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Introduction

The Local Public Health System Assessment (LPHSA) is a standardized assessment utilizing the National Public Health Performance Standards (NPHPS) developed collaboratively by Centers for Disease Control and Prevention (CDC); American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes (NNPHI); and then Public Health Foundation (PHF). These optimal standards allow responding sites to consider activities of all public health system partners contributing to the public health within a community.

“Together for a Healthier DeKalb County” utilized the Local Public Health System Performance Assessment Instrument to answer two main questions of the health in their community.

1) “What are the components, activities, competencies, and capacities of our public health system?”

2) “How well are the 10 Essential Services being provided in our system?”

The dialog that occurred at each session contributes to specifically identifying strengths, weaknesses and opportunities for immediate improvements and long-term investments.

The LPHSA Local Score Sheet suggested two optional assessments to be completed. These optional assessments add dimension to the final report. The reports with the optional assessments depict performance scores in relation to how they have prioritized Model Standards and the contribution directly to the standard. The Agency Contribution Assessment is designed to allow local health departments to rate how much the agency contributes to each Essential Service Model Standard. The Priority Rating Assessment allows for respondents to rank the Model Standards to their system.

The information obtained from these sessions will be used to improve and better coordinate public health activities in DeKalb County. The information will inform the community health improvement plan and the community health needs assessment. “Together for a Healthier DeKalb County” will use the results of this assessment to better existing policy, advocate for new policy, and make resource decisions to strive for a healthier DeKalb County.
Methodology

The participants contributing to the LPHSA performance score were selected according to the organization or type of entity they represent. This included public, private, and voluntary organizations. The Facilitators Guide suggested organization types that would have knowledge and/or insight into the capacity and operations of the system entity. The project steering committee selected specific individuals to represent their organization or organization type within the DeKalb County local public health system. A formal invitation was sent requesting the organization send representation (Appendix 1.1).

The LPHSA was scheduled to be administered every Thursday morning from 8:30 to 10:30; the sessions took place between January 25, 2018 and February 22, 2018. Two Essential Services were covered in each two hour block. The meetings took place at the DeKalb County Farm Bureau, 1350 West Prairie Drive, Sycamore, IL 60178.

- **Session I: Essential Service 1 & 2**  
  Date: January 25, 2018, 8:30 to 10:30 a.m.

- **Session II: Essential Service 3 & 4**  
  Date: February 1, 2018, 8:30 to 10:30 a.m.

- **Session III: Essential Service 5 & 6**  
  Date: February 8, 2018, 8:30 – 10:30 a.m.

- **Session IV: Essential Service 7 & 9**  
  Date: February 15, 2018, 8:30 – 10:30 a.m.

- **Session V: Essential Service 8 & 10**  
  Date: February 22, 2018, 8:30 – 10:30 a.m.

Participation

The LPHSA main performance assessment in DeKalb County attracted over 100 participants. Participation included 25 unique organizations representing the following groups; mental health, law office, city and county officials, public health, elementary and secondary schools, the local university, fire, police, emergency response, health services, advocacy agencies, private clubs and a youth mental health organization (Table 1).
### Local Public Health System Assessment Participation

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adventure Works DeKalb - Mental Health (Youth)</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Brown Law Group &amp; BOH Member</td>
<td>Policy/Law</td>
</tr>
<tr>
<td>City of DeKalb</td>
<td>City Official</td>
</tr>
<tr>
<td>City of Sycamore</td>
<td>City Official</td>
</tr>
<tr>
<td>DeKalb County Board of Health</td>
<td>Board of Health</td>
</tr>
<tr>
<td>DeKalb County Community Development</td>
<td>Community Advocacy</td>
</tr>
<tr>
<td>DeKalb County Community Foundation</td>
<td>Nonprofit/Advocacy</td>
</tr>
<tr>
<td>DeKalb County Government</td>
<td>Government</td>
</tr>
<tr>
<td>DeKalb County Health Department</td>
<td>Public Health</td>
</tr>
<tr>
<td>DeKalb CUSD 428</td>
<td>School</td>
</tr>
<tr>
<td>DeKalb Fire Department</td>
<td>Fire</td>
</tr>
<tr>
<td>DeKalb Police Department</td>
<td>Police</td>
</tr>
<tr>
<td>Department of Human Services</td>
<td>Social Service</td>
</tr>
<tr>
<td>First Lutheran Church-DeKalb</td>
<td>Faith</td>
</tr>
<tr>
<td>Kishwaukee YMCA</td>
<td>Advocacy/Fitness</td>
</tr>
<tr>
<td>Northern Illinois University (NIU)</td>
<td>University</td>
</tr>
<tr>
<td>NIU- Center for Governmental Studies</td>
<td>University</td>
</tr>
<tr>
<td>NIU- Emergency Management &amp; Planning</td>
<td>University</td>
</tr>
<tr>
<td>NIU- Health Services</td>
<td>Health</td>
</tr>
<tr>
<td>NM Ben Gordon Center</td>
<td>Mental Health</td>
</tr>
<tr>
<td>NM KishHealth System/ DCHD Board of Health</td>
<td>Hospital</td>
</tr>
<tr>
<td>NM KishHealth System/Steering Committee</td>
<td>Hospital</td>
</tr>
<tr>
<td>NM Valley West</td>
<td>Hospital</td>
</tr>
<tr>
<td>Retired- Northern Illinois University</td>
<td>University</td>
</tr>
<tr>
<td>Rotary Club of Sandwich</td>
<td>Advocacy</td>
</tr>
</tbody>
</table>

**Table 1**

The participants were asked to complete the optional Priority Rating Assessment after the performance scores were collected. This assessment was in the form of a survey that was emailed out after the sessions closed (Appendix 1.2).

DeKalb County Health Department (DCHD) completed the Agency Contribution (Organizational Capacity) Assessment in November of 2017. The steering committee selected personnel that would have knowledge and insight as to how much of each Model Standard DCHD contributes to the overall public health system. The format of this assessment followed the same process as the performance score assessment described below (Appendix 1.3).
Assessment Administration

The LPHSA participants were directed to a large conference room at the DeKalb County Farm Bureau. Each participant registered and was given an information packet including a response survey. All 5 sessions followed the same format. Discussion questions were used to introduce the Essential Service Model Standard. These included asking respondents to consider their knowledge and involvement in each standard. Next, they were asked to answer the assessment questions using the Summary of Assessment Response Options (Table 2). The response then generates a score for each Model Standard, Essential Service, and one overall assessment score.

### Summary of Response Options

<table>
<thead>
<tr>
<th>Activity Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal Activity</td>
<td>Greater than 75% of the activity described within the question is met.</td>
</tr>
<tr>
<td>(76-100%)</td>
<td></td>
</tr>
<tr>
<td>Significant Activity</td>
<td>Greater than 50%, but no more than 75% of the activity described within the question is met.</td>
</tr>
<tr>
<td>(51-75%)</td>
<td></td>
</tr>
<tr>
<td>Moderate Activity</td>
<td>Greater than 25%, but no more than 50% of the activity described within the question is met.</td>
</tr>
<tr>
<td>(26-50%)</td>
<td></td>
</tr>
<tr>
<td>Minimal Activity</td>
<td>Greater than zero, but no more than 25% of the activity described within the question is met.</td>
</tr>
<tr>
<td>(1-25%)</td>
<td></td>
</tr>
<tr>
<td>No Activity</td>
<td>0% or absolutely no activity.</td>
</tr>
<tr>
<td>(0%)</td>
<td></td>
</tr>
</tbody>
</table>

Table 2

The participants then identified strengths, weaknesses, immediate and long term opportunities. This open dialog was recorded and analyzed to gain insight to each standard and the unique position the DeKalb County public health system has to address and improve each Essential Service.
Assessment Results

Performance Scoring LPHSA

Summary of Average Essential Service Performance Score: The overall assessments score for DeKalb County, IL in 2018 = 52.0. According to Table 1 above this score represents the lower end of the “Significant Activity” category. Suggesting most responses were greater than 50% but no more than 75%, (Graph 1).

This portion answers the first evaluation question, “What are the components, activities, competencies and capacities of our public health system?”

**Significant Activity:** ES 1 - Monitor Health Status, ES 2 – Diagnose and Investigate, ES 3 – Educate and Empower, ES 4 – Mobilize Partnerships, ES 6 – Enforce Laws

**Moderate Activity:** ES 5 – Develop Policies and Plans, ES 7 – Link to Health Services, ES 8 – Assure Workforce, ES 9 - Evaluate Services

**Minimal Activity:** ES 10 Research/Innovations
Graph 1 is a general view of how each Essential Service scored. The black lines depict the range of scores in each model standard. If the scores are close to 50.0 the black line is not necessary and therefore not represented in the graph.

Graph 2 below depicts how each Model Standard preformed against the other standards in the same Essential Service. Each Essential Service assessed includes 2 to 4 Model Standards. Users may choose to address an Essential Service in its entirety or target the Model Standards scoring the lowest.

The performance score is then cross-walked with the optional assessments, Priority Rating and Agency Contribution. This allows users to consider scores in combination with the Essential Services Priority Rating and the local agencies current capacity to carry out the Model Standards (Table 3).
Performance Scores by Essential Public Health Service for Each Model Standard

Graph 2
## Overall Performance, Priority, and Contribution Scores

<table>
<thead>
<tr>
<th>Model Standards by Essential Services</th>
<th>Performance Scores</th>
<th>Priority Rating</th>
<th>Agency Contribution Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ES 1: Monitor Health Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Community Health Assessment</td>
<td>75.0</td>
<td>7.0</td>
<td>50.0</td>
</tr>
<tr>
<td>1.2 Current Technology</td>
<td>50.0</td>
<td>6.0</td>
<td>50.0</td>
</tr>
<tr>
<td>1.3 Registries</td>
<td>75.0</td>
<td>6.0</td>
<td>50.0</td>
</tr>
<tr>
<td><strong>ES 2: Diagnose and Investigate</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Identification/Surveillance</td>
<td>58.3</td>
<td>9.0</td>
<td>75.0</td>
</tr>
<tr>
<td>2.2 Emergency Response</td>
<td>75.0</td>
<td>9.0</td>
<td>75.0</td>
</tr>
<tr>
<td>2.3 Laboratories</td>
<td>68.8</td>
<td>8.0</td>
<td>75.0</td>
</tr>
<tr>
<td><strong>ES 3: Educate/Empower</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Health Education/Promotion</td>
<td>58.3</td>
<td>8.0</td>
<td>50.0</td>
</tr>
<tr>
<td>3.2 Health Communication</td>
<td>75.0</td>
<td>7.0</td>
<td>75.0</td>
</tr>
<tr>
<td>3.3 Risk Communication</td>
<td>66.7</td>
<td>8.0</td>
<td>50.0</td>
</tr>
<tr>
<td><strong>ES 4: Mobilize Partnerships</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 Constituency Development</td>
<td>50.0</td>
<td>6.0</td>
<td>25.0</td>
</tr>
<tr>
<td>4.2 Community Partnerships</td>
<td>58.3</td>
<td>7.0</td>
<td>75.0</td>
</tr>
<tr>
<td><strong>ES 5: Develop Policies/Plans</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1 Governmental Presence</td>
<td>41.7</td>
<td>7.0</td>
<td>50.0</td>
</tr>
<tr>
<td>5.2 Policy Development</td>
<td>50.0</td>
<td>6.0</td>
<td>50.0</td>
</tr>
<tr>
<td>5.3 CHIP/Strategic Planning</td>
<td>50.0</td>
<td>7.0</td>
<td>50.0</td>
</tr>
<tr>
<td>5.4 Emergency Plan</td>
<td>58.3</td>
<td>8.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>ES 6: Enforce Laws</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1 Review Laws</td>
<td>68.8</td>
<td>6.0</td>
<td>100.0</td>
</tr>
<tr>
<td>6.2 Improve Laws</td>
<td>50.0</td>
<td>6.0</td>
<td>50.0</td>
</tr>
<tr>
<td>6.3 Enforce Laws</td>
<td>65.0</td>
<td>7.0</td>
<td>75.0</td>
</tr>
<tr>
<td><strong>ES 7: Link to Health Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1 Personal Health Service Needs</td>
<td>50.0</td>
<td>7.0</td>
<td>75.0</td>
</tr>
<tr>
<td>7.2 Assure Linkage</td>
<td>50.0</td>
<td>7.0</td>
<td>75.0</td>
</tr>
<tr>
<td><strong>ES 8: Assure Workforce</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.1 Workforce Assessment</td>
<td>25.0</td>
<td>7.0</td>
<td>50.0</td>
</tr>
<tr>
<td>8.2 Workforce Standards</td>
<td>50.0</td>
<td>7.0</td>
<td>50.0</td>
</tr>
<tr>
<td>8.3 Continuing Education</td>
<td>30.0</td>
<td>7.0</td>
<td>75.0</td>
</tr>
<tr>
<td>8.4 Leadership Development</td>
<td>25.0</td>
<td>7.0</td>
<td>50.0</td>
</tr>
<tr>
<td><strong>ES 9: Evaluate Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.1 Evaluation of Population Health</td>
<td>43.8</td>
<td>6.0</td>
<td>50.0</td>
</tr>
<tr>
<td>9.2 Evaluation of Personal Health</td>
<td>55.0</td>
<td>6.0</td>
<td>50.0</td>
</tr>
<tr>
<td>9.3 Evaluation of LPHS</td>
<td>37.5</td>
<td>7.0</td>
<td>75.0</td>
</tr>
<tr>
<td><strong>ES 10: Research/Innovations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.1 Foster Innovation</td>
<td>18.8</td>
<td>6.0</td>
<td>50.0</td>
</tr>
<tr>
<td>10.2 Academic Linkages</td>
<td>33.3</td>
<td>7.0</td>
<td>75.0</td>
</tr>
<tr>
<td>10.3 Research Capacity</td>
<td>25.0</td>
<td>6.0</td>
<td>75.0</td>
</tr>
<tr>
<td><strong>Average Overall Score</strong></td>
<td>52.0</td>
<td>6.9</td>
<td>62.7</td>
</tr>
<tr>
<td><strong>Median Score</strong></td>
<td>52.1</td>
<td>6.8</td>
<td>60.4</td>
</tr>
</tbody>
</table>

Table 3
Priority of Model Standards Assessment

This Assessment was administered after the performance score assessment was complete. The results of this assessment are depicted in a scatter-plot diagram (Graph 4). The diagram is divided into four quadrants, A through D. Each quadrant is described in Table 4 below.

<table>
<thead>
<tr>
<th>Quadrant</th>
<th>Quadrant Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>(High Priority and Low Performance) – These activities may need increased attention.</td>
</tr>
<tr>
<td>B</td>
<td>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</td>
</tr>
<tr>
<td>C</td>
<td>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</td>
</tr>
<tr>
<td>D</td>
<td>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</td>
</tr>
</tbody>
</table>

Table 4
The Summary of Priority Rating by Essential Service Model Standard Score

Graph 4
Table 4 below has colored coded the quadrants, the same data is used for both Graph 4 and Table 5 but are displayed in two different ways. Table 5 allows users to identify low performance score areas while seeing a side by side comparison of how the respondents rated the priority of the standard.

