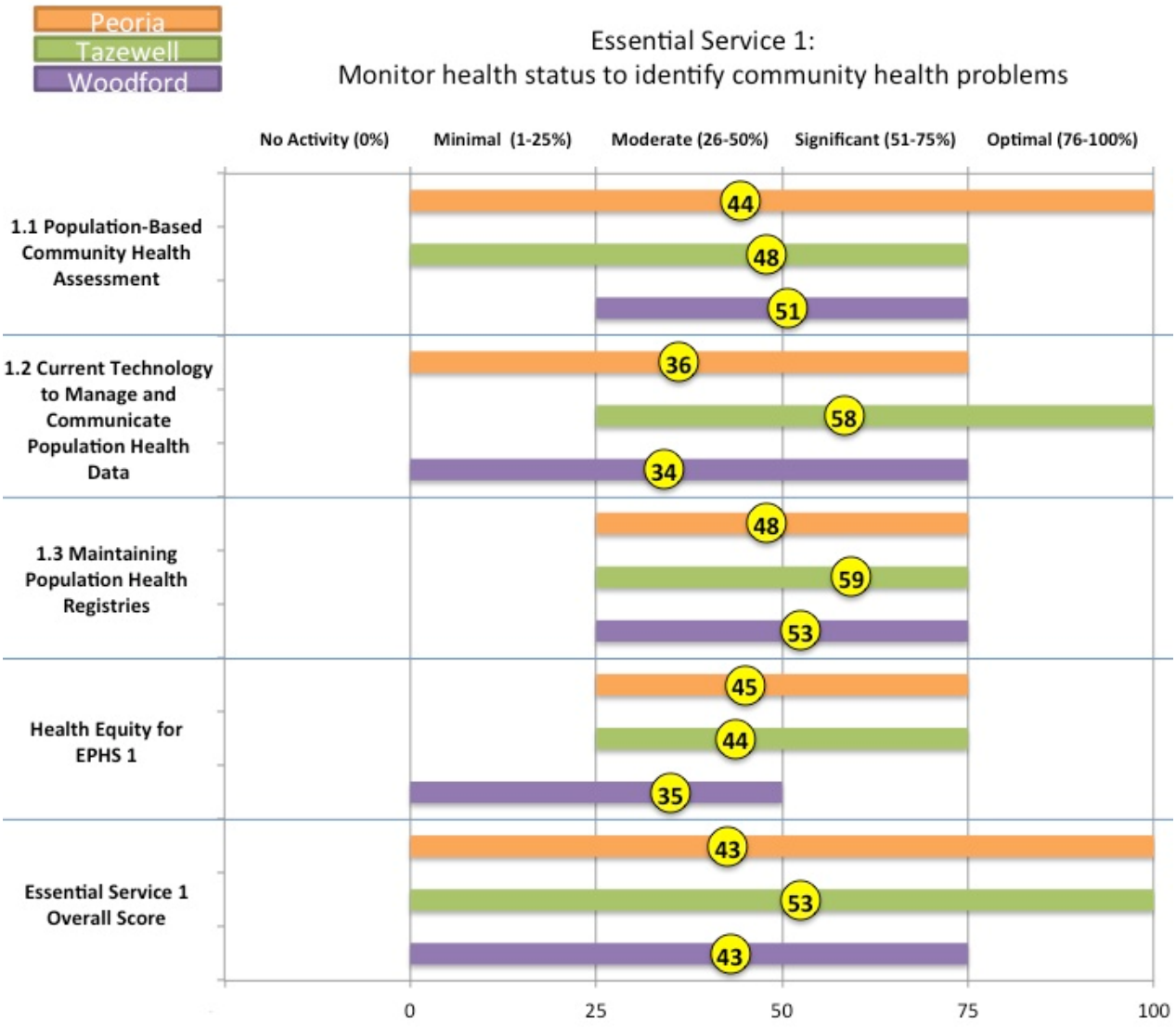
## Essential Public Health Service 1:
## Monitor Health Status to Identify Community Health Problems

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

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

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

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




Overall performance for EPHS 1 was scored as significant in Tazewell County and moderate in Peoria and Woodford Counties. The three Model Standards and the health equity questions for EPHS 1 were ranked from moderate to significant. Performance for EPHS 1 was ranked fourth (Tazewell) and fifth (Peoria and Woodford) out of the 10 EPHS.

## Essential Public Health Service 1 Summary

Dialogue in EPHS 1 explored LPHS performance in monitoring community health status through community health assessment, using technology to manage and analyze population health data, and maintaining population health registries. Discussions of this EPHS described a robust collaborative community health assessment process that uses both qualitative and quantitative data to drive public health interventions and local public health system priority setting. Participants were pleased at the increased collaboration between the 3 counties, particularly in

the area of data-sharing. Participants cited many examples of data sources that they use to assess health in the Tri-County area, including both secondary and primary data sources. Participants reported that the local public health system seeks to make community health data accessible and available to the public, though it can be a challenge to present the data in user-friendly formats that community members can understand.

**Model Standard 1.1, Population-Based Community Health Assessment (CHA)**, explores the extent to which the Tri-County regularly assesses community health and uses the findings to inform the community and to drive future policy and planning. Each county conducted their own CHA within the last 3 to 5 years. Primary data was collected through community surveys, and secondary data was shared from many sources including hospitals, law enforcement, transportation agencies, emergency management agencies, and health departments. Each county reported regular use of the CHA for planning and evaluating public health initiatives. Peoria City/County tracks outcomes on a quarterly basis; the county developed a mobile health van, faith based nursing program, obesity programs, and improved sex education as a result of the CHA. Tazewell County also produces quarterly reports on the 10 EPHS and 5 priority areas selected by the county. Outcomes for Tazewell included new community coalitions (such as the Tazewell Team Initiative to address substance abuse), and increased grant funding for testing intravenous drug users. Woodford County reported that the CHA was used to apply for grants, to change local ordinances, and to evaluate effectiveness of behavioral health programs. The participants thought that knowledge of the CHA was lagging among community members who do not work in health departments or in healthcare. Most agreed that it was difficult to promote the use of the CHA among community members.

**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. Each county reported using online platforms to disseminate their CHA, CHIP, and/or annual reports. The Healthy Communities Institute in Woodford County has a health data dashboard but it is not accessible to all partners. Tazewell County Health Department is developing an online dashboard to present the CHA data visually. Participants listed examples of using GIS for census data, CMS data, and mapping lead concentration in the community. The health departments create annual reports that are shared widely in a variety of media, but participants agreed that the public generally has little interest in looking at the reports. The data is difficult to comprehend and not concise enough "to be put on a bathroom flyer" for rapid consumption.

**Model Standard 1.3, Maintenance of Population Health Registries**, explores the extent to which data are regularly collected to update population health registries and the extent to which data from these health registries is used to inform the community health assessment and other health analyses. Registries identified by participants include I-CARE (vaccines), I-MEDSS (disease), I-BCCP (breast/cervical cancer), Triad (durable medical equipment), vital records, tumor registries, case management registries, and COMPdata. Participants reported that the state and local health departments, hospitals, and schools are some of the key partners contributing to population health registries in the Tri-County area. Some of the challenges in

collecting and using health registries include: lack of capacity to analyze data at the state level; data is not comparable across areas; lag in data availability; inconsistent reporting to "make data look better"; lack of electronic access to registries; and general resistance to self-report disease or share personal information. Participants noted in particular a lack of chronic disease and special needs registries. COMPdata is shared among hospitals and is available to local health departments by special request, but it is not widely accessible.

## Strengths

- The three counties are currently working together to share data for the CHA, whereas before they were not collaborating. Health departments in each county are able to utilize hospital and partner data across the Tri-County area.
- The CHA has been leveraged for grant applications and coalition-building in the Tri-County area.
- The health departments in Peoria City/County and Tazewell County are tracking CHA outcomes on a quarterly basis.
- The LPHS does well tracking infectious disease.
- LPHS partners are developing online dashboards and websites to share CHA data and annual reports. Some organizations are starting to engage the public using social media.
- The Tri-County area has access to a number of national, state, and local population health registries, including I-CARE, I-BCCP, I-NEDSS, Triad, and COMPdata.

## Weaknesses

- Knowledge of the CHA depends on your discipline or line of work. Since the community is not aware of the priority areas, there is a lack of support for change in health services.
- Despite collaborative efforts, some institutions work in silos and are reluctant to share data.
- Some data is not standardized, which makes it difficult to compare across geographies and across time.
- The Tri-County LPHS does not do well tracking chronic disease, and there is a lack of health registry data on chronic diseases.
- There is a lag of data from the Illinois Department of Public Health.
- There are barriers to collecting reliable data (particularly mental health data) because people do not want to self-report or disclose private information.
- There is no dedicated funding or leadership to maintain data systems at the state and local level.

## Opportunities for Short Term Improvement

- Improve the presentation of data so it is more understandable and meaningful to the public. For example, create concise informational fliers and add QR codes or websites for the reader to find more information.

- LPHS partners should work on reducing institutional "silos." Although there is more collaboration than before, participants felt that institutions could do a better job sharing data.
- Data should be updated more regularly.
- Data should be leveraged for more programming.
- LPHS partners should work to increase public interest in the CHA.
- Institutions can save time and effort by investing in data systems that allow data to be shared more easily; for example, purchasing statistical software such as SPSS.
- Organizations in the LPHS should request COMPdata more regularly from their local hospitals.

## Opportunities for Long Term Improvement

- There is a desire to create special needs registries and to understand cancer clusters.
- The LPHS should work to understand the target population and how they use technology; for example, asking patients how they would prefer to receive information (text, email, phone call, etc.)
- Most efforts are focused on health department and health care partners; the LPHS should do more to include other non-traditional partners including law enforcement and nonprofits.

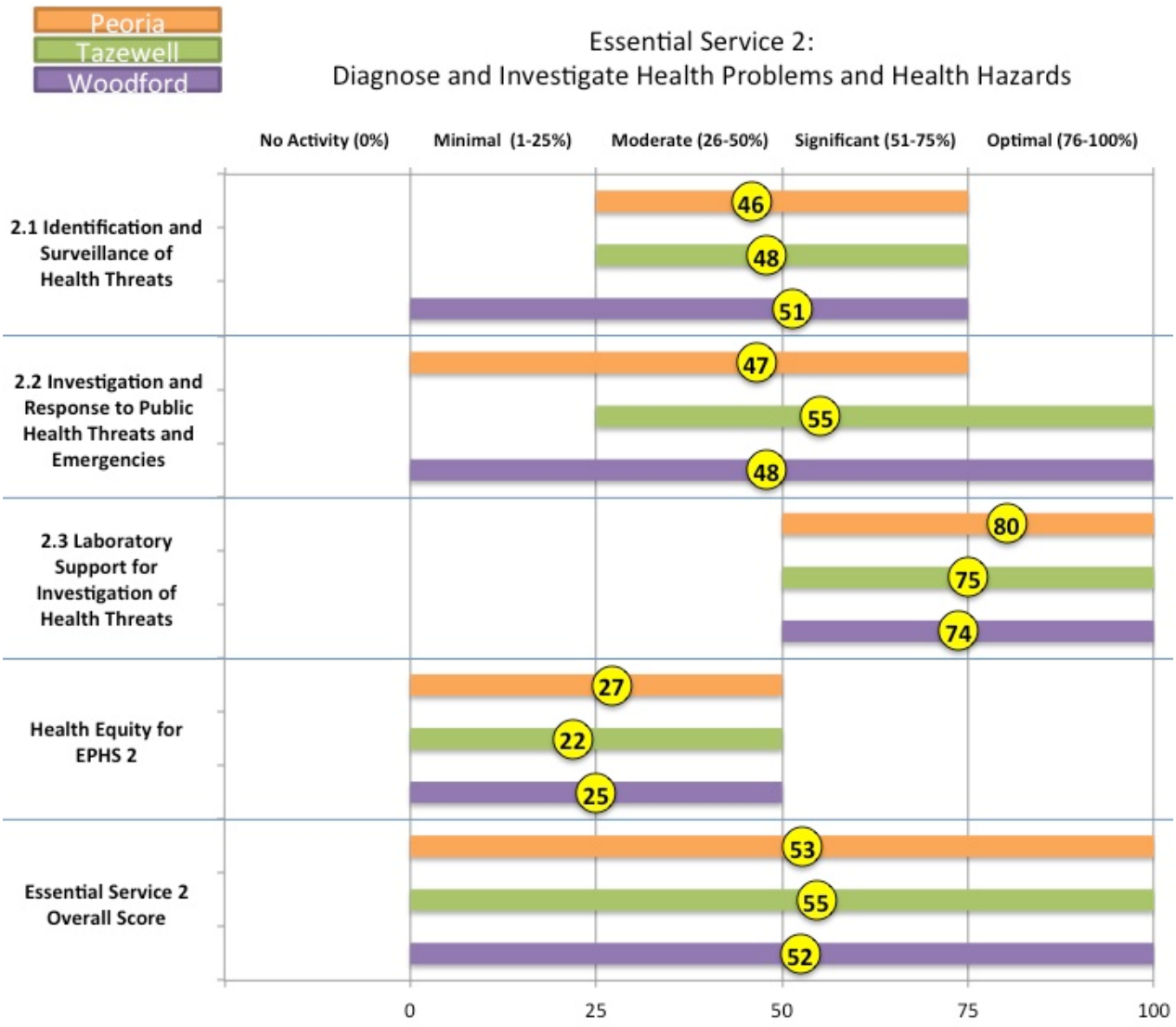
## Essential Public Health Service 2:
## Diagnose and Investigate Health Problems and Health Hazards

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




Overall performance for EPHS 2 was scored as significant, with Model Standard 2.1 (Identifying and Monitoring Health Threats) and Model Standard 2.2 (Investigating and Responding to Public Health Threats and Emergencies) scoring moderate to significant, and Model Standard 2.3 (Laboratory Support for Investigating Health Threats) scoring significant to optimal. The health equity questions were scored minimal to moderate. Performance for EPHS 2 was ranked third out of the 10 EPHS.

## Essential Public Health Service 2 Summary

Participants in EPHS 2 explored LPHS readiness to diagnose and effectively respond to health problems and health hazards. The LPHS performed well on reportable disease surveillance, with participants citing a variety of surveillance systems at local, state, and national levels. Environmental surveillance had the most room for improvement. LPHS partners conduct regular

emergency response exercises across multiple counties to prepare for natural and man-made disasters. Participants noted that they conduct regular evaluation of emergency response capacity but the corrective actions are not implemented effectively. Laboratory support is strong in the Tri-County area and health departments have 24/7 access to testing services.

**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 generally agreed that reportable disease surveillance in the Tri-County area was better compared to surveillance of other health threats. They noted that not all caregivers and providers understand the reportable disease requirements and instead rely on labs for reporting. The local health departments and hospitals reach out to providers by distributing fact sheets and state posters on reportable diseases (including timelines and contact information for reporting). There is collaboration between counties to share disease surveillance information, but sharing between health departments and hospitals on non-reportable diseases is sporadic. In addition to syndromic surveillance, the group discussed passive reporting (reporting from schools or other non-health institutions); active surveillance (going out to look for cases); and case management of diagnosed diseases. The group generally agreed that there is under-reporting of diseases because there is a limited ability for the LPHS to document all cases. Regarding environmental surveillance, concerns were raised regarding several local hazards including a coal ash pond, a hazardous waste landfill, railroad cars, and a pipeline. Tazewell County Health Department is developing GIS maps for their website for the public to view information about the pipeline. There is a reporting system for hazardous materials (Tier 2), which requires facilities with a certain volume of hazardous material to report to the LEPC (Local Emergency Planning Committee). The Tri-County area recently created their own LEPC. Some participants noted a disconnect between the Illinois EPA and the local health departments, which makes it more difficult to identify and monitor environmental health. Other surveillance systems that were discussed include STIC (Statewide Terrorism Intelligence Center) and local law enforcement data (on substance use and mental health). Participants noted that timely and complete surveillance is difficult to achieve, especially in a disaster situation when communication breaks down between different departments and institutions. All agreed that the ability to use the “best available resources” depends greatly on local availability (urban vs. rural jurisdictions), funding, and training to use the resource.

**Model Standard 2.2, Investigation and Response to Public Health Threats and Emergencies**, explores LPHS performance in collecting and analyzing data on public health threats and responding to emergencies. Participants described a variety of partners involved in emergency preparedness, including EMA, EMS, fire departments, law enforcement, public information officers (PIOs), the Red Cross, I-EMA, Medical Reserve Corps (MRC), Strategic National Stockpile (SNS), and OSHA, though partner involvement varies across each county. The Tri-County PIOs meet regularly and have a strong network. The group noted that coroners and elected officials were mostly missing from this process, and greater involvement is needed from critical infrastructure representatives (water, power, sewer, etc.). The Tri-County area benefits from a strong volunteer presence, though it was noted that volunteer fire departments are often expected to respond to situations beyond their training (for example, biological hazards). The

Tri-County LEPC was developed to pool limited resources to deal with hazardous materials. It has good participation from various disciplines, but is lacking in funding and representation from elected officials. All of the counties reported regular participation in emergency response exercises and have identified performance gaps, but some members noted poor follow-through on corrective actions.

