OGLE COUNTY LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT 2020

2020-2025

Contents

Background

The Essential Public Health Services

  The Essential Public Health Services are used throughout the MAPP process. The Essential Services framework was developed in 1994 as a method for better identifying and describing the core processes used in public health to promote health and prevent disease. All public health responsibilities (whether conducted by the local public health agency or another organization within the community) can be categorized into one of the services.

  The Essential Services were selected due to:

- broad awareness among the public health community;
- their proven usefulness in other public health infrastructure initiatives, such as *Healthy People 2010* and the National Public Health Performance Standards Program; and
- the relationship of the Essential Services to previous public health frameworks such as the three core functions and the ten organizational practices.

The Essential Public Health Services are as follows:

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

The Local Public Health System Assessment

The Local Public Health System Assessment uses the Core Functions and the Ten Essential Services as established by the Institute of Medicine. The Core Functions and Ten Essential Services were used to create the more in-depth National Public Health Performance Standards. These standards act as the

framework to assess the Local Public Health System and the public health work performed within the system. The local public health system as defined but the National Association of County and City Health Officials; *Public health systems are commonly defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." Public health systems can also be described as a network of entities with differing roles, relationships, and interactions as depicted in the picture to the left. All these entities contribute to the public's health and wellbeing throughout the community. The governmental public health department is a major player in the public health system, but they do not provide the full spectrum of essential public health services alone.*
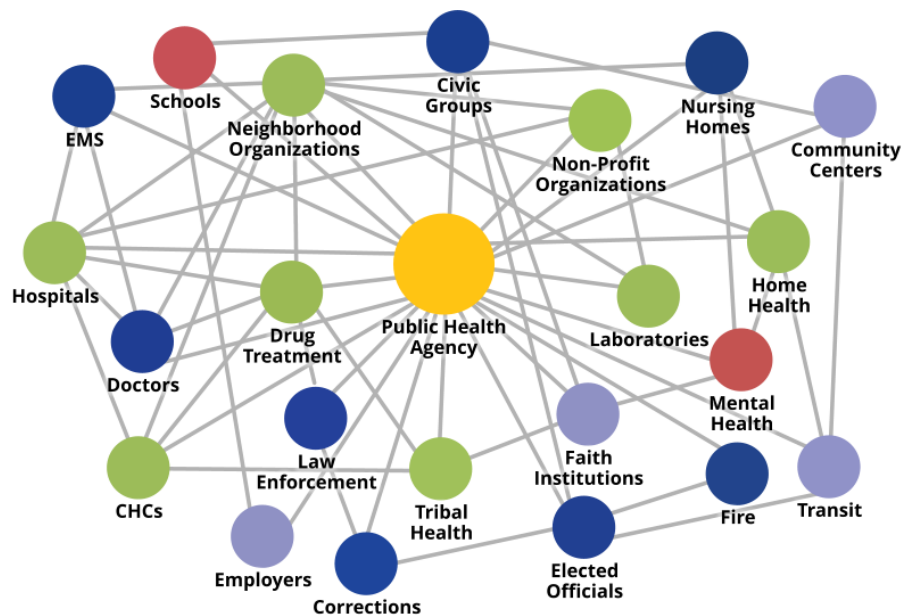
This assessment is not solely focused on the work of the local public health department. The assessment looks at broader public health practice in a given jurisdiction.

Methodology

The Performance Standards related to each Essential Service describe an optimal level of performance and capacity to which all Local Public Health Systems should aspire. The MAPP process using the National Public Health Standards provides every Local Public Health System, regardless of the level of sophistication, with benchmarks by which the system can be assessed to help identify strengths, weaknesses, and short- and long-term improvement opportunities.

Additionally, the standards stimulate continuous quality improvement by serving as a guide for learning about activities throughout the system and determining how to make improvements to enhance system performance.

The Ogle County Health Department included leaders from various organizations to assist in completing the Local Public Health System Assessment. The department divided the model standards into two groups. Two groups of community leaders were established and matched to the two groups of model

standards that best match the discipline that the leaders represent. The standard groupings are as follows: **Group 1-** *1. Monitor Health Status, 2. Diagnose and Investigate Health Problems and Health Hazards, 4. Mobilize Community Partners to Identify and Solve Health Problems, 5. Develop Policy and Plans That Support Individual and Community Health Efforts, 6. Enforce Laws and Regulation that Protect Health and Ensure Safety,* **Group 2-** *3. Inform, Educate, and Empower People about Health Issues, 7. Link People to Needed Personal Health Services, 8. Assure a Competent Workforce, 9. Evaluate Effectiveness, Accessibility and Quality of Health Services, 10. Research*

Each Community Leaders was given a voting devices and was shown a PowerPoint presentation with questions relating to the Model Standards. Participants were asked to answer the questions individual and they responses were aggregated within the response system. After responding to each model standard question the group was asked to participate in a qualitative assessment of each standard. The qualitative portion of the assessment is a SWOT-like analysis discussion focused on strengths, weaknesses, short-term and long-term opportunities. Two scribes employed by the local health department captured discussion noes from the SWOT.

The follow pages will show the responses to the Model Standard questions and the discussion notes from the SWOT-like analysis.

Executive Summary

The Ogle County Health Department Completed the Local Public Health System Assessment in two meetings on February 6th 2020 and February 20th 2020. The department presented the Public Health Essential Services and Models Standards to a group of Ogle County Community Leaders and ask them to score the level of activity for each model standard. Table 1 demonstrates the scoring metrics used to determine the activity level for each Essential Services. The results for the model standards were then aggregated to determine an overall score for the Essential Services associated with the models standards. Ogle County's Local Public Health System scored lowest in the Essential Service 1: Monitor Health Status. The public health system scored highest in the Essential Services 2: Diagnose and Investigate.

Table 1. Summary of Assessment Response Options

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Figure 2. Summary of Average Essential Public Health Service Performance Scores

Summary of Average ES Performance Score

Essential Service	Score
Average Overall Score	48.6
ES 1: Monitor Health Status	34.7
ES 2: Diagnose and Investigate	72.9
ES 3: Educate/Empower	63.9
ES 4: Mobilize Partnerships	50.0
ES 5: Develop Policies/Plans	39.6
ES 6: Enforce Laws	50.4
ES 7: Link to Health Services	46.9
ES 8: Assure Workforce	43.0
ES 9: Evaluate Services	41.3
ES 10: Research/Innovations	43.8
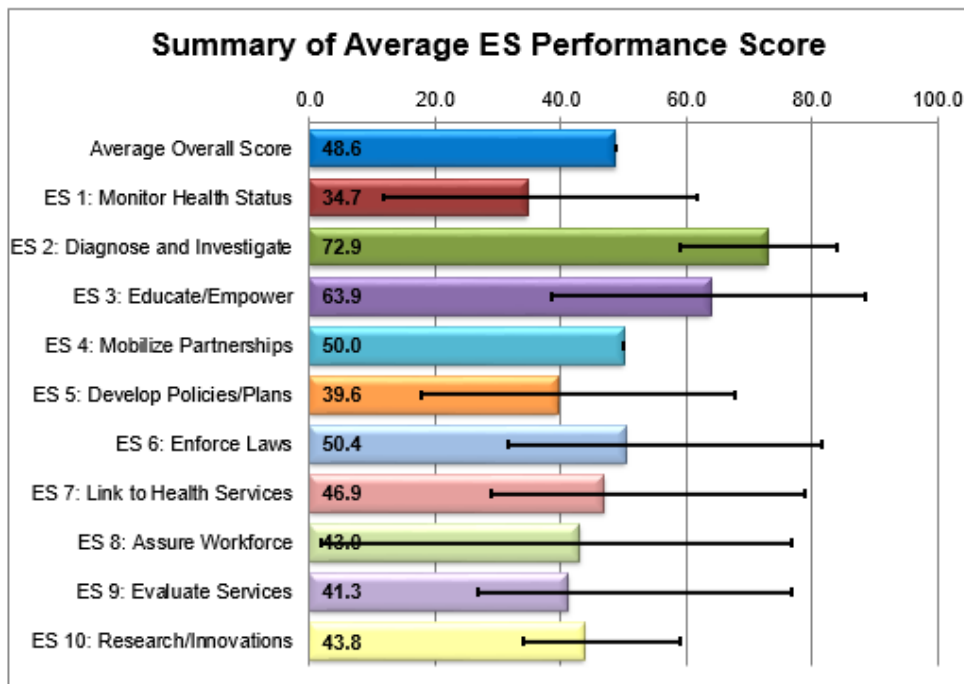
Local Public Health System Assessment

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

Model Standard 1.1: Populations-based Community Health Assessment

The LPHS completes a detailed community health assessment (CHA) to allow an overall look at the community's health. A CHA identifies and describes factors that affect the health of a population and pinpoints factors that determine the availability of resources within the community to adequately address health concerns. This provides the foundation for improving and promoting the health of the community and should be completed at least every three years. Data included in the CHA are accurate, reliable, and interpreted according to the evidence base for public health practice. CHA data and information are shared, displayed, and updated continually according to the needs of the community. By completing a CHA, a community receives an in-depth picture or understanding of its health. From the CHA, the community can identify the most vulnerable populations and related health inequities, prioritize health issues, identify best practices to address health issues, allocate resources where they are most needed, and provide a basis for collaborative efforts to promote the public's health. The CHA also tracks the health of a community over time and compares local measures to other local, state, and national benchmarks. To accomplish this, members of the LPHS work together to:

• Assess the health of the community regularly.

• Continuously update the CHA with current information.

• Promote the use of the CHA among community members and partners.

1.1.1 Conduct regular Community Health Assessments?
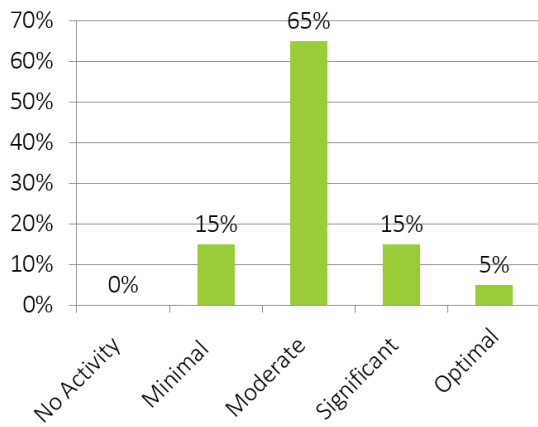
1.1.2 Update the CHA with current information continuously?
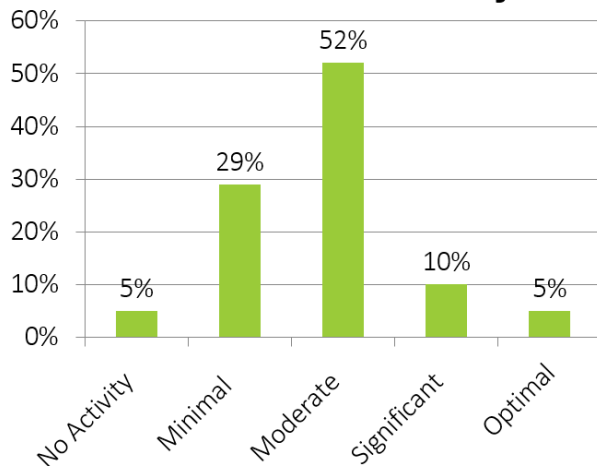
1.1.3 Promote the use of the CHA among community members and partners?

Strengths
- Data collection- in contact with health department on a weekly basis and we use it to talk to state and national
- Great for planning
- RCH assessment with partner organization
- Puts data into numbers that the community can then use to be educated and give them tangible information about specific topics
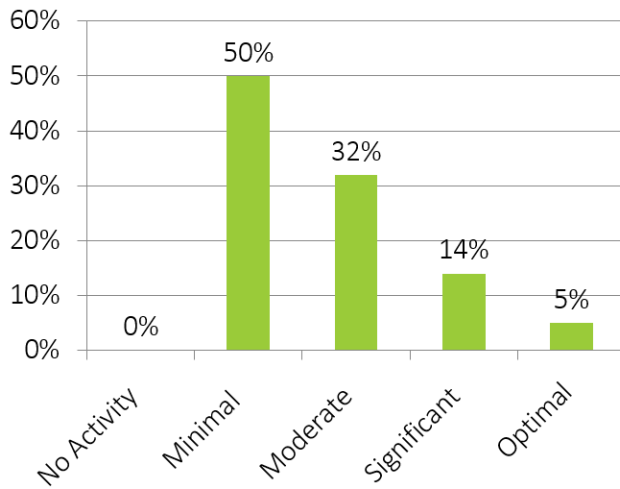- Help identify gaps in care and try to meet those needs
- Identify areas where you can reach the community- meet people where they are
- Help with grant writing and resource development
- Identify trends in disease management, population, demographics, etc.
- Gives an aspirational goal and points to meet along the way to reach a healthy community
- Understand our capacity to meet the needs of the people

Weaknesses
- Helping the community to understand what the assessment is about- promotion of CHA
- Not aligning cycles between the HD and hospital- collect a lot of the same information every couple years but they are not connected or partnered
- Getting the community to participate
- Not currently a fluid process of getting the information and using it and updating it through the years
- Changing threats- not updating on a regular basis
- Lack of funding
- Difficulty obtaining good data- data is old so there are issues making data driven decisions
- Variation in data interpreted- including biases
- Unreported population and gaps in data for underrepresented communities who don't want to get involved or have lack of trust
- Limited sharing of data due to lack of ease or being territorial
- Inconsistencies and fragmentations in data- no uniformed guidelines, HIPPA, no one platform to put the data on

Short-term Opportunities
- Appropriate planning
- Creating partnerships
- Dissemination of information in a timely fashion
- Education of the community about CHAs and public health and what we use our funding for
- More frequent updates of information
- Increasing engagement and participation

Long-term Opportunities
- Standardizing data collection
- Aligning the CHA cycles
- Looking for/getting more funding
- Education of the community about CHAs
- Filling in the gaps in treatment
- Creating trust within the community

- Using the community health assessment, funding, trust, etc. will create a healthier county
- Creating sustainability
- Earlier intervention and prevention and reducing costs by seeing the potential trouble

Model Standard 1.2: Current Technology to Manager and Community Population Health Data

The LPHS provides the public with a clear picture of the current health of the community. Health problems are looked at over time and trends related to age, gender, race, ethnicity, and geographic distribution. Data are shown in clear ways, including graphs, charts, and maps, while the confidential health information of individuals is protected. Software tools are used to understand where health problems occur, allowing the community to plan efforts to lessen the problems and to target resources where they are most needed. The CHA is available in both hard copy and online, and is regularly updated. Links to other sources of information are provided on Web sites. To accomplish this, members of the LPHS work together to:

• Use the best available technology and methods to combine and show data on the public's health.

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

• Use computer software to create charts, graphs, and maps which show trends over time and compare data for different population groups.