### Model Standard by Performance Score and Priority Rating

<table>
<thead>
<tr>
<th>Quadrant</th>
<th>Model Standard</th>
<th>Performance Score (%)</th>
<th>Priority Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadrant A</td>
<td>10.2 Academic Linkages</td>
<td>33.3</td>
<td>7</td>
</tr>
<tr>
<td>Quadrant A</td>
<td>9.1 Evaluation of Population Health</td>
<td>43.8</td>
<td>7</td>
</tr>
<tr>
<td>Quadrant A</td>
<td>8.4 Leadership Development</td>
<td>25.0</td>
<td>7</td>
</tr>
<tr>
<td>Quadrant A</td>
<td>8.3 Continuing Education</td>
<td>30.0</td>
<td>7</td>
</tr>
<tr>
<td>Quadrant A</td>
<td>8.2 Workforce Standards</td>
<td>50.0</td>
<td>7</td>
</tr>
<tr>
<td>Quadrant A</td>
<td>8.1 Workforce Assessment</td>
<td>25.0</td>
<td>7</td>
</tr>
<tr>
<td>Quadrant A</td>
<td>6.2 Improve Laws</td>
<td>50.0</td>
<td>7</td>
</tr>
<tr>
<td>Quadrant A</td>
<td>5.3 CHIP/Strategic Planning</td>
<td>50.0</td>
<td>7</td>
</tr>
<tr>
<td>Quadrant A</td>
<td>5.1 Governmental Presence</td>
<td>41.7</td>
<td>7</td>
</tr>
<tr>
<td>Quadrant B</td>
<td>9.2 Evaluation of Personal Health</td>
<td>55.0</td>
<td>7</td>
</tr>
<tr>
<td>Quadrant B</td>
<td>6.3 Enforce Laws</td>
<td>65.0</td>
<td>8</td>
</tr>
<tr>
<td>Quadrant B</td>
<td>5.4 Emergency Plan</td>
<td>58.3</td>
<td>7</td>
</tr>
<tr>
<td>Quadrant B</td>
<td>4.2 Community Partnerships</td>
<td>58.3</td>
<td>7</td>
</tr>
<tr>
<td>Quadrant B</td>
<td>3.3 Risk Communication</td>
<td>66.7</td>
<td>8</td>
</tr>
<tr>
<td>Quadrant B</td>
<td>3.2 Health Communication</td>
<td>75.0</td>
<td>7</td>
</tr>
<tr>
<td>Quadrant B</td>
<td>3.1 Health Education/Promotion</td>
<td>58.3</td>
<td>8</td>
</tr>
<tr>
<td>Quadrant B</td>
<td>2.3 Laboratories</td>
<td>68.8</td>
<td>8</td>
</tr>
<tr>
<td>Quadrant B</td>
<td>2.2 Emergency Response</td>
<td>75.0</td>
<td>9</td>
</tr>
<tr>
<td>Quadrant B</td>
<td>2.1 Identification/Surveillance</td>
<td>58.3</td>
<td>9</td>
</tr>
<tr>
<td>Quadrant B</td>
<td>1.1 Community Health Assessment</td>
<td>75.0</td>
<td>7</td>
</tr>
<tr>
<td>Quadrant C</td>
<td>6.1 Review Laws</td>
<td>68.8</td>
<td>6</td>
</tr>
<tr>
<td>Quadrant C</td>
<td>1.3 Registries</td>
<td>75.0</td>
<td>6</td>
</tr>
<tr>
<td>Quadrant D</td>
<td>10.3 Research Capacity</td>
<td>25.0</td>
<td>6</td>
</tr>
<tr>
<td>Quadrant D</td>
<td>10.1 Foster Innovation</td>
<td>18.8</td>
<td>6</td>
</tr>
<tr>
<td>Quadrant D</td>
<td>9.3 Evaluation of LPHS</td>
<td>37.5</td>
<td>6</td>
</tr>
<tr>
<td>Quadrant D</td>
<td>7.2 Assure Linkage</td>
<td>50.0</td>
<td>6</td>
</tr>
<tr>
<td>Quadrant D</td>
<td>7.1 Personal Health Services Needs</td>
<td>50.0</td>
<td>6</td>
</tr>
<tr>
<td>Quadrant D</td>
<td>5.2 Policy Development</td>
<td>50.0</td>
<td>6</td>
</tr>
<tr>
<td>Quadrant D</td>
<td>4.1 Constituency Development</td>
<td>50.0</td>
<td>6</td>
</tr>
<tr>
<td>Quadrant D</td>
<td>1.2 Current Technology</td>
<td>50.0</td>
<td>6</td>
</tr>
</tbody>
</table>

Table 5

Graph 5 below is displaying the Agency Contribution score to the Priority Rating. The same quadrant rules are applied (Table 3). This depiction allows users to identify the capacity of the local health department contribution and how important it is to the public health system as a whole.
Summary of Agency Contribution and Priority Rating

EPHS 1 - Monitor Health Status

EPHS 2 - Diagnose and Investigate

EPHS 3 - Educate/Empower

EPHS 4 - Mobilize Partnerships

EPHS 5 - Develop Policies/Plans

EPHS 6 - Enforce Laws

EPHS 7 - Link to Health Services

EPHS 8 - Assure Workforce

EPHS 9 - Evaluate Services

EPHS 10 - Research/Innovations

Graph 5
Table 6 below is displaying the local health department contribution as compared to the score the respondents gave to each model standard. Quadrant B indicates high contribution and high performance score. While quadrant A indicates high contribution low performance score.

### Agency Contribution and Performance Score by Model Standard

<table>
<thead>
<tr>
<th>Quadrant</th>
<th>Model Standard</th>
<th>LHD Contribution (%)</th>
<th>Performance Score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadrant A</td>
<td>10.3 Research Capacity</td>
<td>75.0</td>
<td>25.0</td>
</tr>
<tr>
<td>Quadrant A</td>
<td>10.2 Academic Linkages</td>
<td>75.0</td>
<td>33.3</td>
</tr>
<tr>
<td>Quadrant A</td>
<td>9.3 Evaluation of LPHS</td>
<td>75.0</td>
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<td>6.3 Enforce Laws</td>
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<td>58.3</td>
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<td>3.3 Risk Communication</td>
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<td>1.3 Registries</td>
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<td>8.2 Workforce Standards</td>
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<td>6.2 Improve Laws</td>
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<tr>
<td>Quadrant D</td>
<td>5.3 CHIP/Strategic Planning</td>
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<tr>
<td>Quadrant D</td>
<td>5.2 Policy Development</td>
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<td>5.1 Governmental Presence</td>
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<td>4.1 Constituency Development</td>
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<td>50.0</td>
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<tr>
<td>Quadrant D</td>
<td>1.2 Current Technology</td>
<td>50.0</td>
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</tr>
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</table>
Strengths/Weaknesses/Opportunities

The LPHSA allows for in-depth discussion focused on each model standard and what the respondents believe are the strengths, weaknesses and immediate/long term opportunities. The content derived from this exercise is valuable qualitative data (Appendix 1.4). The comments were grouped according to type. The groups with the highest volume of similar comments are described in this section.

Partnerships and resource sharing was mentioned in each session as a system strength. Five areas cut across each model standard as related to system weaknesses. The areas include communication, analytics, health issues, workforce and funding. Respondents voiced assessment results are not widely shared, most partners were not aware of the data or reports available to them and concern around the areas of the county not effectively communicating including, this included low rural involvement overall.

Communication deficits were voiced in all LPHSA performance scoring sessions. Respondents did not feel they were aware of many actions under several Essential Services. Effective communication will allow for a more comprehensive approach to addressing low scoring model standards. Participation could increase both at the community and LPHS partnership level with improved communication by all stakeholders.

The analytics category includes; evaluation, research, data management and interpretation. Sessions were consistent with needing a skillset dedicated to data collecting, storage, and dissemination, centralizing the effort and aligning with the communication weakness. Evaluation of programs and partnerships is a concern. Respondents see the system as operationally unable to carry out the needs of written plans and the inability to use data as information to inform action.

Workforce can be broke down into two primary needs. The first is getting the right people in place. The county needs a Public Information Officer and an Emergency Response Coordinator. Mentioned above, the need for an analyst also aligns with this category. The respondents voiced needs related to a coordinated referral system or social worker. The second need is educating and investing in the existing workforce. This includes better tuition assistance programs, leveraging academic institutions and creating opportunities for existing leaders to develop effective skills.

The health issues were concerned with access to care both transportation and insurance coverage. Respondents voiced several times concerns surrounding mental health and substance abuse. These concerns include a lack of willingness to talk about the issues and how they affect the community.

Funding was a weakness voiced by respondents in nearly every session. Respondents feel programs are being cut, and agencies are asked to the same or more amount of work with less resources. General lack of resources has been an issue in DeKalb County when attempting to address community needs.
Respondents identified opportunities to address these areas of weakness. The opportunities are both immediate and long term. Immediately, respondents thought there could be a one-stop shop for information including resources, data, community partner contacts and the community written plans. Long term opportunities include understanding the changing needs of the population and effective ways to communicate with them. Communicate current initiatives and be proud of the hard work being done. Create stronger academic partnerships.

**Analysis /Key Findings**

“Together for a Healthier DeKalb County” opted to complete the two optional assessments which allows for a robust analysis of the quantitative data. The performance assessment was compared to both the Agency Contribution and Priority Rating assessments. The Agency Contribution assessment queried local health department staff to estimate how much the agency contributes to each Model Standard. The Priority Rating assessment asked community partners contributing to the main performance score assessment to rate the importance of each Model Standard.

Table 7 below displays the model standards that had scored low while having a high priority rating. This indicates respondents feel these are currently low functioning areas but important to the LPHS. This creates an opportunity for the system to target specific improvements.

Essential Service 8, Workforce - scored low on all 4 Model Standards ranging from 25% to 50%, minimal activity and high on priority ratings with a score of 7. Workforce is a significant concern in the performance scoring and qualified with the comments in the weaknesses discussion specifically needing the right people in place and investing in the development of existing staff. This service covers assessing current skillset of workforce and a plan to develop them. Using standards to ensure workforce has proper certificates and training to fulfill their job, fostering an environment that encourages lifelong learning and invest in the development of leadership.

Essential Service 10, Academic Linkages - Model Standard 2 performance score is 33.3%, minimal activity and a high priory rating of 7. This is another opportunity to improve. This standard focuses on developing relationships with colleges, universities and other research organizations to create a formal/informal arrangement to work together. Promoting a free flow of information and developing projects, including field training and continuing education. This is an area of concern. DeKalb County is home to the Northern Illinois University (NIU). NIU was present at each LPHSA performance score session. The dedicated presence of NIU is consistent and qualified by the respondent’s verbalizing strong community partnerships as LPHS strength, but inconsistent with resource sharing as strength.

Essential Service 7, Link to/Provide Care - Model Standard 1 and 2 both scored a 50% performance score and high priority rating of 7. This is the lowest end of the moderate activity category. This Essential Service focuses on identifying personal health needs of populations and assuring people are linked to
personal health services. This deficit aligns with the need for better evaluation of programs, research, and lack of access to mental health/behavioral health services.

Essential Service 5, Developing Policies - Model Standards 1 and 3 present opportunities to DeKalb County. Model Standard 1 concerns Governmental presence at the local level. This standard would suggest the LPHS support activities of the local public health department, encourages accreditation, and ensures resources are available. This performance score was 41.7, Minimal Activity. The priority assigned to the service is 7, high priority. Respondents felt governmental presence is important but not well executed. The local health department scored itself as contributing at 50%, the lowest end of Moderate Activity to this standard (Table 6). These scores are a contradiction. The reason for the contradiction may be qualified by the perceived weakness of communication. Standard 3 in this section focuses on the Community Health Improvement Plan (CHIP), this plan is the community strategic plan for addressing health priorities discovered in a comprehensive Community Health Assessment. Respondents scored the LPHS at 50%, the lowest end of Moderate Activity. This would suggest the LPHS is not doing well at establishing a CHIP with objectives and accountability, nor are LPHS partners aligning their organization’s strategic plans with the CHIP. The low performance score in this area is qualified by the discussion area weaknesses of poor communication and lack of sharing information.

### Low Performance Score and High Priority Rating

<table>
<thead>
<tr>
<th>Model Standard</th>
<th>Performance Score (%)</th>
<th>Priority Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.2 Academic Linkages</td>
<td>33.3</td>
<td>7</td>
</tr>
<tr>
<td>9.3 Evaluation of LPHS</td>
<td>37.5</td>
<td>7</td>
</tr>
<tr>
<td>8.4 Leadership Development</td>
<td>25.0</td>
<td>7</td>
</tr>
<tr>
<td>8.3 Continuing Education</td>
<td>30.0</td>
<td>7</td>
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<tr>
<td>8.2 Workforce Standards</td>
<td>50.0</td>
<td>7</td>
</tr>
<tr>
<td>8.1 Workforce Assessment</td>
<td>25.0</td>
<td>7</td>
</tr>
<tr>
<td>7.2 Assure Linkage</td>
<td>50.0</td>
<td>7</td>
</tr>
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<td>7.1 Personal Health Services Needs</td>
<td>50.0</td>
<td>7</td>
</tr>
<tr>
<td>5.3 CHIP/Strategic Planning</td>
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<td>7</td>
</tr>
<tr>
<td>5.1 Governmental Presence</td>
<td>41.7</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 7
Table 8 below displays the Model Standards in which the respondents assigned a low performance score yet the Local Health Department (LHD) feels they are contributing highly to. Each Model Standard in Table 8 is represented in Table 7 with the exception of 10.3 Research Capacity. Research Capacity’s performance score was very low at 25%, the lowest end of minimal activity. The LHD feels they are contributing to this service at 75%. Lack of communication, a verbalized system weakness would indicate that respondents feel research is not being done within the LPHS. The LPHS respondents agree investing in the Workforce is high priority and needs attention, but is leaving the LHD to address Essential Services such as Research that they may have not been trained to carry out nor have the capacity to perform at the maximum activity range, which directly aligns with Model Standard 8, Workforce.

<table>
<thead>
<tr>
<th>Model Standard</th>
<th>LHD Contribution (%)</th>
<th>Performance Score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.3 Research Capacity</td>
<td>75.0</td>
<td>25.0</td>
</tr>
<tr>
<td>10.2 Academic Linkages</td>
<td>75.0</td>
<td>33.3</td>
</tr>
<tr>
<td>9.3 Evaluation of LPHS</td>
<td>75.0</td>
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<td>30.0</td>
</tr>
<tr>
<td>7.2 Assure Linkage</td>
<td>75.0</td>
<td>50.0</td>
</tr>
<tr>
<td>7.1 Personal Health Services Needs</td>
<td>75.0</td>
<td>50.0</td>
</tr>
</tbody>
</table>

Table 8


**Recommendations**

The LHD must take the lead in setting priorities and developing the Community Health Improvement Plan (Phase 5 of the MAPP process).

Communication of data, report findings and plans are essential to moving forward together. Each organization should have centralized access to the latest reports and plans within the LPHS. This includes strategic plans, communication plans, emergency plans, CHIP, assessments and reports.

Effective communication of Health Priorities and CHIP need to be a priority at each level; constituents, LPHS leaders, workforce and government leaders. A marketing and communication analysis could be completed to inform the best medium to use to reach stakeholders.

NIU should be used to develop the workforce and enhance research within the LPHS. Currently, partner organizations take students from NIU to fulfill academic requirements such as internships, papers, projects, and field work. An enhanced reciprocal partnership could benefit both NIU and partnering agencies to address workforce development and fulfill a need for more training, analytics, research and evaluation.

Invest in the workforce. Complete all necessary assessments to gage skill levels. Use the data and cross walk available trainings and impact on Essential Services. Use the lowest scoring services as a beginning point.

Focus on fundamental issues. Communication and funding are two fundamental issues to be addressed. Establish mediums for LPHS partners to effectively communicate. Broadcast and promote the Health Priorities and encourage partners to align with them. Establish a community engage model that can be used in each setting to facilitate actions to address CHIP objectives. A clear direction (Health Priorities and CHIP) will make it easier to target relevant funding sources, both grants and local opportunities.
Limitations

The LPHSA performance score attendance indicates an over representation of Northern Illinois University, Northwest Medicine and DeKalb County Health Department staff. The data collected is subjective by nature and based on the opinions of those LPHS partners choosing to participate. Not all recommended entity types were represented at each session.

Sources


APPENDIX 1.1

Together for a Healthier DeKalb County would like to invite you to participate in a Local Public Health Systems Assessment (LPHSA). Together for a Healthier DeKalb County is a community-driven initiative for improving community health outcomes in DeKalb County. The LPHSA is being conducted in an effort to answer the question “How well is the local public health system of DeKalb County performing?”

A public health system is made up of all the public, private and voluntary entities whose primary work is protecting and promoting the health and well-being of the people they serve. This assessment is part of a larger project that will culminate in a comprehensive community health assessment and community health improvement plan.

Local Public Health System Assessment Meetings

The LPHSA will be completed over five separate group meetings, to be held at the DeKalb County Farm Bureau at 1350 W Prairie Dr, Sycamore, IL 60178. Discussions have been scheduled for January 25, February 1, February 8, February 15 and February 22. Partners will be asked to participate in the sessions that are most appropriate based on their identified role in the Public Health System.

In order to measure the performance of our local public health system, it is important to have a diverse representation from multiple organizations. Afterwards, we will analyze the assessment data, compile the results and distribute a report to all participants and community partners. This final report will be used to identify the priority areas that need to be improved within DeKalb County’s Public Health System.

(continued on next page)
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Interested in Participating?

[Green button] Yes, I will participate in the assessment.
[Green button] No, I will provide an alternative contact.

As a leader and public health advocate in the local public health system, your involvement will provide valuable insight and we hope you consider this opportunity to contribute to a plan for improving our system’s performance.