**Model Standard 2.3, Laboratory Support for Investigation of Health Threats**, discussed the ability of the LPHS to produce timely and accurate laboratory results for public health concerns. Participants listed a variety of public and private labs they use, including: IDPH, local hospitals, Peoria Disposal Company (PDC), Illinois State Water Survey, PVC, OSF, and Quest. The Tri-County health departments have 24/7 access to testing. The group recognized the importance of checking the credentials of private labs to avoid problems with diagnosis, treatment, and chain of custody. While IDPH has traditionally been the source for laboratory testing for communicable disease threats, testing services have been reduced in recent years due to budget cuts.

## Strengths

- The Tri-County area has a strong reportable disease surveillance system. Health departments and hospitals distribute fact sheets and state posters to distribute information to community partners. Labs automatically report to the state surveillance systems. A surveillance group meets monthly in Tazewell and Peoria to share data.
- Hazardous materials are monitored through the Tier 2 reporting system.
- Several Tri-county local health department staff have been prescreened for access to the Statewide Terrorism Intelligence Center (STIC) to receive important information on a daily basis.
- Local law enforcement has provided useful surveillance data on substance abuse and mental health issues.
- The Tri-County has many partners involved in emergency preparedness, and benefits from a high number of volunteers (fire department, MRC).
- The Tri-County LEPC has identified geographic areas of need for hazard mitigation.
- All counties reported participation in regular and thorough emergency preparedness exercises and improvement plans.
- The Tri-County LPHS has access to many reliable public and private labs for testing, and can request testing 24/7.

## Weaknesses

- There are gaps in disease surveillance. Healthcare providers do not always report suspected cases or don’t know the timelines for reporting. Most providers only rely on labs to report disease. Sharing of non-reportable disease data between health departments and hospitals is sporadic. Diseases are generally under-reported.

- Environmental hazard surveillance has gaps; specific local hazards included a coal ash pond, a hazardous waste landfill, railroad cars, and a pipeline.
- Laws are in place but are not always enforced; for example, texting while driving causes a large number of car accidents but few people are stopped for violating distracted driving laws.
- There are gaps in emergency preparedness. Coroners and elected officials are missing from the process. The number of dedicated staff for emergency preparedness depends on the county. Participants noted a general lack of leadership and decision making skills when a disaster happens. Volunteers do not always have the expertise to deal with disasters, and may not know who to contact. While improvement plans are created, the counties do not always follow through on corrective actions.
- IDPH is reducing lab testing services due to budget constraints.

## Opportunities for Short Term Improvement

- Follow through on corrective actions identified in emergency preparedness improvement plans.
- Educate healthcare providers on the need to report suspected reportable diseases to INEDSS.
- Improve communication, data sharing and partnerships between hospitals and health departments for disease surveillance.
- Expand law enforcement partnerships to share surveillance data.
- Increase awareness of other surveillance resources from the state and national level.
- Maintain existing partnerships, and work to expand the participation of critical infrastructure representatives in emergency preparedness.
- Expand laboratory testing partnerships; examples include utilizing the USDA lab in Peoria and the FBI lab in Morton.
- Participate in the 2-part training provided by the CDC and the FBI on the intersection between criminal investigation and public health; for example, how to obtain legally permissible evidence.

## Opportunities for Long Term Improvement

- Expand surveillance data to include more than just reportable diseases.
- Improve the timeliness and completeness of reporting.
- Two areas of weakness are command and control, and communication.
- Find ways to support and sustain the efforts of the Tri-County LEPC.

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

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

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

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

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


Overall performance for EPHS 3 was scored as significant with Model Standards 3.1 (Health Education and Promotion), 3.2 (Health Communication), and Model Standard 3.3 (Risk Communication) receiving significant to optimal scores. The health equity questions were scored minimal to moderate. Performance for EPHS 3 was ranked first (Tazewell) and second (Peoria and Woodford) out of the 10 EPHS.

## Essential Public Health Service 3 Summary

Participants in EPHS 3 explored LPHS performance in keeping the Tri-County community informed and empowered about public health issues. The participants identified a wide range of programs for health education and promotion and a great deal of collaboration between LPHS partners. The group identified two keys assets for health communication: the Central Illinois Public Information Officers (CIPIO), an award-winning organization that spans 5 counties in central Illinois (Peoria, Tazewell, Woodford, Marshall, and Stark) and a 211 hotline for local

health and human care programs. Despite the strength of the CIPIO, there is still a lack of awareness about the group, the role of the PIO, and the availability of free training for a variety of health communication.

**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. The participants reported a high level of involvement in providing information on community health to a variety of audiences, including the general public, policy makers, and public and private stakeholders. The local health departments have many partners for education and promotion, including schools, non-profits, higher education, social service agencies, religious institutions, the park district, supermarkets, and banks. Information is disseminated through both traditional news outlets and through social media. Examples of programs included: food and nutrition education; press releases for sickness/flu; promotions for WIC and immunizations; anti-tobacco campaigns; infant mortality education; obesity prevention; promotion of breast self-examination; social and emotional health initiatives; summer employment for youth; breakfast and "snack-pack" programs for school-age children; and wellness opportunities for employees. Participants noted some efforts around education and promotion in the context of health equity, such as gathering data to identify high risk populations, but there was generally little activity around campaigns that identify structural or social determinants of health inequities.

**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. The group expressed that accredited health departments have superb communication plans; within the Tri-County area, Tazewell County and Peoria City/County health departments are accredited, while Woodford County Health Department is not yet (though they are working towards this designation). The CIPIO is a 5-county group that collaborates to link communication plans and provides press release templates for emergency situations. The CIPIO has a communication plan with job action sheets to designate who is responsible for public announcements related to public health issues. The participants noted that all counties send out press releases to the local media. To document and respond to public inquiries, health departments post information and review comments on Facebook and Twitter. Advanced Medical Transport and Heart of Illinois United Way maintain a 211 hotline for local health and human care programs; the organizations track the inquiries made through the hotline. Participants reported that PIOs and other spokespersons can obtain free training locally. The group also mentioned that there needed to be more education to stakeholders about the PIO function and potentially to gain more support for this role within organizations/agencies.

**Model Standard 3.3, Risk Communication**, specifically explores LPHS performance in communicating health information in emergencies. The CIPIO group coordinates emergency planning within the LPHS. All counties were aware of the LPHS emergency communication plans, and participants agreed that the plans are easily adaptable to different types of emergencies. The plans establish a chain of command, and the incident commander always approves information that is sent out. The CIPIO has an "alert-now" system to call and text community members during an emergency and the Woodford County Health Department also uses Blackboard for emergency management. The group felt confident that any member of the CIPIO group, even those in non-public health roles, would be able to provide communications materials in the event of an emergency. There are numerous crisis and emergency communication trainings available throughout the 5-county area.

## Strengths

- The LPHS has good cross-sector collaboration and coordination for health education and promotion. There is diverse representation. Partners throughout the LPHS are willing to share resources.
- A wide variety of education and promotion activities occur, among them: food and nutrition education; press releases for sickness/flu; promotions for WIC and immunizations; anti-tobacco campaigns; infant mortality education; obesity prevention; promotion of breast self-examination; social and emotional health initiatives; summer employment for youth; breakfast and "snack-pack" programs for school-age children; and wellness opportunities for employees.
- The CIPIO is a strong network and collaborates on public health communication across a 5-county area. The CIPIO plan is electronic and easily accessible. The CIPIO group maintains a Central Illinois Emergency Information (CIEI) Facebook Page that is the official source for emergency information in the Tri-County area and beyond.
- The Tri-County area has experienced PIOs that have dealt recently with natural disasters (for example, the tornado in Washington, IL). The experienced PIOs are willing to help train and assist other spokespersons.
- The Tri-County area has access to a 211 hotline for local health and human care programs.
- Woodford County departments share responsibility for responding to social media messages and questions, so it does not fall completely on their PIO.
- There is free communication training for PIOs and other spokespersons.

## Weaknesses

- Despite many partners, the major health organizations (hospitals) are not at the table. Though there is collaboration, there is little effort to expand beyond current relationships and widen focus. There is a lack of trust among some partners. Collaboration is sometimes hindered by lack of funding.
- Not all organizations have a designated PIO. Some organizations don't think they need a PIO because they assume someone else will take care of it.

- Not all areas are aware of the CIPIO.

## Opportunities for Short Term Improvement

- Increase the number of health education presentations for local government and local community events.
- 211 information must be updated more regularly.
- Increase interactive communication methods on social media and websites so that communication is dual direction.
- The LPHS needs to be better at identifying and training spokespersons so the responsibility does not fall completely on the local health departments.
- The CIPIO should be prioritized and expanded to include more stakeholders.
- Organizations should know about the free PIO trainings that are available.
- The health departments should invite other agencies and organizations during emergency drills so their PIOs can get practice in emergency communications.
- Partners need to define the PIO role and educate the media and public about the difference between the role of the PIO, subject matter experts, and public figures.
- The CIPIO could create a tool kit for creating emergency communications plans and send it to all of the organizations in the LPHS "jelly bean" diagram.

## Opportunities for Long Term Improvement

- Strengthen collaboration with hospitals.
- Work on relationship building around topics beyond funding.
- Create more 1-stop shops for services that cover the entire Tri-County area. LPHS partners do a good job with resource sharing, but could do better making sure that services that cover the Tri-County area have a local presence.
- Increase community engagement and community buy-in related to health education and empowerment.
- Increase activity with the local school systems; for example, partnering with schools to utilize their call stations during emergencies.
- The LPHS needs to move beyond just providing services, to building infrastructure to address underlying social determinants of health.

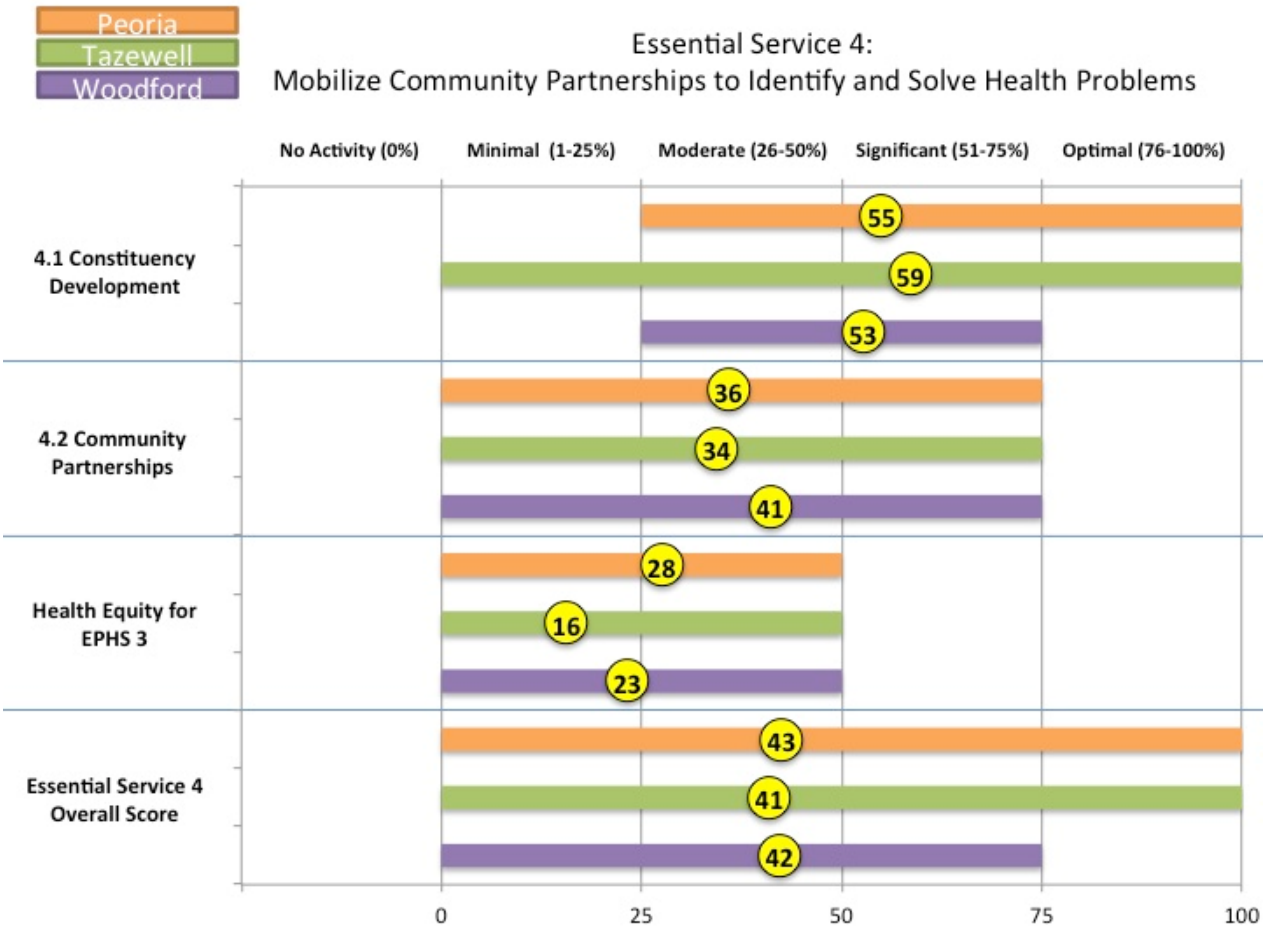
## Essential Public Health Service 4:
## Mobilize Community Partnerships to Identify and Solve Health Problems

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.



Overall performance for EPHS 4 was scored as moderate with Model Standard 4.1 (Constituency Development) receiving significant scores and Model Standard 4.2 (Community Partnerships) receiving moderate scores. The health equity questions were scored minimal to moderate. Performance for EPHS 4 was ranked sixth out of the 10 EPHS.

## Essential Public Health Service 4 Summary

Participants in EPHS 4 explored LPHS performance in engaging the community in local health issues through partnerships. Participants acknowledged the strong culture of partnership and collaboration in the LPHS. Two key community collaborations mentioned were the Central Illinois Health Information Exchange and the 211 hotline. However, the overall local public health system is not well integrated or communicative. The LPHS also lacks systems for evaluation after Healthy Central Illinois (formerly Quality Quest) was dissolved. The long term focus for improvement is looking at what we do well and ensuring that we apply them systemically as opposed to only on individual efforts and activities. Areas of growth in this EPHS include communication, integration, funding, and evaluation.

**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. The LPHS develops awareness of public health issues through leadership breakfasts, public forums, direct mailings, 211 hotline, websites, and faith-based programs. Peoria County participants identified the weekly public gathering ("Monday Gathering") as a strength because it is an open space to listen and talk about public health issues. The 211 hotline was identified as a practical way to consolidate directory information for health and human care programs, instead of having to update information on several websites at once. Particularly active organizations in the LPHS include All Our Kids Networks (AOK - early childhood networks), Hult Center for Healthy Living, Children's Home, various mental health and social service providers, and faith-based groups. Despite the substantial efforts of LPHS partners, sometimes public health issues have to be of a great magnitude or reach a crisis point before the community realizes there is a problem and comes together to address it.

**Model Standard 4.2, Community Partnerships**, explores LPHS performance in encouraging and mobilizing collaboration across the Tri-County community, establishing a broad-based community health improvement committee, and assessing the impact and effectiveness of community partnerships in improving community health. Peoria City/County Health Department has been focusing in the past year on developing community partnerships focusing on mental health services and grant writing capacity. The group discussed the inclusion of non-traditional partners to address funding and implementation barriers. United Way was identified as a key partner in Peoria and Tazewell counties. United Way has fostered a common language to discuss mental and behavioral health treatment across many partners. Woodford County does not have the United Way presence, but there are partnerships with hospitals, law enforcement, faith-based organizations, higher education, and Gifts in the Moment (GITM). Peoria and Tazewell County have several mental health and substance abuse prevention coalitions, including Tazewell Team Initiative. Woodford County has a coalition with hospitals, faith-based

organizations, and law enforcement to work on mental health stigma and how it impacts access to mental health services. All counties have youth-based initiatives. Tazewell County has a youth board that address substance abuse prevention and has convened once a month for 25 years. Woodford County has a teen jamboree that educates freshmen on bullying and drunk-driving. The Central Illinois Health Information Exchange is a local collaborative that makes patient health records more readily accessible to physicians, hospitals, clinics and other healthcare providers. All hospitals are collaborating on this.

## Strengths

- Collaboration and resource sharing occurs at all levels of the LPHS.
- United Way was identified as a key partner in Peoria and Tazewell counties.
- The LPHS benefits from having a centralized directory of health and human care programs through the 211 hotline, along with other directories ("family yellow pages" and mental health resource guides).
- All counties have successful mental health and substance abuse prevention coalitions.
- All counties have youth-based initiatives.
- The Central Illinois Health Information Exchange is a local collaborative that makes patient health records more readily accessible.

## Weaknesses

- The 211 directory needs to be updated more regularly. Maintenance of directories is difficult in general.
- There is a lot of shared data but there is no single, independent organization, like Quality Quest, to push forward priorities, identify specific interventions, or monitor outcomes in the system.
- Poor evaluation of programs, systems, processes, and collaboration in the LPHS.
- The two largest hospitals in the area are not always in harmony, which can negatively impact the overall tone for collaborative work in the LPHS.
- There is a need for more sustainable funding for health information systems. The Central Illinois Health Information Exchange suffers from lack of funding.

## Opportunities for Short Term Improvement

- The LPHS needs an independent and sustainable system to replace "Quality Quest" for data sharing, setting objectives, and evaluating outcomes.
- Increase data-driven decision making and shared goals across the Tri-County area.
- Improve communication and collaboration between program partners; look to EPHS 3 (communication plans and emergency communication) for examples of how to make this work better.