1.2.1 Use the best available technology and methods to display data on the public's health?
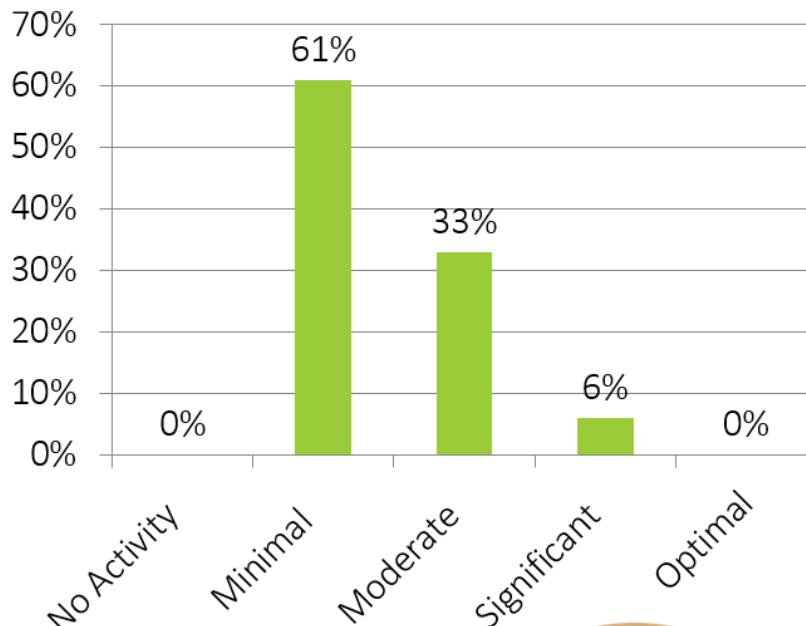
1.2.2 Analyze health data, including geographic information, to see where health problems exist?
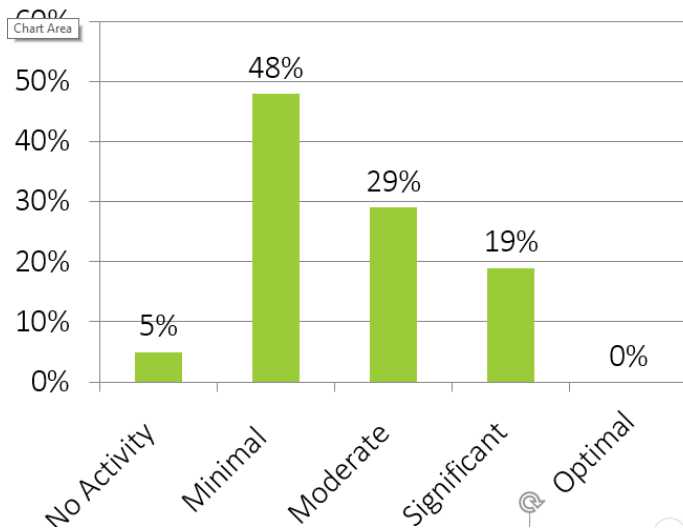
1.2.3 Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?
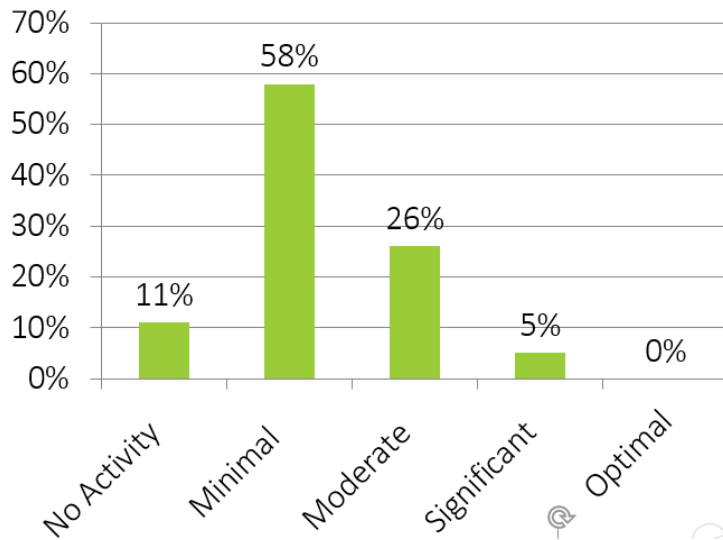
Strengths

- In hospital, reporting CD/flu is easy- INEDS is easy to use and there is a lot of data to use
- Utilizing social media- strong following for a LHD in our region
- Hospital electronic health records
- Pushing information out to the healthcare partners, good notification platforms- siren notices reach everywhere

- Rapid dissemination of information for constantly changing cases

Weaknesses

- Lack of trained individuals to use data technology- hard to come by highly trained individuals in a smaller county; county has no epidemiologist/informatics/ biostatistics
- Usually has to be analyzed by other individuals and with a small staff, there is no one with educational background and they have limited time
- Layers of communication slows down the information getting to the state or national levels
- Lack of funding for technology and personnel
- Minimal knowledge about training and educated specialists
- Various quality of software
- Limited IT services- especially for the HD
- Issues of internet connectivity for large sets of data- especially for rural counties
- Long term sustainability of equipment- cost of updated devices/ servers/software/security/etc.
- Population accessibility to technology
- Access to past data through the databases
- Time needed to update databases

Short-term Opportunities

- Partnerships to get local information out to other facilities through computers, online education, enrolling in public aid
- Share resources (cost, tech.,) regionally
- Could use cloud services- includes the potential to increase security
- Utilizing social media more and increasing engagement and garnering more information
- Diversifying social media, you use- Facebook, Instagram, etc.
- Leveraging partnerships to get better purchasing power

Long-term Opportunities

- Grant funding for technology- state sent out grant about improving internet in rural communities
- Leveraging partnerships to get better purchasing power
- Keeping your technology sustainable and continuing to stay up to date on technology trends
- Keeping your data backed up so that you can still access it as the technology changes and transfer it to new systems as needed
- Will make communication, data sharing, etc. easier
- Better public understanding when the data is in more shareable format
- Improving technology that can reach all- Telehealth
- Interactive online technology that specialists/health departments can access records of another patient without hassle of faxing

Model Standard 1.3: Maintaining Population Health Registries

The LPHS collects data on health-related events for use in population health registries. These registries allow more understanding of major health concerns, such as birth defects and cancer, and tracking of some healthcare delivery services, such as vaccination records. Registries also allow the LPHS to give timely information to at-risk populations. The LPHS ensures accurate and timely reporting of all the information needed for health registries. Population health registry data are collected by the LPHS according to standards, so that they can be compared with other data from private, local, state, regional, and national sources. With many partners working together to contribute complete data, population registries provide information for policy decisions, program implementation, and population research. To accomplish this, members of the LPHS work together to:

• Collect data on specific health concerns to provide to population health registries in a timely manner and consistent with current standards.

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

1.3.1 Collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries?
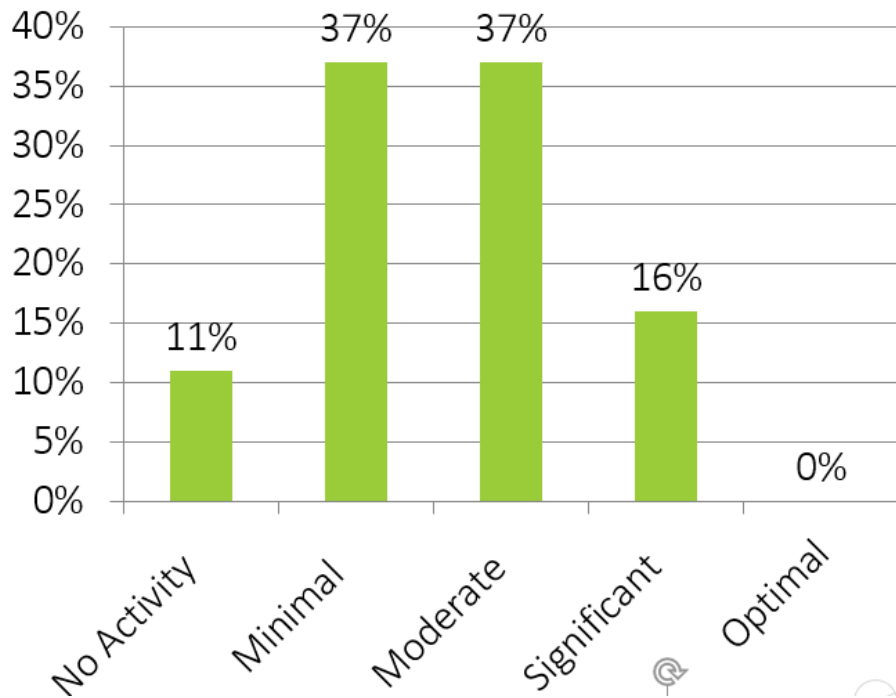
1.3.2 Use information from population health registries in CHAs or other analyses?
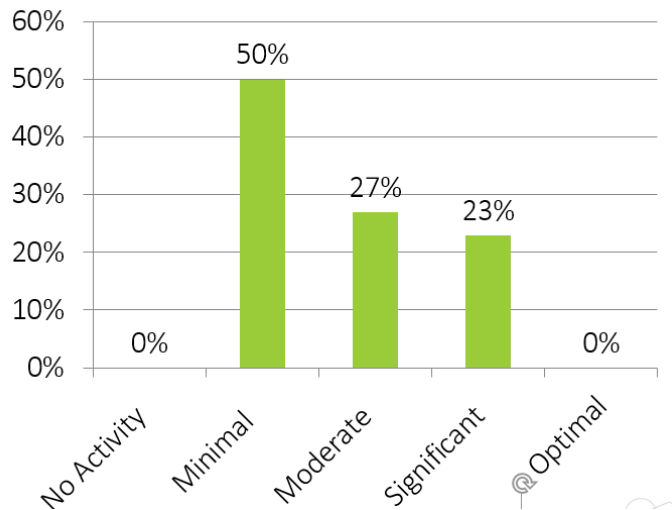
Strengths

- Have registries for flu
- Communicable Disease Registry (I-NEDSS)
- I-CARE for Immunization Data
- DARTS for substance use
- Mental health
- Cancer
- Prescription monitoring
- Chronic disease
- Maternal child health data
- Census data
- Shown to county board for funding
- Educate local elected officials about what's going on, why we make certain decisions

Weaknesses

- Being aware of different types, where it is going, who houses it- you have to know what and where to request the data
- How to interpret the data
- Data not shared correctly
- Difficult to access the data- lack of business agreement, HIPPA, compatibility of system/platforms
- Collecting the data is very time consuming due to proof and amount of information required
- Decreases trust and willingness to return to organization
- Lack of communication between partners and the community to inform them of why we need the data and where it is going which creates distrust
- Don't know the variability in the data set
- Cost to pull/run the data

- Not completely inclusive data- if you don't have to collect all the data, some organizations might not so data is inconsistent, not all the population is covered
- Use of thresholds- data is not exact
- Not streamlined- needed information is repeated throughout facilities rather than shared, people must answer the same questions over and over, information in database could be different between organizations
- Lack of trust on many levels- local, state, federal

Short-term Opportunities
- Shared platforms across agencies- especially with shared patients and clients
- Standardizing requirements for data collection- only collecting useful data
- Make registries more easily accessible to partners- pushing it out to more people
- Education of clients about how the data is shared and why the data gathered is important
- Make local data more accessible to local people- better idea of what we are doing
- Being able to present the data more clearly to public and federal levels
- Update the CHA more frequently in reports with registry data
- Involving the community in the planning process so they can spread trust to community and show there is no ill intent with their data
- Real time data

Long-term Opportunities
- Portal to share information between partners
- Increase accessibility to clients- online portal to fill out information before hand, could allow accurate information with more time to do it

Essential Services 2: Diagnose and Investigate Health Problems and Health Hazards
Model Standard 2.1: Identifying and Monitoring Health Threats

The LPHS conducts surveillance to watch for outbreaks of disease, disasters, and emergencies (both natural and manmade), and other emerging threats to public health. Surveillance data include information on reportable diseases, potential disasters and emergencies, or emerging threats. The LPHS uses surveillance data to notice changes or patterns right away, determine the factors that influence these patterns, investigate the potential dangers, and find ways to lessen the effect on public health. The best available science and technologies are used to understand the problems, determine the most appropriate solutions, and prepare for and respond to identified public health threats. To ensure the most effective and efficient surveillance, the LPHS connects its surveillance systems with state and national systems. To provide a complete monitoring of health events, all parts of the system work together to collect data and report findings. To accomplish this, members of the LPHS work together to:

• 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.

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

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

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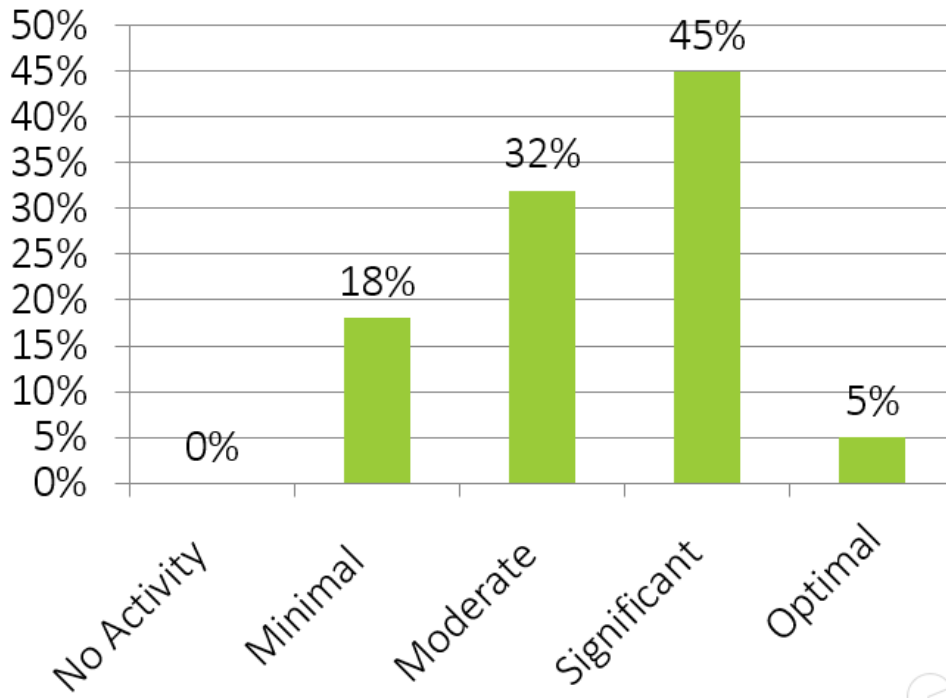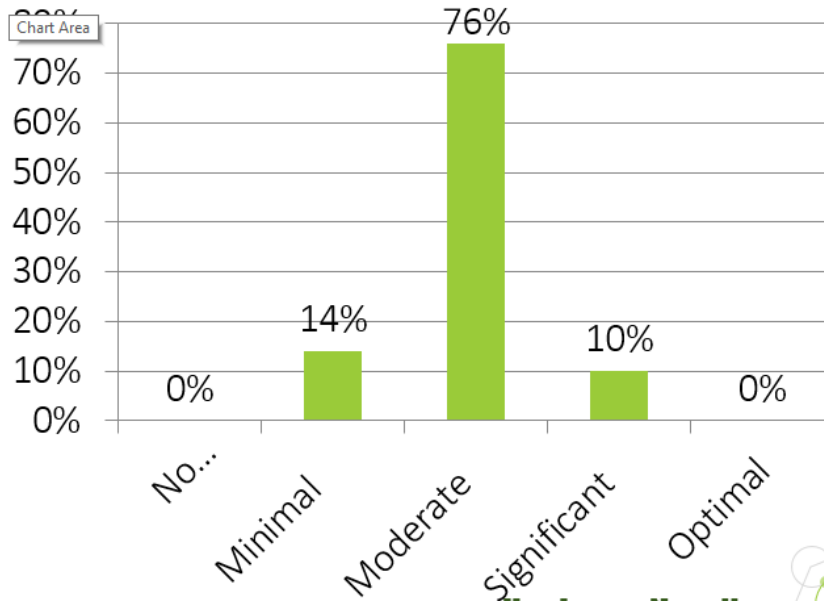

2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?
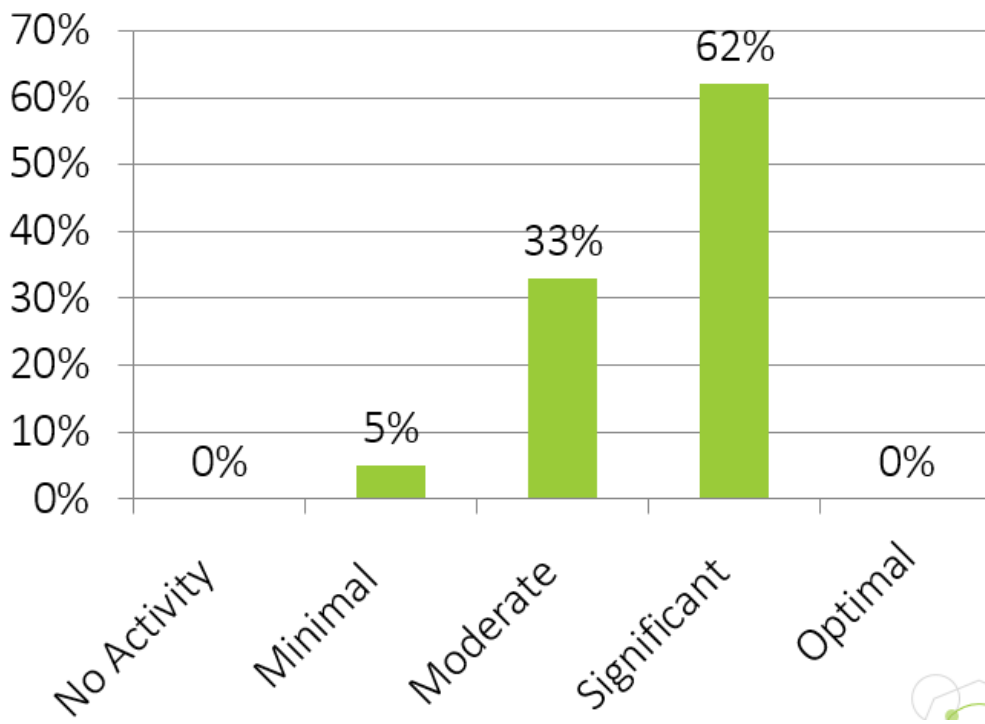
2.1.3 Ensure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?