Sincerely,

Dawn Roznowski
Northwestern Medicine

Lisa Gonzalez
DeKalb County Health Department

Contact Information

Email: healthiertogether@dekalbcounty.org
Phone: 815-748-2468
http://dekalbcounty.org/Health/togetherforahealthierdekalbcounty.html
APPENDIX 1.2

Local Public Health System Assessment
Session 1 Follow-up

Thank you for participating in Session I of the DeKalb County Local Public Health System Assessment. As mentioned during the meeting, we are asking all participants to complete a brief follow-up survey. The results of this questionnaire will be compiled with the performance rankings and will help drive performance improvement activities. Remember that the local public health system is broader than the health department and hospital system and includes all the network partners. The survey link is included below:

Local Public Health System Assessment: Session 1 Survey

Upcoming Local Public Health System Sessions:

We have four more sessions scheduled in order to complete the assessment which are outlined below. If you have suggestions for additional participants, please contact us at healthier.together@dekalbcounty.org.

Session II: Essential Service 3 & 4
Date: Thursday, February 1, 2018, 8:30 to 10:30 a.m.
Questions to be answered:
- How well do we keep all segments of our community informed about health issues?
- How well do we truly engage people in local health issues?

Session III: Essential Service 5 & 6
Date: Thursday, February 8, 2018, 8:30 – 10:30 a.m.
Questions to be answered:
- What local policies in both the government and private sector promote health in my community?

(continued on next page)
• How well are we setting healthy local policies?
• When we enforce health regulations are we technically competent, fair and effective?

Session IV: Essential Service 7 & 9
Date: Thursday, February 15, 2018, 8:30 – 10:30 a.m.
Questions to be answered:
• Are people in my community receiving the health services they need?
• Are we meeting the needs of the population we serve?
• Are we doing things right?
• Are we doing the right things?

Session V: Essential Service 8 & 10
Date: Thursday, February 22, 2018, 8:30 – 10:30 a.m.
Questions to be answered:
• Do we have competent public health staff?
• Do we have competent healthcare staff?
• How can we be sure that our staff stays current?
• Are we discovering and using new ways to get the job done?

Thank you again for your participation.

Contact Information
Email: healthiertogether@dekalbcounty.org
Phone: 815-748-2468
http://dekalbcounty.org/Health/togetherforahealthierdekalbcounty.html
APPENDIX 1.3

**2017-2018 IPLAN Community Health Needs Assessment**

Local Public Health System Assessment

Essential Services 1 & 3
January 21, 2014

**DeKalb County Health Department: Illinois Project for Local Assessment of Need (IPLAN)**

- As a certified local public health department, IDPH requires a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) be completed every 5 years.
- The completion of a community health assessment and improvement plan fulfills the requirements of the Illinois State Committee on Rules for Notification for Public Health Departments by the Illinois Department of Public Health.
- The essential elements of PLAN are:
  - An analytical section assessment.
  - A community health need assessment.
  - A community health plan focusing on a minimum of three priority health outcomes.

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**Northwestern Medicine Kishwaukee & Valley West Hospitals: Community Health Needs Assessments & Community Benefit Plans**

- Assess and address health services in our communities and is conducted every 3 years.
- Responsive to community needs with programs that increase access to health care and improve the health of our communities.
- Complies with State and Federal requirements.
- Serves as a strategic vision and plan for hospitals’ programs and services.

---

**Assessment Efforts To Date**

- Legacy HealthSystem partnered with DeKalb County Health Department in 2015 to conduct the Community Health Needs Assessment.
- Northwestern Medicine Kishwaukee and Valley West Hospital completed a CHIP again in 2015.
- Joint process beginning in 2017 with completion of the CHA, presumably August 2018.
MAPP Process
Mobilizing for Action through Planning and Partnerships (MAPP)
• Strategic approach to community health improvement (CwIP)
• Helps communities improve health and quality of life
• Strength-based approach
• Community focus

7 Guiding Principles of MAPP
1. Systems thinking — to promote an overarching view of processes and relationships of the system to understand the complexity of the situation. This supports the understanding of how change is achieved.
2. Evidence-based — to ensure the best evidence and information are used to support the planning process.
3. Shared vision — to foster the foundation for building healthy futures.
4. Systems change — to inform each step of the process.
5. Partnerships and collaboration — to optimize performance through shared resources and responsibility.
6. Strategic thinking — to foster a proactive response to the environmental opportunities by aligning the organization with immediate and long-term opportunities.
7. Celebration of success — to ensure that contributions are recognized and to sustain motivation for the process.

Benefits of MAPP Process
1. Create a healthy community and a better quality of life.
2. Increase the visibility of public health in the community.
3. Anticipate and manage change.
4. Create a stronger public health infrastructure.
5. Engage the community and create community ownership for public health issues.

MAPP Assessments
• Leader Health System Assessment: to assess current performance and potential needs in areas such as public health services and civil rights.
• Community Health Status Assessment: to assess the collective health status of a community, including life expectancy, infant mortality, and other health outcomes.
• Community Health Needs Assessment: to assess the collective health needs of a community, including the identification of areas for improvement.
• Facility of Change Assessment: to assess the capacity of the organization to change and adapt to new conditions.

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The Local Public Health System

Public health systems are commonly defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services in a particular community. This includes but is not limited to: health and human services agencies, schools, business, and community or volunteer organizations working in collaboration."

The public health system includes:
- Public health agency at state and local levels
- Community-based organizations
- Schools
- Hospitals
- Local government agencies
- State and federal agencies

Local Public Health System

Communities in DeKalb County

- Sycamore
- Sandwich
- Sandbach
- Genoa
- Cortland

Core Functions & Essential Services

- Land Use
- Health
- Environmental
- Customer Service

Assessment
- Planning
- Implementation
- Evaluation

Data Collection
- Surveillance
- Epidemiology
- Mapping

Analysis
- Risk Assessment
- Decision Support
The 10 Essential Services as a Framework

- Provide foundation for any public health activity
- Describe public health at the state, tribal, local, and territorial levels
- Used as a foundation for the National Public Health Performance Standards (NPHPS)
- NPHPS provides a description of the essential service at an optimal level that public health systems can use to assess their performance
- Provided structure for national voluntary public health accreditation

Local Public Health System Assessment

Purpose:

1. Identify strengths and weaknesses in the public health system
2. Assure day-to-day delivery of core public health (3 core functions/10 essential services)
3. Plan for and respond to public health emergencies

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

Model Standard 1.1:
Population-Based Community Health Assessment (CIA)

Model Standard 1.2:
Current Technology to Manage and Communicate Population Health Data

Model Standard 1.3:
Maintaining Population Health Register
Model Standard 1.1: Population-Based Community Health Assessment

1. Conduct regular Community Health Assessments (CHAs)?
   1. No Activity
   2. Minimal
   3. Moderate
   4. Significant
   5. Optimal

2. Update the CHA with current information continuously?
   1. No Activity
   2. Minimal
   3. Moderate
   4. Significant
   5. Optimal

3. Promote the use of the CHA among community members and partners?
   1. No Activity
   2. Minimal
   3. Moderate
   4. Significant
   5. Optimal
Model Standard 1.1: Population-Based Community Health Assessment

- Strengths?
- Weaknesses?
- Short-term Opportunities?
- Long-term Opportunities?

Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data

1. Use the best available technology and methods to display data on the public’s health:
   1. No activity
   2. Minimal
   3. Moderate
   4. Significant
   5. Optimal
**Local Public Health System Assessment**

Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data

2. Analyze health data, including geographic information, to see where health problems exist:

   1. No Activity
   2. Minimal
   3. Moderate
   4. Significant
   5. Optimal

Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data

3. Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.):

   1. No Activity
   2. Minimal
   3. Moderate
   4. Significant
   5. Optimal
Model Standard 1.3: Maintaining Population Health Registries

1. Collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries?

   1. No Activity
   2. Minimal
   3. Moderate
   4. Significant
   5. Optimal

Model Standard 1.3: Maintaining Population Health Registries

2. Use information from population health registries in CHAs or other analyses?

   1. No Activity
   2. Minimal
   3. Moderate
   4. Significant
   5. Optimal
Model Standard 2.1: Identifying and Monitoring Health Threats

1. Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats?

   1. No Activity
   2. Minimal
   3. Moderate
   4. Significant
   5. Optimal
Model Standard 2.1: Identifying and Monitoring Health Threats

2. Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?

   1. No Activity
   2. Minimal
   3. Moderate
   4. Significant
   5. Optimal

Model Standard 2.1: Identifying and Monitoring Health Threats

3. Ensure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?

   1. No Activity
   2. Minimal
   3. Moderate
   4. Significant
   5. Optimal
Model Standard 2.2: Investigating and Responding to Public Health Threats and Emergencies

2. Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and人为 disasters?

1. No Activity
2. Minimal
3. Moderate
4. Significant
5. Optimal

Model Standard 2.2: Investigating and Responding to Public Health Threats and Emergencies

3. Designate a jurisdictional Emergency Response Coordinator?

1. No Activity
2. Minimal
3. Moderate
4. Significant
5. Optimal

1. Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?

5. No Activity
4. Minimal
3. Moderate
2. Significant
1. Optimal
Model Standard 2.2: Investigating and Responding to Public Health Threats and Emergencies

4. Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines:
   1. No Activity
   2. Minimal
   3. Minor
   4. Significant
   5. Optimal

5. Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or nuclear public health emergencies:
   1. No activity
   2. Minimal
   3. Moderate
   4. Significant
   5. Optimal

6. Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.):
   1. No Activity
   2. Minimal
   3. Moderate
   4. Significant
   5. Optimal

- Strengths?
- Weaknesses?
- Short-term Opportunities?
- Long-term Opportunities?
**Discussion Questions for Model Standard 2.3**

1. How well are the local laboratories functioning to handle urgent and critical situations?
2. How well are local laboratories equipped to handle routine laboratory services?
3. What measures are in place to assess and improve laboratory performance?
4. How well do laboratories communicate with other local agencies?
5. How well do laboratories comply with regulatory requirements?
3. Use only licensed or credentialed laboratories?
   1. No Activity
   2. Minimal
   3. Moderate
   4. Significant
   5. Optimal

4. Maintain a written list of rules related to laboratories, for handling samples (including collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting the results?
   1. No Activity
   2. Minimal
   3. Moderate
   4. Significant
   5. Optimal

- Strengths?
- Weaknesses?
- Short-term Opportunities?
- Long-term Opportunities?
Local Public Health System Assessment - Priority of Model Standards Questionnaire

Questions/Additional Comments?
## APPENDIX 1.4

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

#### Discussion Questions for Model Standard 1.1

<table>
<thead>
<tr>
<th>Population-Based Community Health Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Awareness</strong></td>
</tr>
<tr>
<td><strong>A. Was everyone aware of the assessment?</strong></td>
</tr>
<tr>
<td>a. Generally, people are not aware of the Health Department Assessment. Senior Administration and Director Level Positions at the Hospital are aware of the assessment, but lower level staff and the general community are not aware. Some key partners are aware because they attend meetings regarding the results.</td>
</tr>
<tr>
<td>b. Yes</td>
</tr>
<tr>
<td><strong>B. Does everyone have access to the CHA?</strong></td>
</tr>
<tr>
<td>a. Yes, everyone can access the CHA online. Most do not access the CHA, with the exception of students who need to utilize it for class assignments.</td>
</tr>
<tr>
<td>b. For the most part, yes. Assessments are available on websites.</td>
</tr>
<tr>
<td><strong>Involvement</strong></td>
</tr>
<tr>
<td><strong>A. How many of you have participated in the assessment?</strong></td>
</tr>
<tr>
<td>a. Historically, 20 key partners have participated in the assessment.</td>
</tr>
<tr>
<td>b. 5 people in the room out of approximately 30.</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td><strong>A. How often is the CHA completed?</strong></td>
</tr>
<tr>
<td>a. A CHA is completed every 3 years by the Hospital and every 5 years by the Health Department.</td>
</tr>
<tr>
<td>b. Every 3-5 years. Things change rapidly.</td>
</tr>
<tr>
<td><strong>B. How often do updates to the CHA occur?</strong></td>
</tr>
<tr>
<td>a. Updates do not occur.</td>
</tr>
<tr>
<td>b. We don’t.</td>
</tr>
<tr>
<td><strong>Quality &amp; Comprehensiveness</strong></td>
</tr>
<tr>
<td><strong>A. Which data sets are included in the CHA?</strong></td>
</tr>
<tr>
<td>a. Data sets included: births &amp; deaths, Illinois Youth Survey, Adult Behavioral Risk Factor Survey (BRFS)</td>
</tr>
<tr>
<td>b. Vital statistics, priority needs, socioeconomic demographics, poverty, unemployment, prevalence and incidence of chronic and communicable diseases, infant mortality, maternal child health, mental health, behavioral health, environmental health risk factors, crime, etc.</td>
</tr>
<tr>
<td><strong>B. How is the CHA used to monitor progress toward:</strong></td>
</tr>
<tr>
<td>a. Local health priorities?</td>
</tr>
</tbody>
</table>
b. State health priorities?
c. Healthy People 2020 national objectives?
   i. Passive monitoring, not active monitoring.

C. How well does the CHA examine data over time to track trends?

D. How are the data helping identify health inequities?
   a. GIS mapping identifies neighborhoods in need.

Usability

A. How accessible to the general public are the CHA results?
   a. The results are available online.
   b. Encourage people to view and use the results.

B. How is the CHA distributed in the community?
   a. The CHA is not distributed, it is available online.
   b. Ask people how your needs align with the health priorities. “Force” people to learn and read the needs assessment.

C. How is the CHA used to inform health policy and planning decisions?
   a. N/A
   b. Roadmap to where resources and dollars are allocated in the county. Maternal and child health focus. Hospital opened the breastfeeding center and became a baby friendly hospital as a result of what was seen in the data set to address the needs of the community. From the public health perspective, the health department has partnered with the hospital to address the priorities. Smoking has been an issue within the County, so the hospital and health department partnered to prevent smoking and provide education within the community. Cancer was a top priority in 2012, so an anti-smoking program was implemented in the schools.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Partners</td>
<td>- We do not share results or activities with the general public</td>
</tr>
<tr>
<td>- CHA is accessible via web</td>
<td>- We do not actively monitor or discuss results</td>
</tr>
<tr>
<td>- Data is used from CHA to write grants</td>
<td>- Other pieces of the PH system are not frequently doing this or aware as much.</td>
</tr>
<tr>
<td>- Conducting assessments and updating data</td>
<td>- The use of the CHA needs to be promoted to partners</td>
</tr>
<tr>
<td>- Pulling together the right groups of people, strong partnerships</td>
<td>- Key players that are not here in the room or from the more rural areas</td>
</tr>
<tr>
<td>- NM has brought in more oncologists, neurology, etc.</td>
<td>- Mental health is an after-thought in most needs assessments</td>
</tr>
<tr>
<td></td>
<td>- Lack of specialty care</td>
</tr>
</tbody>
</table>
- Not enough providers to meet needs. Delivery of healthcare within the community.

<table>
<thead>
<tr>
<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reaching out to underserved rural areas to provide more services</td>
<td>• Communication</td>
</tr>
<tr>
<td>• Effective communication</td>
<td></td>
</tr>
<tr>
<td>• Involving first responders who are encountering people with mental health issues first.</td>
<td></td>
</tr>
</tbody>
</table>

**Discussion Questions for Model Standard 1.2**

**Current Technology to Manage and Communicate Population Health Data**

**Awareness**

A. What technology is available to LPHS partners to support health profile databases?
   - ICARES, IVRS, Cornerstone, Stellar, EPIC
   - Health rankings (national), EMR data set from hospitals, schools track health conditions and those that are compliant or not compliant with immunizations and tracks chronic conditions and obesity. Technology used: SAAS, SPSS, Access, Survey Monkey, Qualtrics
   - Mental health: SAMSHA, National Data, county health needs assessment

**Quality & Comprehensiveness**

A. What technology is available to LPHS partners to support health profile databases?
   - ICARES, IVRS, Cornerstone, Stellar, EPIC

B. How does the LPHS use technology to support CHA databases?
   - The LPHS utilizes the above databases and GIS.

C. At what level does the LPHS have access to and include geocoded health data?
   - The LPHS has access to GIS mapping at a broad level, but not necessarily specifically.
   - NIU does primary data research and maps it by County. A GIS person is at Center for Government Studies. County has a small GIS department, but the health department has not collaborated on mapping health issues. Agencies collect a lot of data on behavioral risk factors that they could share information on the prevalence of risk factors within areas. School district does youth risk behavior assessment every other year.