## Opportunities for Long Term Improvement

- Improve community systems collaboration to strengthen population-based approach.
- Continue planning and mobilizing using the Tri-County approach; having the three counties work together is very beneficial.

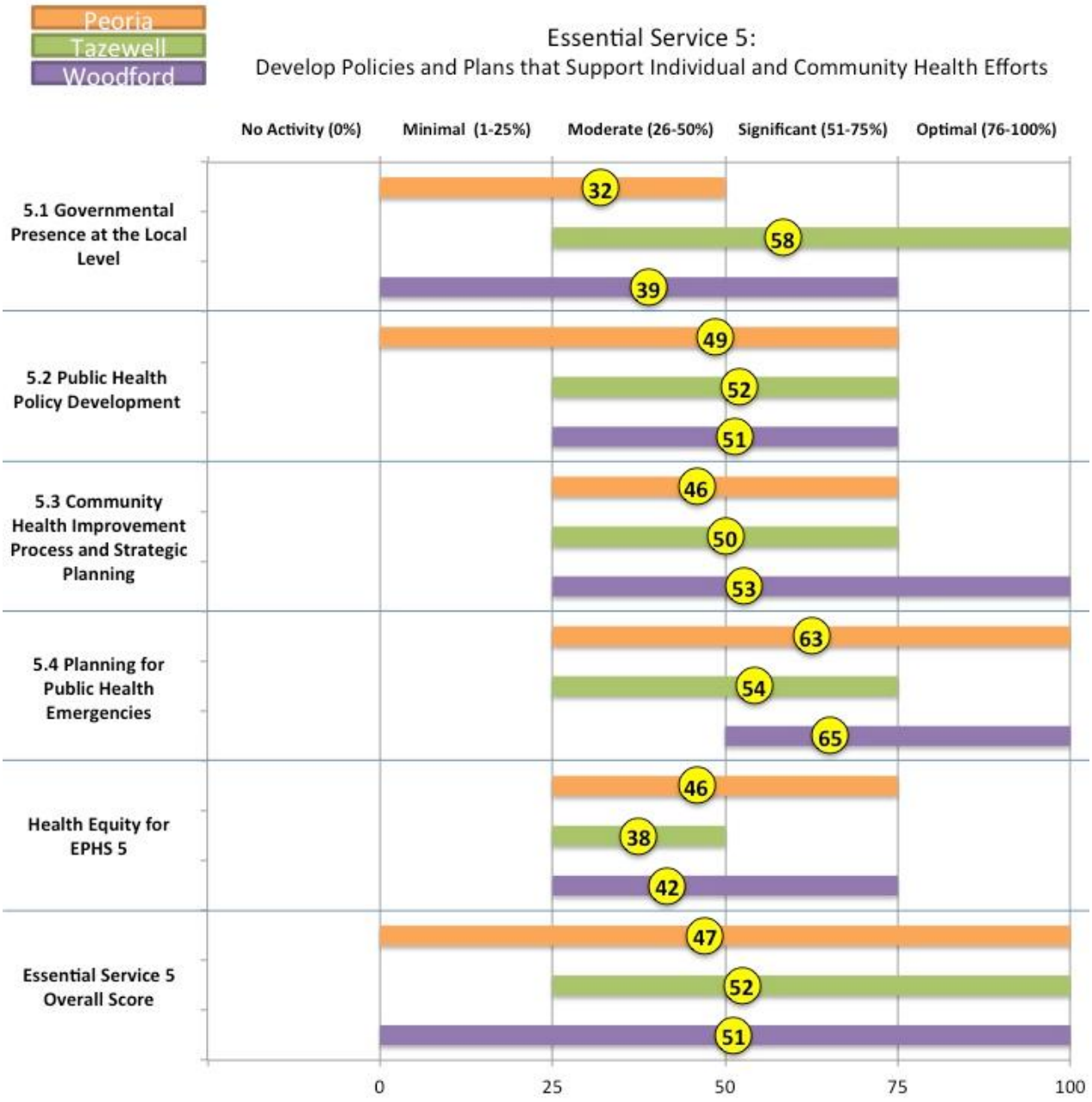
## Essential Public Health Service 5:
## Develop Policies and Plans that Support Individual and Community Health Efforts

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.




Overall performance for EPHS 5 was scored from moderate (Peoria) to significant (Tazewell and Woodford), with all Model Standards scoring from moderate to significant. Performance for EPHS 5 was ranked fourth (Peoria) and fifth (Tazewell and Woodford) out of the 10 EPHS.

## Essential Public Health Service 5 Summary

Participants in EPHS 5 explored public health planning and policy development in the Tri-County area. One of the LPHS strengths is that Peoria and Tazewell County have achieved national voluntary public health accreditation through the Public Health Accreditation Board (PHAB),

which provides the LPHS with additional funding and accountability. Woodford County is working towards public health accreditation. The local health departments perform regular reviews of their public policies and keep the public informed of policy impacts through social media. Emergency planning is strong, with all jurisdictions participating in the Cities Readiness Initiative (CRI). Participants agreed that the MAPP planning process has been an effective way to find areas of improvement and celebrate strengths across the Tri-County LPHS. Some areas of improvement include involving more non-traditional policy partners, writing more comprehensive community health improvement plans (CHIPs), and improving volunteer coordination for disaster preparedness.

**Model Standard 5.1, Governmental Presence at the Local Level**, discussed 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). Each jurisdiction in the Tri-County area has a local health department; Peoria since the 1930s, Tazewell since the 1970s, and Woodford County since 1990. According to the participants, Woodford County Health Department is a resolution-based department, while Tazewell and Peoria are referendum-based. Peoria City/County and Tazewell County health departments are accredited, and Woodford is working towards this standing. Participants from Peoria and Tazewell reported having funding support for the long accreditation process from the Board of Health and County Boards. They reported many checks and balances to assess the local health department against national standards, including: an accreditation team that reviews performance management based on national quality standards; reviewing grant deliverables; and inviting representatives from other states, IDPH, and PHAB to perform audits and site visits. Woodford reported that the Board of Health does an annual review of programs and looks at suggestions for change. Participants generally agreed that the local health departments do the most to help each other, while other organizations in the LPHS play a limited support role as they are less concerned with the accreditation status of the health department.

**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. The LPHS alerts policymakers and the public of these potential health impacts through PSA announcements via billboard, TV, radio; press releases and fact sheets; public meetings and presentations; and phone calls and emails to legislators. Participants felt there was limited contribution to the development of public health policies from the general public due to lack of interest. They reported attempting to gather local input through work teams, public hearings, and social media. Within the past year, the group reported that the LPHS was involved in several activities that influenced or informed the public health policy process, including pulling together non-traditional partners to work on preparedness for Zika and Ebola virus and a strong MAPP steering committee that is creating buy-in for the Tri-County collaborative efforts. The group suggested there has been a big push for policies that promote walkability, as well as policies to support employee use of sick days in the restaurant, education, and health care industries to prevent the spread of disease. However, they felt that public health is not always a consideration in other agencies; sometimes there is a

"stay in your lane" mentality. The group reported that public health policies are reviewed every 1-3 or 3-5 years, depending on the jurisdiction.

**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. The Tri-County LPHSA uses the MAPP process for community health assessment and planning, and the group agreed that the process helps keep everyone accountable. Participants reported that a wide variety of organizations are involved in the Tri-County MAPP process, and that they surpassed the participation goal for the LPHSA. LPHS partners collected primary data (focus groups and surveys) and secondary data as part of the assessment process. The participants reported that the LPHS partners will work together to have a bigger impact. All five hospitals, all health departments, many FHQCs, and the United Way are committed to the process. The health departments will address the priorities that emerge from the assessment and the hospitals are committed to working on at least two of the priorities as a team.

**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. The group reported that 5 counties participate in the Cities Readiness Initiative (CRI), a federally funded program designed to enhance preparedness. Through CRI the counties engage in a full scale emergency drill every 3-5 years, and participate in yearly tabletops. The drills are audited and state emergency preparedness personnel can include their comments or ideas. All agreed that the local hazard plans are updated multiple times a year. Most of the response plans include continuity of operations, protocol, chain of command, and mental health plans. However, participants noted that the local hazard plans lack true integration of all parties involved. It is challenging to work with volunteer agencies, which sometimes acts independently of the LPHS partners; and it is difficult to meld the Emergency Operations Center (EOC) with incident command during emergencies.

## Strengths

- All three counties in the Tri-County area have strong sound ordinances.
- Peoria and Tazewell Counties are accredited through PHAB. There are many internal and external audits to ensure quality.
- Woodford and Tazewell health departments receive strong County Board and Board of Health support. Peoria City/County Health Department receives support from its Board of Health and others, including the Department of Zoning, University of Illinois Extension program, and hospitals.
- There is a united effort to do regional planning work like MAPP. The MAPP process will lead to regional health improvement planning. There is a fairly diverse set of partners involved in the Tri-County planning process.

- There is cost-sharing between the three counties for joint training, joint assessments, and joint funding applications.
- The local health departments use social media to alert the public about potential health impacts of policy.
- The local health departments regularly review public health policies.
- There is generally a positive perception of public health on various committees and boards, and recognition of the importance of public health in all policies. The public and other partners generally trust the expertise of the health departments.
- The Tri-County area participates in the Cities Readiness Initiative (CRI). All counties have All Hazard Plans in place.

## Weaknesses

- Cutbacks and turnover at IDPH has resulted in lost institutional knowledge and less support for local health departments to do local public health, particularly environmental health.
- Sometimes other agencies do not see a connection between their policies and public health (zoning, transportation, etc.); "stay in your lane" mentality can be counterproductive.
- There is some lack of knowledge and awareness surrounding planning processes. It is not always clear how or if LPHS partners incorporate the regional priorities into their strategic plans.
- The local hazard plans lack true integration of all parties involved. It can be challenging to work with volunteer agencies, which sometimes acts independently of the LPHS partners.
- Lack of Emergency Operations Center (EOC) coordination with incident command during emergencies.

## Opportunities for Short Term Improvement

- Increase IDPH support for all local health departments.
- Increase awareness about public health and the role of the local health department. Show the "total package" of the health department. Involve individuals and organizations so they can see their part in the LPHS.
- Increase partnerships between public health departments and other policy developers (e.g. transportation planners). Increase involvement of non-traditional partners to incorporate Health in All Policies (HiAP).
- Increase awareness of public health planning processes. Include even more people and organizations in the work groups.
- The LPHS can improve shelter plans for emergency preparedness and share across partners. American Red Cross is responsible for Mass Care Capability.
- Increase the number of closed Points of Dispensing (PODs). Closed PODs supply medication to a specific population (such as a workplace) and are not open to the general public.

## Opportunities for Long Term Improvement

- Continue to expand collaborative efforts, such as the Tri-County needs assessments.
- Incorporate public health into economic development activity to attract companies and employees.
- Consider the utility of Health Impact Assessments.
- Improve the usability of the CHIP. Give the public better material to understand the CHIP, including priority areas and ownership of strategies.
- Improve volunteer coordination for emergency preparedness.

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

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

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

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

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


Overall performance for EPHS 6 was scored as significant, with Model Standard 6.1 (Reviewing and Evaluating Laws, Regulations and Ordinances), Model Standard 6.2 (Involvement in Improving Laws, Regulations, and Ordinances) and Model Standard 6.3 (Enforcing Laws, Regulations, and Ordinances) receiving significant to optimal scores. The health equity questions were scored minimal to moderate. Performance for EPHS 6 was ranked first (Peoria and Woodford) and second (Tazewell) out of the 10 EPHS.

## Essential Public Health Service 6 Summary

EPHS 6 examines the LPHS's performance in evaluating, improving, and enforcing health and safety laws and regulations. Participants agreed the LPHS has a strong review process and good relationships with other departments, such as zoning, to help enforce regulations. The local health departments are involved with advisory groups and state technical work groups to improve legislation. Participants thought the LPHS need to learn how to better communicate

change in regulations to the general public. Participants also thought the health departments should be more involved in non-traditional public health issues such as public nuisances, wind farms, and fracking. Improving communication between state and local health departments and better guidance on standardization of workers would ensure more consistent interpretation of laws across the state.

**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 identified several public health issues best addressed through laws and ordinances, including: smoke-free spaces; certifications for schools; licensure for registered nurses and certified nursing assistants; immunization and drug testing requirements for workplaces and schools; and food safety laws. The group agreed that laws and ordinances are regularly reviewed, and changes are made according to best practices and state regulation. Those affected by regulation can sit on boards that vote on state legislation changes. The LPHS organizations stay up to date on laws and ordinances by serving on professional groups, attending conferences, signing up for SIREN alerts from IDPH, and doing online research. The LPHS has work groups for providers to review regulations that impact their industry. Information regarding compliance is disseminated through program reviews, public hearings, professional organizations, social media, and online databases. The participants identified where government entities can access legal counsel to assist with review of laws, including the County State's Attorney and the local college.

**Model Standard 6.2, Involvement in Improving Laws, Regulations, and Ordinances**, explores the extent to which the LPHS participates in advocating for the improvement or creation of policies that affect public health. The group identified several areas that are not adequately addressed through existing laws, regulations, and ordinances, including: indoor air quality; mold, radon, & formaldehyde in old homes; upkeep of abandoned housing (tall weeds, etc.); and follow-up treatment for infectious disease. Participants reported that health department officials provide technical assistance for food and environmental legislation. More work needs to be done to get stakeholders involved in earlier stages of ordinance and law development. The group thought the LPHS had programs and services to address local public health issues that disproportionately affect historically marginalized communities, but lacked adequate laws, regulations, and ordinances to address change in the long term.

**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. The group discussed how governmental public health entities are authorized to act through state statutes, local ordinances, grant deliverables, and delegated agreements. The roles and responsibilities are documented in the statutes and ordinances. The LPHS provides information to those required to comply with regulations through newsletters, online ordinances, placards, and checklists. Tazewell participants identified good relationships with zoning departments and local municipalities that direct people to contact the health department. The group reported that local health departments conduct routine inspections and yearly licensure; numbers get reported to the state and to county committees. All agreed that

staff are adequately trained in enforcement activities and are required to do continuing education. Participants reported that enforcement activities are in accordance with law; health departments investigate complaints, and if there is an issue, documentation is provided along with a timeframe for compliance. Auditors ensure that grant dollars are spent in the correct categories. Participants reported that the LPHS conducts regular inspections, though sometimes language or cultural barriers make it difficult to communicate with business owners.

## Strengths

- The counties in the LPHS have a sound process for reviewing laws, regulations, and ordinances. There are good working relationships in the region and partners act as sounding boards for reviewing legislation.
- LPHS partners are involved in state work groups and advocacy groups for improving laws, regulations, and ordinances. These groups include stakeholders at the local level.
- Woodford County food inspection results are published in the local newspaper. The Tazewell food advisory board was recognized for being engaging and giving good feedback.
- Auditors hold the health departments accountable for enforcement.

## Weaknesses

- The LPHS is weak in early stakeholder engagement regarding laws, regulations, and ordinances.
- There is not always consistent implementation across counties; for example, owners with properties in neighboring counties may be subject to different regulations. This can be a challenge for business owners.
- There is a perception that health departments can be overbearing or over reaching in their policy. Sometimes it is unclear which battles are worth fighting due to lack of data to support issues.
- Since law enforcement agencies have many issues to deal with, health department code enforcement is not always prioritized.

## Opportunities for Short Term Improvement

- Provide comprehensive overviews of legislative changes in one narrative that shows what level of government made each recommendation. Tailor this communication to various audiences.
- The LPHS should be more involved in indoor air quality regulation and non-traditional environmental issues, such as wind farms and public nuisance created by abandoned properties.
- LPHS partners should strengthen collaboration and relationship building by being engaged from beginning to end of the legislative process. Improve coordination between the state and local jurisdictions, so everyone is on the same page in the beginning.

- Provide better education of legal support teams on health issues (e.g. what constitutes food poisoning).
- Provide better guidance on standardization of staff, so that sanitarians are the same across the state.

## Opportunities for Long Term Improvement

- Increase website usage and social media efforts related to laws, regulations, and ordinances.
- Increase credibility among legislators and garner respect for local public health expertise. Improve ability to back up legislation and regulation with statistics, comprehensive presentations, and professional/business-like delivery. LPHS partners must be able to confidently explain "how" and "why" to the public.
- Improve ability to keep sick workers home, instead of coming in to work and spreading illness. Work with businesses to be more understanding of sick employees. Require employers to offer paid sick time.