Strengths

- Strong partnerships with local hospitals- RCH, KSB especially
- We have a platform for reporting (INEDS)
- Any disease that is reportable is easily accessed and recorded
- Timeliness of reporting
- Siren notifications- rapid communication and widely distributed
- Access to experts- IDPH usually can provide experts for specific diseases
- Surveying and participating in recording
- Strong relationships with interdisciplinary partners
- Laws of protection
- Various forms of contacting patients including social media

Weaknesses

- Large amounts of time needed to analyze data and spread the information
- Public awareness of the process and understanding why we need to do it- lack of trust
- Communication about laws where HIPPA does not apply for CD
- Syndromic surveillance- no good platform or method to collect data to start that within the school
- Poor coordination/ communication
- Lack of resources, funding, and personnel to handle CD cases
- Self-diagnosis and home remedies- disease not reported to the county
- Difficulty obtaining medical records and contacting patients
- Epidemiology, case ascertainment, trend analysis

Short-term Opportunities

- Education of the public before a crisis hits about why we collect information, what we are allowed to collect
- Intentional education about why we do what we do and immediate communications
- Creating syndromic surveillance system
- Regional approach to CD- increasing state support and local

Long-term Opportunities

- Better prevention through education
- Creating a system to understand syndromic surveillance- creating a series of questions and training that schools/employers can ask when people are out sick which will allow us to preplan and start testing and hypothesizing earlier to catch diseases before they become large outbreaks
- Partner with higher education facilities

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

The LPHS stays ready to handle possible threats to public health. As a threat develops—such as an outbreak of a communicable disease, a natural disaster, or a biological, chemical, nuclear, or other environmental event—a team of LPHS professionals works closely together to collect and understand related data. Many partners support the response, with communication networks already in place among health-related organizations, public safety, rapid response teams, the media, and the public. In a public health emergency, a jurisdictional Emergency Response Coordinator leads LPHS partners in the local investigation and response. The response to an emergent event is in accordance with current emergency operations coordination guidelines. To accomplish this, members of the LPHS work together to:

• 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.

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

• Designate a jurisdictional Emergency Response Coordinator.

• Rapidly and effectively respond to public health emergencies according to emergency operations coordination guidelines.

• Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or nuclear public health emergencies.

• Evaluate emergency response exercises and incidents for effectiveness and opportunities for improvement (e.g., using hot washes, After Action Reports, and Improvement Plans).

2.2.1 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?
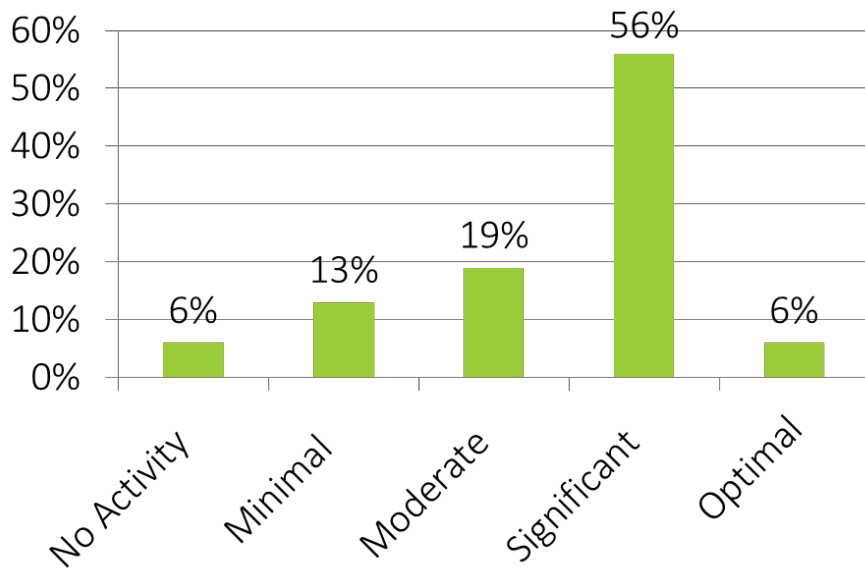
2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?
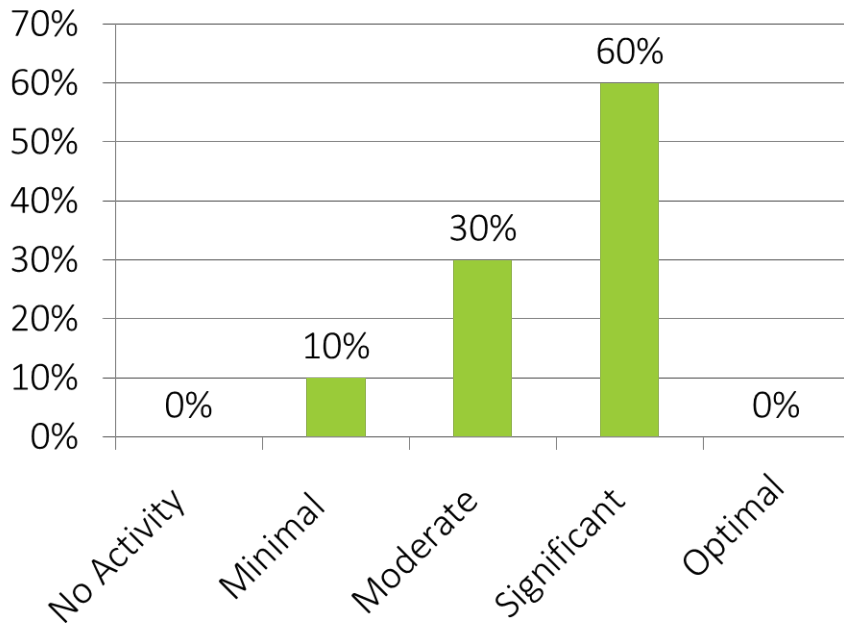
2.2.3 Designate a jurisdictional Emergency Response Coordinator?
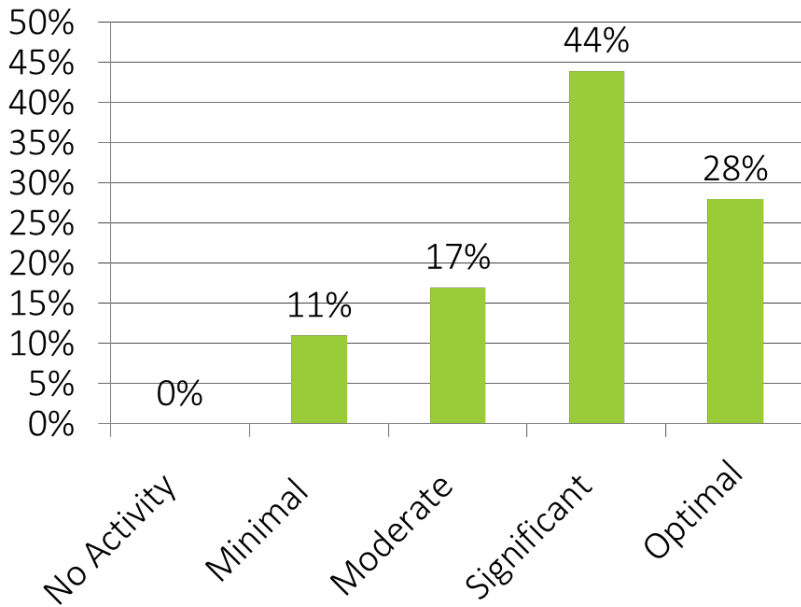
2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?
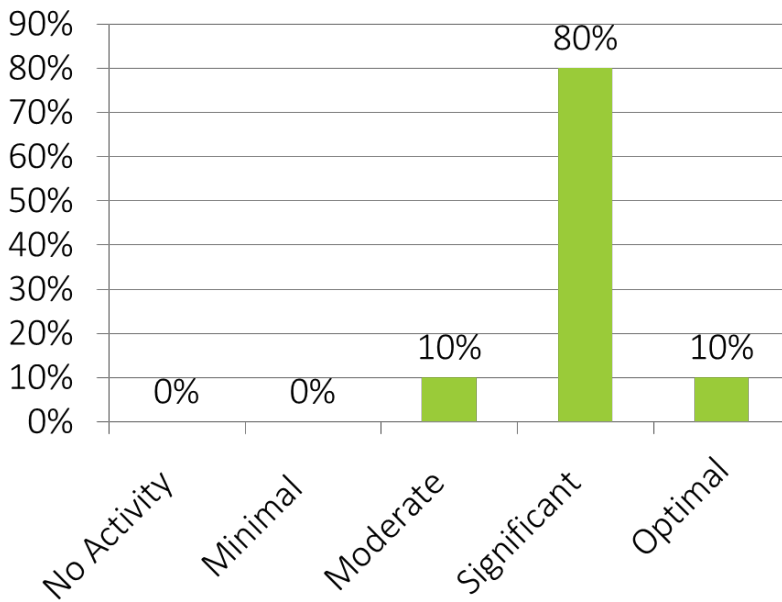
2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?
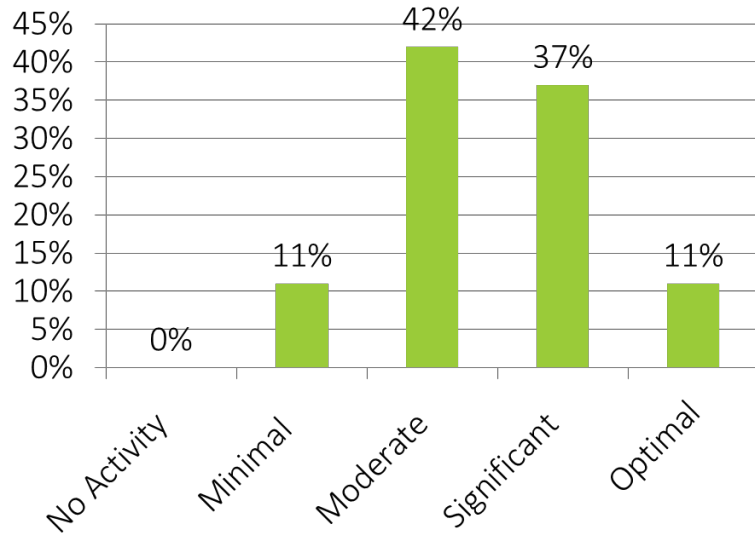
2.2.6 Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.)?
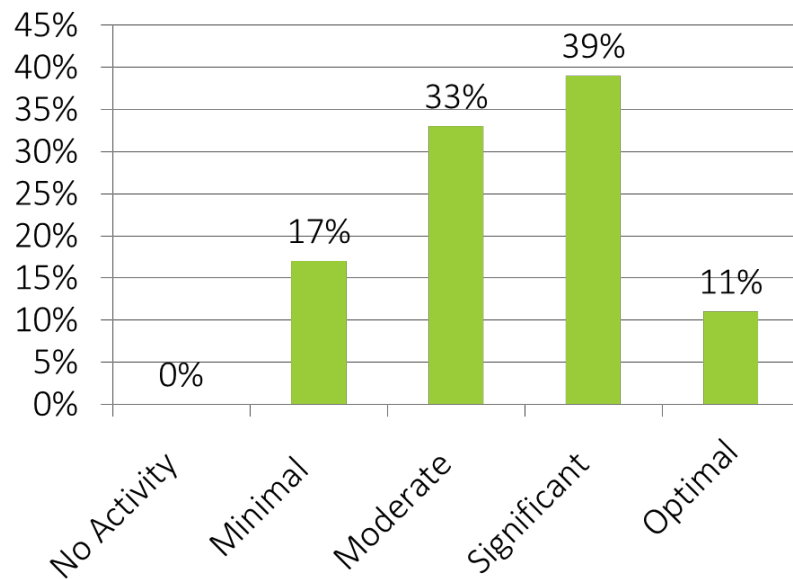
Strengths

- Strong partnerships
- Designated emergency response coordinator
- Testing and drills for plans before emergencies to ensure preparedness
- Siren alerts
- Resources from IDPH
- Online and in person trainings

- Relationships with the countywide emergency manager
- Use of social media and press releases to alert the public of danger
- Strong relationships with PIO and knowledgeable PIO
- Access to subject matter experts
- Strong relationship between HD and IDPH and IMEA
- IPHMAS (public health mutual aid) to request help from other health departments
- Communications infrastructure with the starcom radios including drills to test those
- Geographic size- easier to prevent spread of disease
- Using GIS and mapping during emergencies
- Nuclear power plant drills that strengthen partnerships
- AAR
- Grant funding for emergency preparedness
- General public health intervention

Weaknesses

- Knowing if you are truly prepared for a large pandemic
- Keeping up with the next threat
- Large variety of threats- radiological, biological, disease
- Public awareness of what we do in emergency preparedness
- Lack of preparedness in the community on behalf of the individual
- Rural and geographic size of the county- mobility
- Hard to prove our efforts to all communities and inform about health risks
- Funding for PIO
- Community fatigue and risk prioritization
- How to reach all people- not everyone uses social media, newspaper, TV news, etc.

Short-Term Opportunities

- Funding
- More trained personnel
- Involving the general public and community preparedness

- Appropriate communication with the public and finding the balance of informing them without causing panic

Long-Term Opportunities

- Funding
- Starting with education with the younger generations so that future generations are more informed and making it fun and engaging so that it becomes a part of the culture and they can take it home to their parents and create outreach
- Increasing outreach opportunities in school about hand washing, social distancing, etc. to prevent spread of diseases
- Education about how important public health intervention is in the country and how strong it is here

- Developing response capabilities of the emergency response and how public health fits into it and educating the future workforces in these sectors to create sustainability in the long term

Model Standard 2.3: Laboratory Support for Investigating Health Threats

The LPHS has the ability to produce timely and accurate laboratory results for public health concerns. Whether a laboratory is public or private, the LPHS sees that the correct testing is done and that the results are made available on time. Any laboratory used by public health meets all licensing and credentialing standards. To accomplish this, members of the LPHS work together to:

 • Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring.

• Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards.

 • Use only licensed or credentialed laboratories.

• Maintain a written list of rules related to laboratories, for handling samples (including receiving, collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting the results

2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?

2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?

A bar chart showing percentages by activity level:
- No Activity: 0%
- Minimal: 20%
- Moderate: 40%
- Significant: 40%
- Optimal: 0%

2.3.3 Use only licensed or credentialed laboratories?

A bar chart showing percentages by activity level:
- No Activity: 0%
- Minimal: 11%
- Moderate: 33%
- Significant: 22%
- Optimal: 33%
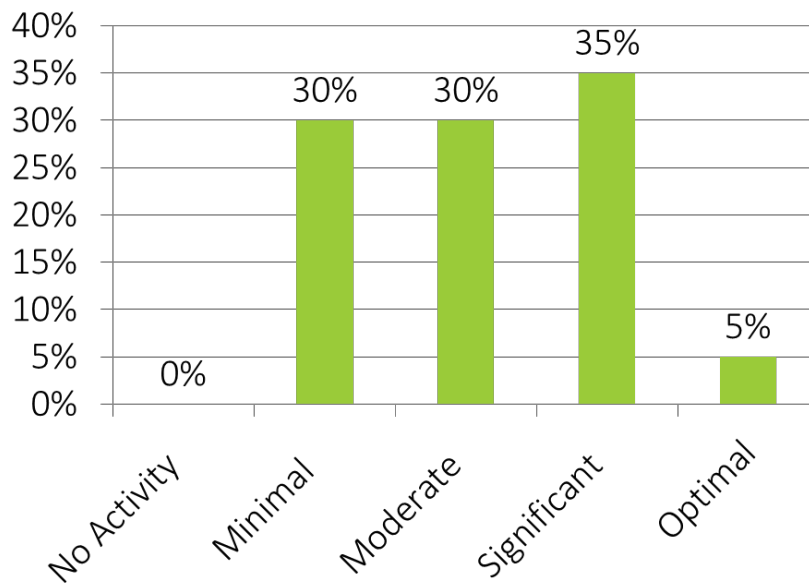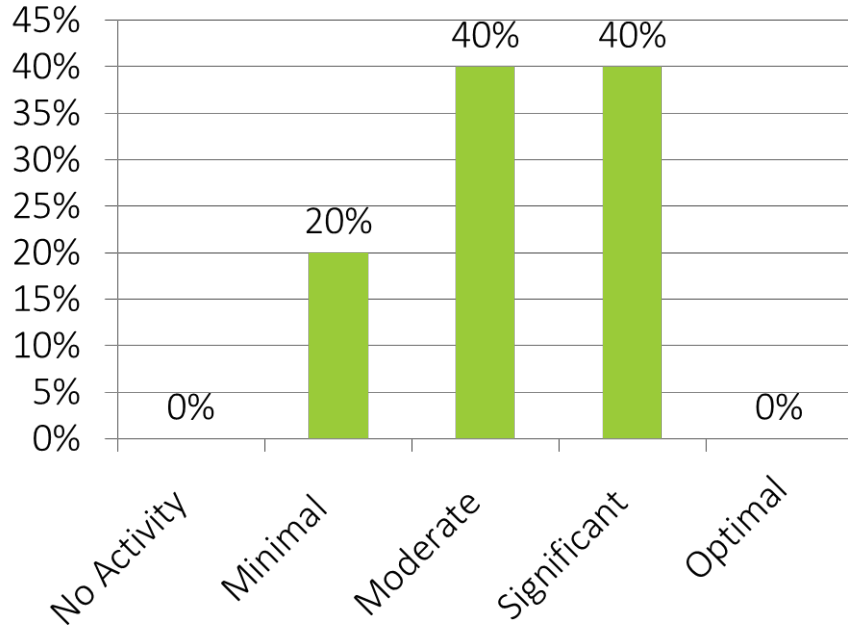
2.3.4 Maintain a written list of rules related to laboratories, for handling samples (including collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting the results?
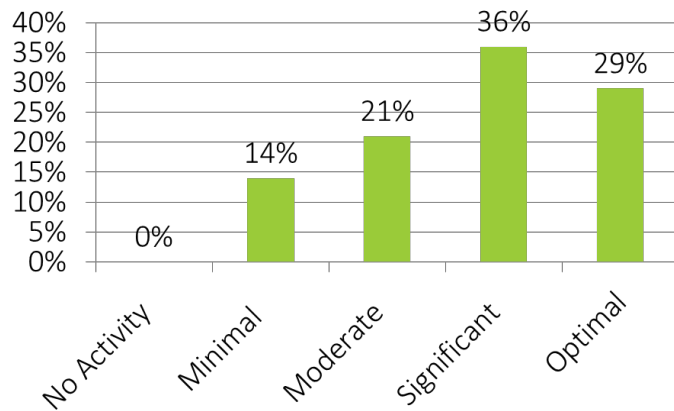
Strengths