D. How does the LPHS use geographic information systems (GIS)?
   - See above.

E. How does the LPHS computer-generated graphics?
   - GIS Maps

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Utilize GIS</td>
<td>• State level data is out of date</td>
</tr>
<tr>
<td>o We are able to map data for the community. GIS mappers are</td>
<td>• Data cannot be manipulated in Cornerstone</td>
</tr>
</tbody>
</table>
active and involved in the community
- I-CARE AND I-NEDSS
- NIU GIS has a strong ability to utilize and process data
- Everyone is collecting data

- There is not much involvement in the Illinois Youth survey
- Not utilizing GIS skills/resources
- Not knowing how to access the data
- Data is collected in their own silos
- Not a way to trend data in an aggregate form
- Data mining and crunching numbers is not a skill that everyone has
- Communication
- Add a layer to the data- how can this data be used

<table>
<thead>
<tr>
<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Make connections at NIU to assist with geography, public health, computer sciences, sociology, etc.</td>
<td>• Create a robust system in that partnership and share data</td>
</tr>
</tbody>
</table>

Discussion Questions for Model Standard 1.3
Maintaining Population Health Registries

**Involvement**

A. Which population health registries are contributed to and/or maintained within the LPHS?
   a. ICARES, IVRS, Cornerstone, Stellar, EPIC
   b. Hospital system (HER) and school system have data, restaurant, septic, immunization, communicable disease data. HD TB data. Cancer registry.

B. What partners contribute to and/or maintain population health registries?
   a. Health Department, IDPH, Schools, Physicians, EMS
   b. Everyone

**Frequency**

A. How often are the data used by the LPHS for such activities? Have they been used in the past year?
   a. Data usage varies. Some are used daily, when there is a need, monthly or annually.
   b. Calling other agencies for information. School district runs data on obesity for the wellness committee. Pediatricians work with the health department on vaccine registry. Systems for elderly for vaccinations. Prescription monitoring program when using controlled substances.

**Quality & Comprehensiveness**

A. What specific standards are in place for data collection?
B. What established processes are there for reporting health events to the registries? Are they followed?
   a. Some diseases are reportable within 24 hours. There is a cancer registry as well as registries for other conditions. Ex) Hospital billing flags APORS to report a health event. Certain deaths must be reported to the coroner. Stabbings, gunshot wounds and rape are reported to the police.

C. What, if any, systems are in place to ensure accurate, timely, and unduplicated reporting?
   a. ??
   b. None

Usability

A. How are population health registries used by the LPHS?
   a. They are used for grant writing, local health priorities, Coroner reports, birth and death records, birth outcomes. There is a registry utilized by doctors and pharmacies to determine if someone should be prescribed something or not.
   b. ??

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-CARE &amp; INEDSS are user friendly</td>
<td>Youth survey data is only as good as how many people complete the survey. The survey was phone based and could only be taken via landline</td>
</tr>
<tr>
<td>Hospital is open to sharing data</td>
<td>Data is out of date. Many limitations with state data</td>
</tr>
<tr>
<td>I-CARE &amp; INEDSS</td>
<td>Systems are not robust enough and they do not have proper parameters</td>
</tr>
<tr>
<td>We have registries</td>
<td>Hospital System EHR switch has caused limitations with accessing health records</td>
</tr>
<tr>
<td>State is analyzing data</td>
<td>Antiquated systems</td>
</tr>
<tr>
<td>State laws mandate reporting</td>
<td>HIPAA</td>
</tr>
<tr>
<td>HIPAA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of registries available, purpose and agency contact person</td>
<td></td>
</tr>
<tr>
<td>Health department to hold a repository of data</td>
<td></td>
</tr>
</tbody>
</table>

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

Discussion Questions for Model Standard 2.1
Identifying and Monitoring Health Threats

Awareness
A. How many of you are aware of the LPHS contributions to surveillance system(s) designed to monitor health problems and identify health threats?

B. Hazard Vulnerability Assessment is completed internally and as a system (ESDA, Coroner, Hospital, Health Department). The system is aware of this, but the general public is not. Schools, Police, Fire and EMS are aware that we are tracking communicable diseases and watching for trends.


Involvement

A. What is the time frame for submitting reportable disease information to the state or the LPHS?
   a. The time frame is defined and varies by disease. The LPHS is aware of this.
   b. Depends on the illness. Some are 24 hours, 7 days, never

Quality & Comprehensiveness

A. Which data sets are included in the surveillance system?
   a. 24-hour reportables, STDs
   b. Crime, kids in schools, gunshot or stab wounds, IOI, emergency room, opioid overdoses

B. How well is the surveillance system integrated with national and/or state surveillance systems?
   a. It is a state program and national via the CDC.

C. Is the surveillance system compliant with national and/or state health information exchange guidelines?
   a. It is a national system.

D. What types of resources are available to support health problem and health hazard surveillance and investigation activities within the LPHS?
   a. State level partners. The hospital system and health department have good communication back and forth with the state.

Usability

A. How does the LPHS use the surveillance system(s) to monitor changes in the occurrence of health problems and hazards?
   a. LPHS does a good job with reportable diseases. we can pull data (readily available through INEDSS) on a number of cases.
   b. ER monitors transfers

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>INEDSS</td>
<td>Human factor/error in reporting</td>
</tr>
<tr>
<td>State &amp; LPHS Relationship</td>
<td>HVA is subjective</td>
</tr>
<tr>
<td>Annual HVA</td>
<td>No one is monitoring compliance in a way that</td>
</tr>
<tr>
<td>We are conducting surveillance as a community</td>
<td>you can really say that they reported it as</td>
</tr>
<tr>
<td>in a variety of areas</td>
<td>soon as they knew (i.e. Flint, Michigan). How</td>
</tr>
<tr>
<td></td>
<td>well did that get</td>
</tr>
</tbody>
</table>

Strengths

• INEDSS
• State & LPHS Relationship
• Annual HVA
• We are conducting surveillance as a community in a variety of areas
reported and who reported it? When did it get reported?
- The way the data is reported may not represent what the data actually is

<table>
<thead>
<tr>
<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Communication</td>
<td>•</td>
</tr>
<tr>
<td>• Repository of surveillance systems and contact information</td>
<td></td>
</tr>
<tr>
<td>• Share contact info of everyone participating in these assessments</td>
<td></td>
</tr>
</tbody>
</table>

**Discussion Questions for Model Standard 2.2**
**Investigating and Responding to Public Health Threats and Emergencies**

**Involvement**

A. Who is the LPHS designee serving as the Emergency Response Coordinator within the jurisdiction?
   - Denny Miller, ESDA Coordinator, Melissa Edwards, Health Department, Tony Woodson and Sharon Hebert (Hospital System), Richard Ward (NIU)
   - Denny Miller, PH Response Coordinator, Hospital, NIU all have coordinators

B. How does the Emergency Response Coordinator coordinate emergency activities within the LPHS?
   - Conduct planning meetings, share emergency operations plans, conduct drills and exercises. LPHS is a part of a regional committee (Northern Illinois Preparedness and Response Committee)
   - Drills, plans, stakeholder meetings (NIU, hospital, County, etc.)

C. Does the LPHS maintain a current list of personnel with the technical expertise to respond to natural and intentional emergencies and disasters?
   - Yes
   - Yes- component of a County plan

D. How does the LPHS ensure a timely response from emergency personnel, including sufficient numbers or trained professionals?
   - Memorandums of Understanding, Drills, Volunteers (NIU Nurses) Memorandum of Understanding
   - Exercises, drills, etc.

E. How does the LPHS mobilize volunteers during a disaster?
   - SIREN or Everbridge (Hospital System), Illinois Public Health Mutual Aid System (IPHMAS)
   - Each entity has their own pool of volunteers that they would use during an emergency. Hospital uses Everbridge.

**Quality & Comprehensiveness**
A. How does the LPHS use written processes and standards for implementing a program of case finding, contact tracing, source identification, and containment for communicable diseases or toxic exposures?
   a. Emergency Operations Plan (Health Department), Hazmat (DeKalb Fire)

B. How are LPHS personnel prepared to rapidly respond to natural and intentional disasters?
   a. Incident Command courses, NIMS courses, drills,
   b.

Usability

A. How does the LPHS evaluate public health emergency response incidents for effectiveness and opportunities for improvement (e.g., After Action Reports, Improvement Plans)?
   a. Individually and jointly we do after action reports and improvement plans. Fire is very good at this.
   b. Debriefings

B. How are the findings used to improve emergency plans and response?
   c. Updating and changing things continuously.
   d. Identify deficiencies and rectify the issues.

Strengths | Weaknesses
---|---
- Coordination among different responding entities
- Individuals identified with technical expertise
- Utilizing and learning from After Action Reports
- Schools are involved (reunification procedure)
- Everyone knows their roles
- County Emergency Operations Plan lists “refer to” instead of having the entire plan readily available
- Long-term care facilities are just beginning to develop emergency plans
- State level does not provide needed support, especially in regards to environmental health
- Communication and coordinated

Short-term Opportunities | Long-term Opportunities
---|---
- Campaign for the community to understand
- Use of technology- using alert systems
- 

Discussion Questions for Model Standard 2.3 Laboratory Support for Investigating Health Threats

Quality & Comprehensiveness

A. Where does the LPHS maintain ready access to laboratories able to meet routine diagnostic and surveillance needs including analysis of clinical and environmental specimens?
   a. LPHS sends to the State in Chicago or Springfield. Water samples can be sent locally to DeKalb, regionally to Winnebago, and to the state. STDs are sent to the state STD lab. Hospital System sends to Quest Diagnostics.
b. HD uses Winnebago County Health department and State. Hospital system uses huge lab at CDH. HD labs are outdated and the state lab (due to funding constraints) does not test for certain things anymore.

B. How does the LPHS use laboratory services to support time-sensitive investigations of public health threats, hazards and emergencies?
   a. Time sensitive tests are sent to the state (Chicago or Springfield).

C. What mechanisms are in place to ensure the laboratories used are all licensed and/or credentialed?
   Joint Commission (Hospital Accreditation), Site Visits for Programs, EPA list of Accredited Labs

D. What current guidelines or protocols are in place for the handling of laboratory samples?
   If samples go to the state labs, they must get permission first through the Health Department. Handling protocols are kept internally by the Hospital System and Health Department.

E. Are the current procedures able to stand up in a court of law (e.g., chain of custody, coordination with law enforcement officials, HIPAA)? If the health event is part of a criminal act?
   F. Yes. Ex), rape kits must be tucked under arm or put into box. Police come and get the kit it must be signed off on. Same scenario for a retrieved bullet.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hospital has a robust lab</td>
<td>• State reduction in lab services. They used to be a centralized location.</td>
</tr>
<tr>
<td>• INEDDS for lab reports is efficient</td>
<td>• State lab support is not 24/7</td>
</tr>
<tr>
<td>• State lab support</td>
<td>• If it is not sent to the state lab (ex: to Mayo), there is usually a delay when getting results.</td>
</tr>
<tr>
<td>• Health Department is the gatekeeper for State lab work</td>
<td>• State lab may not have the financial resources to process all samples (ex. Family Planning &amp; Lead)</td>
</tr>
<tr>
<td>• State has a pretty fast turnaround for reporting information back</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
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<tbody>
<tr>
<td>• ??</td>
<td></td>
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</tbody>
</table>

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

**Discussion Questions for Model Standard 3.1 Health Education and Promotion**

**Involvement**

A. How many of you provide information on community health to the general public, policymakers, and public and private stakeholders?
Health Department, Center for Family Health Services, KishHealth Community Wellness, police & fire departments, Hy-Vee nutritionists, YMCA, Youth Service Network, Corrections, 4-Cs, Healthy Families of Illinois, Child and Family Connections

B. **How do your organizations work together to plan, conduct, and implement health education and promotion activities?**

Networking with Families Coalition, DCP Safe, Live Healthy DeKalb County. DCHD works with the CATCH Program (schools, hospital, YMCA) and Reality Program is working in the schools. Wellness Teams at Sycamore, Genoa and DeKalb schools. NIU Tobacco program.

C. **How do your organizations work with others beyond your usual LPHS partners on specific health promotion activities (e.g., supermarkets and nutrition interventions)?**

See question A. Hy-Vee does nutrition education. Campaigns with bars for the tobacco Quitline.

D. **How do LPHS entities work with community advocates and local media outlets to publicize promotion activities (e.g., campaigns about the public health effects of laws, media campaigns)?**

Press releases, social media, billboards, movie theatre advertisements, bus ads, bus stop ads, general flyers, pizza parlor flyers, placemats and stands at restaurants.

**Quality & Comprehensiveness**

A. **Are the health education and health promotion campaigns based on sound theory, evidence of effectiveness, and/or best practice?**

DCHD has used some evidence-based practices. Reality IL and CATCH are evidence based. Hospital System utilizes Tar Wars. DCHD WIC Program uses handouts provided from DHS. WIC to 5 Campaign was facilitated by University of Chicago. Baby Friendly Hospital is evidence based. We utilize a mix of evidence-based and client centered practice.

B. **How do your organizations in the LPHS support healthy behavior?**

Tobacco free campuses, opportunities for physical activity, Active Transportation Subcommittee (bikeable, walkable areas), Community Gardens

C. **How do organizations in the LPHS tailor campaigns for populations with higher risk of negative health outcomes?**

Most campaigns are in both English and Spanish. Camp Power is a partnership targeted towards at risk kids. Tobacco education was brought to at risk populations in apartments. We partner with TransVac to bring people to specific events (i.e. Back to School Bash, Healthy Start to School).

D. **How do organizations in the LPHS design campaigns to reach populations in specific settings?**

See above question.

E. **How are the health education programs and health promotion campaigns evaluated?**

Pre-tests and post-tests through the State for Reality IL Program. Internally, the Health Department has a test that is given out and evaluations are given by teachers. CATCH is starting preimposed this year. WIC, Family Planning and Clinical Services surveys.

**Usability**

A. **How are evaluation results used to revise and strengthen the programs?**
Evaluations are looked at annually to incorporate changes. WIC surveys are given to the State, results are compiled and the State works to incorporate changes. Clinical services surveys are evaluated and changes are made based on results.

Valley West is in the schools doing hand sanitizing, CATCH program, wellness programs and organizations. CATCH is a childhood obesity prevention program that teaches kids about healthy living, eating, less screen time, etc. The program has been going for about six years now and is facilitated by NIU students, NM, DCHD, etc.

Ben Gordon does health education specific to people with mental health issues. They do diabetes clinics, first aid, etc.

The DCNP offers a lot of training and professional development and offers training in the area of workforce wellness.

The Community Wellness department at NM offers corporate wellness services, biometrics screenings, education, cooking classes, etc. NM goes onsite to provide screenings and education to promote wellness.

Tobacco prevention at DCHD that tries to partner with religious organizations, etc. NIU provides wellness programs, health promotion, mental health services to all of the employees.

WNIJ/WNIU provides a lot of health education through the stories that they promote on the radio. WNIJ does a wonderful job promoting health education and stories.

DCHD brings all food handlers and vendors into a training session to talk about food sanitation. Prenatal education through DCHD case management. DCHD partners with NM and different agencies for referrals. Breastfeeding promotion and tobacco free policy came from the last Community Health Needs Assessment.

The soil and water conservation district in the farm bureau conduct trainings on pesticide and water movement and treatment of soil.

The local U of I extension office does recycling education, well testing opportunities, etc.

First Lutheran has a parish nurse on staff that visits members who are in the hospital and provides health education.

CAC at DCHD partners with NM about clients who are uninsured. Part of her position is to educate populations on the importance of having a primary care provider and not utilizing the emergency room.
In the University Villages, community groups, NIU and police all came together to do health promotion and education for the low-income population at NIU.

NM has a staff member that works with students and one of their initiatives is drug use and collection of drugs.

DCP SAFE- DeKalb County Partnership for...... long history focusing on health education that is youth-led and countywide.

Live Healthy DeKalb County is a coalition of leaders that tries to change policies to improve the health of the county. They look at active transportation, food insecurity, etc.

Emergency preparedness education at DCHD- communities in the southern county that are more prone to severe weather.

Shabbona Pathways Committee to create bike trails that are connected to promote healthiness.

DCHD Vision and hearing education and early intervention- how important it is to act on that information- referrals, etc.

Many opportunities to improve waste management in DeKalb.

DeKalb County Court system has a victim impact panel for people who are driving under the influence, etc.