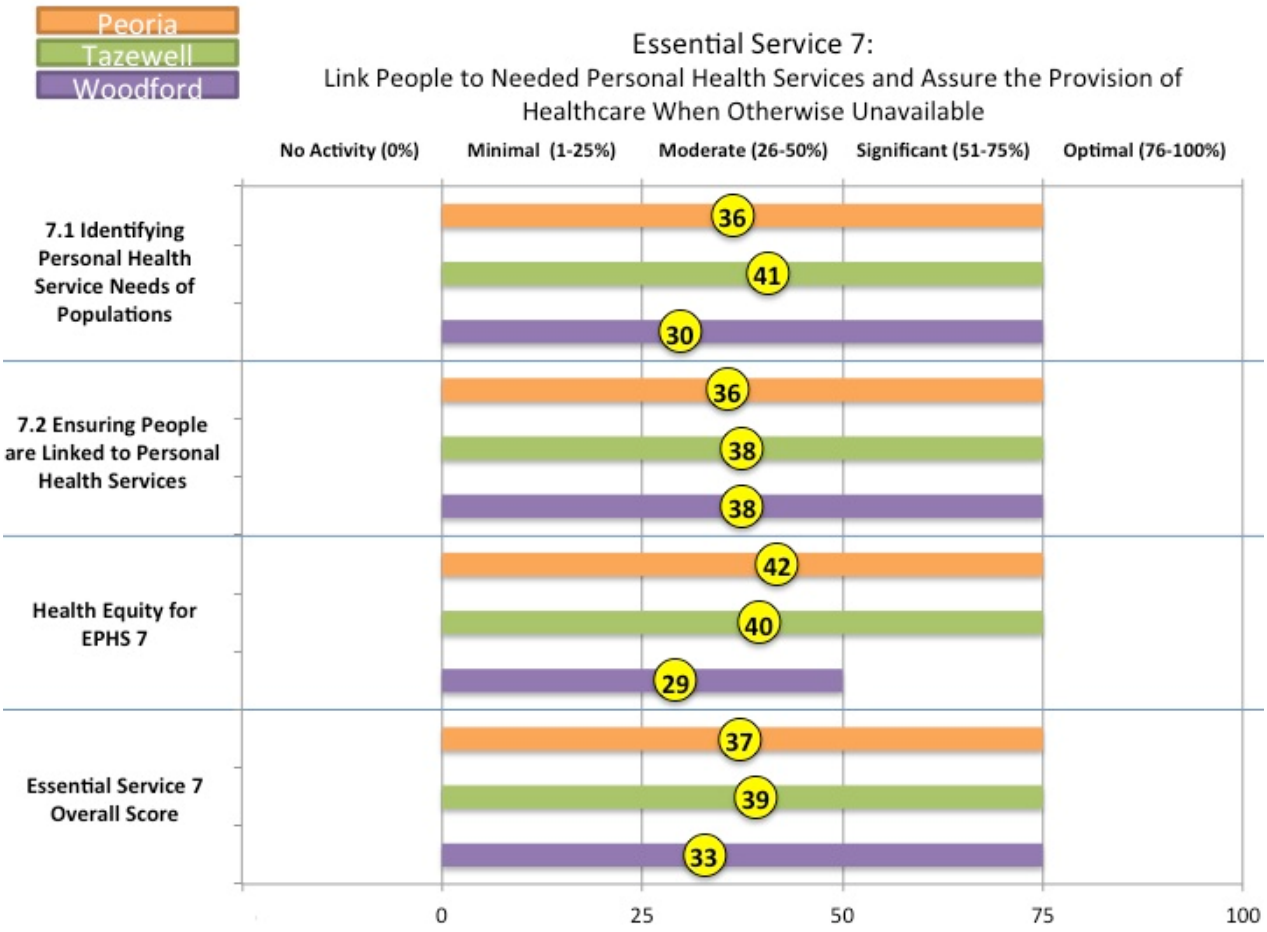
## Essential Public Health Service 7:
## Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable

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

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

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

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




Overall performance for EPHS 7 was scored as moderate with all Model Standards scoring in the moderate range. Performance for EPHS 7 was ranked seventh out of the 10 EPHS.

## Essential Public Health Service 7 Summary

Participants in EPHS 7 explored LPHS performance in connecting community members to the health services they need. Participants noted that the Tri-County area does well identifying populations with unmet needs, and that the counties each offer many services for its community members. However, funding constraints, due to lack of a budget at the state level, threaten these services. The group noted that the LPHS lacks coordinated case management and a system to follow up on referrals.

**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 noted that most groups with barriers to health services are well identified, though smaller populations, such as LGBT individuals, may not receive as much attention. Conducting the Tri-County assessment has helped in the identification of vulnerable

populations. Seniors, substance users, women and young children, individuals with physical or mental disabilities, those with limited literacy or English-language skills, and teens are a few of the groups that have trouble connecting to personal health services. Some unmet needs in the Tri-County area include: OB-GYN services in Woodford County; immunizations for privately insured; mental health services, including psychiatric beds; longer hours of operation; culturally competent services; and reproductive health care for teens. Government, non-government, and faith-based institutions help with identification of health needs and provide resources, though not everyone is aware of what is available. Some assessments are repeated at multiple facilities so providers may be missing some coordination opportunities to streamline care. Probation often makes referrals for health care but there is no follow up to see if patients accessed the services. As for reasons why people do not get the care they need, the biggest issue was lack of personal transportation, though public transit is available and is ADA accessible. The group discussed stigma surrounding mental health issues as a major barrier to accessing care.

**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 group reported there are good partnerships and contracts between professionals and agencies for referring people to care and services. LPHS partners work together to help people sign up for SNAP and medical assistance; the group noted that the public health departments played an instrumental role in providing navigators when the Affordable Care Act (ACA) was enacted. Sometimes the coordination done by the agency is not reciprocated by the primary care provider. Insurance restrictions can also pose a barrier to referrals if the provider is out of network. The group noted that there is no good system in place to follow up on referrals. Participants suggested a greater degree of coordination between primary care and specialists could help cover gaps in care, especially for mental health services. The LPHS partners need coordinated efforts on budget advocacy to ensure critical services receive funding.

## Strengths

- The LPHS has identified populations that have trouble accessing personal health services and has identified unmet personal health service needs.
- A broad range of personal health services exist for Tri-County community members and many people are linking to services.
- The local public health departments played an important role in the transition to the Affordable Care Act, providing insurance navigators to increase the rate of insurance enrollment.
- ADA accessible public transportation is available Monday through Friday, 5 am – 5 pm in all three counties (patients must call 24-hours in advance). The Tri-County Transportation Committee meets every week to discuss barriers and opportunities.
- If the needed health service is not offered locally, LPHS partners know where to refer outside the area.
- The Hope Network in Peoria meets to identify needs and barriers in the community.

- Funding requirements have resulted in the implementation of policies on cultural and language diversity at some nonprofits.

## Weaknesses

- While the tri-county LPHS has a broad range of services for vulnerable residents, there is a lack of budget to support needed services.
- There is a shortage of medical providers in some specialties (for example, Woodford County lacks an OBGYN).
- There is a lack of awareness of transportation services available.
- There is a lack of coordinated care for personal health and social services. Agencies sometimes work in silos and do not share information. State funding is siloed so there is a disincentive to work together.
- There is no good system in place to follow up on referrals.

## Opportunities for Short Term Improvement

- Work on normalizing mental health issues so that people feel comfortable discussing mental health and reaching out for mental health services.
- Improve awareness of ADA accessible transportation in the Tri-County area and identify if there are gaps in service.
- The LPHS needs to work on better defining the roles and responsibilities for partners to respond to unmet needs.
- Develop more awareness of services and networks across the Tri-County area (for example, few people had heard of the Hope Network in Peoria).
- Provide more Spanish-language services for the increasing Latino population in Peoria.

## Opportunities for Long Term Improvement

- Improve communication across the three counties in identifying health needs.
- Improve coordination of service provision across the Tri-County area, by integrating services where possible. Avoid duplication of services.
- Strengthen connections along the continuum of care, by sharing records and/or information with non-hospital providers. Develop a system to follow up on referrals.
- The LPHS partners need coordinated efforts on budget advocacy to ensure critical services receive funding.

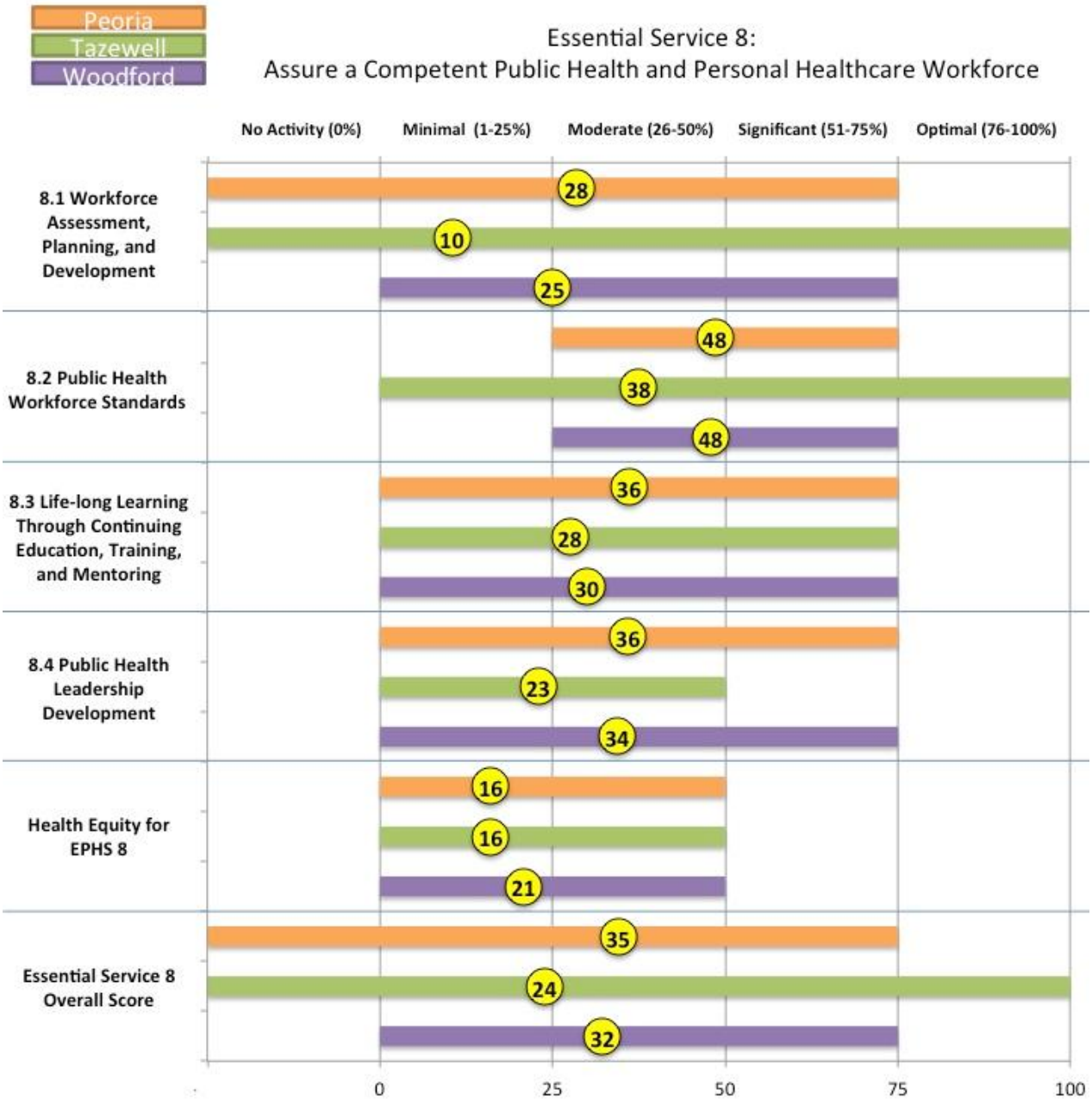
## Essential Public Health Service 8: Assure a Competent Public Health and Personal Healthcare Workforce

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.




Overall performance for EPHS 8 was scored from minimal to moderate. Model Standard 8.1 (Workforce Assessment, Planning and Development) and 8.4 (Public Health Leadership Development) scored in the minimal to moderate range, while Model Standard 8.2 (Public Health Workforce Standards) and Model Standard 8.3 (Life-long Learning through Continuing Education, Training, and Mentoring) scored in the moderate range. The health equity measures scored in the minimal range. Performance for EPHS 8 was ranked eighth out of the 10 EPHS.

## Essential Public Health Service 8 Summary

Participants in EPHS 8 discussed public health workforce development in the Tri-County LPHS. Participants agreed that each agency within the public health system did well on training and certification, though they did not do well linking the work back to the provision of the 10 EPHS. The group believed the largest workforce gap was in mental health services, as there are not enough people trained in the area to meet the need. Some opportunities for improvement included designing workforce assessment tools, such as surveys, for the Tri-County area. Participants mentioned that stakeholders that would know more about the local workforce were not present in the breakout group and therefore, additional workforce activities may be occurring.

- **Model Standard 8.1, Workforce Assessment, Planning, and Development**, explores how well the Tri-County LPHS is assessing its workforce as a system. Participants agreed there were assessments conducted within individual professions and institutions, but there is not a system-wide local public health workforce assessment. Midwest Technical Institute (MTI) and Illinois Central College (ICC) conduct an assessment of college graduates to see if they have obtained jobs. ViTAL Economy worked on a comprehensive economic development strategy for the region, which included an overall workforce assessment. Tazewell County and Peoria City/County health departments conduct a survey on core competencies of their workforce, and from this they develop training plans to be completed throughout the year. The Illinois Center for Nursing, the State Board of Nursing, and the American Nurses Association conduct assessments on nursing. Participants noted there is a gap in mental health competencies, for example staying up to date on changes to mental health services and a general lack of adequately trained mental health counselors. The LPHS is working to improve and formalize the healthcare job pipeline from schools to workplaces. As part of the ViTAL economic development strategy, LPHS partners established a workforce alliance comprised of ICC, Bradley University, human resource directors, community colleges, career link, Goodwill Industries, and local secondary school educators. The alliance worked on an assessment of "critical careers", using data to identify which careers would be in demand in the future. The alliance meets every month to develop strategies to meet the demand for the healthcare industry. The group scored the LPHS minimal for health equity measures including recruiting and training multidisciplinary staff that are committed to achieving health equity. In addition, Unity Point leaders are going to Methodist College to promote internships and jobs in healthcare to students and some mental health providers are hiring students as clerical workers so they can earn money while also earning required training hours.

**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 in public health competencies. The public health accreditation process for Peoria and Tazewell required the health departments to meet national standards, resulting in written position descriptions, standardized hiring procedures, and training for licensure. Other organizations such as hospitals have standards and accreditation processes. Participants noted it is important to have all personnel be competent, not just clinical staff. Overall, the group believed that the LPHS

workforce standards were generally guided by the public health core competencies but staff need to develop more explicit awareness of the 10 essential public health services and how it relates to their job duties and licensure.

**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. Overall the LPHS has good linkage between public health organizations and students at academic research institutions; students come to work at health departments from several institutions, including Illinois Central College, Midwest Technical Institute, University of Illinois, University of Illinois-Chicago, Bradley University, and Illinois State University. Online collaboration also occurs, though it is difficult to measure the level of participation. Hospitals and health departments dedicate money to online training, and participants thought overall that the health departments are good at providing opportunities for staff development. However, the budget impasse at the state level has made some agencies hesitant to spend money on professional development opportunities that they normally might, such as sending staff to conferences. The group indicated that the Tazewell County Health Department opens up their trainings to law enforcement, the Board of Health, and the County Board. Participants did not believe the LPHS had a cohesive approach to continuing education and training for the public health workforce.

**Model Standard 8.4, Public Health Leadership Development**, discusses the leadership development in the LPHS including creating a shared vision of community health and providing opportunities for the development of leaders that reflect diversity in the community. The Illinois Association of Public Health Administrators (IAPHA) supports training and leadership development opportunities in cooperation with University of Chicago. The training is intense with twelve 2-hour sessions. Tazewell County and Peoria City/County health department staff participated in the training last year. The UIC School of Public Health runs a Leadership Training Institute as well. There is evidence of coaching and mentoring in the Tri-County area; for example, the YMCA of Pekin hosts a women's leadership program a few times a year that brings together speakers that talk about their positions and leadership style.

## Strengths

- The LPHS is good at obtaining and maintain required licensure for public health and personal health care staff. There are many online training opportunities for local health department staff.
- The LPHS has workforce data available as part of the accreditation process for Peoria City/County and Tazewell County health departments.
- As part of the ViTAL economic development strategy, LPHS partners established a workforce alliance to identify demand for different careers.
- The Strategic Health Care Group meets every month to develop strategies to meet the demand for health care needs.

- The LPHS is working to improve and formalize the healthcare job pipeline from high schools to workplaces through health care expo, apprenticeships, internships and MakeYourselfGP.org.

## Weaknesses

- Participants outside of the public health profession are not familiar with the 10 essential public health services.
- The LPHS does not have a system-wide local workforce assessment. More research is needed into local workforce needs and gaps.
- Lack of funding affects many aspects of the workforce including staffing and training.
- IDPH is under-funded and not providing leadership in workforce assessment and development.
- There is a lack of interdisciplinary opportunities for health care personnel, especially with mental health resources and training.
- Fewer people are going into the mental health care field so there is a lack of qualified providers.

## Opportunities for Short Term Improvement

- Bring back the online skill assessment for public health workers to identify gaps and create skill assessment plans to recommend specific training to staff.
- Develop survey tools that allow cross-referencing of data and longitudinal studies (for example, Press Ganey survey). From the surveys, the LPHS can use the data to develop workforce plans.
- The LPHS must work on prioritizing funds and not duplicating services in order to support workforce needs.
- Develop a website to make workforce data available.
- Ensure that organizations are continually linking work back to the essential public health services when fulfilling job duties and licensure.

## Opportunities for Long Term Improvement

- Conduct a comprehensive, collaborative workforce assessment of the Tri-County LPHS as a whole. Convert the data into meaningful information.
- Increase communication, funding, and marketing for workforce assessments.
- Create an umbrella organization for stakeholders to gather for workforce planning.