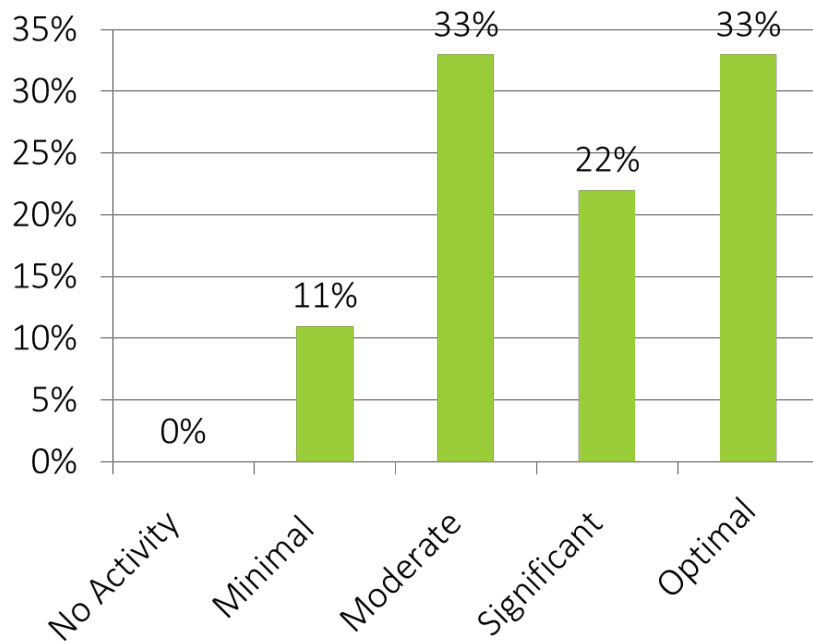- Wide array of testing- IDPH lab can test for things that local labs cannot or samples can be sent to CDC
- Strong partnership with Quest diagnostic
- Have procedure for taking samples
- Provide low cost tests
- Access to supplies through IDPH and Quest
- Detailed sample handling requirements that are clearly published and updates are sent through siren
- Timeliness- results are usually returned in a day or two
- Willingness of staff to handle specimens
- Electronic lab reporting comes directly to us without needing to request information

Weaknesses

- Location of the UPS drop box
- Transportation issues- specimens that do not need to be tested but a test is requested may have to be hand delivered
- Limited lab funding
- Limited space for labs within facilities
- Reluctance of the state labs to do testing
- Lack of resources at each lab
- Lack of local labs
- Lack of awareness about lab services
- Limited time to collect samples
- Longer time to get samples sent- some samples have to be sent to the state who then send them to the CDC

Short-Term Opportunities

- Partner with local labs as a public health laboratory

- Public awareness for lab draw locations

Long-Term Opportunities

- Local labs
- Environmental lab within the health department
- Decrease dual reporting and increase single reporting to save time
-

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

Model Standard 3.1: Health Education and Promotion

The LPHS designs and puts in place health promotion and health education activities to create environments that support health. These promotional and educational activities are coordinated throughout the LPHS to address risk and protective factors at the individual, interpersonal, community, and societal levels. The LPHS includes the community in identifying needs, setting priorities, and planning health promotional and educational activities. The LPHS plans for different reading abilities, language skills, and access to materials. To accomplish this, members of the LPHS work together to:

• Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies.

• Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels.

• Engage the community in setting priorities, developing plans, and implementing health education and health promotion activities

3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?
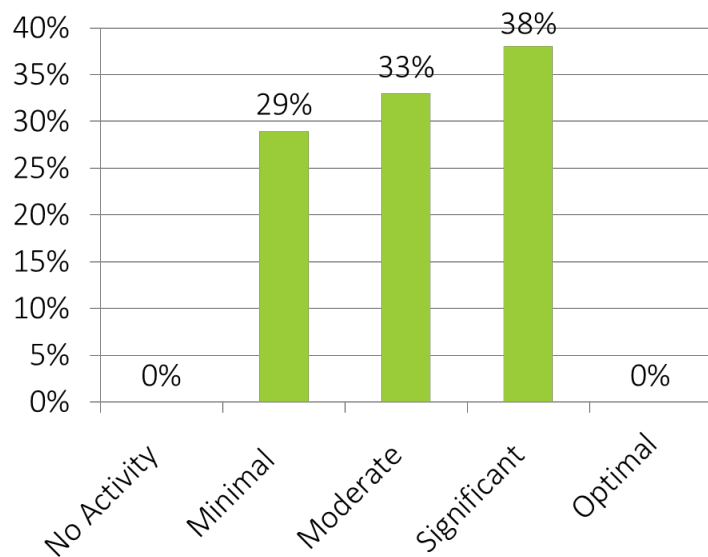
3.1.2 Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels?
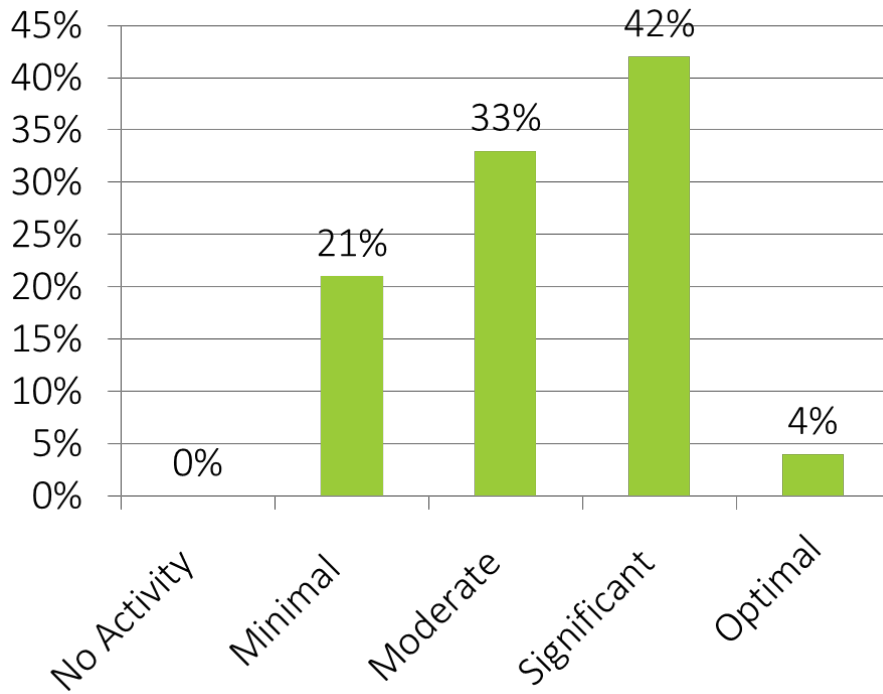
3.1.3 Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?
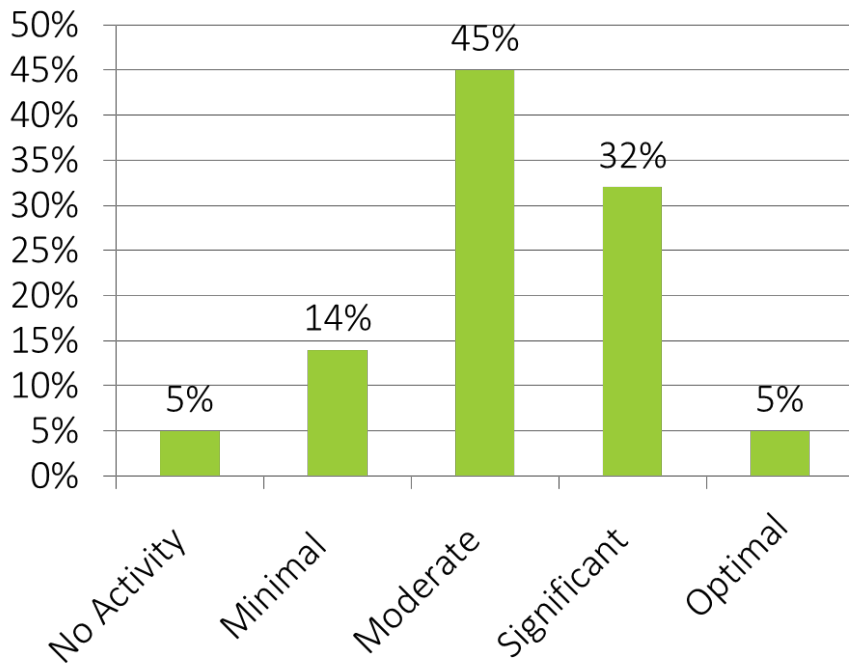
Strengths
- Social media presence is good (West Nile information, one of largest followings in our regions)
- Health alerts, letters and recommendation when there is a situation
- Rockford media involvement (press releases, news interviews)
- Involvement with joint health education programs like U of I
- Partnerships with other organizations such as coalition
- Talking about educating/ openness with partner organization about what we're doing and what is going on in the county. Quick in getting information out.
- Memorandums of understanding with other agencies to communicate need (formal partnerships)
- Public outreach and meeting people where they're at such as smoke detector program
- Community events and awareness campaigns to educate community
- Cooperation with other health departments in the region to create common messaging (regional PIO)
- Regional public health messaging and having experts that are able to assist with that
- Good relationships with elected officials and good responsiveness with them
- Sharing resources and working together with partnerships

Weaknesses
- Not communicating with all municipalities
- More community involvement in Western part of the county such as resource fairs
- There is opportunity but engaging the public is a challenge/ how to increase interest and public participation in offered events
- Geography of the county, it is very large for the amount of staff available
- Timeliness of information distribution/ trying to make information relevant for everyone
- Lack of funding and lack of staff
- Systemic issue. There is a lot of data collected but how is it being used (lack of common database and sharing between organizations)
- Being able to get people to offered events and programs SDOH
- We may not know of all organizations in the county'
- Reaching minorities and the community as the whole
- Difficult to continually engage partners
- Patients get sent to other counties for treatment sometimes so it can be difficult to track data like with overdoses (leads to under reporting and over reporting in Winnebago)
- Unable to talk about certain issues because of HIPPA people don't know what Suzi does or how bad the problem really is/ awareness of CD issues

Short-Term Opportunities
- Better communication with local municipalities (adding them to listserves)
- Data sharing between organizations
- More partnerships with smaller organizations in more rural parts of the county
- Increasing relationships with KSB (and similar organizations) satellite clinics and organizations that span across counties
- Using social media as an input measure, way of getting public feedback and identifying needs
- Reaching seniors/ overcoming isolation barriers

Long-Term Opportunities
- Reaching smaller and more rural communities (western)
- Developing shared communication strategies with partners (sharing messages as groups)
- Continually engage partners
- Changing perception and reeducation about what the public health system is and who is really involved in it. Rebranding as a large public health network
- Changing legislation of what counties overdoses count in/ having more communication about what the data really is so the significance of the problem can be accurately judged
- Communicating CD issues in a way the honestly presents the magnitude of the issues
- Talking about housing issues and issues with the elderly/ mental health/ income

Model Standard 3.2: Health Communication

The LPHS uses health communication strategies to contribute to healthy living and healthy communities that include the following: increasing awareness of risks to health; ways to reduce health risk factors and increase health protective factors; promoting healthy behaviors; advocating organizational and community changes to support healthy living; increasing demand and support for health services; building a culture where health is valued; and creating support for health policies, programs, and practices. Health communication efforts use a broad range of strategies, including print, radio, television, the Internet, media campaigns, social marketing, entertainment education, and interactive media. The LPHS reaches out to the community through efforts ranging from one-on-one conversations to small group communication, to communications within organizations and the community, and to mass media approaches. The LPHS works with many groups to understand the best ways to present health messages in each community setting and to find ways to cover the costs. To accomplish this, members of the LPHS work together to:

 • Develop health communication plans for media and public relations and for sharing information among LPHS organizations.

• Use relationships with different media providers (e.g., print, radio, television, and the Internet) to share health information, matching the message with the target audience.

 • Identify and train spokespersons on public health issues

3.2.1 Develop health communication plans for media and public relations and for sharing information among LPHS organizations?
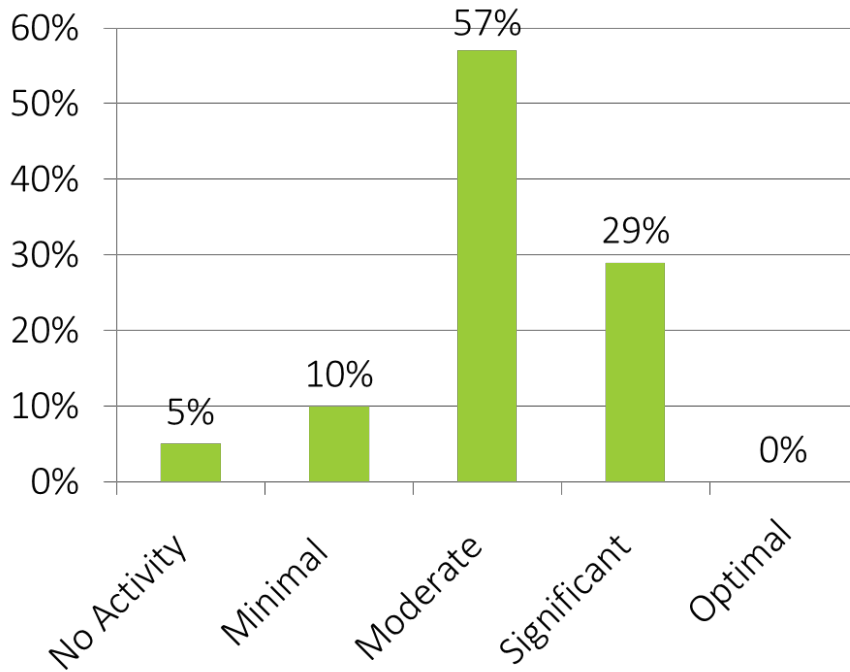
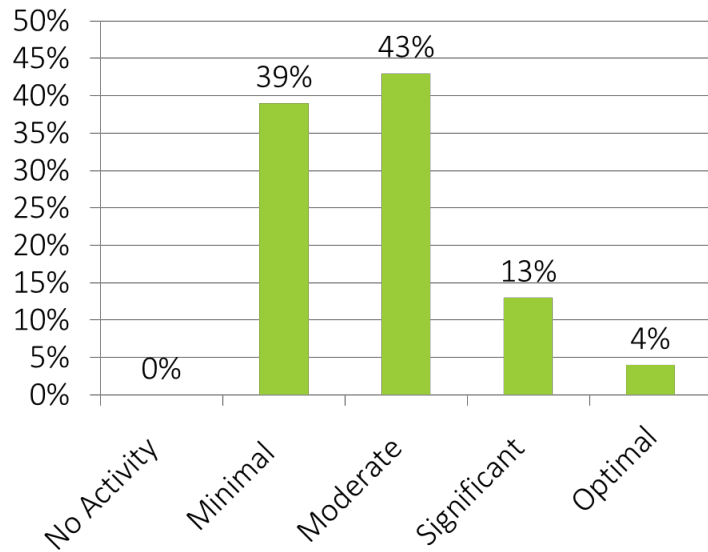**3.2.2 Use relationships with different media providers (e.g., print, radio, television, the Internet) to share health information, matching the message with the target audience?**
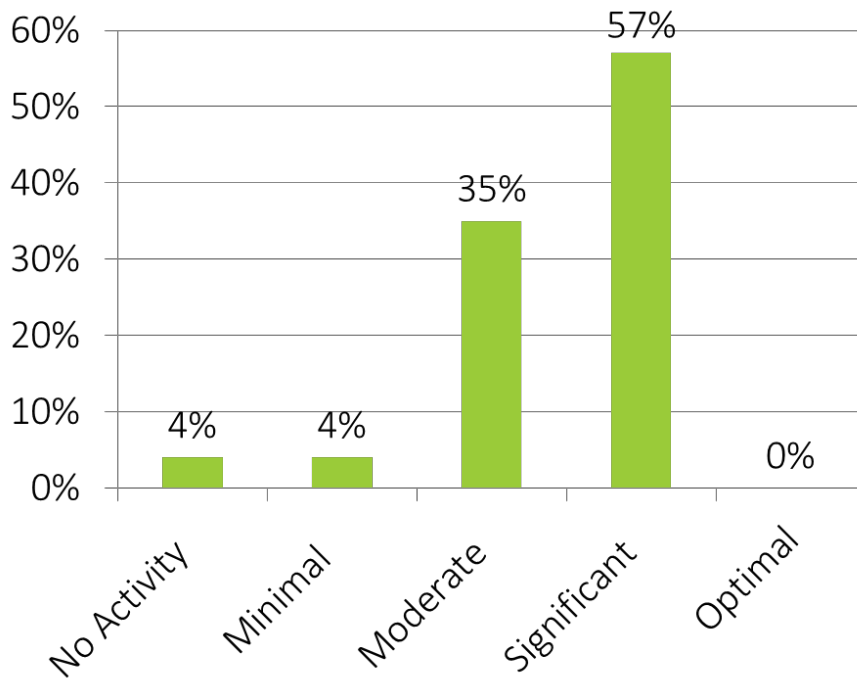
3.2.3 Identify and train spokespersons on public health issues?