NM does preimposed tests for their sodium initiative. They also evaluate after biometrics screenings, education sessions, etc. NM does everything through evidence-based solutions.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
</table>
| • Collaboration and partnerships related to health education and community health
• Working with churches to provide Quitline materials
• Many entities providing community wide programming
• Responsiveness for programming
• Programs are evidence-based
• CATCH- is a collaboration (YMCA, DCHD, NIU, NM Health System)
• The community pulls together to help each other during emergencies. Example- NIU shooting | • Communicating with special needs (at-risk) populations
• Schools are unwilling to talk about certain topics- mental health, sexual health
• Resistance on certain topics- mental health, anxiety, how to support peers who have mental health issues, how to talk to your parents, suicide, etc.
• Reduction in resources at the local health department
• Emerging issues- substance abuse
• Geographic disparity-Nobody wants to assist the southern end of the county |
- Community cohesiveness during emergencies
- Support from school districts to be able to be in the classrooms on certain topics
- County has a wealth of health education resources
- 211 system
- University is a large asset.
- In the past few years we have collaborated with low-income populations
- Coordination, collaboration, communication
- Duplication of issues. Streamlining education and resources.
- Funding

<table>
<thead>
<tr>
<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Opportunities to partner with faith-based communities</td>
<td>• Policy focused education and promotion</td>
</tr>
<tr>
<td>• Promote 211 system</td>
<td>• One stop shop for where all of this information is housed</td>
</tr>
<tr>
<td>• Coordination and collaboration</td>
<td></td>
</tr>
<tr>
<td>• Opportunities for those at risk</td>
<td></td>
</tr>
</tbody>
</table>

**Discussion Questions for Model Standard 3.2**

**Health Communication**

**Involvement**

A. How many of your organizations have developed health communication plans?
   Statewide Siren System

B. How do your organizations work collaboratively to link the communication plans to one another?
   NIPIC Group, Chicago and Rockford Region PIOs, working with Hospital PIOs

**Usability**

A. What policies and procedures are in place to coordinate responses and public announcements related to public health issues?
   Procedures in place that were mentioned above.

**Quality and Comprehensiveness**

A. Do the communications plans include policies and procedures for creating, approving, sharing, and disseminating information with partners and key stakeholders?
   Health Department has policies in place.

B. How are the different sectors of the population identified in order to create targeted public health messages for various audiences?
   Text for Baby

C. How does the LPHS coordinate with local media to develop information or features on health issues?
   Press Releases, coordinating with Shaw Media for Solid Waste ads, developing bus ads for tobacco awareness

D. What mechanism is in place to document and respond to public inquiries?
   FOIA, clients can call in and speak to the appropriate person
E. **Who, if anyone, has been designated as Public Information Officers (PIOs) to provide important health information and answers to public and media inquiries?**
   DCHD has a PIO and PIO back-up, NIU, City & County, Police and Fire

F. **How are designated spokespersons trained in providing accurate, timely, and appropriate information on public health issues for different audiences?**
   Crisis Emergency Risk Communication (CERC) Course was hosted by DCHD, online training opportunities (IS)
   NIU, NIU Health Services, DCHD has an internal and external communication plan as well as an emergency plan.

   WNIJ has an emergency broadcast.

   NM has internal communication to all employees and works with local media to get health information out to new providers. They also have emergency preparedness plans.

   211 system is an awesome resource. The word is not out that 211 is available. 211 is a way for someone to call up and get to a variety of resources (160 plus entities). Utilization is not there.

   The Health Department participates in a Northern Illinois Region PIO group that coordinates on public health press releases.

   Entities have designated points of contact to push out information.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CERC trained people</td>
<td>• Strengthening partnerships with new PIOs at Hospital System</td>
</tr>
<tr>
<td>• When the need arises, we are able to provide effective health information</td>
<td>• Targeting health communication to specific populations</td>
</tr>
<tr>
<td>• Media is active and responsive</td>
<td>• Not using the existing channels as much as we could- communication through specific channels could be one more</td>
</tr>
<tr>
<td>• Plans are in place for emergency and non-emergency</td>
<td>• Public health information gets pretty dense pretty quickly. Framing information as something that the general public could understand</td>
</tr>
<tr>
<td>• Point of contact</td>
<td>• Getting people information that are at risk</td>
</tr>
<tr>
<td>• 211 system</td>
<td>• Lack of cross-collaboration between organizations</td>
</tr>
</tbody>
</table>

**Short-term Opportunities**
- Better interorganizational communication
- More social media presence

**Long-term Opportunities**

**Discussion Questions for Model Standard 3.3**
## Risk Communication

### Involvement

A. Who is involved in or aware of the LPHS emergency communications plan?
   - Coroner, ESDA Director, NIU, Health System, Health Department

B. How do multiple agencies coordinate emergency communication planning within the LPHS?
   - NIPRC

### Quality & Comprehensiveness

A. Can the emergency communication plans be adapted to different types of emergencies (e.g., disease outbreaks, natural disasters, bioterrorism)?
   - Yes

B. Do the plans include established lines of authority, reporting, and responsibilities for emergency communications teams in accordance with the National Incident Management System (NIMS)?
   - Yes

C. How do the plans alert communities, including special populations, about possible health threats or disease outbreaks?
   - Letters are sent out to schools, press releases, social media, website posts, pre-crafted messages from NIPC

D. How do the plans provide information from emergency operation center situation reports, health alerts, and meeting notes to stakeholders, partners, and the community?
   - Press conference, press releases

E. What type of technology is in place to ensure rapid communication response? (e.g., local Health Alert Network, reverse 911 warning system, local public service announcements (PSAs), broadcast text, email, and fax, social networks, etc.)
   - Social media, press releases, website information, SIREN (email & text)

F. What staff persons are available to develop or adapt emergency communications materials and to provide communications for all stakeholders and partners in the event of an emergency?
   - DCHD EP staff, Health System PIOs and EOCs

G. What type of crisis and emergency communications training is available within the LPHS for new and current staff?
   - Online courses- IS 42 and 29

H. How does the LPHS maintain a directory of emergency contact information for media liaisons, partners, stakeholders, and Public Information Officers?
   - Health Department directory that is shared with community partners, after hours media contacts, regional partners after hours
   - We do not have a system that has the ability to push out information like a reverse 911. Certain entities have those capabilities, but the County does not.

   - NIU and DeKalb Police have mass communication systems.
Hospital of Health system could reach out to these entities to communicate on health issues.

The school systems have virtual backpack to communicate with parents.

PSAs from the radio, local media, etc.

SIREN alert system from the state that provides us with public health issues.

DCHD, NIU, NM staff use call-down drills.

DCHD facilitated emergency risk communication training so that people are prepared to deal with emergencies.

Public health has an emergency preparedness coordinator.

County Emergency Management person is very well trained in dealing with an emergency. County has structure for a long-term recovery.

## Strengths

- Training opportunities on emergency communications
- Risk communication plans are in place
- People and methods and strategies are in place
- Faith-based communities have not had the conversation

## Weaknesses

- Countywide emergency alert system
- Gather, communicate, collaborate
- We may not be reaching the most vulnerable populations
- Faith based entities are not involved in emergency communication and planning

### Short-term Opportunities

- Faith based organizations have the opportunity to educate the congregation
- Many people rely on local congregations for resources
- Offer faith-based resources emergency preparedness training
- Reach at-risk populations

### Long-term Opportunities

- Risk communication to the general population

---

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

**Discussion Questions for Model Standard 4.1 Constituency Development**
### Awareness

**A.** How is awareness regarding the importance of public health issues developed with the community-at-large and organizations within the LPHS?

**B.** Awareness through coalitions

### Involvement

**A.** What organizations are active parts of the LPHS?
   - Police and Fire, Hospital System, Networking for Families, YSB, NIU

**B.** How are new individuals/groups identified for constituency building?
   - Meetings with coalition partners - asking who is missing, identifying new people and groups

**C.** How are constituents encouraged to participate in improving health?
   - Encouraging people on committees to participate

**D.** How are community members engaged to improve health?
   - Wellness teams and fairs (community members participate), school fairs for children and parents, DCP safe has a parent on the committee

### Quality & Comprehensiveness

**A.** Does the LPHS maintain a current and accessible directory of organizations that comprise it?
   - 211 System

**B.** What is the LPHS’ process for identifying key constituent or stakeholders?
   - Unknown

**C.** How does the LPHS maintain names and contact information for individuals and key constituent groups?
   - Databases in coalitions

### Usability

**A.** How accessible is the directory of LPHS organizations?
   - 211

**B.** How does the LPHS create forums for communication of public health issues?
   - Tobacco Program did forums with Housing Authority. NIU uses forums when discussing policy issues.

The health system provides education and programs for people in the community to come to classes.

Physicians are a great resource as they have one-on-one communication with patients and can share information on what they are hearing.

Public health department does the best that we can with media and social media.
DCHD and NM has a history of conducting assessments and partnering with local resources.

One-on-one education with well and septic clients at DCHD.

In recent years, it has become more important to be able to bring in constituents to educate people on what we do and why it is important.

The causes of chronic diseases have tremendous resources at their disposable to advertise their products where the public health department has no resources to counter market those products (tobacco, sugary food, etc.).

Entities look are who are the people that can change policy and really have an impact on the community.

Health department has a directory of resources that is pushed out to all clients. 211 is newer and once the database is up and running, it could replace the need to have all these individual directories. 211 is searchable, people would call-in and they have quarterly updates.

The LPHS holds community events- one on the affordable care act, opioid issue, tobacco-free parks, etc.

Two monthly networking organization attempts: Youth Service Providers- any entities providing services to youth. Networking for families happens on a monthly basis as well.

Live Health DeKalb County is a coalition that involves 12 different organizations working together on projects- active transportation, food insecurity, etc.

DSATS holds meetings to update their long-term active transportation plans.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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</thead>
<tbody>
<tr>
<td>• Coalitions that already exist</td>
<td>• Community forums</td>
</tr>
<tr>
<td>• 211 system is now in place</td>
<td>• Data is only as good as what is given</td>
</tr>
<tr>
<td>• Extensive community resources directory</td>
<td>• Organizational issues with 211 system</td>
</tr>
<tr>
<td>• Networking around agencies doing similar things</td>
<td>• More education to the constituents on lack of funding, the importance of what we do and we why do it</td>
</tr>
<tr>
<td>• Coalitions, forums on specific topics</td>
<td>• Connecting the southern end with DeKalb and Sycamore as well as the Genoa area</td>
</tr>
<tr>
<td>• Engaged group of stakeholders that are easily accessible</td>
<td>• Difficult to reach populations without computers and social media</td>
</tr>
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</table>
## Short-term Opportunities
- Involve end users in decision making and program development
- Empower vulnerable populations
- Understand social anxiety
- Understanding who is in your population and how they need to be communicated with
- Understand social anxieties

## Long-term Opportunities
- Including minority groups

### Discussion Questions for Model Standard 4.2
#### Community Partnerships

#### Involvement

**A.** What types of partnerships exist in the community to maximize public health improvement activities?
- Coalitions/partnerships in place (Live Healthy DeKalb County, Networking for Families, DCP Safe, DeKalb Permanency Action Group), partnerships between DCHD, schools, hospital systems

**B.** How do organizations within these partnerships interact?
- Meetings, events, emails

**C.** If there is a broad-based community health improvement committee, what does the committee do?
- Live Healthy DeKalb County (LHDC)- Active Transportation, Gardens, CATCH all started from LHDC. LHDC is the information hub for what is going on locally. Historically, they have not aligned with the key health priorities.

#### Quality & Comprehensiveness

**A.** In what types of activities does the LPHS engage?
- See above.

**B.** How does the LPHS review the effectiveness of community partnerships and strategic alliances?
- This is not really currently done. Hospital and health department partnership.

- Coalitions that exist. YMCA, University, school districts, Lions, Rotary, etc. Hospital system has members in those organizations.

- Live Healthy DeKalb County is a broad-based community effort that could expand its network.

- The LPHS does a lot of health education, policy development, surveillance, assessments, evaluations.
Live Healthy DeKalb County does strategic planning.

The Community Wellness department at NM is held accountable on the community health needs assessments and goals. DCHD and Mental Health Board are moving in that direction.

NM does corporate wellness for larger corporations.

We have access to our chambers of commerce and can send out on their lists- a conduit for communication.

<table>
<thead>
<tr>
<th>Strengths</th>
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</thead>
<tbody>
<tr>
<td>• Broad-based committee</td>
<td>• Broad-based committee does not work to align with key health priorities</td>
</tr>
<tr>
<td>• We have partnerships, people are willing to show up, people are willing to share resources</td>
<td>• Evaluating effectiveness of partnerships</td>
</tr>
<tr>
<td>• Positive change</td>
<td>• Resources do not have resources</td>
</tr>
<tr>
<td>• Moving towards evidence-based programming</td>
<td>• Include more representation from other disciplines</td>
</tr>
<tr>
<td>• Moving towards accountability</td>
<td>• Including community members</td>
</tr>
<tr>
<td>• Live Healthy DeKalb County has 12 organizations working together which helps when securing funding</td>
<td>• Funding to support collaborations and efforts</td>
</tr>
<tr>
<td>• The Community Foundation is incredibly involved and the things that they do for the community are incredibly impressive</td>
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<tr>
<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
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<tbody>
<tr>
<td>•</td>
<td>• Continue to work on collaborations/partnerships</td>
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Essential Service 5: Develop Policies and Plans That Support Individual and Community Health Efforts

Discussion Questions for Model Standard 5.1
Governmental Presence at the Local Level

Involvement

A. What type of governmental local public health presence (i.e. local health department) within the LPHS is available to ensure the provision of the 10 Essential Public Health Services to the community?

DeKalb County Health Department
**Health Department- Health Promotion by law has to enforce the Smokefree Illinois Act. Law Enforcement Entities (fire and police) are critical in this.**

Fire has the infrastructure to assist those in emergency situations and EMS people assess whether or not there is a problem in a particular neighborhood or complex. First responders are the front of the line for mental health issues.

911 service is huge. People can rely on that and reach out to whoever. Municipalities play a large role in containment of outbreaks such as Ebola.

Health department enforces food, well and septic code through letters and then enforcement through States Attorney’s Office. Health department is proactive, for example, they are taking look at restaurant plan reviews for sanitation before they are even built. Animal Control works towards preventing rabies.

Sycamore is evaluating their water system and ensuring that water is safe.

**B. How is the local health department being supported to prepare for and obtain voluntary, national public health department accreditation?**

<table>
<thead>
<tr>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td><strong>A. How often does the LPHS ensure that the local health department has enough resources to do its part in providing the 10 Essential Public Health Services?</strong></td>
</tr>
<tr>
<td>At a local level, DeKalb County Government provides funding. Citizens pay taxes in order to fund some public health services. At the state level, IDPH provides grants. Strong partnerships with open lines of communication.</td>
</tr>
<tr>
<td>The DeKalb County Mental Health Board collaborates and helps fund healthcare assistance program so that we are able to help people enroll in healthcare.</td>
</tr>
<tr>
<td>Hospital System has had discussions with NIU and KishHealth system to grow the group of individuals that live and stay in DeKalb County.</td>
</tr>
<tr>
<td>The DeKalb County Board has a very stringent budgeting process and as those are squeezed down, if we have made an effort to live within our operational capacity- are all those changes happening with other County departments.</td>
</tr>
<tr>
<td>DCHD is working towards a formalized workforce development program.</td>
</tr>
<tr>
<td>NM’s acquisition of Ben Gordon center has allowed them to add 45 positions to address mental health issues.</td>
</tr>
</tbody>
</table>
Law enforcements runs into the battle of having someone in immediate crisis and they have no where to place them. They are either taken and shipped off or they are released right away and then they are back in law enforcement’s hands. Many people who go to Ben Gordon do not want to go there because they say that they are not helping them.

It is not uncommon that the ER is holding mental health patients literally for days trying to find places for people with mental health issues.

DeKalb Police Department applied for and received a grant for mental health which will help identify gaps in the County and come up with an overall comprehensive plan to treat individuals who are in crisis. If the plan is approved, the police department stands to get continual funding.

211 system is a way to identify resources so that people could call in and identify certain resources.

EMS world... need to bring services to the people. The Annie Glidden North project is trying to get some sort of a medical facility to assist those people.

Rockford has one of the best models about bringing doctors, nurses, etc. to the home.