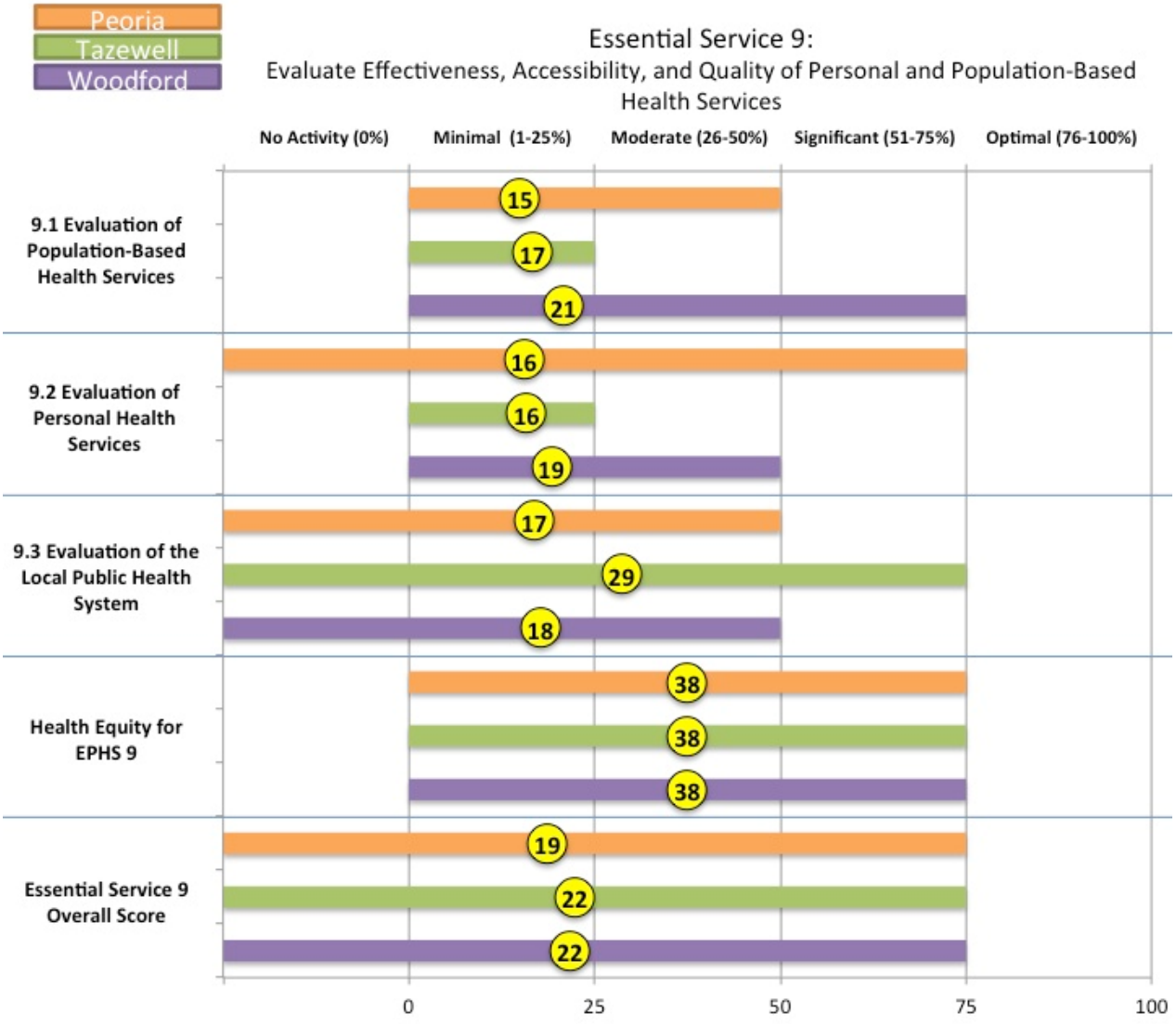
## Essential Public Health Service 9:
## Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

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

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

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

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




Overall performance for EPHS 9 was scored as minimal with Model Standard 9.1 (Evaluating Population-Based Health Services), Model Standard 9.2 (Evaluating Personal Health Services) and Model Standard 9.3 (Evaluating the Local Public Health System) receiving minimal scores. The health equity measures were scored moderate. Performance for EPHS 9 was ranked ninth (Tazewell and Woodford) and tenth (Peoria) out of the 10 EPHS indicating an overall area for improvement.

## Essential Public Health Service 9 Summary

Participants in EPHS 9 explored how the Tri-County LPHS evaluates the effectiveness of personal and population-based services, and the LPHS itself. Participants reported that individually, agencies do fairly well in evaluating their outcomes and internal processes. Many of the LPHS partners have representation in trade organizations which lends an additional layer of analysis.

However, the biggest weakness was the difficulty of measuring outcomes across different disciplines.

**Model Standard 9.1, Evaluation of Population-Based Health Services**, explores whether population-based services are being adequately evaluated by the LPHS, whether community feedback is sought, and whether gaps in service provision have been identified. Participants noted several evaluation tools, including patient intake surveys, grant reporting, annual reports, morbidity and mortality data, and public health tools such as the CHA, CHIP, CTSA and FOCA. Due to the lag in state data, the health departments tend to rely on their own quarterly grant data. A weakness in the evaluation tools is that they tend to capture point-in-time versus longitudinal outcomes; thus the system does not know if the community satisfaction is short-lived or long-term. Surveys are also administered to people who have received services, but might not be capturing those who have not/are not able to access services; or agencies may not be asking the right questions. Results are not communicated well across the LPHS but participants expressed hope that the coordination will improve as LPHS organizations complete CHIPs and CHNAs. The group thought the LPHS was getting better at collecting data, and individual agencies do some quality improvement work, but the work is fragmented. Agencies lack expertise in data analysis and quality improvement. Mental health and substance abuse coalitions in in Woodford are collecting more data to try and evaluate services. Gaps are identified when community members contact agencies but as a provider you are unable to connect them to the service they request. Health departments and grant-funded programs contribute to the delivery of the 10 EPHS to historically marginalized communities, but there is room to grow in terms of monitoring the equitable distribution of the 10 EPHS.

**Model Standard 9.2, Evaluation of Personal Health Services**, examines the extent to which health care providers are evaluating personal health care services. The group noted several indications of quality personal health care, including: if insurance offers preventative care in addition to restorative services; if the provider is using the latest technology; and how much time the provider spends with the patients. The Hospital Care Quality Information from the Consumer Perspective (HCAHPS) is a survey that patients complete at nursing homes, assisted living facilities, hospitals, and emergency rooms. The scores go into a national registry and dictate reimbursement for providers. If a hospital is missing a service, they typically develop a service line. Participants noted that healthcare providers measure customer satisfaction of personal health services but it might not be shared due to competition between providers. The group thought that the LPHS needed to better define "quality."

**Model Standard 9.3, Evaluation of the Local Public Health System**, explores LPHS performance in evaluating its effectiveness as a system. Participants scored this Model Standard fairly low across the board. Participants reported the LPHS does particularly poor in assessing communication and coordination of services, and does not use the results from the evaluation process to improve the LPHS. However, it is worth noting that the group had fewer health department representatives. Had the session had more health department representatives, scores may have been higher due to their involvement and familiarity with ongoing health assessment and evaluation activities.

As a post assessment note, both the Peoria City/County and Tazewell County health departments have conducted the Local Public Health System Assessment previously to assess the strengths and weaknesses collectively with stakeholders and incorporated findings into their Community Health Assessment and Improvement Plan.

## Strengths

- Health care providers collect customer feedback on personal health services. HCAHPS scores are monitored by providers to ensure reimbursement for health care services.
- The CHNA and CHIP require collection of primary and secondary data. There were some public forums conducted to target different populations as part of the Community Health Needs Assessment.
- Woodford coalitions are working to evaluate outcomes of mental health and substance abuse programs.
- Local Public Health System Assessments have been conducted during the last to rounds of Community Health Assessments.

## Weaknesses

- Customer satisfaction is hard to measure beyond the immediate provision of a service. Overall, there is not enough customer engagement.
- Surveys are administered to people who have received services, but might not be capturing those who have not/are not able to access services.
- Agencies lack expertise and capacity in data collection, analysis, and quality improvement.
- Evaluation data is fragmented and not communicated well across the LPHS. More qualitative data is needed to capture effectiveness and quality of health services. Some of the data is old and unreliable.
- Some health care providers will not share evaluation results due to competition.
- Different stakeholders define “population” differently.
- Lack of collective priorities, strategies, and goals makes it difficult to compare outcomes.

## Opportunities for Short Term Improvement

- Work on aligning evaluation processes across the Tri-County. Start with developing a standardized definition of “population.”
- Look to other counties for guidance and best practices in identifying service gaps.
- Use established guidelines to compare health services.

## Opportunities for Long Term Improvement

- A long term goal of the MAPP process is to better coordinate priorities, goals, and outcome measurement over the Tri-County area.
- Use evaluation results to improve plans, improve population health services, improve personal health services delivery, and improve the LPHS overall.

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

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

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

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

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


Overall performance for EPHS 10 was scored minimal to moderate, with all Model Standards and health equity questions scoring minimal to moderate. Performance for EPHS 10 was ranked the ninth (Peoria) and tenth (Tazewell and Woodford) out of the 10 EPHS indicating an overall opportunity for improvement.

## Essential Public Health Service 10 Summary

Participants in EPHS 10 discussed LPHS performance in research and innovation. This EPHS received the lowest cumulative score in the assessment. Participants explained that while the Tri-County LPHS is very interested in driving innovation and conducting research, they are currently lacking the capacity to do this on the scale that they aspire to. The group noted that the local colleges and universities work well together, the LPHS has a very experienced workforce, and the LPHS tends to keep up with best practices. In particular, the group thought

Peoria County is an ideal place to conduct research as its population is representative of the county, in terms of socioeconomic, racial, ethnic, and rural/urban composition. Some short term opportunities include: obtaining more funding for research, communicating and disseminating research success effectively, finding a way to dedicate more time to research, and identifying what types of research should be done.

**Model Standard 10.1, Fostering Innovation**, explores LPHS performance in finding new ways to improve public health practice. Funding and time constraints were identified as major barriers to research. Many organizations are competing for the same grants. Peoria County participants reported that developing a grant for Multiple Sclerosis research was difficult, costly, and time consuming. The grant proposals were awarded by Patient-Centered Outcomes Research Institute (PCORI). Doctors and nurses want to develop solutions but do not have protected time to do so. Health departments partner with education programs to conduct research, when and where there are resources to do so. However, participants generally felt there was little institutional support for pilot tests or studies. The LPHS scored low on performance around research identifying root causes of health inequities and analyzing the impact of policy on historically marginalized communities.

**Model Standard 10.2, Linkage with Institutions of Higher Learning and Research**, examines the extent to which the LPHS engages in relationships with universities and other research institutions to collaborate and share data and best practices. Participants noted there are many opportunities for externships and internships in nursing, dentistry, and medicine. Partnerships are more likely to occur when there are grants available. General Electric (GE) has partnered with hospitals and universities to work on telehealth for rural areas. Participants agreed that partnership efforts require time and money, and a willingness of administrators to participate. Research related to public health is conducted by James Scholars and with fellows at Methodist College. The LPHS scored low on efforts to implement research about the relationships between structural social injustices and health status.

**Model Standard 10.3, Capacity to Initiate or Participate in Research**, discusses how the LPHS partners with researchers to conduct health related studies, supports research with necessary infrastructure and resources, shares research findings, and evaluates research efforts. The group noted the LPHS has some access to research support through colleges and universities in the area, but lack of funding remains a large obstacle. Administrative duties for health department workers leaves no time to think deeply about research needs and to generate research ideas. The group thought the LPHS, which is small compared to systems like Chicago, does not have the capacity to evaluate research efforts.

## Strengths

- There is collaboration between educational institutions and health care institutions in the area of public health research. Participants noted there are many opportunities for externships and internships in nursing, dentistry, and medicine.

- Peoria County received two grants from the Patient-Centered Outcomes Research Institute (PCORI) to look at patients treated for Multiple Sclerosis.
- The CDC funded the Community Transformation Grant (CTG) in Peoria, utilizing 19 local organizations was useful for benchmarking obesity and tobacco use.
- LPHS partners utilize in-person surveys (the Snowball Program, Illinois Youth Survey (IYS)) to collect behavioral data on youth.
- GE has partnered with hospitals in rural areas to research and provide telehealth services.
- The LPHS follows evidence-based practices handed down from national and state-level research.
- The Tri-County area has a diverse population which makes the area desirable for research studies.
- Research related to public health is conducted by James Scholars and with fellows at Methodist College.

## Weaknesses

- Research efforts are severely constrained by lack of funding and dedicated time to identify research questions and determine project scope and means.
- Local health departments do not have the knowledge base for independent research and depend on higher education institutions for the use of Institutional Review Board (IRB).
- The LPHS, which is small compared to systems like Chicago, does not have the capacity to evaluate research efforts.

## Opportunities for Short Term Improvement

- The LPHS needs to come to a consensus on a priority area for research and funding, especially with grants.
- Capitalize on the stable, diverse population of Peoria for research purposes.
- Increase awareness of funding opportunities for research.

## Opportunities for Long Term Improvement

- Consider hiring a grant writer to increase funding for research in the Tri-County area.
- Disseminate research more widely.

# Conclusion: Key Findings from the Tri-County Local Public Health System Assessment

The Tri-County Local Public Health System Assessment revealed a number of key areas of excellence for the public health system, including:

- **Strong collaboration and partnership:** Discussions in all of the groups emphasized the excitement around a Tri-County approach to public health planning and the benefits of collaborating as a region. The Community Health Assessment (CHA) process has brought together many stakeholders across a wide range of sectors to share public health data and build coalitions. Non-traditional partners are starting to become more involved in the CHA. There is cost-sharing between the three counties for joint training, joint assessments, and joint funding applications. Collaboration is also occurring in the areas of workforce development, research, and health record sharing.
- **Strong data population health registries and surveillance data:** The LPHS has a strong reportable disease surveillance system with access to reliable and qualified labs for testing. The health departments and health providers have access to a number of population health registries. Law enforcement is contributing to the surveillance data on substance abuse and mental health.
- **External communication:** LPHS partners are working to improve external communication through social media and interactive websites. The groups identified two keys assets for health communication: the Central Illinois Public Information Officers (CIPIO) and a 211 hotline for local health and human care programs. The PIOs in the area are experienced and have worked through several major natural disasters (most recently, the tornado that struck Washington, Illinois in 2013).
- **Emergency preparedness:** All counties reported participation in regular and thorough emergency preparedness exercises and improvement plans. The Tri-County area participates in the Cities Readiness Initiative (CRI), which is a federally funded program designed to enhance preparedness. There is a reporting system for hazardous materials (Tier 2), which requires facilities with a certain volume of hazardous material to report to the Tri-County LEPC (Local Emergency Planning Committee).
- **Access to care:** A broad range of personal health services exist for Tri-County community members and many people are linking to services. The 211 hotline was identified as an asset in linking patients to care. The LPHS has identified populations that have trouble accessing personal health services and recognizes many of the barriers to accessing care. If the needed care is not available locally, providers know where to refer patients in neighboring counties.
- **Workforce development:** The LPHS has several collaborative efforts surrounding the development of the health care workforce. The Strategic Health Care Group meets every month to develop strategies to meet the demand for health care needs. Partners are working to improve and formalize the health care job pipeline from high schools to workplaces. Public health and personal health care staff obtain and maintain required licensure. There are many online training opportunities for local health department staff.

- **Research initiatives:** The Tri-County area has hosted several public health research projects, including funding from the Patient-Centered Outcomes Research Institute (PCORI) to study patients with Multiple Sclerosis, and a CDC funded Community Transformation Grant (CTG) to benchmark obesity and tobacco use. General Electric (GE) has partnered with hospitals in rural areas to research telehealth services. Participants expressed desire to increase research and innovation work.
- **Regulation and ordinances:** The counties in the LPHS have a sound process for reviewing laws, regulations, and ordinances. There are good working relationships in the region and partners act as sound boards for reviewing legislation. LPHS partners are involved in state work groups and advocacy groups for improving laws, regulations, and ordinances. These groups include stakeholders at the local level. There is generally a positive perception of public health on various committees and boards, and recognition of the importance of public health in all policies. The public and other partners generally trust the expertise of the health departments.

Discussions throughout the Local Public Health System Assessment also revealed areas for improvement related to:

- **Gaps in partnerships and collaboration:** Despite an increasing number of partnerships, many groups pointed to a lack of engagement from the hospitals in some EPHS. Some institutions work in silos and are reluctant to share data, and sometimes agencies do not see a connection between their policies and public health (zoning, transportation, etc.) which can hamper collaboration. Participants noted there is a lot of shared data but there is no single, independent organization to push forward priorities, identify specific interventions, or monitor outcomes in the system.
- **Data:** The amount of data collected by the LPHS is growing, but the participants identified many shortcomings of data collection. Data is not standardized, which makes it difficult to compare across geographies and across time. There are barriers to collecting reliable data (particularly mental health data). Participants noted gaps in disease surveillance and environmental health surveillance data. Maintaining data systems is difficult because there is no dedicated funding or leadership at the state or local level.
- **Funding:** Lack of funding impacted every essential public health service. The state budget cuts have reduced lab testing services, reduced funding for health information systems, reduced funding for population health and personal health care services (especially for vulnerable populations), affected staffing and training of public health workers, and reduced the amount of money available for research. Staffing cuts and turnover at the Illinois Department of Public Health has resulted in loss of institutional knowledge and less support for local health departments.
- **Evaluation and quality improvement:** The LPHS generally has poor evaluation of programs, systems, processes, and collaborative efforts. Participants noted the local agencies lack expertise and capacity in evaluation and quality improvement, especially compared to larger systems like Chicago. The lack of collective priorities, strategies, and

goals for the Tri-County LPHS makes it difficult to compare outcomes; however, the Tri-County area is going through the MAPP process to identify these collective issues.