Strengths

- Strong PIO group with a lot of experience, meet frequently, help craft messaging (public health, hospital, long term care)
- PR people/ people dedicated to PR
- Communication plans and sharing these plans with other organization
- Trainings/ drills in communication on a county wide level (nuke drill, yearly tests)
- Strong relationships with media (print/ news) easy to get out press releases
- Ability to use partners to push out information
- Individual organizations are good at putting out their own information/ targeted messaging from partners
- Relationship with law enforcement

Weaknesses

- Lack of understanding of what partners can provide for community members (community knows about one organization but not others)
- Community doesn't know what resources are available to them (disconnect between organizations and users)
- People have to find other organizations on their own
- Social media can be limited to people that choose to follow an account and people may not have access to that technology like the older population
- Lack of understanding of resources of LPHS
- Limited staff and time to reach all populations
- It is difficult to get other organizations to focus on other issues other than the ones that they typically deal with, need a cultural shift for them to care about every problem and cause.
- People get sent to the wrong organization and don't know where to go from there
- Reaching Hispanic populations

Short-Term Opportunities

- Having a channel that provides information on organizations
- Informing the public of partner organizations and other services
- Developing a way to increase public awareness (promote 211)
- Using social media to target specific demographics and promote services that may be relevant to them
- Determining what are shared messages between organizations
- Making sure all information is available through 211 and making sure that is up to date
- Decreasing stigma in the media of how conditions are represented (brain health, chronic disease, homelessness, STDs, cd)
- Providing information to people outside of health centers (people that may not obviously need a service but still need it, training people that may come into contact with people such as libraries, schools, post offices)
- Provide handouts/ information to small town events
- Sharing other organizations information on social media
- Getting organizations to agree that they are a part of the LPHS, getting organizations to establish a common agenda
- Increasing engagement of local law enforcement
- Increasing engagement of coalition and building upon that and getting more representatives from more organizations
- Continuing to improve relationship with sheriff/ educating and partnership developing
- Involving fire departments and using events to spread information
- Making sure emergency workers (police, fire, EMS) know how to link community with services, using partners to reach other organizations

Long-Term Opportunities
- Having strategic plans with the whole public health system on how to reach all demographics (joint communication plan/ help promote each other/ common messaging)
- Increasing face to face engagement with the community (different ways to approach this such as meetings, fairs, media, town halls)
- Communicating with non-public organizations, getting more involvement with elected officials
- Getting people to receive the information
  Getting people to care about issues before it will personally affect them (elected officials)
- Poverty simulations
- Working with print media to get lists and guides

Model Standard 3.3: Risk Communication
The LPHS uses health risk communications strategies to allow individuals, groups, organizations, or an entire community to make optimal decisions about their health and well-being in emergency events. The LPHS recognizes a designated Public Information Officer (PIO) for emergency public information and warning. The LPHS organizations work together to identify potential risks (crisis or emergency) that may affect the community and develop plans to effectively and efficiently communicate information about these risks. The plans include pre-event, event, and post-event communication strategies for different types of emergencies. To accomplish this, members of the LPHS work together to:

• Develop an emergency communications plan for each stage of an emergency to allow for the effective creation and dissemination of information.

• Make sure that systems and mechanisms are in place and enough resources are available for a rapid emergency communication response.

• Provide crisis and emergency communication training for employees and volunteers

3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?
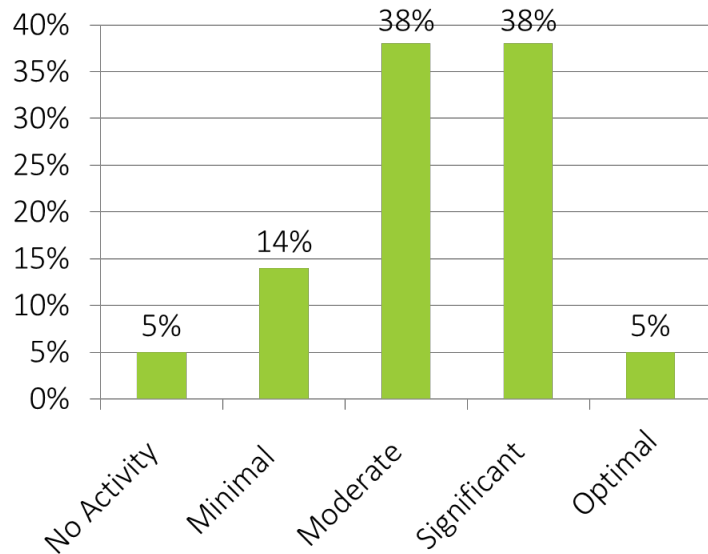
3.3.2 Make sure resources are available for a rapid emergency communication response?
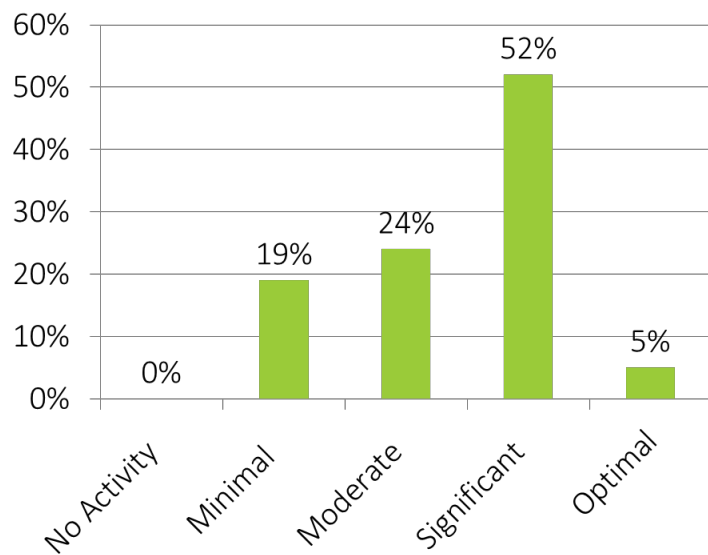
3.3.3 Provide risk communication training for employees and volunteers?

Strengths
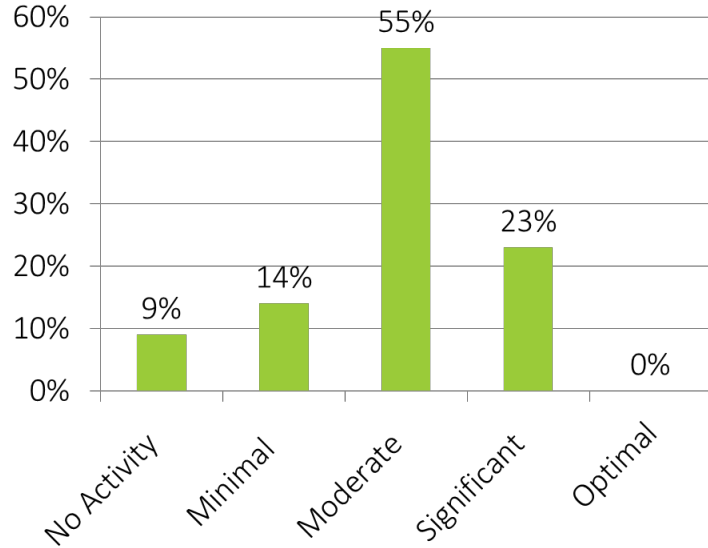- Coalition and NIPARC (do many trainings and exercises, able to be used as a resource, lots of knowledge and experience)
- Trainings and PIOs/ JIC plan for risk communication, social media monitoring, handling misinformation
- Free trainings from NIPARC
- Many organizations have emergency and risk plans. Plans are often required by regulation (long term care, hospice, hospitals)
- IEMA, hospitals, long term care, local municipalities required- EOC
- Elected officials should have training for emergency preparedness

Weaknesses
- Communication about EOCs. Would all organizations be able to communicate and cooperate in an emergency
- Elected officials may not have the required training
- Differences in terminology used between organizations
- Funding issues for training and lack of knowledge of trainings that are required or available
- Not enough individuals trained in ICS, risk communication, and PIO
- Lack of engagement across LPHS in emergency preparedness

Short-Term Opportunities
- Standardization of terminology and language in plans
- ICS Training refresher courses to keep people informed
- Reaching out to local fire, EMC, etc. during drills to increase participation
- Linking people with disabilities to services that can help them in emergencies
- Having community members prepared and them having an understanding of what they need to do to take care of themselves initially. Understanding that if there is an announcement, help may not be immediate HVA

Long-Term Opportunities
- Increasing engagement across LPHS in emergency preparedness (NIPARC)
- Having joint plans with other organizations
- Communicate and educate public about risks

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

Model Standard 4.1: Constituency Development

The LPHS actively identifies and involves community partners—the individuals and organizations (constituents) with opportunities to contribute to the health of communities. These stakeholders may include health, transportation, housing, environmental, and non-health related groups, and community members. The LPHS manages the process of establishing collaborative relationships among these and other potential partners. Groups within the LPHS communicate well with one another, resulting in a coordinated, effective approach to public health, so that the benefits of public health are understood and shared throughout the community. To accomplish this, members of the LPHS work together to:

• Follow an established process for identifying key constituents related to overall public health interests and particular health concerns.

• Encourage constituents to participate in CHA, planning, and improvement efforts.

• Maintain a complete and current directory of community organizations.

• Create forums for communication of public health issues.

4.1.1 Maintain a complete and current directory of community organizations?
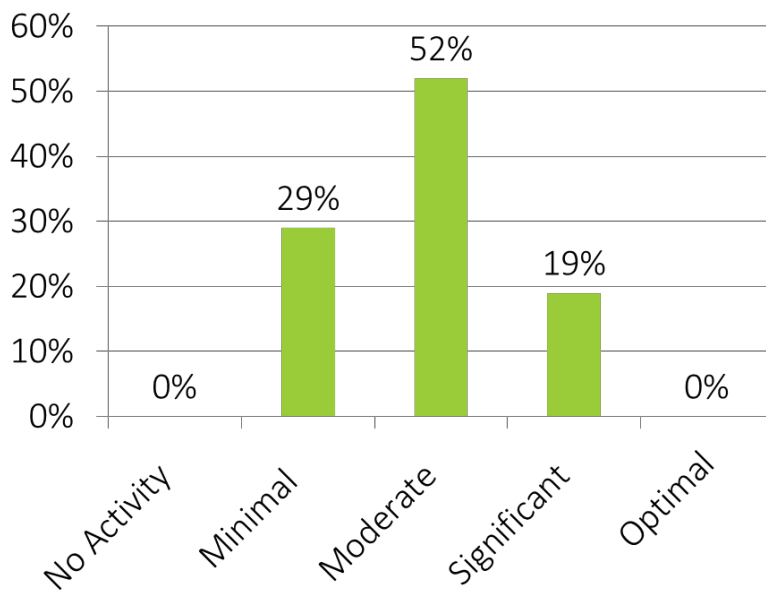
4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?
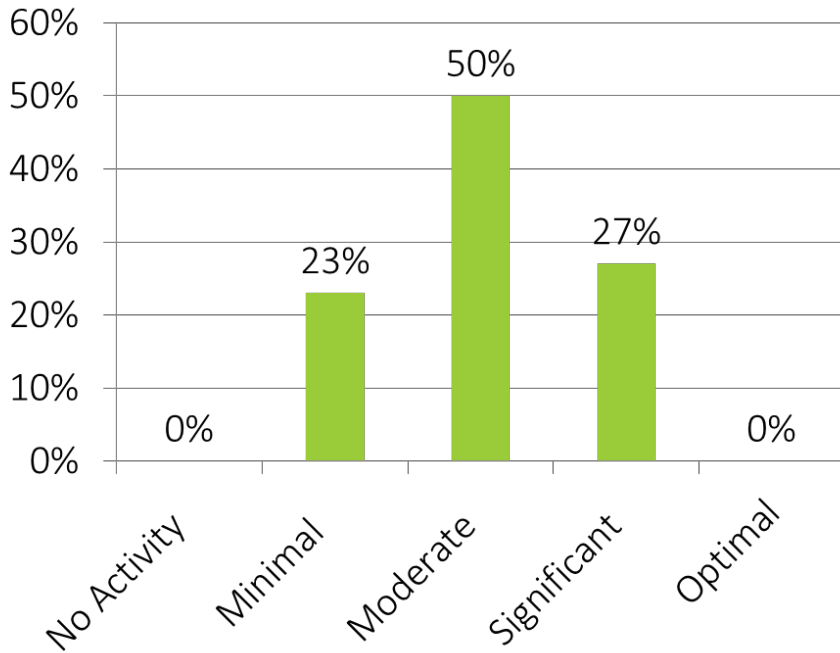
4.1.3 Encourage constituents to participate in activities to improve community health?

4.1.4 Create forums for communication of public health issues?
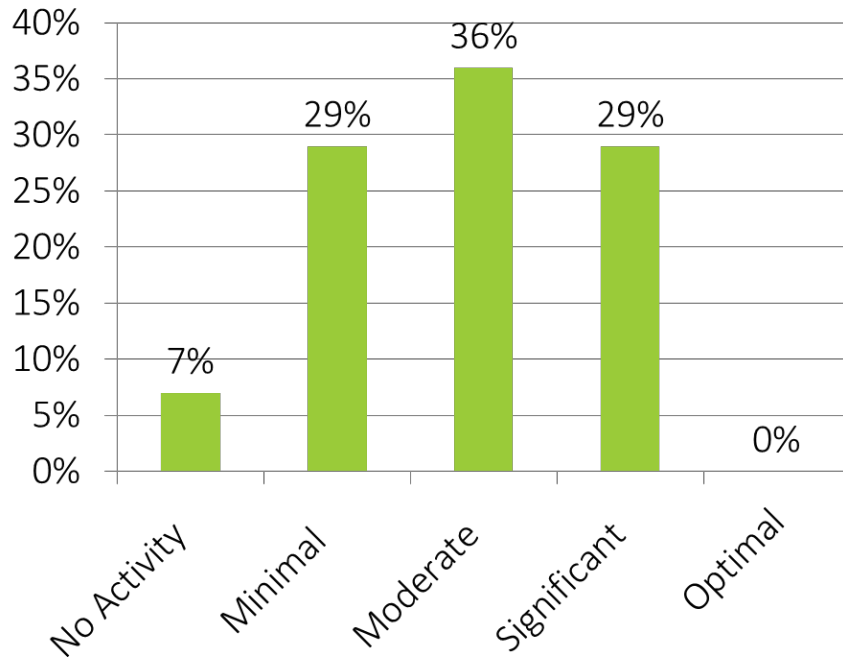
Strengths

- Actively building partnerships
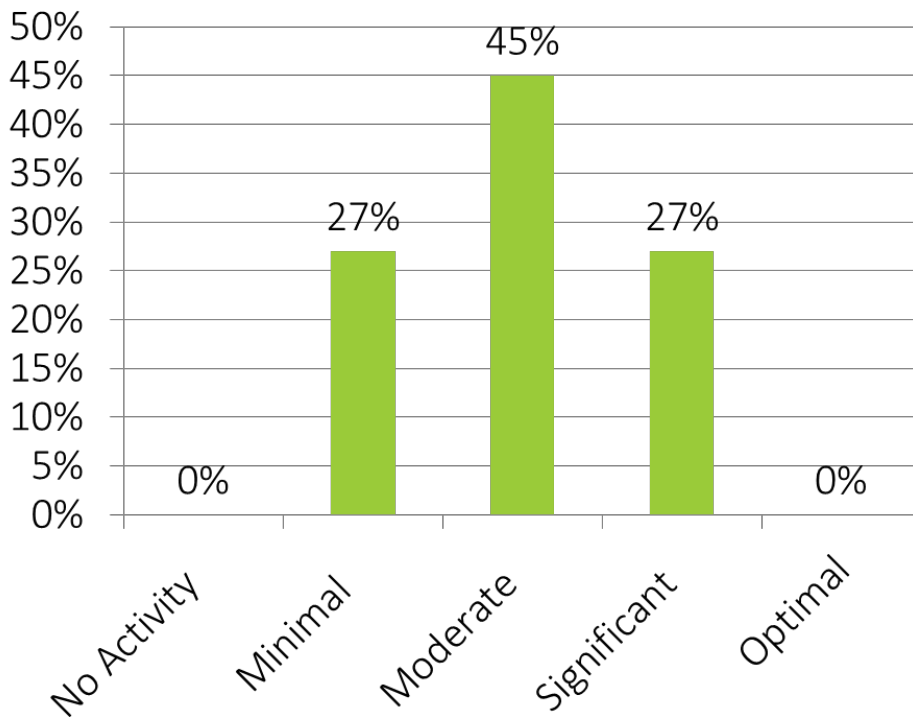- Willingness to partner
- Government relationships at all levels of leadership, state, and federal
- Use of social media to relay information, receive survey information, timely answer questions
- Availability of staff at any time
- Increasing your capacity and your ability to address problems
- Strong relationships between health department leaders and willingness to share resources and manpower especially during crisis- especially important for the rural communities
- Participation in organizations like NIPARC and developing relationships within those groups
- Having satellite locations to reach more individuals and communities
- Public health champions who understand and advocate the importance of public health
- Diverse expertise and interests among group