### Quality & Comprehensiveness

A. **How does the local health department document its statutory, chartered, and/or legal responsibilities?**
   Grant deliverables, ordinances, policies and procedures, utilize local States Attorney office for consultation

B. **How does the local health department assess its functions against national standards for public health departments as defined by the Public Health Accreditation Board (PHAB)?**
   N/A

C. **What types of services does the local health department provide?**

D. **How does the LPHS ensure the availability of resources for the health department’s contributions to the 10 Essential Public Health Services?**
   See question A

E. **How does the local health department work with the state health department (or public health agency) and other state partners to ensure the provision of public health services?**
   State grant funding, using State as a resource (consultation for expertise), rules and regulations, audits, funding
### Strengths

- Expertise at the State
- HIV, STD, TB have good sources at the State
- Strong Partners
- Collaboration
- Infrastructure-Policy/Plans
- Skilled workforce
- City of DeKalb PD grant- seeking opportunities to get resources- responsiveness

### Weaknesses

- Unstable funding at local and state level
- Grants do not cover costs of providing services
- Some programs do not have good support at the state level because of turnover and budget constraints
- We are not good at bringing diverse voices to the table
- Lack of ability for people to obtain information on the resources that are here in the community
- Communication barriers
- Mediocre media presence

### Short-Term Opportunities

- Communication
- Countywide PIO
- Planning and policies to improve mental health services

### Long-Term Opportunities

- Communication
- Dedicated PIO

### Discussion Questions for Model Standard 5.2 Public Health Policy Development

#### Awareness

**A. How does the LPHS alert policymakers and the general public of public health impacts from current and/or proposed policies?**

Tobacco policy forums and focus groups for community members, presentations to community groups, presentations to community committees

IPHA- legislative branch is having a lot of discussion about Legionella at the VA. They want to push a policy that 2 or more cases of Legionella need to be communicated to the public.

DCHD communicates with restaurant owners about potential ordinance changes.

#### Involvement

**A. How does the LPHS contribute to the development of public health policies?**

Collaboration with partners (park district, schools, health department), newsletters, meetings, in-services with key stakeholders, email blasts

**B. How does the LPHS engage constituents in identifying and analyzing issues?**

See question A.

**C. How does the LPHS engage in conducting health impact assessments (HIAs)?**

N/A
D. Within the past year, how has the LPHS been involved in activities that influenced or informed the public health policy process?
No

**Quality and Comprehensiveness**

A. How does the LPHS support prevention and protection policies related to health inequities within the community?
Annie Glidden Corridor Revitalization, Camp Power, Hospital Community Wellness (free or reduced health prevention, health fairs, speakers)
This is a problem area- we know they exist, but what are strategies to really address at at a system level.

B. How does the LPHS work together to see that public health considerations become a part of all policies?
Live Healthy DeKalb County, DCP Safe, Food Inequality Summit
Communicating through the board. DCHD presents recommendations to Board of Health and Board of Health makes recommendations to the DeKalb County Board.

**Frequency**

A. Does the LPHS conduct reviews of public health policies at least every three to five years?
LPHS- not really. Health Department reviews policies annually.
Yes

B. How often are HIAs developed and used?
N/A

<table>
<thead>
<tr>
<th><strong>Strengths</strong></th>
<th><strong>Weaknesses</strong></th>
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<tbody>
<tr>
<td>• IPHA and IAFA do a good job pushing out state level initiatives (ex. witness slips)</td>
<td>• Health Department not conducting HIAs</td>
</tr>
<tr>
<td>• Reviewing policies and communicating policy changes</td>
<td>• Health Department could be better at pushing out state level initiatives further through local partners</td>
</tr>
<tr>
<td>• Making recommendations to change local ordinances</td>
<td>• No formal process for a 3-5 year review</td>
</tr>
<tr>
<td>• Limited outbreaks</td>
<td>• Public health tracks a lot of information, but they could do a better job of releasing this information to the community at large</td>
</tr>
<tr>
<td>• Police is able to respond to and treat heroin victims (AED in squad cars and Narcan)</td>
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<tr>
<th><strong>Short-Term Opportunities</strong></th>
<th><strong>Long-Term Opportunities</strong></th>
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</thead>
<tbody>
<tr>
<td>• Public health sharing incidents of PH events (both positive and negative)</td>
<td>•</td>
</tr>
<tr>
<td>• Promoting successes throughout the LPHS</td>
<td></td>
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**Discussion Questions for Model Standard 5.3**
Community Health Improvement Process and Strategic Planning

**Awareness**
A. What CHA and planning tools are used by the LPHS (e.g., Mobilizing for Action Through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH))?

APEX PH Model

**Involvement**

A. What organizations are involved in CHA and improvement planning processes?

NIU Counseling & Student Development, Kishwaukee Community Hospital, DeKalb Park District, Kishwaukee College, Sycamore School District #427, DeKalb County Health Department, Kishwaukee YMCA, KishHealth System, Kishwaukee United Way, Jefferson Elementary School, Community Mental Health Board, Community Action, NIU College of Health & Human Sciences, Sycamore Park District, DeKalb County Community Foundation

**Frequency**

A. Does the LPHS have plans to revisit CHA and improvement planning processes in three to five years?

Yes

**Quality & Comprehensiveness**

A. What types of activities are involved in CHA and improvement planning processes?

Steering Committee developed to talk through community health data, discussion of data, decide priorities from data for the community

B. Does the process result in the development of CHIP?

Yes

C. How is the CHIP linked to a state health improvement plan?

It is not

D. How are the strategic plans of LPHS partner organizations, including the local health department, aligned with the CHIP?

Hospital has a strategic plan, health department does not

**Usability**

A. How has the LPHS developed strategies to address community health objectives?

Meetings with stakeholders on community health needs assessment results. Stakeholders evaluating what they were doing and what they needed to be doing.

B. How are the individuals or organizations accountable for implementing the identified strategies?

They are not.

DCHD and Hospital system has partnered on this for several years so the costs can be shared and the information that both need are very similar. It shows a great partnership within the community. We are utilizing the MAPP Process to eventually have a community health improvement plan. We have been meeting since last summer to map out this process to gather all this information. We are working with a consultant who will deliver a report. DCHD and Hospital system will develop plans. Strategies will be developed from these plans to partner with other agencies and organizations to get everyone moving in the same direction.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
</table>

Page 64 of 90
• Recommended (diverse) participation
• Data and information is readily available on DCHD and Hospital System website to utilize
• Strong partnership between NM and DCHD

• Accountability and follow-through for ensuring that we are carrying out CHIP objectives
• CHIP has not been linked to health improvement plans
• The community and leaders do not know that the information is there and that they can access it and use it

<table>
<thead>
<tr>
<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Present data-location, availability and how to use</td>
<td>• Build stronger partnerships</td>
</tr>
</tbody>
</table>

Discussion Questions for Model Standard 5.4
Planning for Public Health Emergencies

Involvement
A. Which LPHS organizations participate in a task force or coalition of community partners to develop and maintain local and/or regional emergency preparedness and response plans?
NIPRC, EMS/Hospital, Nursing Homes, Coroner, Police/Fire, Health Department, Red Cross, NIU, VAC

Frequency
A. How often is the All-Hazards Emergency Preparedness and Response Plan reviewed and, if appropriate, revised?
At least annually (Health Department & Hospital), entire County (every 2-3 years)

Quality & Comprehensiveness
A. Does the LPHS have an All-Hazards Emergency Preparedness and Response Plan? What is included?
The County has an all-inclusive emergency response plan
B. Does the plan follow national standards?
Yes
C. How does the LPHS test the plan through simulations or “mock events”?
Drills and exercises

Usability
A. How is the plan evaluated? Are opportunities for improvement identified and implemented?
After Action Reports, HSEEP Guidelines
Many partners collaborate and rely on each other to provide resources. Countywide has an all-hazards planning. They conduct a hazard and vulnerability assessment and partner with the hospital system, health department, ESDA, etc.

All agencies should get together to unify their emergency plans that meet state and federal standards. There are not enough tests of this plan.
Every five years DCHD has to do a full scale exercise to dispense medication.

<table>
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<tr>
<th>Strengths</th>
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<tbody>
<tr>
<td>• Drills</td>
<td>• County plan is not reviewed as frequently as it should be</td>
</tr>
<tr>
<td>• Plans revised annually</td>
<td>• County coroner is also ESDA. This really should be two separate positions</td>
</tr>
<tr>
<td>• Hazardous vulnerability analysis done more frequently than recommended by health department and hospital</td>
<td>• Better large scale disaster plans</td>
</tr>
<tr>
<td>• Aligning real time events with emergency planning procedures</td>
<td>• We do not drill enough on the actual plans</td>
</tr>
<tr>
<td>• Plans and reviews are revised every year.</td>
<td>• Everyone is doing their individual planning</td>
</tr>
<tr>
<td>• We are aware that this is a fluid situation and are aware of shortcomings</td>
<td>• No EOC</td>
</tr>
<tr>
<td>• Working towards more frequent drills and trainings</td>
<td>• We are not aware of what is happening in rural areas</td>
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<thead>
<tr>
<th>Short-Term Opportunities</th>
<th>Long-Term Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Have more frequent drills</td>
<td>• Consolidation- county level lead designation</td>
</tr>
<tr>
<td>• County level EOC</td>
<td></td>
</tr>
<tr>
<td>• Southern end of the county collaboration</td>
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<tr>
<td>• Response plan to activate tiered response</td>
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</table>

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

**Discussion Questions for Model Standard 6.1**

**Reviewing and Evaluating Laws, Regulations, and Ordinances**

**Awareness**

A.  What has the LPHS identified that can best be addressed through laws, regulations, and ordinances?

Food, well and septic, smoke free Illinois, animal control, vitals

Water, well/septic, smoking-air quality ordinances.  DCHD is in charge of planning of the County’s solid waste.  We write guidance and let the municipalities decide their contracts and landfill, etc.  Animal control ordinances and Nuisance ordinances.  State statute about reportable diseases.

**Frequency**

A.  Are the reviews conducted at least once every three to five years?

Reviewed during audits and on an as needed basis.

**Quality & Comprehensiveness**
A. How do LPHS organizations stay up-to-date regarding federal, state, and local laws; regulations; and ordinances that protect public health?
Through the state, national public health groups, memberships

B. Do governmental entities within the LPHS have access to legal counsel to assist with the review of laws, regulations, and ordinances related to the public’s health?
Yes, local states attorney office

**Usability**

C. How are laws, regulations, and ordinances that protect the public’s health reviewed by the LPHS ensure appropriate compliance?
Compliance checks for tobacco. Also, on an as needed basis they are reviewed.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Local states attorney office with someone assigned to us</td>
<td>• No set timeframe for reviewing every ordinance</td>
</tr>
<tr>
<td>• Special interest groups influencing laws</td>
<td>• Special interest groups influencing laws</td>
</tr>
<tr>
<td>• States Attorney reviews laws</td>
<td>• Smoking ordinance is questioned by businesses and then DCHD has to go to States Attorney and then the state. There are differences in enforcement and inconsistent messaging.</td>
</tr>
<tr>
<td>• IDPH guidance on laws</td>
<td>• Outreach</td>
</tr>
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<td></td>
<td>• Lack of resources</td>
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</table>

<table>
<thead>
<tr>
<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
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<tbody>
<tr>
<td>• Outreach programs to the public</td>
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</table>

**Discussion Questions for Model Standard 6.2**

**Involvement in Improving Laws, Regulations, and Ordinances**

**Awareness**

A. What examples are there of identified local public health issues that are not adequately addressed through existing laws, regulations, and ordinances?
Recycling is not mandatory in commercial buildings or apartments, well and septic real estate inspections are not mandatory, universities and fraternities and sororities are not covered under food inspection code, university compliance is less regulated, cats not being vaccinated for rabies, bite quarantine for nonvaccinated animals is underfunded, lack of regulation in laws and guidance in transportation to access healthcare, lack of air quality ordinances in regards to mold, lack of property maintenance code

**Involvement**

A. How have LPHS organizations provided technical guidance or support to legislative, regulatory, or advocacy groups drafting proposed legislation, regulations, or ordinances?
State level groups- IEHA, IPHA

**Frequency**
A. **How are those responsible for enforcement activities trained on compliance and enforcement?**
   New training for positions implemented through state or local levels, trained by institutional experts, states attorney trains on legal side

B. **How is the local health department empowered through laws and regulations to implement necessary community interventions in the event of a public health emergency?**

Calls and guidance on air quality. DCHD receives a lot of complaints about people smoking in their residences. Many people come to DCHD about what they can do and we have no jurisdiction over private residences.

IPHA and IAPHA works with local health departments to advocate for health policies. The hospital system does the same through different hospital associations.

Reality IL groups within the schools have worked to promote smokefree policy to local parks.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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</thead>
<tbody>
<tr>
<td>- State level groups- IEHA, IPHA, IAFA</td>
<td>- Sometimes we lose the battle because of special interest groups influence laws</td>
</tr>
<tr>
<td>- Youth advocates- Reality IL group</td>
<td>- Advocacy needs improvement at the County Board level</td>
</tr>
<tr>
<td>- Strong advocacy at the State level</td>
<td>- Mixed messaging regarding lack of consistency in varying municipalities</td>
</tr>
<tr>
<td>- Police and Fire advocacy</td>
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</table>

<table>
<thead>
<tr>
<th>Short-Term Opportunities</th>
<th>Long-Term Opportunities</th>
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</thead>
<tbody>
<tr>
<td>- Improve legislation- consistent laws, rules and regulations</td>
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</table>

**Discussion Questions for Model Standard 6.3**

**Enforcing Laws, Regulations, and Ordinances**

**Awareness**

A. **What authority does the local health department (i.e., governmental public health entity) within the LPHS have to enforce laws, regulations, or ordinances related to the public’s health?**
   State gives authority to locals to enforce laws.
   State law ordinance, state codes. DCHD gets authority through IDPH.

B. **How are the roles and responsibilities related to the authority documented?**
   Through the laws and ordinances

**Involvement**

A. **Does the LPHS provide information to the individuals and organizations that are required to comply with certain laws, regulations, or ordinances?**
   Yes

**Frequency**
A. **How often does the LPHS assess the compliance of institutions and businesses with laws, regulations, and ordinances?**  
   Daily  
   Food program has all facilities come in for education. DCHD has random smoke-free Illinois compliance checks.

### Quality & Comprehensiveness

**A.** How are those responsible for enforcement activities trained on compliance and enforcement?  
   New training for positions implemented through state or local levels, trained by institutional experts, states attorney trains on legal side

**B.** How is the local health department empowered through laws and regulations to implement necessary community interventions in the event of a public health emergency?  
   Empowered by the authority given to us as it relates to emergency preparedness and response

**C.** How does the LPHS ensure that all enforcement activities are conducted in accordance with laws, regulations, and ordinances?  
   Lack of lawsuits

**D.** How has the LPHS assessed the compliance of institutions and businesses in the community (e.g., schools, food establishments, day care facilities) with laws, regulations, and ordinances designed to promote and protect public health?  
   Compliance checks, inspections that align with regulations and ordinances

**E.** What information is gathered?  
   Situational awareness

### Usability

**A.** Is dissemination of information on public health laws, regulations, and ordinances integrated with public health activities (e.g., health education, communicable disease control, health assessment, planning)?  
   Yes, smokefree Illinois.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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</thead>
</table>
| • Laws and ordinances give us enough authority to do our job  
• Public Health Staff know where laws and ordinances and codes are and how to access them | • Authority is sometimes passed back and forth between organizations  
• Education for the public on the regulations and laws and WHY we have these laws  
• Collecting data- but for what use? |

<table>
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<tr>
<th>Short-Term Opportunities</th>
<th>Long-Term Opportunities</th>
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</table>
| • Using data to demonstrate the why  
• Refining state parameters | • Statewide standardization |
Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable

Discussion Questions for Model Standard 7.1
Identifying Personal Health Service Needs of Populations

Awareness
A. What does the LPHS do to understand which personal health services are used by populations who may experience barriers to care?
At the health department, we have changed our practices to the walk-ins as we understand that is the only way that they can get here. There are caseworkers in the emergency department who work with people who over-utilize 911 services. The health department advocates for health insurance enrollment through the marketplace. The health department has robust family case management services in order to more strongly link clients to services. DeKalb County has an active mental health board that enables us to get funding to better serve that population. The DeKalb Clinic accepts Medicaid without the health department being the gatekeeper. They feed information back to the health department to ensure that clients qualify for services available.

Quality & Comprehensiveness
A. How does the LPHS identify populations that may experience barriers to personal health services?
We identify them at point of care, through EMS and through service providers. When there is a change of the level of care provided, the health department is notified to fill the gap.

B. Which populations are taken into account?
Income-eligible, the working poor (CHIP eligible), those residing in public housing, mental health population

C. How has the LPHS identified the personal health service needs of populations in its jurisdiction, including the needs of populations who may experience barriers to care?
We are able to identify personal health service needs from hospital data. When we do our CHNA we identify what the personal health needs are.

D. Which types of personal health services has the LPHS assessed?
Listening to clientele- having case managers link to care (ex: dental services at the health department, vaccine services). We receive a lot of information from coalitions and groups that we participate in- coalitions and groups ask how we can link clients to care. Smoking cessation services, providing birth control for those who are not eligible. Assistance with obesity issues. STD services available at the health department.