- **Community Knowledge/Understanding of Public Health:** People outside of the public health profession are not familiar with the 10 essential public health services. Despite efforts to disseminate information, many community members and public health partners are unaware of public health planning processes like the CHA. The lack of awareness can lead to a lack of public support for policy and program changes that may improve the delivery of the 10 EPHS.
- **Access to care and Coordination of care:** The participants noted a shortage of certain providers in their area. Mental health in particular is severely under-resourced. There is a lack of coordinated care for personal health and social services and no reliable system in place to follow up with referrals. The 211 centralized directory of health and human care programs is very beneficial but needs to be updated more regularly.
- **Research:** Some research is being done in the Tri-County area, but funding and time constraints severely limit research efforts.
- **Workforce assessment and development:** The LPHS does not have a system-wide local workforce assessment. More research is needed into local workforce needs and gaps. There is a lack of interdisciplinary opportunities for health care personnel, especially with mental health training. Fewer people are going into the mental health field so there is a lack of qualified providers.

The assessment also identified short and long-term improvement opportunities to strengthen overall system capacity and functioning:

- **Public engagement:** Local health departments should continue and enhance public engagement activities through social media, websites, and local health education presentations. Partners need to increase awareness of public health, including the 10 essential public health services, public health assessments and tools (CHA, CHIP), the role of the health department, and public health advocacy work. Increasing community engagement will encourage community buy-in related to health education and empowerment.
- **Data:** There are many opportunities to expand and improve data collection and analysis. Most important is to improve the presentation of data so it is more understandable and meaningful to the public. The LPHS can also improve data collection in areas where gaps were identified, including disease surveillance, environmental hazards, and behavioral health. Data can be better leveraged for decision-making and policy development.
- **Communication:** The LPHS should build on the success of the Central Illinois Public Information Officer (CIPIO) group by raising awareness of the organization and continuing to expand its membership. The LPHS should identify more spokespersons and promote the free PIO trainings that are available. Greater communication across LPHS partners should reduce silos and duplication of services.
- **Workforce development and assessment:** Training non-health department partners in health in all policies (HiAP) will improve the delivery of the 10 EPHS. Health department

staff can also benefit from additional training (joint training by the CDC and FBI, online skills assessments, etc.). The LPHS should ensure that organizations are continually linking work back to the essential public health services when fulfilling job duties and licensure. The LPHS should also conduct a comprehensive, collaborative workforce assessment of the Tri-County LPHS as a whole. The workforce assessment could be overseen by an umbrella organization in charge of workforce planning.

- **Research:** The LPHS needs to come to a consensus on a priority area for research and funding. Researchers should capitalize on the stable, diverse population of Peoria for research studies.
- **Partnerships:** Most partnership efforts are focused on health department and health care providers; the LPHS should do more to include other non-traditional partners including law enforcement and nonprofits. The LPHS should build additional partnerships between local health departments and hospitals, schools, and laboratories. The Tri-County MAPP process will develop more awareness of services and networks across the Tri-County area.
- **Access to care and coordination of care:** The LPHS should improve coordination of health care and social service provision across the Tri-County area by integrating services where possible. Health care providers can strengthen connections along the continuum of care by sharing records and/or information with non-hospital providers and developing a system to follow up on referrals. Partners should work on normalizing mental health issues so that people feel comfortable discussing mental health and reaching out for mental health services.
- **Planning and evaluation:** The MAPP process will facilitate the development of priorities, goals, and outcome measurement over the Tri-County area. The LPHS needs an independent and sustainable system to replace "Quality Quest" for data sharing, setting objectives, and evaluating outcomes.
- **Emergency preparedness:** The Tri-County area can build on its strong emergency preparedness by improving shelter plans, increasing the number of closed pods, and improving volunteer coordination. The LPHS should follow through on corrective actions identified in emergency preparedness improvement plans, especially in two areas: command and control, and communication.
- **Advocacy:** The participants identified several areas where public health can steer policy work, including support for paid sick leave, economic development planning, and non-traditional environmental health issues. The LPHS partners need coordinated efforts on budget advocacy to ensure critical services receive funding.

Improvements in the areas discussed above will help the Tri-County LPHS enhance its collective performance and effectiveness as a system to better serve the community and to ensure greater health and quality of life for all Peoria City/County, Tazewell County, and Woodford County residents.

# Appendices

## Appendix 1: List of Participating Organizations

| Constituency Represented | Organization |
|---|---|
| Colleges and Universities | Bradley University<br>Illinois Central College<br>Indiana State University<br>Methodist College<br>University of Illinois<br>University of Illinois Extension |
| Community-Based Organizations and Non Profits | Association for the Developmentally Disabled of Woodford County (ADDWC)<br>Center for Prevention of Abuse<br>Central Illinois Health Information Exchange<br>Easter Seals Central Illinois<br>Economic Development Council of Central Illinois<br>Gifts in the Moment<br>Human Service Center<br>Illinois Alcohol and Drug Evaluation Service<br>Neighborhood House<br>Pekin YWCA<br>Planned Parenthood of Illinois<br>Roanoke Mennonite Church<br>Tazewell County Resource Center<br>Tazewell/Woodford Head Start<br>Tazwood Center for Wellness<br>WE CARE |
| Hospitals, Health Systems and Clinics | Advocate Eureka Hospital<br>Hopedale Medical Complex<br>OSF Healthcare System<br>Pekin Hospital<br>Think First Program at Illinois Neurological Institute |
| Local Health Department | Peoria Board of Health<br>Peoria City/County Health Department<br>Tazewell County Health Department<br>Tazewell County Environmental Health<br>Woodford County Board of Health<br>Woodford County Health Department |
| Local Government | City of Pekin |

| | |
|---|---|
| | El Paso Emergency Squad<br>Peoria County Emergency Management Association (EMA)<br>Tazewell County<br>Tazewell County Emergency Management Association (EMA)<br>Tazewell County Probation<br>Woodford County<br>Woodford County Emergency Management Association (EMA)<br>Woodford County Housing Authority<br>Woodford County Probation<br>Woodford County Sheriff's Office |
| Schools | Eureka School District<br>Metamora Township High School<br>Pekin School District 108<br>Peoria School District 150 |

## Appendix 2: Essential Public Health Service Scoring Charts

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

| | | | |
|---|---|---|---|
| 1.1 Population-Based Community Health Assessment (CHA) | Peoria | MODERATE | 44 |
| | Tazewell | MODERATE | 48 |
| | Woodford | SIGNIFICANT | 51 |
| The local public health system (LPHS) develops a community health profile (CHP) using data from a detailed community health assessment (CHA) to give an overall look at the community's health. The CHA includes information on health status, quality of life, risk factors, social determinants of health, and strengths of the community at least every 3 years. Data included in the community health profile are accurate, reliable, and interpreted according to the evidence base for public health practice. CHP data and information are displayed and updated according to the needs of the community.<br><br>With a CHA, a community receives an in-depth picture or understanding of the health of the community. From the CHA and CHP, the community can identify the most vulnerable populations and related health inequities, prioritize health issues, identify best practices to address health issues and put resources where they are most needed. The CHP also tracks the health of a community over time and compares local measures to other local, state, and national benchmarks. | | | |
| 1.1.1 Community Health Assessment | Peoria | | 83 |
| | Tazewell | | 63 |
| | Woodford | | 53 |
| 1.1.2 Continuously update CHA with current information | Peoria | | 38 |
| | Tazewell | | 50 |
| | Woodford | | 63 |
| 1.1.3 Community-wide use of community health assessment or CHP data | Peoria | | 13 |
| | Tazewell | | 31 |
| | Woodford | | 38 |
| 1.2 Current Technology to Manage and Communicate Population Health Data | Peoria | MODERATE | 36 |
| | Tazewell | SIGNIFICANT | 58 |
| | Woodford | MODERATE | 34 |
| The local public health system (LPHS) provides the public with a clear picture of the current health of the community. Health problems are looked at over time and trends related to age, gender, race, ethnicity, and geographic distribution are examined. Data are shown in clear ways, including graphs, charts, and maps while the confidential health information of individuals is protected. Software tools are used to understand where health problems occur, allowing the community to plan efforts to lessen the problems and to target resources where they are most needed. The Community Health Profile (CHP) is available in both hard copy and online formats, and is regularly updated. Links to other sources of information are provided on websites. | | | |
| 1.2.1 Best available technology and methods to display data | Peoria | | 38 |
| | Tazewell | | 69 |
| | Woodford | | 18 |
| 1.2.2 Analyze health data to see where health problems exist | Peoria | | 38 |
| | Tazewell | | 50 |
| | Woodford | | 48 |
| | Peoria | | 33 |

| | | | |
|---|---|---|---|
| 1.2.3 Use computer software to create chart, graphs, and maps to display complex data | Tazewell | | 56 |
| | Woodford | | 38 |
| 1.3 Maintenance of Population Health Registries | Peoria | MODERATE | 48 |
| | Tazewell | SIGNIFICANT | 59 |
| | Woodford | SIGNIFICANT | 53 |
| The local public health system (LPHS) collects data on health-related events for use in population health registries. These registries allow more understanding of major health concerns, such as birth defects and cancer, and tracking of some healthcare delivery services, such as vaccination records. Registries also allow the LPHS to give timely information to at-risk persons. The LPHS assures accurate and timely reporting of all the information needed for health registries. Population health registry data are collected by the LPHS according to standards, so that they can be compared with other data from private, local, state, regional, and national sources. With many partners working together to contribute complete data, population registries provide information for policy decisions, program implementation, and population research. | | | |
| 1.3.1 Collect timely data consistent with current standards on specific health concerns | Peoria | | 46 |
| | Tazewell | | 63 |
| | Woodford | | 53 |
| 1.3.2 Use information from population health registries in CHAs | Peoria | | 50 |
| | Tazewell | | 56 |
| | Woodford | | 53 |
| Health Equity Questions for EPHS 1 | Peoria | MODERATE | 45 |
| | Tazewell | MODERATE | 44 |
| | Woodford | MODERATE | 35 |
| HE 1.1 Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identify, education, gender, and neighborhood? | Peoria | | 53 |
| | Tazewell | | 50 |
| | Woodford | | 38 |
| HE 1.2 Monitor social and economic conditions that affect health in the community, as well as institutional practices and policies that generate those conditions? | Peoria | | 38 |
| | Tazewell | | 38 |
| | Woodford | | 33 |

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

| | | | |
|---|---|---|---|
| 2.1 Identification and Surveillance of Health Threats | Peoria | MODERATE | 46 |
| | Tazewell | MODERATE | 48 |
| | Woodford | SIGNIFICANT | 51 |
| The local public health system (LPHS) conducts surveillance to watch for outbreaks of disease, disasters and emergencies (both natural and manmade), and other emerging threats to public health. Surveillance data includes information on reportable diseases and potential disasters, emergencies or emerging threats. The LPHS uses surveillance data to notice changes or patterns right away, determine the factors that influence these patterns, investigate the potential dangers, and find ways to lessen the impact on public health. The best available science and technologies are used to understand the problems, determine the most appropriate solutions, and prepare for and respond to identified public health threats. To ensure the most effective and efficient surveillance, the LPHS connects it surveillance systems with state and national systems. To provide a complete monitoring of health events, all parts of the system work together to collect data and report findings. | | | |
| 2.1.1 Comprehensive surveillance system to identify, monitor and share information | Peoria | | 42 |
| | Tazewell | | 56 |
| | Woodford | | 58 |
| 2.1.2 Provide and collect information on reportable disease and potential disasters and threats | Peoria | | 38 |
| | Tazewell | | 38 |
| | Woodford | | 63 |
| 2.1.3 Best available resources to support surveillance systems and activities | Peoria | | 58 |
| | Tazewell | | 50 |
| | Woodford | | 33 |
| 2.2 Investigation and Response to Public Health Threats and Emergencies | Peoria | MODERATE | 47 |
| | Tazewell | SIGNIFICANT | 55 |
| | Woodford | MODERATE | 48 |
| The local public health system (LPHS) stays ready to handle possible threats to the public health. As a threat develops – such as an outbreak of a communicable disease, a natural disaster, or a chemical, radiological, nuclear, explosive, or other environmental event – a team of LPHS professionals works closely together to collect and understand related data. Many partners support the response with communication networks already in place among health related organizations, public safety, rapid response teams, the media, and the public. In a public health emergency, a jurisdictional Emergency Response Coordinator leads LPHS partners in the local investigation and response. The response to an emergent event is in accordance with current emergency operations coordination guidelines. | | | |
| 2.2.1 Maintain instructions on how to handle communicable disease outbreaks | Peoria | | 46 |
| | Tazewell | | 38 |
| | Woodford | | 38 |
| 2.2.2 Written protocols for investigation of public health threats | Peoria | | 38 |
| | Tazewell | | 63 |
| | Woodford | | 46 |
| 2.2.3 Designated emergency response coordinator | Peoria | | 54 |
| | Tazewell | | 69 |

| | | | |
|---|---|---|---|
| | Woodford | | 63 |
| 2.2.4 Rapid response of personnel in emergency/ disasters | Peoria | | 54 |
| | Tazewell | | 63 |
| | Woodford | | 63 |
| 2.2.5 Identification of technical expertise | Peoria | | 63 |
| | Tazewell | | 63 |
| | Woodford | | 25 |
| 2.2.6 Evaluation of public health emergency response | Peoria | | 25 |
| | Tazewell | | 38 |
| | Woodford | | 54 |
| 2.3 Laboratory Support for Investigation of Health Threats | Peoria | OPTIMAL | 80 |
| | Tazewell | SIGNIFICANT | 75 |
| | Woodford | SIGNIFICANT | 74 |
| The local public health system (LPHS) has the ability to produce timely and accurate laboratory results for public health concerns. Whether a laboratory is public or private, the LPHS sees that the correct testing is done and that the results are made available on time. Any laboratory used by public health meets all licensing and credentialing standards. | | | |
| 2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs | Peoria | | 88 |
| | Tazewell | | 88 |
| | Woodford | | 88 |
| 2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies | Peoria | | 83 |
| | Tazewell | | 63 |
| | Woodford | | 63 |
| 2.3.3 Licenses and/or credentialed laboratories | Peoria | | 88 |
| | Tazewell | | 88 |
| | Woodford | | 83 |
| 2.3.4 Written protocols for laboratories for handling samples | Peoria | | 63 |
| | Tazewell | | 63 |
| | Woodford | | 63 |
| Health Equity Questions for EPHS 2 | Peoria | SIGNIFICANT | 53 |
| | Tazewell | MINIMAL | 22 |
| | Woodford | MINIMAL | 25 |
| HE 2.1 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? | Peoria | | 25 |
| | Tazewell | | 19 |
| | Woodford | | 17 |
| HE 2.2 Have the necessary resources to collect information about specific health inequities and investigate the social determinants of health inequities? | Peoria | | 29 |
| | Tazewell | | 25 |
| | Woodford | | 33 |