Weaknesses

- Time it takes to develop relationships, get grant money, and start programs
- Funding
- Staff turnover- relationship fails after staff member leaves and relationship must be rebuilt
- Geographical size makes it harder to meet face to face
- Lack of understanding of public and officials

Short-Term Opportunities

- Education about public health and its importance and how it relates to their jobs and interests
- Making connections by meeting the public where they are at
- Engage the public and allow them to be more active in public health activities
- Expanding the true definition of public health to the community so they know how large the public health system actually is and how it affects their lives
- Allows you to leverage the expertise of the groups that you are involved in
- Create a fair or an event where the public can learn more about public health similar to that in Winnebago where people come and can get permits and understanding of code
- Making the community aware of current trending issues- poverty, chronic disease, housing, etc.
- Use of social media to relay information and create partnerships
- More opportunity to develop coalitions/around specific issues
- Create more regional opportunities and work together to get on the same page

Long-Term Opportunities

- Increasing the amount of trust in the communities
- Opportunity to reach out to new partners and create new bonds
- Continuing to build on the current partnerships between public health, schools, hospitals

Model Standard 4.2: Community Partnerships

The LPHS encourages individuals and groups to work together so that community health may be improved. Public, private, and voluntary groups—through many different levels of information sharing, activity coordination, resource sharing, and in-depth collaborations—strategically align their interests to achieve a common purpose. By sharing responsibilities, resources, and rewards, community partnerships allow each member to share its expertise with others and strengthen the LPHS as a whole. A community group follows a collaborative, dynamic, and inclusive approach to community health improvement; it may exist as a formal partnership, such as a community health planning council, or as a less formal community group. To accomplish this, members of the LPHS work together to:

• Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community.

• Establish a broad-based community health improvement committee.

• Assess how well community partnerships and strategic alliances are working to improve community health.

4.2.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?
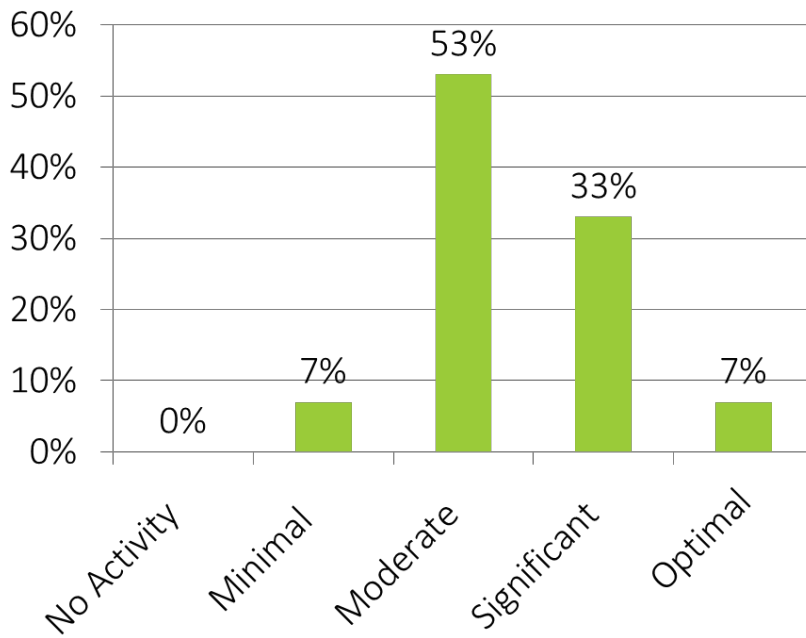
4.2.2 Establish a broad-based community health improvement committee?
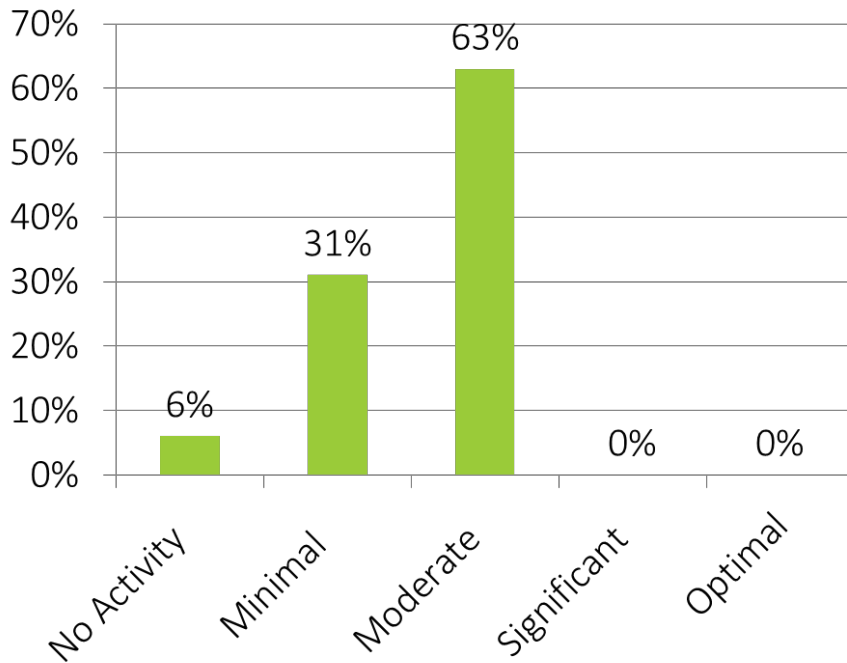
4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?

Strengths
- Input and information from a wide variety of organizations
- Eagerness to participate
- Committees for specific health topics
- Involved in NIPARC
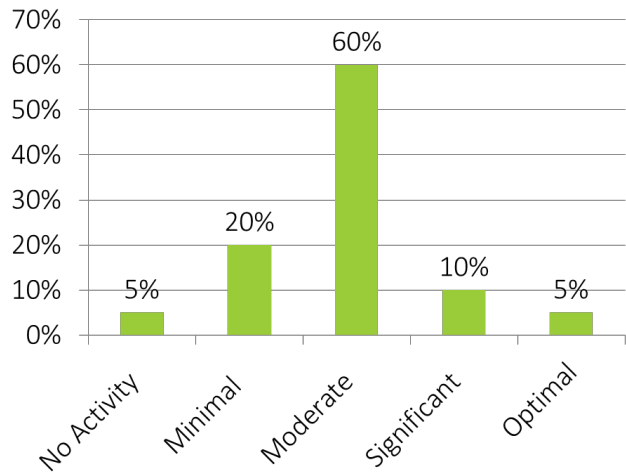- Thinking outside of the box by partnering with organizations
- Being selective in the partnerships that you form so that there is a benefit to both sides
- Using a varied level partnership with multiple types of systems to help accomplish your goals
- Relationship with the local hospital and the local health department
- Formalized relationships that encourage partnerships to continue

Weaknesses
- Should have committees designed for specific health topics determined through this assessment
- Same people are giving their voice and others continue to stay silent- don't see the value, lack of time, low ability
- Missing consumer participation
- Not as many formalized relationships as there could be

Short-Term Opportunities
- Using the CHA to assess the partnerships
- Broaden invite list to invite more people to participate
- Get a consumer voice involved
- Create a list of the community partnership and participation footprint
- Celebrate more wins within the collaboration which could garner more support
- Create a report with all the time and resources that you put into the community as volunteer work- such as 'dollars for community work'
- Do more to formalize relationship

Long-Term Opportunities
- Continued use of partnership cohesion to meet the needs

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

Model Standard 5.1: Governmental Presence at the Local Level

The LPHS includes a local health department (which could also be another governmental entity dedicated to public health). The LPHS works with the community to make sure a strong local health department exists and that it is doing its part in providing 10 Essential Public Health Services. The local health department may be a regional health agency with more than one local area (e.g., city, county, etc.) under its jurisdiction. The local health department is accredited through the Public Health Accreditation Board's (PHAB's) voluntary, national public health department accreditation program. To accomplish this, members of the LPHS work together to:

• Support the work of the local health department to make sure the 10 Essential Public Health Services are provided.

• See that the local health department is accredited through PHAB's national voluntary public health department accreditation program.

• Ensure that the local health department has enough resources to do its part in providing essential public health services.

5.1.1 Support the work of the local health department (or other governmental local public health entity) to make sure the 10 Essential Public Health Services are provided?
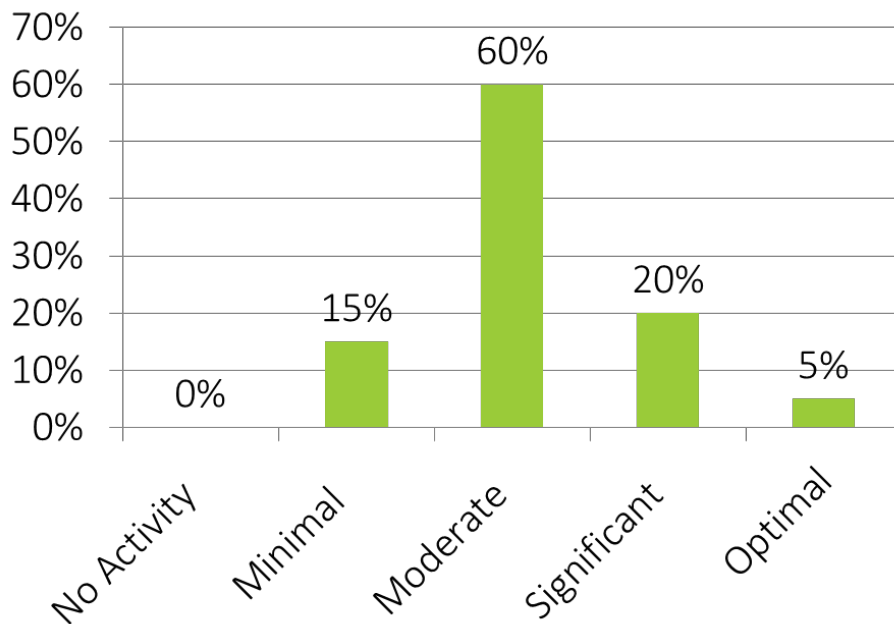
5.1.2 See that the local health department is accredited through the PHAB's voluntary, national public health department accreditation program?
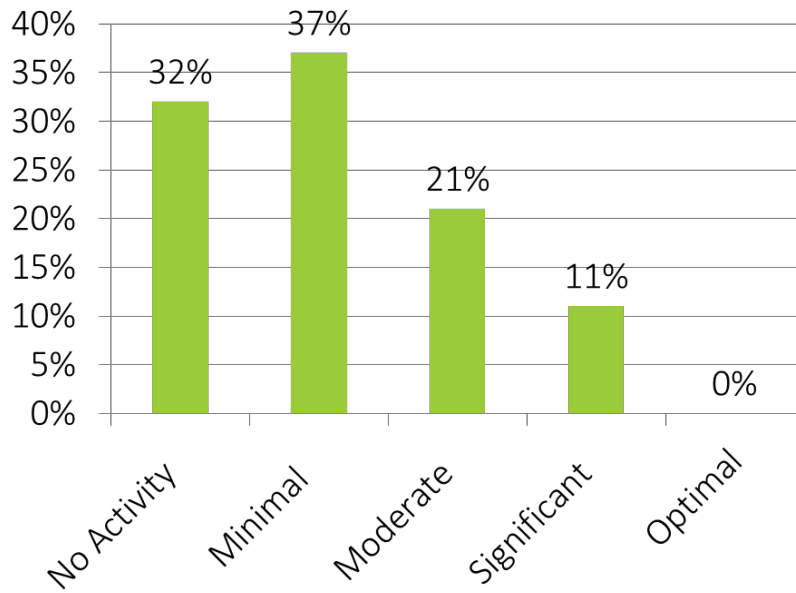
5.1.3 Ensure that the local health department has enough resources to do its part in providing essential public health services?

Strengths
- Dedicated staff to provide the best quality services with limited resources
- Locations in Oregon and Rochelle
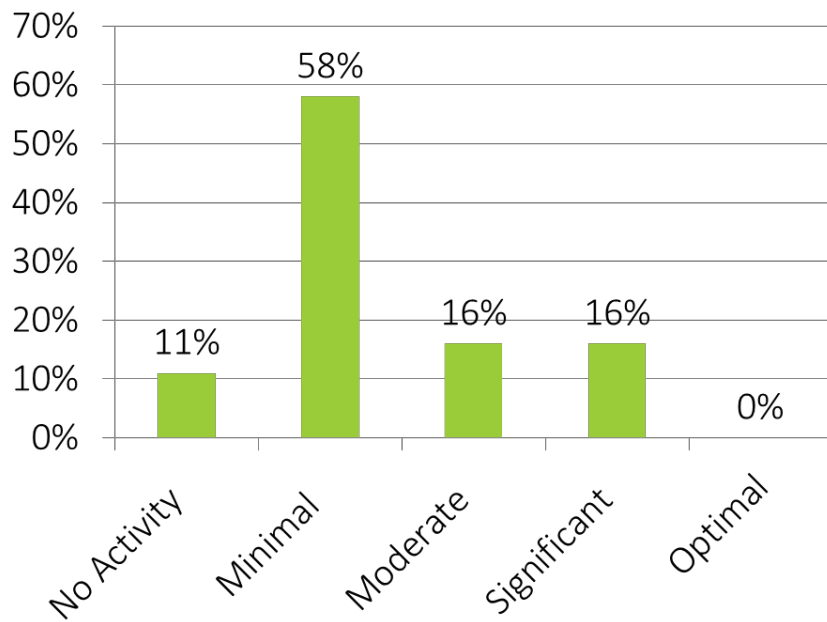- Large strides in educating the board of health and elected officials about what public health is and why we do it
- Dedicated board of health
- Relationship with the state health department and the CDC
- Relationships with state elected officials
- IPHA
- Leadership at IDPH
- Currently have an online presence
- Have a committee started on PHAB
- Audited by different state agencies and results are shared regionally so it holds us accountable

Weaknesses
- As the public health incomes improve, the funding decreases
- Not currently accredited so we have limited services compared to accredited departments
- Inconsistency of funding at the state level-following through with payment, cash flow, trust issue
- Lack of understanding of broader public health by public officials

Short-Term Opportunities
- Better relationship with IHA that deals with legislation issues and allocation of resources
- Better education at all levels of government of what we do
- Use administrative reports as an education piece possibly by posting them on the website
- Open houses and invite different types of people

Long-Term Opportunities
- Expand our online presence on social media
- Prepare more for accreditation and eventually become accredited
- Funding federal health department

Model Standard 5.2: Public Health Policy Development

The LPHS develops policies that will prevent, protect, or promote the public's health. Public health problems, possible solutions, and community values are used to inform the policies and any proposed actions, which may include new laws or changes to existing laws. Additionally, current or proposed policies that have the potential to affect the public's health are carefully reviewed for consistency with public health policy through health impact assessments (HIAs). The LPHS and its ability to make informed decisions are strengthened by community member input. The LPHS, together with community members, works to identify gaps in current policies and needs for new policies to improve the public's health. The LPHS educates the community about policies to improve public health and serves as a resource to elected officials who establish and maintain public health policies. To accomplish this, members of the LPHS work together to:

• Contribute to new or modified public health policies by engaging in activities that inform the policy development process and facilitate community involvement.

• Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies.

• Review existing policies at least every three to five years.