Public health department is focused on prevention- family planning, immunizations, family case management, WIC program. DCHD helps people get enrolled in Medicaid and the marketplace insurance. DCHD helps people get prenatal care and referrals to other services not provided at DCHD.
The hospital has programs that help with payment and help with access to care. The hospital is a critical access point for many health services and services that are available through community partners.

DCHD and the hospital system collaborate on prenatal care. Hospital offers free lactation consultation to anyone within the community.

Community mental health organization handles different behavioral healthcare needs. People who are self-seeking referral can call 211. They go to a lot of resource fairs to hand out information to people who may need it. Networking groups develop resources for individuals.

Hospital system is working on a program to find people seeking treatment for a heroin addiction. They are working with police department to assure that there are no criminal charges in place that discourages people from seeking help when they are in need.

Health department provides employee volunteers to help with Camp Power in the university village over the summer.

Mental Health Board attends resource fairs target people who are in need of services.

Hope Haven has a life skills program. There is a nurse available and a psychiatrist on site. It is also close to the health department.

City of DeKalb has a taskforce that is dedicated to the Annie Glidden North Corridor that has been identified.

NIU has done housing studies and identified some areas. We are in the beginning stages of planning.

Northern has a lot of diversity centers- Black Studies, Latino studies, LGBTQ. They have worked very hard to ensure that all people have access to medical care. NIU has had a campus wide wellness fair every year that is open to the public.

There have been many initiatives with stakeholders over the years, but it is not necessarily systematic. NIU has just brought all the diversity programs under one umbrella and one administrator to streamline those services.

We have very active senior centers that do a lot of education and serve the needs of the elderly publication.
There is a Meals on Wheels program that is very active.

NM health system sends information out my paper mail and brochures so that people are made aware of services that they are not aware of. Retired populations are not always on email and do not always have a subscription to the paper.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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</thead>
<tbody>
<tr>
<td>• Public health ability to identify and attempt to address gaps that we see in the community</td>
<td>• Lack of a broader understanding of issues with health equity, access to care and poverty</td>
</tr>
<tr>
<td>• High level of collaboration and communication to try to address the needs of populations who would not have access to care</td>
<td>• Lack of understanding of generational poverty in healthcare service providers</td>
</tr>
<tr>
<td>• Good relations in the community to link people to other agencies in the community. There is a strong network for referrals</td>
<td>• Health department could only do so much (funding &amp; resource wise) for the at-risk population</td>
</tr>
<tr>
<td>• The collaborative process and needs assessment</td>
<td>• We still see children entering kindergarten without exposing to health services yet</td>
</tr>
<tr>
<td>• Smaller network/systems size allows more opportunity</td>
<td>• It is not guaranteed you have the services you need even with insurance coverage</td>
</tr>
<tr>
<td>• Strong commitment despite of limited resources</td>
<td>• No accountability</td>
</tr>
<tr>
<td>• Generous private health systems supporting local public health</td>
<td>• Asking for payment upfront (not everyone has the ability to even with insurance)</td>
</tr>
<tr>
<td>• Local CAC</td>
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<thead>
<tr>
<th><strong>Short-Term Opportunities</strong></th>
<th><strong>Long-Term Opportunities</strong></th>
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</thead>
<tbody>
<tr>
<td>• Begin a process to identify the children who has not had health services yet while entering school</td>
<td>• Opportunity to promote and educate health literacy issues, and have the awareness of community eligibility for the information</td>
</tr>
<tr>
<td>• Community needs more education</td>
<td>• Centralized insurance referral source</td>
</tr>
<tr>
<td>• Focus on health literacy for access issues within the community; not necessary lack of access</td>
<td></td>
</tr>
<tr>
<td>• Opportunity to promote and educate health literacy issues</td>
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</table>

**Discussion Questions for Model Standard 7.2**
Ensuring People Are Linked to Personal Health Services
### Involvement & Usability

**A. How does the LPHS coordinate the delivery of personal health and social services to optimize access to services for populations who may encounter barriers to care?**

Case management services at the health department. Building relationships with other social services so that the health department has referral abilities. Countywide 211 system with the goal of having everything as a one-stop system.

### Quality and Comprehensiveness

**A. How does the LPHS link populations to needed personal health services?**

See above.

**B. How does the LPHS ensure the provision of services to populations who may encounter barriers to care?**

Med-Vac transportation system, closing the loop with referrals to other service providers.

**C. How does the LPHS provide assistance to vulnerable populations in accessing needed health services?**

Healthcare enrollment services, family planning (screenings and referrals for follow-up) and family case management at the health department. Tran-Vac services. Health department changes processes and schedules to accommodate certain populations (i.e. early release date clinics, late clinics, in-school physicals, healthy start to school event, sandwich immunization clinic)

**D. What types of initiatives does the LPHS have available to enroll eligible individuals in public benefit programs, such as Medicaid and/or other medical or prescription assistance programs?**

Ryan White Medical Case Management for HIV clientele. Financial counselors at the hospital system who assist clients with referrals. Identifying higher risk situations and facilitating completing the healthcare enrollment process rather than referring to local public aid office. Family Planning does a lot of referrals through the Illinois Breast and Cervical Care Program.

Work to be done on formalizing the system.

DCHD moved to a walk-in model. We also have a no missed opportunity model. When a client comes in for the first time, we try to get them all of the services that they can. Family case management program does a good job at closing the referral. Staff understands and identifies the barriers and provides true care coordination for that young family.

Ben Gordon Center has expanded their hours.

A shared case management system would integrate physical and behavioral health care. It would be beneficial for outside organizations. Local mental health board is identifying funding sources for it. Helps us coordinate for clients who are using a lot of different services and improve care coordination for the client.
NM has one EMR system throughout Chicagoland. They are able to access information about patients and ensure that they are getting proper care.

NM has a multi-visit patient program for clients who use a lot of services in a six-month period. Those clients are flagged and they are linked to case management services.

The housing authority has a partnership with an organization that does behavioral clinics and the hospital system does blood pressure clinics, etc.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>• Many counties do not have Certified Application Counselor services</td>
<td>• Transportation to local FQHC</td>
</tr>
<tr>
<td>• Health department case management services and others doing case management in the community</td>
<td>• Hospital system does not have their own Certified Application Counselor</td>
</tr>
<tr>
<td>• Case management providers are collaborating and communicating with one another</td>
<td>• Center for Family Health does not work KishHealth Groups if clients are pregnant. Clients have to go to Elgin and deliver in Elgin. Clients are under the impression that they have to go to Elgin for WIC</td>
</tr>
<tr>
<td>• Health department has a good internal referral system across services</td>
<td>• Not everyone provides vaccines to those populations</td>
</tr>
<tr>
<td>• Hospital system refers uninsured to the health department for services</td>
<td>• Lack of local resources to address the needs of the mental health population</td>
</tr>
<tr>
<td>• We have enrollment</td>
<td>• We don’t have enough resources to meet the need of enrollment</td>
</tr>
<tr>
<td>• Robust FCM program at DCHD with strong referral network</td>
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<tr>
<td>• Hospital HER can be leveraged greater than we know right now</td>
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<tr>
<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
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<tbody>
<tr>
<td>• Opportunity to promote the CAC</td>
<td>• Shared case management system; securing case management of some sort</td>
</tr>
<tr>
<td>• Identify resources to fund for more CAC</td>
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<tr>
<td>• Wider use of epicure link</td>
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</table>

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

**Discussion Questions for Model Standard 9.1**

**Evaluating Population-Based Health Services**

**Frequency**

A. How often is each of the population-based health services evaluated?
   
   Annually at least. Patient satisfaction surveys are with each visit for a percentage of people at the hospital.
In the last few years, we are doing a better job at recognizing that we have to evaluate things. Evaluations have not historically been as far reaching as they need to be.

DCHD does a good job at collecting data, but does not do a good job creating anything actionable from the data.

There is short-term impact versus long-term impact.

All of this data is collected and we really are not doing much with the data. DCHD collects a lot of data for the state, but what is the state doing with that data? How does that trickle down to the local level.

### Quality & Comprehensiveness

<table>
<thead>
<tr>
<th>A. How does the LPHS evaluate population-based health services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health department has audits, satisfaction surveys. Hospital system does patient satisfaction surveys.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>B. What are the service elements to be evaluated?</th>
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<tbody>
<tr>
<td>If providers are meeting benchmarks, serving the population that they are supposed to be serving</td>
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<tr>
<th>C. How does the LPHS determine community satisfaction with population-based health services?</th>
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<tr>
<td>Surveys</td>
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</table>

### Usability

<table>
<thead>
<tr>
<th>A. How are the results of population-based health services evaluations used by LPHS organizations in developing strategic operational plans?</th>
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<tbody>
<tr>
<td>Identifying gaps in healthcare services, change or add additional services if necessary, identifying barriers to accessing health care (i.e., transportation issues)</td>
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<thead>
<tr>
<th>B. How does the LPHS identify gaps in health service delivery?</th>
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<tbody>
<tr>
<td>Relationships with coalitions and groups, surveys for the populations that are being served</td>
</tr>
<tr>
<td>We are identifying gaps through the IPLAN and CHNA process to address them.</td>
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<tr>
<td>Resources are scarce and it is challenging. There is a lack of actionable items due to those resources.</td>
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</table>

DCHD has not done formal reports for outbreaks in communicable disease. Now we are working towards doing action plans to prevent these outbreaks from happening again.

Behavioral healthcare gaps can be addressed with local funding sources. If the gap is larger, they go after state or federal funding.

Opportunity to better use data from evaluations. We sometimes find that people are not using data that was an outcome of a previous endeavor.
C. Do evaluations look at the extent to which program goals are achieved for population-based health services (i.e., access, quality, and effectiveness of population-based health services)?

Possibly access, but not as much quality and effectiveness. Grants do give programs directives to look toward to look at annually and see how you have done. Auditors review what you are doing and request improvements. On the health protection side, complaints drive looking into policy and ordinance changes.

DCHD childhood immunizations program monitors when school exclusion comes and the kind of demand that we get at that time. We offer back to school clinics.

Smoking rates are monitored for tobacco prevention and promoting the quitline in order to make sure the programs are making an impact.

NM does monitoring for heart disease, diabetes, etc. They have a “this one’s for the girls” program to promote women’s health services.

WIC and FCM does not share data widely. We are monitoring internally and strategizing on how to improve them.

A central data warehouse to access local data available.

Mental Health Board is trying to figure out how to document outcomes and fine tune performance management expectations.

An analyst is pulling Narcan use rates and ED visits for the opioid group.

Data is not available in a user-friendly system.

The only communities mentioned in this discussion are DeKalb and Sycamore... how can programs reach all areas of the county. People want to live in small towns but are concerned about access to care.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>• There are surveys being utilized</td>
<td>• No formal evaluation for some of the services and presentations</td>
</tr>
<tr>
<td>• Some sort of satisfaction surveys</td>
<td>• Work to be done on following-up on survey data</td>
</tr>
<tr>
<td>• We are doing evaluations of feedback</td>
<td>• We are not reaching the entire county</td>
</tr>
<tr>
<td>• Valley West is working on creating a breastfeeding center for southern citizens</td>
<td>• We need a formalized process for recognizing needs</td>
</tr>
<tr>
<td>• DCHD flu clinics- time study, effectiveness, emergency planning</td>
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</table>
- NM patients do client satisfaction after every visit
- NM wellness center, extending care beyond the hospital

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<th>Short-term Opportunities</th>
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<tbody>
<tr>
<td>• Formalized process to systematically evaluate</td>
<td>•</td>
</tr>
<tr>
<td>• Look for ways to assess if the community is satisfied with our population-based services</td>
<td></td>
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</table>

Discussion Questions for Model Standard 9.2
Evaluating Personal Health Services

### Awareness

A. **How have organizations within the LPHS evaluated personal health services for the community? What has been evaluated in the past?**
   - Surveys at the hospital system, public health and community level.

### Involvement

A. **How is information technology used by the LPHS to ensure quality of personal health services?**
   - Healthcare delivery and public health delivery of services. Hospital system uses an electronic health record, health department uses ICARE, INEDSS, Ahler’s to ensure quality. Technology for referrals for specific populations. Hospital uses information to ensure that they hold up to the core measures.
   - Electronic Health Record, Client/Patient Satisfaction (electronic & paper), websites, social media.
   - Follow-up after procedures and wellness checks on care.

B. **How is information technology used to facilitate communication among healthcare providers (e.g., Health Information Exchange or Regional Health Information Organizations) and improve quality of care?**
   - Many local doctors have access to patient records in their office so they can pull up records and lab tests. Local public health department does not have this capability.

C. **How are the results of the evaluation used by organizations in the LPHS in developing strategic and operational plans?**
   - Hospital does this at some level. The hospital uses the results of those evaluations to hold up to the core measures and strategic and operational plans. Health department uses the results of the various programs that we survey to tailor the program to fit the clients’ needs. LPHS plans to do this, but they are really not doing a great job right now.

### Quality & Comprehensiveness
A. Which personal health services in the community are evaluated against established clinical standards (e.g., the Joint Commission, State licensure, Healthcare Effectiveness Data and Information Set (HEDIS))? Hospital system services (joint commission), FQHC services (joint commission), physician offices (HEDIS), labs and organizations are licensed EVERYTHING AT THE HOSPITAL. Length of emulation, length of stay, use of narcotics, discharge to nursing home, etc. are being evaluated.

Client satisfaction is iffy with behavioral healthcare.

DCHD WIC and Family Planning are required to do annual satisfaction surveys and tweak how we provide services due to the needs presented.

B. How is client satisfaction with personal health services determined? What opportunities are there for clients to comment on the effectiveness of health services? Do the clients who provide input represent past, current, and potential users or services? Family Planning annual satisfaction surveys, WIC surveys more than once a year. Hospital surveys at every visit.

Frequency

A. How often are accessibility, quality, and effectiveness of personal health services evaluated?
   At least annually.
   Hospital system- all the time.
   DCHD- annually.

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<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>• Local public health system continues to use technology to improve quality of care</td>
<td>• Health department does not have HER</td>
</tr>
<tr>
<td>• Providers understand the importance of sharing information for the good of the care</td>
<td>• On public health side, resources don’t always match what the client’s needs are, don’t have the capacity to improve</td>
</tr>
<tr>
<td>• Hospital system is doing ongoing patient satisfaction assessment of the services</td>
<td>• Too many metrics</td>
</tr>
<tr>
<td>• HD does annual client satisfaction surveys and utilizes data</td>
<td></td>
</tr>
<tr>
<td>• NM has goals based on data</td>
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<tr>
<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Data from hospitals can be utilized from the evaluations</td>
<td></td>
</tr>
<tr>
<td>• Would like to see a more coordinated approach to create a strategic plan for customer/patient-focused</td>
<td></td>
</tr>
</tbody>
</table>
• Systematic quality improvement
• Actionable items based on metrics

Discussion Questions for Model Standard 9.3
Evaluating the Local Public Health System

Awareness
A. Have all the community organizations or entities that contribute to the delivery of the 10 Essential Public Health Services been identified as part of the community’s LPHS?
   Yes
   Just recently.

Frequency
A. Is a comprehensive evaluation of the LPHS, such as this assessment, conducted every three to five years?
   Yes
   Yes

Quality & Comprehensiveness
A. Has a partnership assessment been conducted that evaluates the relationships among organizations that comprise the LPHS?
   No
   No- some is beginning through the MAPP process.

B. How is the exchange of information among the organizations in the LPHS assessed?
   ?
   The infrastructure exists through committee level work that is being done. Some of this could be through the satisfaction surveys that are posed.

C. How are linkage mechanisms among the providers of population-based services and personal health services assessed (e.g., referral systems, memoranda of understanding)?
   Assessed by ongoing communication and collaboration with providers and clients.

Usability
A. How is the use of resources (e.g., staff, communication systems) to support the coordination among LPHS organization assessed?
   No formal process.

B. How does the LPHS use results from the evaluation process to guide community health improvements?
   It has not been assessed as the entire LPHS. Assessments have been done internally to achieve internal goals.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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</thead>
<tbody>
<tr>
<td>• We have strong relationships with LPHS organizations within the community</td>
<td>• Mechanism for being able to assess</td>
</tr>
<tr>
<td>• Beginning to talk about these terms</td>
<td>• No assessment has been conducted to evaluate relationships or effectiveness of collaboration among organizations</td>
</tr>
<tr>
<td>• Communication exists</td>
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</table>
Community partnerships exist to discuss healthcare

- No assessment for the exchange of information between entities
- We do not have buy-in from all organizations and all communities

<table>
<thead>
<tr>
<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
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</table>
| - Common language and direction  
- Identify and educate stakeholders  
- Evaluate partnerships and relationships | - Systematic approach to evaluation |

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

**Discussion Questions for Model Standard 8.1**

**Public Health and Personal Healthcare Workforce**

**Awareness**

A. What type of public health workforce assessments have been conducted within the community?
   Health department and hospital system has not yet done this.