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

| | | | |
|---|---|---|---|
| 3.1 Health Education and Promotion | Peoria | MODERATE | 48 |
| | Tazewell | SIGNIFICANT | 58 |
| | Woodford | SIGNIFICANT | 63 |
| The local public health system (LPHS) designs and puts in place health promotion and health education activities to enable and support efforts to exert control over the determinants of health and to create environments that support health. These promotional and educational activities are coordinated throughout the LPHS to address risk and protective factors at the individual, interpersonal, community, and societal levels. The LPHS includes the community in identifying needs, setting priorities and planning health promotional and educational activities. The LPHS plans for different reading abilities, language skills, and access to materials. | | | |
| 3.1.1 Provision of community health information | Peoria | | 63 |
| | Tazewell | | 66 |
| | Woodford | | 63 |
| 3.1.2 Health education and/or health promotion activities | Peoria | | 44 |
| | Tazewell | | 63 |
| | Woodford | | 63 |
| 3.1.3 Collaboration on health communication plans | Peoria | | 38 |
| | Tazewell | | 46 |
| | Woodford | | 63 |
| 3.2 Health Communication | Peoria | SIGNIFICANT | 66 |
| | Tazewell | OPTIMAL | 82 |
| | Woodford | SIGNIFICANT | 71 |
| The local public health system (LPHS) uses health communication strategies to contribute to healthy living and healthy communities, including: increasing awareness of risks to health; ways to reduce health risk factors and increase health protective factors; promoting healthy behaviors; advocating organizational and community changes to support healthy living; increasing demand and support for health services; building a culture where health is valued; and creating support for health policies, programs and practices. Health communication uses a broad range of strategies, including print, radio, television, the internet, media campaigns, social marketing, entertainment education, and interactive media. The LPHS reaches out to the community through efforts ranging from one-on-one conversations to small group communication, to communications within organizations and the community, to mass media approaches. The LPHS works with many groups to understand the best ways to present health messages in each community setting and to find ways to cover the costs. | | | |
| 3.2.1 Development of health communication plans | Peoria | | 73 |
| | Tazewell | | 88 |
| | Woodford | | 88 |
| 3.2.2 Relationships with media | Peoria | | 68 |
| | Tazewell | | 85 |
| | Woodford | | 71 |
| 3.2.3 Designation of public information officers | Peoria | | 58 |
| | Tazewell | | 74 |

| | | | |
|---|---|---|---|
| | Woodford | | 54 |
| 3.3 Risk Communication | Peoria | OPTIMAL | 79 |
| | Tazewell | OPTIMAL | 82 |
| | Woodford | OPTIMAL | 76 |
| The local public health system (LPHS) uses health risk communications strategies to allow individuals, groups and organizations, or an entire community to make optimal decisions about their health and well-being in emergency events. The LPHS recognizes a designated Public Information Officer for emergency public information and warning. The LPHS organizations work together to identify potential risks (crisis or emergency) that may affect the community and develop plans to effectively and efficiently communicate information about these risks. The plans include pre-event, event, and post-event communication strategies for different types of emergencies. | | | |
| 3.3.1 Emergency communication plans | Peoria | | 83 |
| | Tazewell | | 88 |
| | Woodford | | 71 |
| 3.3.2 Resources for rapid communications response | Peoria | | 83 |
| | Tazewell | | 88 |
| | Woodford | | 83 |
| 3.3.3 Risk communication training | Peoria | | 73 |
| | Tazewell | | 72 |
| | Woodford | | 73 |
| Health Equity Questions for EPHS 3 | Peoria | MODERATE | 31 |
| | Tazewell | MINIMAL | 16 |
| | Woodford | MODERATE | 27 |
| HE 3.1 Provide information about community health status (e.g., heart disease rates, cancer rates, and environmental risks) and community health needs in the context of health equity and social justice? | Peoria | | 38 |
| | Tazewell | | 21 |
| | Woodford | | 38 |
| HE 3.2 Plan campaigns that identify the structural determinants of health inequities and the social determinants of health inequities (rather than focusing solely on individuals' health behaviors and decision-making)? | Peoria | | 25 |
| | Tazewell | | 11 |
| | Woodford | | 16 |

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

| | | | |
|---|---|---|---|
| 4.1 Constituency Development | Peoria | SIGNIFICANT | 55 |
| | Tazewell | SIGNIFICANT | 59 |
| | Woodford | SIGNIFICANT | 53 |
| The local public health system (LPHS) actively identifies and involves community partners -- the individuals and organizations (constituents) with opportunities to contribute to the health of communities. These stakeholders may include health; transportation, housing, environmental, and non-health related groups, as well as community members. The LPHS manages the process of establishing collaborative relationships among these and other potential partners. Groups within the LPHS communicate well with one another, resulting in a coordinated, effective approach to public health so that the benefits of public health are understood and shared throughout the community. | | | |
| 4.1.1 Directory of organizations that comprise the LPHS | Peoria | | 63 |
| | Tazewell | | 72 |
| | Woodford | | 55 |
| 4.1.2 Identification of key constituents and stakeholders | Peoria | | 48 |
| | Tazewell | | 50 |
| | Woodford | | 55 |
| 4.1.3 Participation of constituents in improving community health | Peoria | | 58 |
| | Tazewell | | 63 |
| | Woodford | | 63 |
| 4.1.4 Communications strategies to build awareness of public health | Peoria | | 53 |
| | Tazewell | | 50 |
| | Woodford | | 38 |
| 4.2 Community Partnerships | Peoria | MODERATE | 36 |
| | Tazewell | MODERATE | 34 |
| | Woodford | MODERATE | 41 |
| The local public health system (LPHS) encourages individuals and groups to work together so that community health may be improved. Public, private, and voluntary groups – through many different levels of information sharing, activity coordination, resource sharing, and in-depth collaborations – strategically align their interests to achieve a common purpose. By sharing responsibilities, resources, and rewards, community partnerships allow each member to share its expertise with others and strengthen the LPHS as a whole. A community group follows a collaborative, dynamic, and inclusive approach to community health improvement; it may exist as a formal partnership, such as a community health planning council, or as a less formal community group. | | | |
| 4.2.1 Partnerships for public health improvement activities | Peoria | | 53 |
| | Tazewell | | 50 |
| | Woodford | | 59 |
| 4.2.2 Community health improvement committee | Peoria | | 33 |
| | Tazewell | | 31 |
| | Woodford | | 38 |

| | | | |
|---|---|---|---|
| 4.2.3 Review of community partnerships and strategic alliances | Peoria | | 23 |
| | Tazewell | | 22 |
| | Woodford | | 27 |
| Health Equity Questions for EPHS 4 | Peoria | MODERATE | 28 |
| | Tazewell | MINIMAL | 16 |
| | Woodford | MINIMAL | 23 |
| HE 3.1 Have a process for identifying and engaging key constituents and participants that recognizes and supports differences among groups? | Peoria | | 33 |
| | Tazewell | | 19 |
| | Woodford | | 27 |
| HE 3.2 Provide institutional means for community-based organizations and individual community members to participate fully in decision-making? | Peoria | | 23 |
| | Tazewell | | 13 |
| | Woodford | | 20 |

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

| | | | |
|---|---|---|---|
| 5.1 Governmental Presence at the Local Level | Peoria | MODERATE | 32 |
| | Tazewell | SIGNIFICANT | 58 |
| | Woodford | MODERATE | 39 |
| The local public health system (LPHS) includes a governmental public health entity dedicated to the public health. The LPHS works with the community to make sure a strong local health department (or other governmental public health entity) exists and that it is doing its part in providing essential public health services. The governmental public health entity can be a regional health agency with more than one local area under its jurisdiction. The local health department (or other governmental public health entity) is accredited through the national voluntary accreditation program. | | | |
| 5.1.1 Governmental local public health presence | Peoria | | 38 |
| | Tazewell | | 63 |
| | Woodford | | 63 |
| 5.1.2 Local health department accreditation | Peoria | | 21 |
| | Tazewell | | 69 |
| | Woodford | | 21 |
| 5.1.3 Resources for the local health department | Peoria | | 38 |
| | Tazewell | | 44 |
| | Woodford | | 33 |
| 5.2 Public Health Policy Development | Peoria | MODERATE | 49 |
| | Tazewell | SIGNIFICANT | 52 |
| | Woodford | SIGNIFICANT | 51 |
| The local public health system (LPHS) develops policies that will prevent, protect or promote the public health. Public health problems, possible solutions, and community values are used to inform the policies and any proposed actions, which may include new laws or changes to existing laws. Additionally, current or proposed policies that have the potential to affect the public health are carefully reviewed for consistency with public health policy through health impact assessments. The LPHS and its ability to make informed decisions are strengthened by community member input. The LPHS, together with the community, works to identify gaps in current policies and needs for new policies to improve the public health. The LPHS educates the community about policies to improve the public health and serves as a resource to elected officials who establish and maintain public health policies. | | | |
| 5.2.1 Contribution to development of public health policies | Peoria | | 54 |
| | Tazewell | | 56 |
| | Woodford | | 54 |
| 5.2.2 Alert policymakers/public of public health impacts from policies | Peoria | | 63 |
| | Tazewell | | 63 |
| | Woodford | | 63 |
| 5.2.3 Review of public health policies | Peoria | | 29 |
| | Tazewell | | 38 |
| | Woodford | | 38 |

| | | | |
|---|---|---|---|
| 5.3 Community Health Improvement Process and Strategic Planning | Peoria | MODERATE | 46 |
| | Tazewell | MODERATE | 50 |
| | Woodford | SIGNIFICANT | 53 |
| The local public health system (LPHS) seeks to improve community health by looking at it from many sides, such as environmental health, healthcare services, business, economic, housing, land use, health equity, and other concerns that impact the public health. The LPHS leads a community-wide effort to improve community health by gathering information on health problems, identifying the community's strengths and weaknesses, setting goals, and increasing overall awareness of and interest in improving the health of the community. This community health improvement process provides ways to develop a community-owned plan that will lead to a healthier community. With the community health improvement effort in mind, each organization in the LPHS makes an effort to include strategies related to community health improvement goals in their own strategic plans. | | | |
| 5.3.1 Community health improvement process | Peoria | | 63 |
| | Tazewell | | 63 |
| | Woodford | | 63 |
| 5.3.2 Strategies to address community health objectives | Peoria | | 38 |
| | Tazewell | | 44 |
| | Woodford | | 58 |
| 5.3.3 Organizational strategic planning alignment with community health improvement plan | Peoria | | 38 |
| | Tazewell | | 44 |
| | Woodford | | 38 |
| 5.4 Plan for Public Health Emergencies | Peoria | SIGNIFICANT | 63 |
| | Tazewell | SIGNIFICANT | 54 |
| | Woodford | SIGNIFICANT | 65 |
| The local public health system (LPHS) adopts an emergency preparedness and response plan which describes what each organization in the LPHS should be ready to do in a public health emergency. The plan describes community interventions necessary to prevent, monitor, and manage all types of emergencies, including both natural and intentional disasters. The plan also looks at challenges of possible events, such as nuclear, biological, or terrorist events. Practicing for possible events takes place through regular exercises or drills. A task force sees that the necessary organizations and resources are included in the planning and practicing for all types of emergencies. | | | |
| 5.4.1 Community task force or coalition for emergency preparedness and response plans | Peoria | | 54 |
| | Tazewell | | 56 |
| | Woodford | | 67 |
| 5.4.2 Emergency preparedness and response plan | Peoria | | 54 |
| | Tazewell | | 50 |
| | Woodford | | 67 |
| 5.4.3 Review and revision of the emergency preparedness and response plan | Peoria | | 79 |
| | Tazewell | | 56 |
| | Woodford | | 63 |
| Health Equity Questions for EPHS 5 | Peoria | MODERATE | 46 |
| | Tazewell | MODERATE | 38 |
| | Woodford | MODERATE | 42 |

| | | |
|---|---|---|
| HE 5.1 Ensure that community-based organizations and individual community members have a substantive role in deciding what policies, procedures, rules, and practices govern community heath efforts? | Peoria<br>Tazewell<br>Woodford | 46<br>38<br>42 |

| EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety<br>Model Standard Scores | | | |
|---|---|---|---|
| 6.1 Review and Evaluation of Laws, Regulations and Ordinances | Peoria | OPTIMAL | 83 |
| | Tazewell | SIGNIFICANT | 66 |
| | Woodford | SIGNIFICANT | 73 |
| The local public health system (LPHS) reviews existing laws, regulations, and ordinances related to public health, including laws that prevent health problems, promote, or protect public health. The LPHS looks at federal, state, and local laws to understand the authority provided to the LPHS and the potential impact of laws, regulations, and ordinances on the health of the community. The LPHS also looks at any challenges involved in complying with laws, regulations, or ordinances, whether community members have any opinions or concerns, and whether any laws, regulations, or ordinances need to be updated. | | | |
| 6.1.1 Provision of community health information | Peoria | | 71 |
| | Tazewell | | 56 |
| | Woodford | | 67 |
| 6.1.2 Knowledge of laws, regulations, and ordinances | Peoria | | 88 |
| | Tazewell | | 75 |
| | Woodford | | 67 |
| 6.1.3 Review of laws, regulations and ordinances | Peoria | | 88 |
| | Tazewell | | 69 |
| | Woodford | | 75 |
| 6.1.4 Access to legal counsel | Peoria | | 88 |
| | Tazewell | | 63 |
| | Woodford | | 83 |
| 6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances | Peoria | SIGNIFICANT | 51 |
| | Tazewell | SIGNIFICANT | 56 |
| | Woodford | SIGNIFICANT | 63 |
| The local public health system (LPHS) works to change existing laws, regulations, or ordinances – or to create new ones – when they have determined that changes or additions would better prevent, protect or promote public health. To advocate for public health, the LPHS helps to draft the new or revised legislation, regulations, or ordinances, takes part in public hearings, and talks with lawmakers and regulatory officials. | | | |
| 6.2.1 Identification of public health issues not addressed through existing laws | Peoria | | 46 |
| | Tazewell | | 56 |
| | Woodford | | 58 |
| 6.2.2 Development or modification of laws or public health issues | Peoria | | 54 |
| | Tazewell | | 56 |
| | Woodford | | 63 |
| 6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances | Peoria | | 54 |
| | Tazewell | | 56 |
| | Woodford | | 67 |
| 6.3 Enforcement of Laws, Regulations, and Ordinances | Peoria | SIGNIFICANT | 64 |
| | Tazewell | SIGNIFICANT | 68 |

| | | | |
|---|---|---|---|
| | Woodford | SIGNIFICANT | 69 |
| The local public health system (LPHS) sees that public health laws, regulations, and ordinances are followed. The LPHS knows which governmental agency or other organization has the authority to enforce any given public health related requirement within its community, supports all organizations tasked with enforcement responsibilities, and assures that the enforcement is conducted within the law. The LPHS has sufficient authority to respond in an emergency event; and makes sure that individuals and organizations understand the requirements of relevant laws, regulation, and ordinances. The LPHS communicates the reasons for legislation and the importance of compliance. | | | |
| 6.3.1 Authority to enforce laws, regulations, and ordinances | Peoria | | 71 |
| | Tazewell | | 69 |
| | Woodford | | 75 |
| 6.3.2 Public health emergency powers | Peoria | | 63 |
| | Tazewell | | 75 |
| | Woodford | | 71 |
| 6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances | Peoria | | 63 |
| | Tazewell | | 63 |
| | Woodford | | 75 |
| 6.3.4 Provision of information about compliance | Peoria | | 63 |
| | Tazewell | | 63 |
| | Woodford | | 58 |
| 6.3.5 Assessment of compliance | Peoria | | 63 |
| | Tazewell | | 69 |
| | Woodford | | 67 |
| Health Equity Questions for EPHS 6 | Peoria | MINIMAL | 21 |
| | Tazewell | MINIMAL | 19 |
| | Woodford | MODERATE | 29 |
| HE 6.1 Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances)? | Peoria | | 21 |
| | Tazewell | | 19 |
| | Woodford | | 29 |

| EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable<br>Model Standard Scores | | | |
|---|---|---|---|
| 7.1 Identification of Personal Health Service Needs of Populations | Peoria<br>Tazewell<br>Woodford | MODERATE<br>MODERATE<br>MODERATE | 36<br>41<br>30 |
| The local public health system (LPHS) identifies the personal health service needs of the community and identifies the barriers to receiving these services, especially among particular groups that may have difficulty accessing personal health services. The LPHS has defined roles and responsibilities for the local health department (or other governmental public health entity) and other partners (e.g. hospitals, managed care providers, and other community health agencies) in relation to overcoming these barriers and providing services. | | | |
| 7.1.1 Identification of populations who experience barriers to care | Peoria<br>Tazewell<br>Woodford | | 53<br>47<br>44 |
| 7.1.2 Identification of personal health service needs of populations | Peoria<br>Tazewell<br>Woodford | | 38<br>38<br>31 |
| 7.1.3 Develop partnerships to respond to unmet needs of the community | Peoria<br>Tazewell<br>Woodford | | 23<br>38<br>13 |
| 7.1.4 Understand barriers to care | Peoria<br>Tazewell<br>Woodford | | 33<br>41<br>31 |
| 7.2 Assuring the Linkage of People to Personal Health Services | Peoria<br>Tazewell<br>Woodford | MODERATE<br>MODERATE<br>MODERATE | 36<br>38<br>38 |
| The local public health system (LPHS) partners work together to meet the diverse needs of all populations. Partners see that persons are signed up for all benefits available to them and know where to refer people with unmet personal health service needs. The LPHS develops working relationships between public health, primary care, oral health, social services, and mental health systems as well as organizations that are not traditionally part of the personal health service system, such as housing, transportation, and grassroots organizations. | | | |
| 7.2.1 Link populations to needed personal health services | Peoria<br>Tazewell<br>Woodford | | 58<br>53<br>63 |
| 7.2.2 Assistance to vulnerable populations in accessing needed health services | Peoria<br>Tazewell<br>Woodford | | 19<br>38<br>38 |
| 7.2.3 Initiatives for enrolling eligible individuals in public benefit programs | Peoria<br>Tazewell<br>Woodford | | 44<br>38<br>31 |

| | | | |
|---|---|---|---|
| 7.2.4 Coordination of personal health and social service | Peoria | | 23 |
| | Tazewell | | 22 |
| | Woodford | | 19 |
| Health Equity Questions for EPHS 7 | Peoria | MODERATE | 42 |
| | Tazewell | MODERATE | 40 |
| | Woodford | MODERATE | 29 |
| HE 7.1 Identify any populations that may experience barriers to personal health services based on factors such as on age, education level, income, language barriers, race or ethnicity, disability, mental Illness, access to insurance, sexual orientation and gender identity, and additional identities outlined in Model Standard 7.1? | Peoria | | 56 |
| | Tazewell | | 58 |
| | Woodford | | 38 |
| HE 7.2 Work to influence laws, policies, and practices that maintain inequitable distributions of resources that may influence access to personal health services? | Peoria | | 28 |
| | Tazewell | | 21 |
| | Woodford | | 21 |