**Frequency**

A. Within the past three years, has an assessment of the LPHS workforce been conducted?
   N/A

**Quality & Comprehensiveness**

A. What components were included in the workforce assessment?
   N/A

B. Whether or not a formal assessment has been conducted, have shortfalls and/or gaps within the LPHS workforce been identified? If so, what are they?
   Long-term care struggles with retaining employees. Licensed Environmental Health Practitioners are difficult to find. Professional bilingual staff are difficult to find. Nurse practitioners are hard to find who are willing to work part-time. Hospitals have difficulty retaining nurses and physicians.

C. How have the organizations within the LPHS implemented plans for addressing these shortfalls or gaps?
   Shortfalls are more on the public health side compared to the hospital side. Health department is willing to hire someone who is untrained and provide them with training. Hospital system uses hospitalists (internal doctor who does admissions, in-patient stuff) so that physicians can focus on their practices outside of the hospital. Hospital uses agency nursing. Health department may hire a nutritionist as opposed to a nurse to provide WIC.

D. Is there a formal process to evaluate the effectiveness or plans to address workforce gaps?
   Probably not.
Usability

A. How is the knowledge from the workforce assessment used to develop plans to address workforce gaps?
   N/A

B. How are results from formal or informal workforce assessments and/or gap analyses shared with LPHS organizations for use in strategic or operational plans?
   They’re not.

NIU has a public health advisory committee that comprises different health departments and the hospital system. The committee sent a survey out to participants on workforce development.

DCHD is working on a public health workforce competency assessment and feed that into a workforce development plan. DCHD has trainings and development, but there is no centralized coordinated effort.

Hospital had strategic planning for competency plans for the workforce. As the hospital moves to magnet capacity, there will be additional things required.

The Counsel on Education for PH has come up with new competencies and all accredited programs in PH are having to change their curriculums to comply with this.

Funding has been cut for many organizations and many employees have had to pay for their own education and use vacation and personal time to get training. NIU faculty frequently have to pay for themselves to go to trainings. There was no budget for speakers and resources. A training consortium in the community would be beneficial for people to get the training they need.

County has no formal training across the board. There is no ethics training, sexual harassment training, leadership training, etc.

A coordinated plan could allow for cross-sectoral training.

The state has all these trainings- sexual harassment, ethics, etc.

All entity plans are only looking at their own organization.

There is an issue with sustaining long-term care workforce. There is constant turnover at the County workforce.
DCEDC is working with local businesses and looking at the student population that comes in and how to retain those students.

The Community Foundation is also offering many trainings to nonprofit organizations such as leadership training. You have to be a member of the foundation and you have to know about the different trainings that are going on.

The hospital has close relationships with students at NIU and tries to accommodate the best that they can.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>• Health department gets creative in addressing gaps</td>
<td>• No formal public health workforce assessment completed</td>
</tr>
<tr>
<td>• Hospitals are able to find ways to retain physicians</td>
<td>• Shortage of resources</td>
</tr>
<tr>
<td>• Some areas are doing workforce assessments</td>
<td>• Not sharing and coordinating results</td>
</tr>
<tr>
<td>• Awareness of standards and competencies</td>
<td>• Tools through the PH foundation are challenging for frontline employees</td>
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<tr>
<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
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<tbody>
<tr>
<td>• DCHD to formally assess PH competence</td>
<td>• Create a health workforce development consortium</td>
</tr>
<tr>
<td>• Sharing assessment results</td>
<td>• NIU &amp; Kish could partner with the business incubator</td>
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Discussion Questions for Model Standard 8.2
Public Health Workforce Standards

Quality and Comprehensiveness

A. What types of guidelines, licensure, and/or certification requirements are required for positions within the LPHS organizations that deliver the 10 Essential Public Health Services?
   Nursing License, Physician License, LEHP, CHES Certification, CPR Certification, Certified Lactation Consultant, Certified Application Counselor, Hearing and Vision Certification, Emergency Preparedness Certification, EMT, Physical Therapist, Respiratory Therapist, Licensed Clinical Social Worker, Licensed Clinical Counselor

B. How do organizations within the LPHS make sure they comply with those guidelines, licensure, and/or certification requirements?
   Human Resources- licenses and certifications are collected annually.

C. Do most or all organizations within the LPHS have written job standards and/or position descriptions for all personnel delivering the 10 Essential Public Health Services? Are these job standards tied to public health competencies?
   Yes, most organizations have job descriptions for positions in the public health system. The job standards are not likely tied to public health competencies.
D. **Do most organizations within the LPHS conduct annual performance evaluations?**

   Health department tries to do annual performance evaluations.

E. **What type of performance evaluations are conducted within LPHS organizations?**

Evaluations developed by each organization within the system.

Send the questionnaire to all of the agencies about what are the licenses and requirements and standards that are required for employees.

DCHD has licensed environmental health practitioners, nursing licensure, EP licensures, food licensures.

Hospital licensures- nursing, practitioners, lactation consultants, social work, etc.

NM has a whole department on licensures, credentialing, etc.

DCHD has a Finance/HR Coordinator who tracks licensures and certifications.

Licenses are expensive, and the continuing education is expensive.

Continuing education could be very time consuming and expensive.

There are not many resources from the Illinois Department of Public Health. People use some national tools. The tools are not easily understandable.

NIU has new requirements for all MPH graduates to learn the 10 essential services. A lot of the curriculum refers to the 10 essential services.

There are not a lot of state standards aside from LEPH and nursing.

Performance evaluations are done annually at most organizations.

NM has performance evaluations based on organization goals, department goals and individual goals. Staff are rewarded for meeting those objectives. If you do the work, you reap the benefit. Some things are reported weekly and monthly.

Performance evaluations are not based on merit at DCHD. They are not tied to departmental goals or a strategic plan. This is an effort that will be happening this year.

NIU has evaluations through the department and then through the college’s dean. There are tenure evaluations. Non-faculty staff gets performance reviews by the chair. All NIU employees receive an annual evaluation and the format is different based on civil service or professional staff. Professional staff pushed for much more detailed evaluations.

State has evaluations that differ between union and non-union. Evaluations are standardized for union workers.

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• We are ensuring that public health workforce have required licenses and certifications
• Employers are getting required education for licenses and compliance
• Evaluations are being done
• Organizations are aware of standards

• We are not tying job descriptions to public health competencies at this time
• There is work to be done with job descriptions and formally tying them to the 10 essential public health services
• DCHD performance reviews are not tied to PH competencies or 10 Essential PH services
• Expenses of licenses and time to maintain licenses
• Limited understanding of what licenses are needed
• NIU Continuing Education department was abandoned and unfunded

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<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
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<tr>
<td>• Leverage academia to partner and train</td>
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<tr>
<td>• Utilizing web-based trainings (I-TRAIN)</td>
<td>•</td>
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<tr>
<td>• Extensions offering free or low cost training</td>
<td>•</td>
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<tr>
<td>• Share WIC works to wider audiences</td>
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Discussion Questions for Model Standard 8.3

Life-Long Learning through Continuing Education, Training and Mentoring

Involvement
A. **What types of opportunities are there for interaction between staff of LPHS organizations and faculty from academic and research institutions, particularly those connected with schools of public health?**

Open lines of communication with our local school of public health. We use public health interns at the health department. NIU School of Public Health provides resources and Health Department shares resources as well.

Usability
A. **Do organizations within the LPHS dedicate resources, such as budget and personnel, for training and education?**

Health department puts some funding for continuing education and allows personnel to participate in webinars, trainings, etc. Hospital system allows employees to do certifications and trainings on paid time as well.

Quality & Comprehensiveness
A. **How does the LPHS identify education and training needs for workforce development? What types of workforce development opportunities are encouraged and/or provided?**

Health department identification of education and training is grant or state licensure driven. Hospital determines education and training by role and licensure.

B. **How are updates and refresher courses delivered within the LPHS for key public health issues (e.g. HIPAA, non-discrimination, and emergency preparedness)?**
Web-based courses, all-staff trainings, drills, in-services, annual online refreshers.

C. How does the LPHS provide opportunities for all personnel to develop core public health competencies?

   If we do it right now, it is by default.

D. How comprehensive are the training opportunities?

   TBD

E. What types of incentives are provided to the workforce to participate in educational and training experiences?

   Staff is allowed to do trainings on work-time.

   DCHD staff present at PH classes. We have not used PH professors to train DCHD staff for example in PH competencies or essential services.

   Kishwaukee College does more professional development type stuff and open it up to the community.

   NIU is required to do this through their accreditation, however they are not given any resources to do this. NIU has a partnership with Kendall County HD that has regular all-staff meetings with seminars on particular topics.

   DCHD wants to ensure that they mentor EH interns to get into a position to consider the LEHP exam, because there is a huge demand for people with that licensure.

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<th>Strengths</th>
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</table>
| • Opportunities for employees to take part in trainings doing work time and tuition assistance  
• Resource of NIU and Kishwaukee College for expertise and training  
• Training opportunities at the hospital  
• NIU & Kish have a life long learning institute open to anyone  
• Aware of CE needed for licenses and certification  
• Hospital has a robust CE budget and tuition reimbursement  
• NM employees get NW discount  
• NIU tuition waivers for faculty and staff | • Not formally tied to the 10 essential services  
• CE done in silos by organization and can be shared across entities  
• Resources and incentives for training and CE  
• PH limited resources for tuition reimbursement |

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<tr>
<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
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</thead>
<tbody>
<tr>
<td>• Better promote tuition assistance</td>
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Discussion Questions for Model Standard 8.4
Public Health Leadership Development

Awareness

A. Have leaders within the LPHS and community collaborated to create a shared vision for the community?
   No.

B. How have leaders within the LPHS and community collaborated for participatory decision-making?
   Through coalitions and committee work around public health issues.

Involvement

A. How does the LPHS recruit and retain new leaders who represent the diversity of the community?
   We look for Spanish speaking staff. NIU and schools are able to get a lot more leaders of diversity. Physicians, polices and faith-based communities are getting much more involved in the diversity of the community.

Quality & Comprehensiveness

A. How do organizations within the LPHS promote the development of leadership skills?
   Sending people to leadership institutes or academies. Hospital has quarterly leadership development institutes. NIU & Kishwaukee offer opportunities for leadership development. Health Department does STUDOR training.

B. How do organizations across the LPHS communicate to ensure informed participation in decision-making? (e.g., community forums, email lists?)
   Committees & coalitions share information to people who are in decision-making roles.

C. How does the LPHS provide leadership opportunities for individuals and/or organizations in areas where their expertise or experience can provide insight, direction or resources?
   Through internships and opportunities to teach people.

Usability

A. How are coaching and mentoring used within the LPHS to develop community leadership?
   Meeting with NIU students who are working in health administration, public health, environmental health, etc. The leadership academy does this.

Strengths | Weaknesses
---|---
• Collaboration with higher education  
• Information sharing within the community  
• Leadership development opportunities (DCCF, Chambers) | • There is not a formal shared vision for the community  
• Not a shared/coordinated effort  
• Increase diversity of leadership  
• DCHD needs to build leadership

Short-term Opportunities  
• Collaboration with higher education  
• Information sharing within the community  
• Opportunities for all levels of employees  

Long-term Opportunities  
• There is not a formal shared vision for the community
**Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems**

**Discussion Questions for Model Standard 10.1 Evaluating Population-Based Health Services**

**Frequency**

A. **During the past two years, have LPHS organizations proposed one or more public health issues for inclusion in a research organization’s agenda?**
   WIC to 5- UIC researchers coming in and researching clients. NIU students monitoring types of birth control and preference at the health department. Crib-to-career asked NIU to do research on early childhood trauma, vision and hearing, developmental screenings. Active transportation research through NIU. Transportation (bus lines) research. Annie Glidden Corridor group.

**Usability**

A. **How do LPHS organizations encourage community participation in developing or conducting research?**
   Through NIU governmental studies. Having community members participate on committees- Active Transportation, Annie Glidden Corridor. Having client participation in surveys- WIC to 5.

B. **How do LPHS organizations document and share results, lessons learned, and success stories?**
   Community forums, community presentation to specific groups, websites, newspaper articles.

**Quality & Comprehensiveness**

A. **How do LPHS organizations encourage staff to develop new solutions to health problems in the community?**
   We encourage them to participate in community forums, meetings, surveys.

B. **How do LPHS organizations provide time and/or resources for staff to pilot test or conduct studies to determine new solutions?**
   Outside of academia, this does not happen.

C. **How do LPHS organizations identify and stay current with best practices?**
   State, national and regional organizations disseminate information.

D. **How do LPHS organizations evaluate innovation, document success, and build an evidence base?**
   N/A. Anything evidence-based is coming from the national level. DCCF partnered with NIU to do research on kindergarten readiness.
NIU PH faculty are doing a variety of research, but most of it is not centered on the local community. There may be an opportunity for growth. NIU faculty are writing grants for training of long-term care workers.

NM- everything is about best practices including to clinical care and treatment.

DCHD is doing this through CDC or IDPH when they provide evidence-based practices. It is not really formally done outside of that.

NM is baby-friendly which is a best practice that they have adopted.

NM does a report called a community benefit report and highlights outcomes.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>• Process being used through the Annie Glidden Corridor that involves research based on a high level of community feedback</td>
<td>• Our ability to effectively share results of research that is being done locally</td>
</tr>
<tr>
<td>• NIU research component</td>
<td>• Resources</td>
</tr>
<tr>
<td>• NM- national research and best practices</td>
<td>• Hard for DCHD to get involved</td>
</tr>
<tr>
<td>• NM Innovation competition- grant for local dollars</td>
<td>• Communication</td>
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<tr>
<th>Short-term Opportunities</th>
<th>Long-term Opportunities</th>
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<tbody>
<tr>
<td>• More collaboration with NIU</td>
<td>•</td>
</tr>
<tr>
<td>• Health needs feedback to WIC population (60% of new moms)</td>
<td></td>
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<tr>
<td>• Operationalize NIU MPH projects</td>
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Discussion Questions for Model Standard 10.2
Linking with Institutions of Higher Learning and/or Research

**Awareness**

A. Do any of your organizations or others within the LPHS have relationships with institutions of higher learning and/or research organizations?

Yes, Northern Illinois and Kishwaukee College.

**Quality & Comprehensiveness**

A. Does any LPHS organization partner with at least one institution of higher learning and/or research organization to conduct research related to the public health? What are the results of these efforts, if any?

Yes, Northern Illinois University. Data to drive local initiatives and policy is the result of these efforts.

B. How does the LPHS encourage collaboration between the academic and practice communities?

Collaborating has become the culture.
Strengths | Weaknesses
--- | ---
- Relationship the LPHS has with NIU (governmental studies and GIS)
- Community Relationships | - LPHS does not necessarily encourage NIU to develop projects and trainings based on research
- Relationships could be stronger

**Short-term Opportunities**
- NIU MPH Capstone Projects

**Long-term Opportunities**
- **Discussion Questions for Model Standard 10.3**
  
  **Capacity to Initiate or Participate in Research**

- **Awareness**
  A. Does the LPHS have access to research support (either on staff or through other organizations)?
  Yes, through NIU.

- **Usability**
  A. How is the LPHS sharing findings from its research?
  Community forums, websites, presentations, newspaper

- **Quality & Comprehensiveness**
  A. What types of research expertise and/or experience are available within the LPHS to facilitate research?
  NIU Center for Governmental Studies & GIS. NIU Professors and Masters or Doctoral level students.
  B. What types of resources are available within the LPHS to facilitate research?
  See above.
  C. How does the LPHS evaluate its research activities?
  Academic researchers evaluate, LPHS does not.

  NM and NIU have access to research.
  Sharing of research could be better done.
  NM research is mainly shared internally.

  Community work that is being done is based on a lot of assumptions.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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</table>
| - Access to a research institution- NIU
- NIU capacity to initiate and participate
- NM
- This process helps facilitate resources | - Not a one-stop resource for research that is being done
- Funding to close the loop or address the findings of the research
- Communication and collaboration

**Short-term Opportunities**

**Long-term Opportunities**
| Access to a research institution - NIU | Not a one-stop resource for research that is being done |
| Communication and collaboration | Funding to close the loop or address the findings of the research |
| | New best practices |