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

| | | | |
|---|---|---|---|
| 8.1 Workforce Assessment, Planning and Development | Peoria | MODERATE | 28 |
| | Tazewell | MINIMAL | 10 |
| | Woodford | MINIMAL | 25 |
| The local public health system (LPHS) assesses the local public health workforce – all who contribute to providing essential public health services for the community. Workforce assessment looks at what knowledge, skills, and abilities the local public health workforce needs and the numbers and kinds of jobs the system should have to adequately prevent, protect and promote health in the community. The LPHS also looks at the training that the workforce needs to keep its knowledge, skills, and abilities up to date. After the workforce assessment determines the number and types of positions the local public health workforce should include, the LPHS identifies gaps and works on plans to fill the gaps. | | | |
| 8.1.1 Assessment of the LPHS workforce | Peoria | | 13 |
| | Tazewell | | 10 |
| | Woodford | | 13 |
| 8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce | Peoria | | 10 |
| | Tazewell | | 8 |
| | Woodford | | 19 |
| 8.1.3 Dissemination of results of the workforce assessment/gap analysis | Peoria | | 63 |
| | Tazewell | | 13 |
| | Woodford | | 44 |
| 8.2 Public Health Workforce Standards | Peoria | MODERATE | 48 |
| | Tazewell | MODERATE | 38 |
| | Woodford | MODERATE | 48 |
| The local public health system (LPHS) maintains standards to see that workforce members are qualified to do their jobs, with the certificates, licenses, and education that are required by law or in local, state, or federal guidance. Information about the knowledge, skills, and abilities that are needed to provide essential public health services are used in personnel systems, so that position descriptions, hiring, and performance evaluations of workers are based on public health competencies. | | | |
| 8.2.1 Awareness of guidelines and/or licensure/certification requirements | Peoria | | 54 |
| | Tazewell | | 63 |
| | Woodford | | 50 |
| 8.2.2 Written job standards and/or position descriptions | Peoria | | 44 |
| | Tazewell | | 33 |
| | Woodford | | 50 |
| 8.2.3 Performance evaluations | Peoria | | 48 |
| | Tazewell | | 17 |
| | Woodford | | 44 |
| 8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring | Peoria | MODERATE | 36 |
| | Tazewell | MODERATE | 28 |
| | Woodford | MODERATE | 30 |

| | | | |
|---|---|---|---|
| The local public health system (LPHS) encourages lifelong learning for the public health workforce. Both formal and informal opportunities in education and training are available to the workforce, including workshops, seminars, conferences, and online learning. Experienced staff persons are available to coach and advise newer employees. Interested workforce members have the chance to work with academic and research institutions, particularly those connected with schools of public health, public administration, and population health. As the academic community and the local public health workforce collaborate, the LPHS is strengthened. The LPHS trains its workforce to recognize and address the unique culture, language and health literacy of diverse consumers and communities and to respect all members of the public. The LPHS also educates its workforce about the many factors that can influence health, including interpersonal relationships, social surroundings, physical environment, and individual characteristics (such as economic status, genetics, behavioral risk factors, and health care). | | | |
| 8.3.1 Identification of education and training needs for workforce development | Peoria<br>Tazewell<br>Woodford | | 50<br>58<br>38 |
| 8.3.2 Opportunities for developing core public health competencies | Peoria<br>Tazewell<br>Woodford | | 38<br>25<br>31 |
| 8.3.3 Educational and training incentives | Peoria<br>Tazewell<br>Woodford | | 25<br>21<br>31 |
| 8.3.4 Collaboration between organizations and the LPHS for training and education | Peoria<br>Tazewell<br>Woodford | | 30<br>17<br>38 |
| 8.3.5 Education and training on cultural competency and social determinants of health | Peoria<br>Tazewell<br>Woodford | | 38<br>17<br>13 |
| 8.4 Public Health Leadership Development | Peoria<br>Tazewell<br>Woodford | MODERATE<br>MINIMAL<br>MODERATE | 36<br>23<br>34 |
| Leadership within the local public health system (LPHS) is demonstrated by organizations and individuals that are committed to improving the health of the community. Leaders work to continually develop the local public health system, create a shared vision of community health, find ways to make the vision happen, and to make sure that public health services are delivered. Leadership may come from the health department, from other governmental agencies, nonprofits, the private sector, or from several partners. The LPHS encourages the development of leaders that represent different groups of people in the community and respect community values. | | | |
| 8.4.1 Development of leadership skills | Peoria<br>Tazewell<br>Woodford | | 53<br>17<br>38 |
| 8.4.2 Collaborative leadership | Peoria<br>Tazewell<br>Woodford | | 38<br>33<br>44 |
| 8.4.3 Leadership opportunities for individuals and/or organizations | Peoria | | 31 |

| | | | |
|---|---|---|---|
| | Tazewell | | 25 |
| | Woodford | | 38 |
| 8.4.4 Recruitment and retention of new and diverse leaders | Peoria | | 22 |
| | Tazewell | | 17 |
| | Woodford | | 19 |
| Health Equity Questions for EPHS 8 | Peoria | MINIMAL | 16 |
| | Tazewell | MINIMAL | 16 |
| | Woodford | MINIMAL | 21 |
| HE 8.1 Conduct assessments related to developing staff capacity and improving organizational functioning to support health equity initiatives? | Peoria | | 20 |
| | Tazewell | | 20 |
| | Woodford | | 29 |
| HE 8.2 Recruit and train staff members from multidisciplinary backgrounds that are committed to achieving health equity? | Peoria | | 13 |
| | Tazewell | | 13 |
| | Woodford | | 13 |

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

| | | | |
|---|---|---|---|
| 9.1 Evaluation of Population-Based Health Services | Peoria | MINIMAL | 15 |
| | Tazewell | MINIMAL | 17 |
| | Woodford | MINIMAL | 21 |
| The local public health system (LPHS) evaluates population based health services, which are aimed at disease Prevention and health promotion for the entire community. Many different types of population-based health services are evaluated for their quality and effectiveness in targeting underlying risks. The LPHS uses nationally recognized resources to set goals for their work and identify best practices for specific types of preventive services (e.g. Healthy People 2020 or the Guide to Community Preventive Services). The LPHS uses data to evaluate whether population-based services are meeting the needs of the community and the satisfaction of those they are serving. Based on the evaluation, the LPHS may make changes and may reallocate resources to improve population-based health services. | | | |
| 9.1.1 Evaluation of population-based health service | Peoria | | 23 |
| | Tazewell | | 29 |
| | Woodford | | 46 |
| 9.1.2 Assessment of community satisfaction with population-based health services | Peoria | | 13 |
| | Tazewell | | 13 |
| | Woodford | | 13 |
| 9.1.3 Identification of gaps in the provision of population-based health services | Peoria | | 13 |
| | Tazewell | | 13 |
| | Woodford | | 13 |
| 9.1.4 Use of population-based health services evaluation | Peoria | | 13 |
| | Tazewell | | 13 |
| | Woodford | | 13 |
| 9.2 Evaluation of Personal Health Services | Peoria | MINIMAL | 16 |
| | Tazewell | MINIMAL | 16 |
| | Woodford | MINIMAL | 19 |
| The local public health system (LPHS) regularly evaluates the accessibility, quality, and effectiveness of personal health services. These services range from preventive care, such as mammograms or other Preventive screenings or tests, to hospital care to care at the end of life. The LPHS sees that the personal health services in the area match the needs of the community, with available and effective care for all ages and groups of people. The LPHS works with communities to measure satisfaction with personal health services through multiple methods, including a survey that includes people who have received care and others who might have needed care or who may need care in the future. The LPHS uses findings from the evaluation to improve services and program delivery, using technological solutions such as electronic health records when indicated, and modifying organizational strategic plans as needed. | | | |
| 9.2.1 Personal health services evaluation | Peoria | | 28 |
| | Tazewell | | 13 |
| | Woodford | | 38 |
| | Peoria | | 18 |

| | | | |
|---|---|---|---|
| 9.2.2 Evaluation of personal health services against established standards | Tazewell | | 17 |
| | Woodford | | 13 |
| 9.2.3 Assessment of client satisfaction with personal health services | Peoria | | 8 |
| | Tazewell | | 17 |
| | Woodford | | 13 |
| 9.2.4 Information technology to assure quality of personal health services | Peoria | | 13 |
| | Tazewell | | 21 |
| | Woodford | | 21 |
| 9.2.5 Use of personal health services evaluation | Peoria | | 13 |
| | Tazewell | | 13 |
| | Woodford | | 13 |
| 9.3 Evaluation of the Local Public Health System | Peoria | MINIMAL | 17 |
| | Tazewell | MODERATE | 29 |
| | Woodford | MINIMAL | 18 |
| The local public health system (LPHS) evaluates itself to see how well it is working as a whole. Representatives from all groups (public, private, and voluntary) that provide essential public health services gather to conduct a systems evaluation. Together, using guidelines (such as this tool) that describe a model LPHS, participants evaluate LPHS activities and identify areas of the LPHS that need improvement. The results of the evaluation are also used during a community health improvement process. | | | |
| 9.3.1 Identification of community organizations or entities that contribute to the EPHS | Peoria | | 28 |
| | Tazewell | | 25 |
| | Woodford | | 21 |
| 9.3.2 Periodic evaluation of LPHS | Peoria | | 23 |
| | Tazewell | | 50 |
| | Woodford | | 38 |
| 9.3.3 Evaluation of partnership within the LPHS | Peoria | | 10 |
| | Tazewell | | 13 |
| | Woodford | | 13 |
| 9.3.4 Use of evaluation to guide improvements to the LPHS | Peoria | | 8 |
| | Tazewell | | 27 |
| | Woodford | | 0 |
| Health Equity Questions for EPHS 9 | Peoria | MODERATE | 38 |
| | Tazewell | MODERATE | 38 |
| | Woodford | MODERATE | 38 |
| HE 9.1 Identify community organizations or entities that contribute to the delivery of the Essential Public Health Services to historically marginalized communities? | Peoria | | 63 |
| | Tazewell | | 63 |
| | Woodford | | 63 |
| HE 9.2 Monitor the delivery of the Essential Public Health Services to ensure that they are equitably distributed? | Peoria | | 13 |
| | Tazewell | | 13 |
| | Woodford | | 13 |

| EPHS 10. Research for New Insights and Innovative Solutions to Health Problems<br>Model Standard Scores | | | |
|---|---|---|---|
| 10.1 Fostering Innovation | Peoria | MINIMAL | 25 |
| | Tazewell | MINIMAL | 23 |
| | Woodford | MINIMAL | 23 |
| Local public health system (LPHS) organizations try new and creative ways to improve public health practice. In both academic and practice settings, such as universities and local health departments, new approaches are studied to see how well they work. | | | |
| 10.1.1 Encouragement of new solutions to health problems | Peoria | | 29 |
| | Tazewell | | 6 |
| | Woodford | | 13 |
| 10.1.2 Proposal of public health issues for inclusion in research agenda | Peoria | | 38 |
| | Tazewell | | 21 |
| | Woodford | | 25 |
| 10.1.3 Identification and monitoring of best practices | Peoria | | 13 |
| | Tazewell | | 54 |
| | Woodford | | 44 |
| 10.1.4 Encouragement of community participation in research | Peoria | | 21 |
| | Tazewell | | 13 |
| | Woodford | | 13 |
| 10.2 Linkage with Institutions of Higher Learning and/or Research | Peoria | MODERATE | 39 |
| | Tazewell | MINIMAL | 24 |
| | Woodford | MODERATE | 33 |
| The local public health system (LPHS) establishes relationships with colleges, universities, and other research organizations. The LPHS is strengthened by ongoing communication between academics and LPHS organizations. They freely share information and best practices, and setting up formal or informal arrangements to work together. The LPHS connects with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms. The LPHS does community-based participatory research, including the community as full partners from selection of the topic of study to design to sharing of findings. The LPHS works with one or more colleges, universities, or other research organizations to co-sponsor continuing education programs. | | | |
| 9.2.1 Relationships with institutions of higher learning and/or research organizations | Peoria | | 29 |
| | Tazewell | | 29 |
| | Woodford | | 38 |
| 9.2.2 Partnerships to conduct research | Peoria | | 44 |
| | Tazewell | | 17 |
| | Woodford | | 25 |
| 9.2.3 Collaboration between the academic and practice communities | Peoria | | 44 |
| | Tazewell | | 25 |
| | Woodford | | 38 |
| 10.3 Capacity to Initiate or Participate in Research | Peoria | MODERATE | 29 |

| | | | |
|---|---|---|---|
| | Tazewell | MINIMAL | 17 |
| | Woodford | MINIMAL | 20 |
| The local public health system (LPHS) takes part in research to help improve the performance of the LPHS. This research includes the examination of how well LPHS members provide the Essential Public Health Services in the community (public health systems and services research) as well as studying what influences health care quality and service delivery in the community (health services research). The LPHS has access to researchers with the knowledge and skills to design and conduct health-related studies, supports their work with funding and data systems, and provides ways to share findings. Research capacity includes access to libraries and information technology, the ability to analyze complex data, and ways to share research findings with the community and use them to improve public health practice. | | | |
| 10.3.1 Collaboration with researchers | Peoria | | 38 |
| | Tazewell | | 17 |
| | Woodford | | 19 |
| 10.3.2 Access to resources to facilitate research | Peoria | | 21 |
| | Tazewell | | 13 |
| | Woodford | | 19 |
| 10.3.3 Dissemination of research findings | Peoria | | 38 |
| | Tazewell | | 25 |
| | Woodford | | 31 |
| 10.3.4 Evaluation of research activities | Peoria | | 19 |
| | Tazewell | | 13 |
| | Woodford | | 13 |
| Health Equity Questions for EPHS 10 | Peoria | MINIMAL | 13 |
| | Tazewell | MINIMAL | 6 |
| | Woodford | MINIMAL | 8 |
| HE 10.1 Encourage staff, research organizations, and community members to explore the root causes of health inequity, including solutions based on research identifying the health impact of structural racism, gender and class inequity, social exclusion, and power differentials? | Peoria | | 13 |
| | Tazewell | | 6 |
| | Woodford | | 8 |
| HE 10.2 Use Health Equity Impact Assessments to analyze the potential impact of local policies, practices, and policy changes on historically marginalized communities? | Peoria | | 13 |
| | Tazewell | | 8 |
| | Woodford | | 9 |
| HE 10.3 Facilitate substantive community participation in the development and implementation of research about the relationships between structural social injustices and health status? | Peoria | | 13 |
| | Tazewell | | 4 |
| | Woodford | | 6 |

# Appendix 3: Scoring Calculations

The scores for each performance measure, model standard, and EPHS were calculated using a weighted average. The number of votes counted for each question varied, since not all participants scored all questions in their group. The number of participants per question varied from 3 to 9 people, depending on the county and the breakout group.

| | No Activity | Minimal | Moderate | Significant | Optimal | # of Votes | Total | Weigh Avg. | MS Average | ES Average | Scale Numbe | Scale Word |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Essential Service 1** | | | | | | | | | | | | |
| 1.1.1 | 0 | 0 | 0 | 1 | 5 | 6 | 20 | 3.33 | | | 83 | |
| 1.1.2 | 0 | 0 | 6 | 0 | 0 | 6 | 9 | 1.50 | | | 38 | |
| 1.1.3 | 0 | 6 | 0 | 0 | 0 | 6 | 3 | 0.50 | | | 13 | |
| MS 1.1 | | | | | | | | | 1.78 | | 44 | Moderate |
| 1.2.1 | 0 | 2 | 2 | 2 | 0 | 6 | 9 | 1.50 | | | 38 | |
| 1.2.2 | 0 | 0 | 6 | 0 | 0 | 6 | 9 | 1.50 | | | 38 | |
| 1.2.3 | 0 | 1 | 5 | 0 | 0 | 6 | 8 | 1.33 | | | 33 | |
| MS 1.2 | | | | | | | | | 1.44 | | 36 | Moderate |
| 1.3.1 | 0 | 0 | 4 | 2 | 0 | 6 | 11 | 1.83 | | | 46 | |
| 1.3.2 | 0 | 0 | 3 | 3 | 0 | 6 | 12 | 2.00 | | | 50 | |
| MS 1.3 | | | | | | | | | 1.92 | | 48 | Moderate |
| EQ 1.1 | 0 | 0 | 2 | 3 | 0 | 5 | 10.5 | 2.10 | | | 53 | |
| EQ 1.2 | 0 | 0 | 6 | 0 | 0 | 6 | 9 | 1.50 | | | 38 | |
| HE ES1 | | | | | | | | | 1.80 | | 45 | Moderate |
| ES1 | | | | | | | | | | 1.71 | 43 | Moderate |

Example of Peoria Scores for EPHS 1

1. Total = (No Activity x 0) + (Minimal x 0.5) + (Moderate x 1.5) + (Significant x 2.5) + (Optimal x 3.5)

   Performance Measure 1.1.1 = (0 x 0) + (0 x 0.5) + (0 x 1.5) + (1 x 2.5) + (5 x 3.5) = 20

2. Weigh Avg. = Total ÷ # of Votes

   Performance Measure 1.1.1 = 20 ÷ 6 = 3.33

3. MS Average = Average of Weigh Avg.

   MS 1.1 = (3.33 + 1.50 + 0.50) ÷ 3 = 1.78

4. ES Average = Average of Weigh Avg.

   ES 1 = (3.33 + 1.50 + 0.50 + 1.50 + 1.50 + 1.33 + 1.83 + 2.00 + 2.10 + 1.50) ÷ 10 = 1.71

5. Scale Number = MS Average or ES Average x 25

   MS 1.1 = 1.78 x 25 = 44
   ES 1 = 1.71 x 25 = 43