5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process?
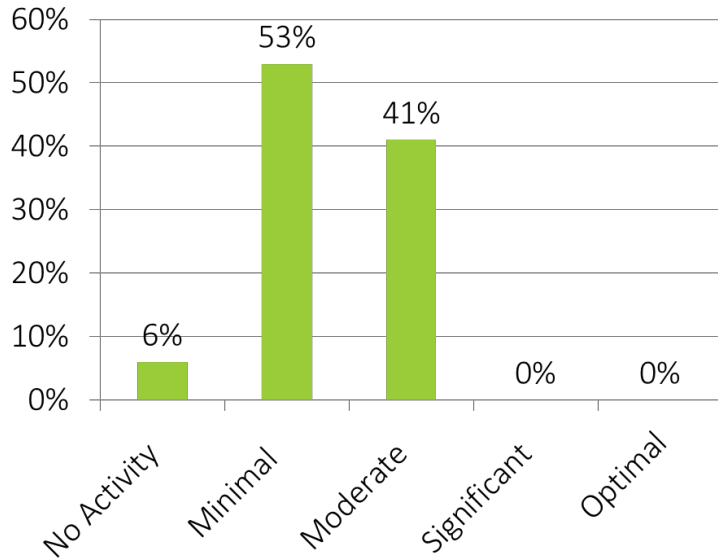
5.2.2 Alert policymakers and the community of the possible public health effects (both intended and unintended) from current and/or proposed policies?
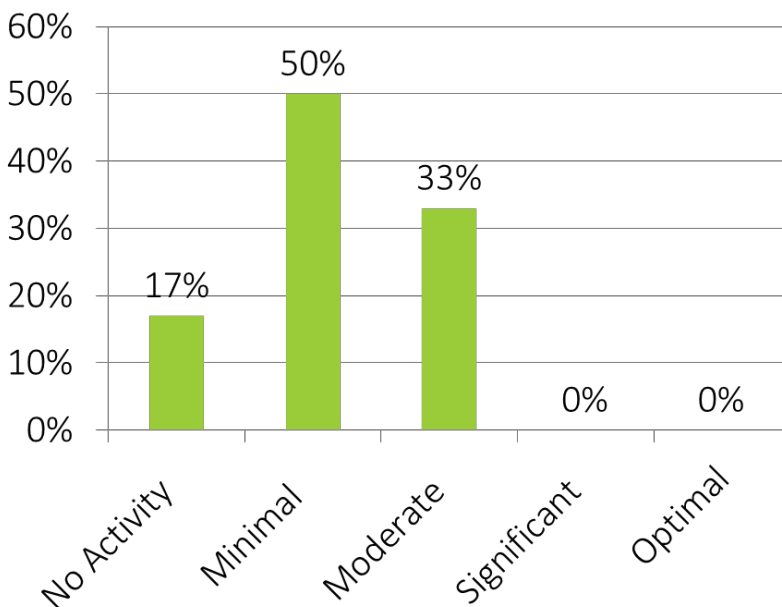
5.2.3 Review existing policies at least every three to five years?
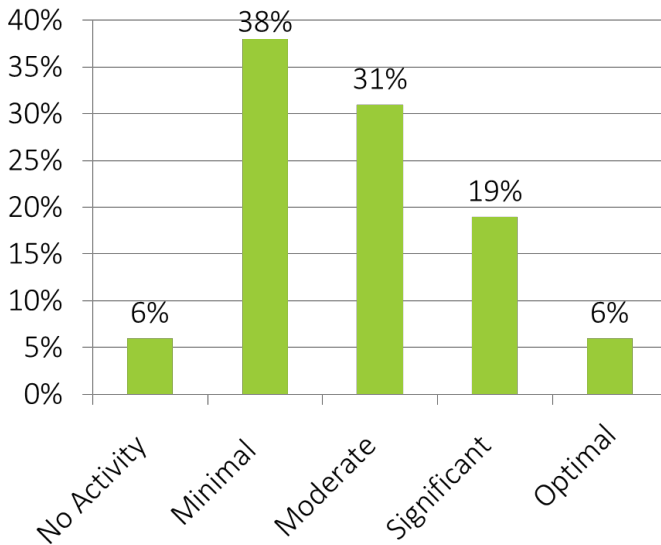
Strengths

- Staff understands the need to go through the policy as knowledge and laws change
- County website contains all of the county codes
- Policies and codes are not under a state of constant change
- Codes are driven by state
- Health department is very influential in changing policies

Weaknesses

- Public is unaware of codes and what is required
- Cumbersome process to change the code through the time it takes for the staff to edit the code and for the board to review it and then must pass the committees before it can be adopted
- Changes in the board to people who don't understand the code process
- HIA needs
- Fewer resources than the state
- Understanding health equity policy

Short-Term Opportunities

- Educate public about the codes and policies as needed
- Educate the public about local codes for particular programs
- Conduct HIA to understand how policies impact the population overall
- Create CD code

Long-Term Opportunities

- Addressing health inequities

Model Standard 5.3: Community Health Improvement Process and Strategic Planning

The LPHS seeks to improve community health by looking at it from many sides, such as environmental health, healthcare services, business, economic, housing, land use, health equity, and other concerns that affect public health. The LPHS leads a community-wide effort to improve community health by gathering information on health problems, identifying the community's strengths and weaknesses, setting goals, and increasing overall awareness of and interest in improving the health of the community. This community health improvement process provides ways to develop a community-owned community health improvement plan (CHIP) that will lead to a healthier community. With the community health improvement effort in mind, each organization in the LPHS makes an effort to include strategies related to community health improvement goals in their own organizational strategic plans. To accomplish this, members of the LPHS work together to:

• Establish a CHIP, with broad-based and diverse participation that uses information from a community health (needs) assessment, including the perceptions of community members.

• Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps.

• Connect organizational strategic plans with the CHIP.

5.3.1 Establish a CHIP, with broad-based diverse participation, that uses information from the CHA, including the perceptions of community members?
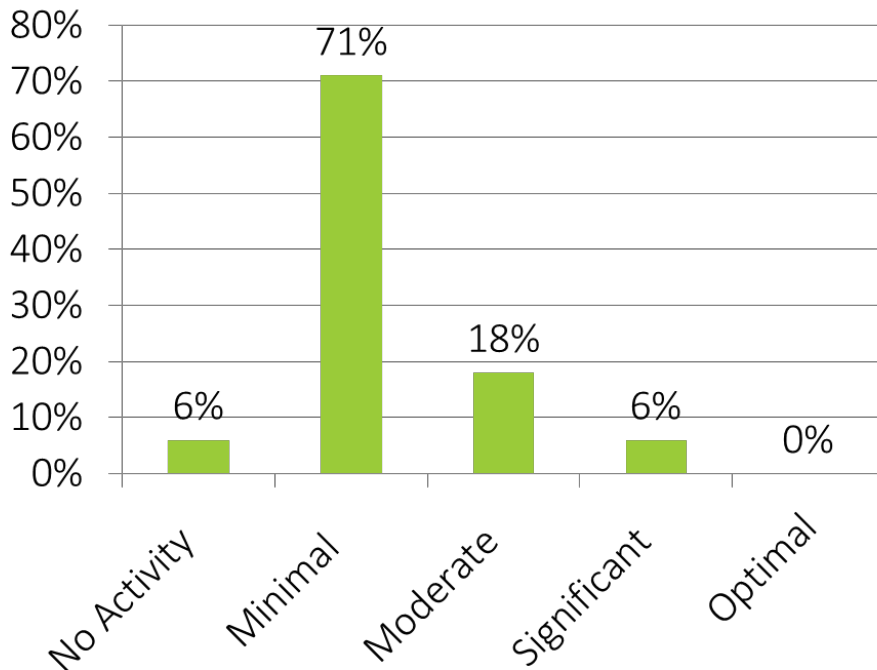
5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?
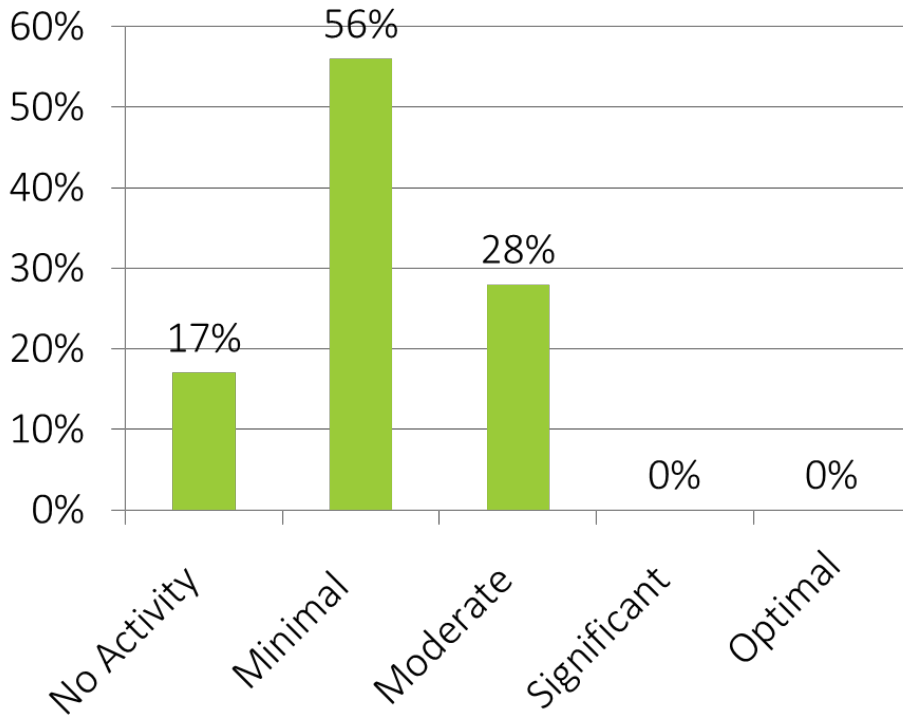
5.3.3 Connect organizational strategic plans with the CHIP?

Strengths

- Going through the MAPP
- Local health department has a strategic plan
- Hospital partners have gone through the CHNA
- RCH went through strategic plan and has CHIP
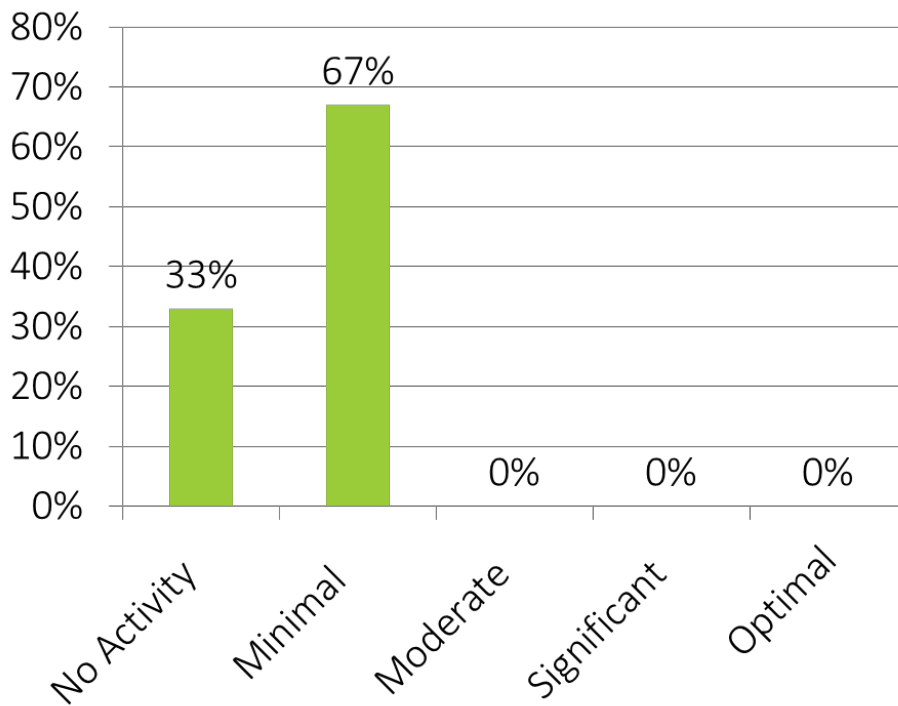- Both hospital and health department have gotten information from the broader community as part of their planning

Weaknesses

- Strategic plan not linked to CHIP
- Better coordination between CHAs and CHINA and partnering with the CHIP
- Restraints and restrictions from the state about how to perform the CHIP and MAPP processes

Short-Term Opportunities

- With coordination, only one set of surveys has to be mailed out so you can save on resources
- Sets the stage for better coordinated care

Long-Term Opportunities

- Regional and multidepartment CHA with state inclusion

Model Standard 5.4: Planning for Public Health Emergencies

The LPHS adopts an emergency preparedness and response plan that describes what each organization in the system should be ready to do in a public health emergency. The plan describes community interventions necessary to prepare, mitigate, respond, and recover from all types of emergencies, including both natural and intentional disasters. The plan also looks at challenges of possible events, such as biological, chemical, or nuclear events. Practicing for possible events takes place through regular exercises or drills. A workgroup sees that the necessary organizations and resources are included in the planning and practicing for all types of emergencies. The workgroup uses national standards (e.g., CDC's Public Health Emergency Preparedness Capabilities) to advance local preparedness planning efforts. To accomplish this, members of the LPHS work together to:

• Support a workgroup to develop and maintain preparedness and response plans.

• Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed.

• Test the plan through regular drills and revise the plan as needed, at least every two years

5.4.1 Support a workgroup to develop and maintain emergency preparedness and response plans?
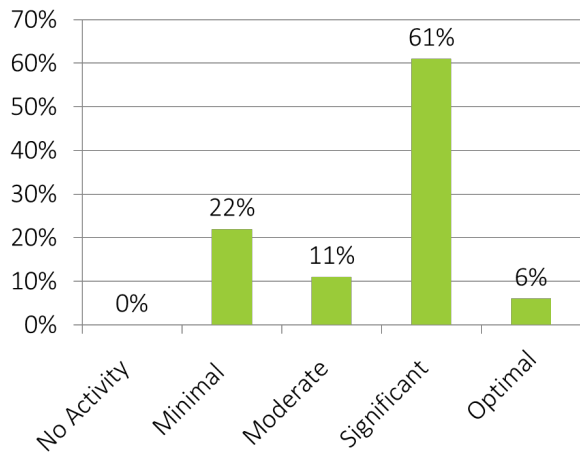
5.4.2 Develop an emergency preparedness and response plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?
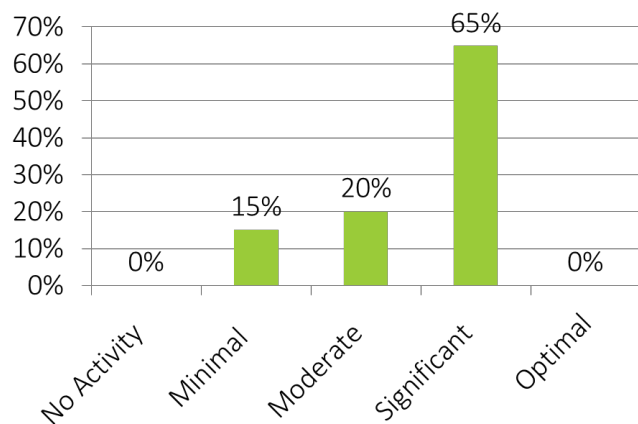
5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years?
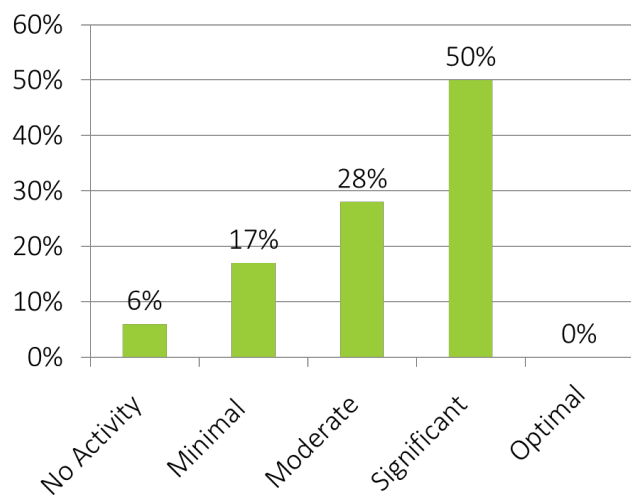
Strengths

- Local ERCs- experienced
- Involvement in NIPARC
- Local PIOs
- State ERCs is very knowledgeable
- Local EMA
- All hazards plan at the department and county level
- Highly infectious disease
- Plans are tested and people are prepared through drills, call down drills, table top exercises, simulations
- State plans- IEMA
- Available trainings through FEMA
- CPGs- measures what your health department capabilities are
- HVAs
- RRC
- Proximity to SNS-CHEM PAK location in Rockford
- Relationships with other counties to provide things like MRCs
- Defined role within a disaster
- EOC
- Communication system- siren, starcom radios, HAM radio operators, cellphone priority system
- MOU with LOTS for transportation
- Recent improvements on identifying of the mobility impaired

Weaknesses

- Community preparedness
- Communication to the public of how to be prepared and assure them we are prepared without sparking fear
- Limited number of experts and people to respond
- Limited ICS
- No MRC
- Can only plan so much without knowing exactly when and what is going to happen
- Limited supplies
- Self-reporting for mobility impairment which is inaccurate

Short-Term Opportunities

- Engage volunteers
- Continue and increase practice drills with your local partners

Long-Term Opportunities

- Further development of MOU
- Training
- Include more partners like school, transportation, etc.
- Improve identification of needs for special needs communities for movement during an emergency

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

Model Standard 6.1: Reviewing and Evaluating Laws, Regulations and Ordinances

The LPHS reviews existing laws, regulations, and ordinances related to public health, including laws that prevent health problems, promote, and protect public health. The LPHS looks at federal, state, and local laws to understand the authority provided to the system and the potential impact of laws, regulations, and ordinances on the health of the community. The LPHS also looks at any challenges involved in complying with laws, regulations, or ordinances, whether community members have any opinions or concerns, and whether any laws, regulations, or ordinances need to be updated. To accomplish this, members of the LPHS work together to:

• Identify public health issues that can and should be addressed through laws, regulations, or ordinances.

 • Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels.

• Review existing public health laws, regulations, and ordinances at least once every three to five years.

• Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances.

• Involve the local public health governing entity and other local government in reviewing and developing laws, regulations, or ordinances related to public health

6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?
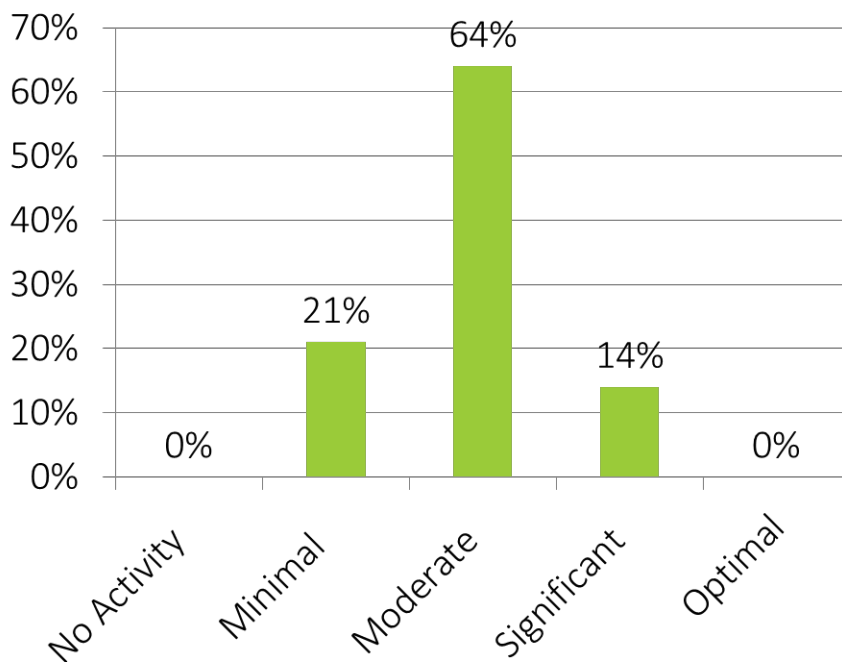
6.1.2 Stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health on the federal, state, and local levels?
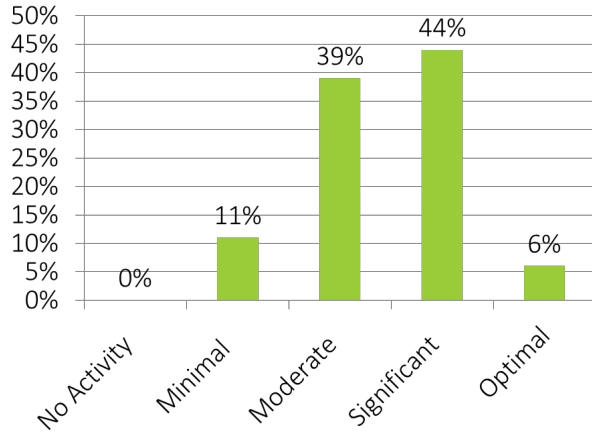
6.1.3 Review existing public health laws, regulations, and ordinances at least once every three to five years?
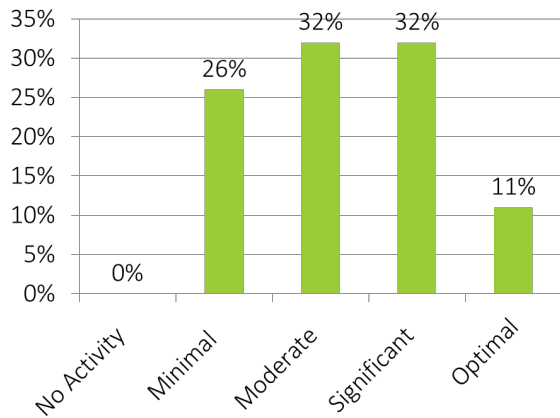
6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?
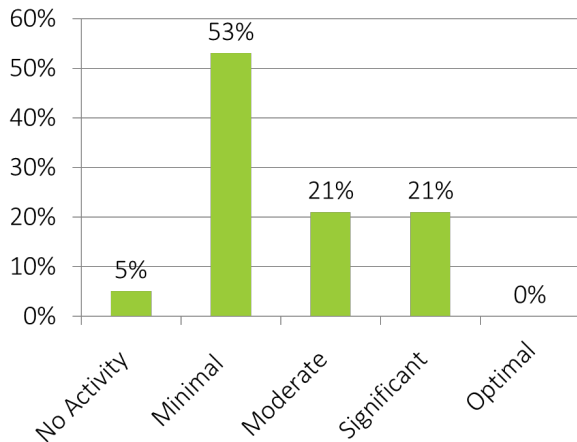
Strengths

- Have legal counsel
- Partnerships so you can use their legal counsel
- Local municipal PD partnerships
- Strong partnerships
- Lifescape and adult protective services
- Partner in public safety and in business

Weaknesses

- State attorney's office is overburdened so our civil matters are not the priority
- Complex housing issues- human elements, codes, structural,
- System issues- cannot force anyone to do anything besides force them out of their homes
- Rural- do not have same resources
- Ordinances are outdated
- Gaps in the system
- Each entity not understanding their role in the public health system
- Large number of codes between municipalities and how they are enforced and interpreted
- Misunderstanding by the public that the HD has the authority to enforce laws
- Perception of the health department as a 'bad guy' who comes out just to regulate these business without them realizing the benefit of using the HD as a resource

Short-Term Opportunities

- Connecting people with mental health issues or with condemned houses to the resources available
- Periodically update regulations
- Education about enforcement and use of isolation and quarantine procedures
- Sharing and bringing in the state attorney through NIPARC meetings for education about our role
- Create an advisory committee with the restaurant owners for the law making process so that it is viewed as a fair process

Long-Term Opportunities

- Get the municipalities onto the same playing field in regards to their codes
- Change public perception through the use of education first and improvement rather than shutting places down immediately
- Update regulations and consolidate them

Model Standard 6.2: Involvement in Improving Laws, Regulations, and Ordinances

The LPHS works to change existing laws, regulations, or ordinances—or to create new ones—when they have determined that changes or additions would better prevent health problems or protect or promote public health. To promote public health, the LPHS helps to draft the new or revised legislation, regulations, or ordinances; takes part in public hearings; and talks with lawmakers and regulatory officials. To accomplish this, members of the LPHS work together to:

• Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances.

• Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health.

 • Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances.

 • Evaluate the effects of policies, laws, regulations, and ordinances.

6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?
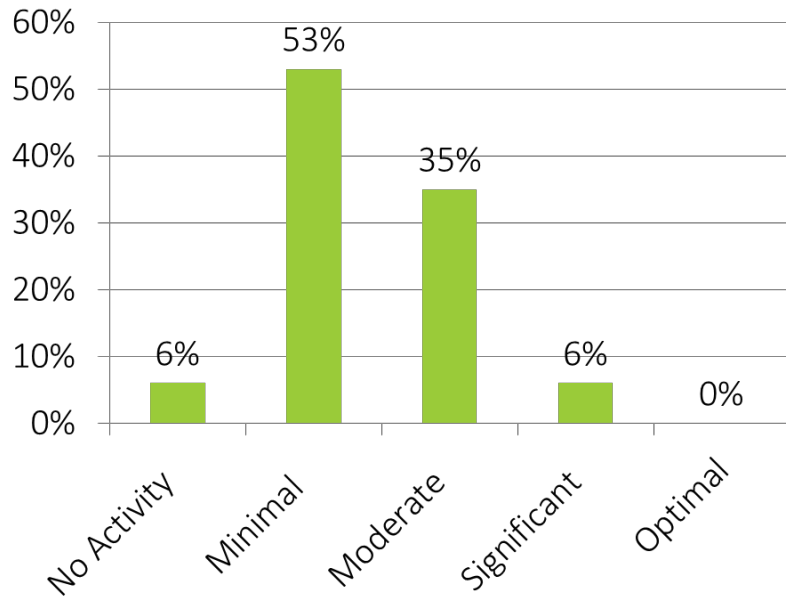
6.2.2 Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health?
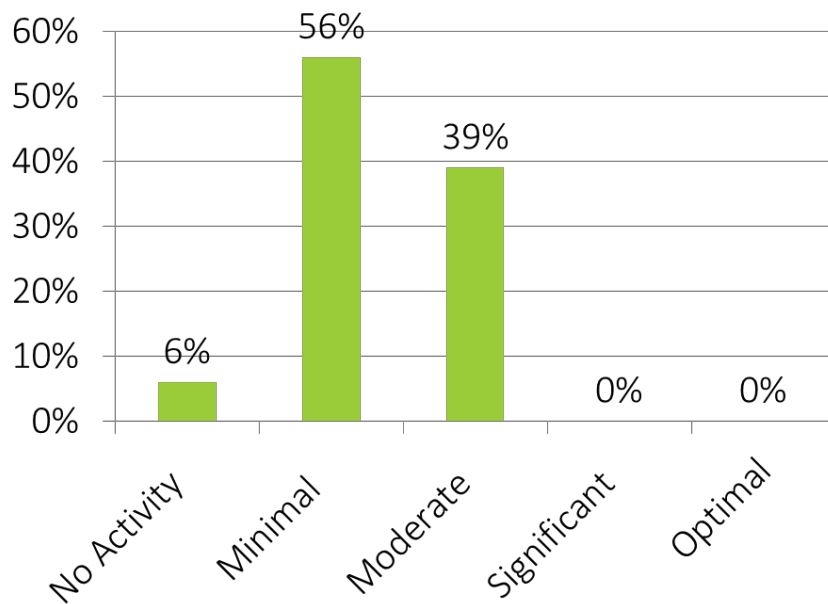
6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?
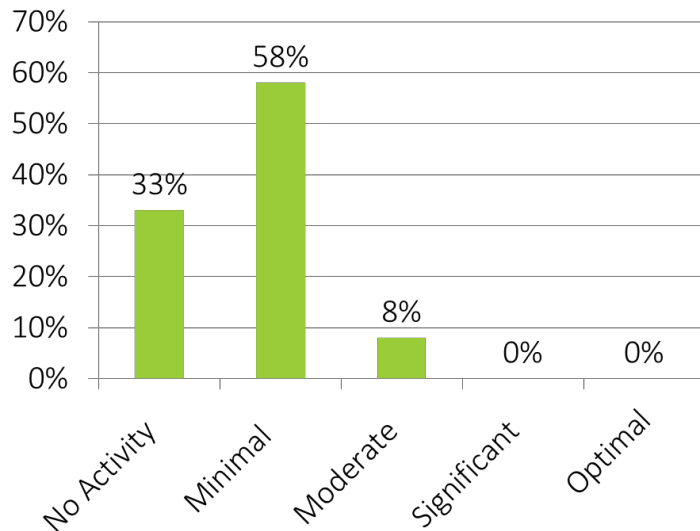
Strengths

- HD staff and board of health is actively involved in updating ordinances
- Using evidenced based information to rewrite laws and create evidence based campaigns- such as changing the laws based on kid access to vaping and use in schools
- Identifying and issue through surveys and social media and creating a response
- Active learning and staying current on issues so that approaches can change to fit the current needs of the community
- IPHA when addressing state laws as they advocate for laws and talk to state leadership
- Regional partnerships with hospitals used to identify health issues

Weaknesses

- No legal or expertise opinions when changing codes at the HD
- Lack of basic knowledge about laws and ordinances
- Lack of knowledge about laws and ordinances contributes to negative perception
- Timely response from legal counsel
- Time needed to go through update process

Short-Term Opportunities

- Understanding current and past trends
- Work with municipalities so they know to alert people to talk to the department about what they need to do before opening
- Creating a short video or checklist for people hoping to open restaurant, building housing,
- Communicate with municipalities so we know what they are enforcing

Long-Term Opportunities

- Improve education to the public before they open a restaurant- could work with small business center

Model Standard 6.3: Enforcing Laws, Regulations, and Ordinances

The LPHS sees that public health laws, regulations, and ordinances are followed. The LPHS knows which governmental agency or other organization has the authority to enforce any given public health-related requirement within its community, supports all organizations tasked with enforcement responsibilities, and ensures that the enforcement is conducted within the law. The LPHS has sufficient authority to respond in an emergency event. The LPHS also makes sure that individuals and organizations understand the requirements of relevant laws, regulation, and ordinances. The LPHS communicates the reasons for legislation and the importance of compliance. To accomplish this, members of the LPHS work together to:

• Identify organizations that have the authority to enforce public health laws, regulations, and ordinances.

• Ensure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies.

• Ensure that all enforcement activities related to public health codes are done within the law.

• Inform and educate individuals and organizations about relevant laws, regulations, and ordinances.

• Evaluate how well local organizations comply with public health laws

6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?
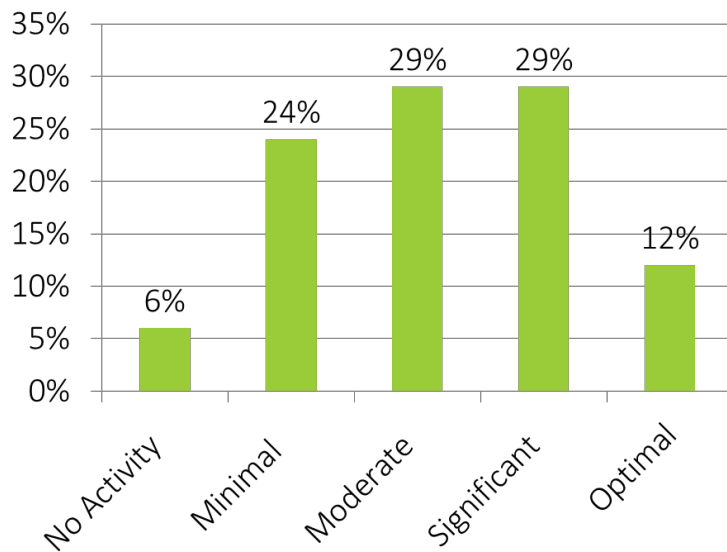
6.3.2 Ensure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?
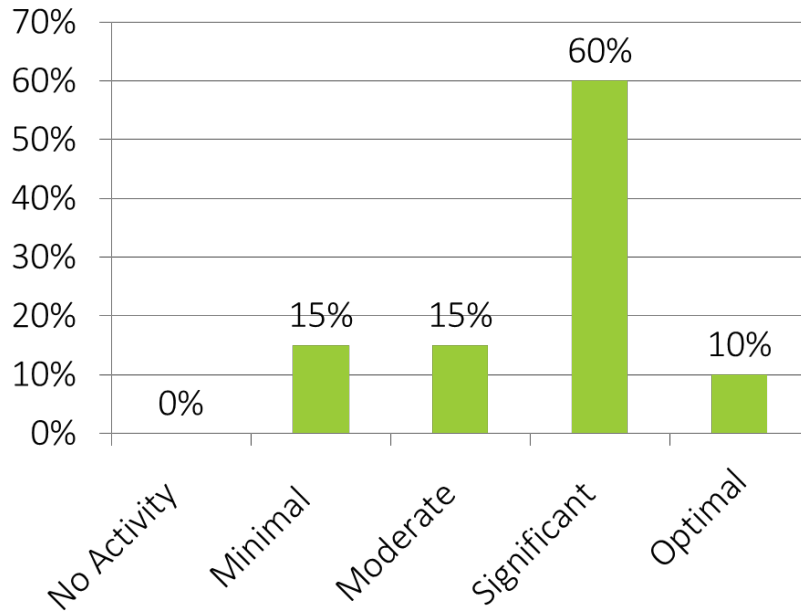
6.3.3 Ensure that all enforcement activities related to public health codes are done within the law?
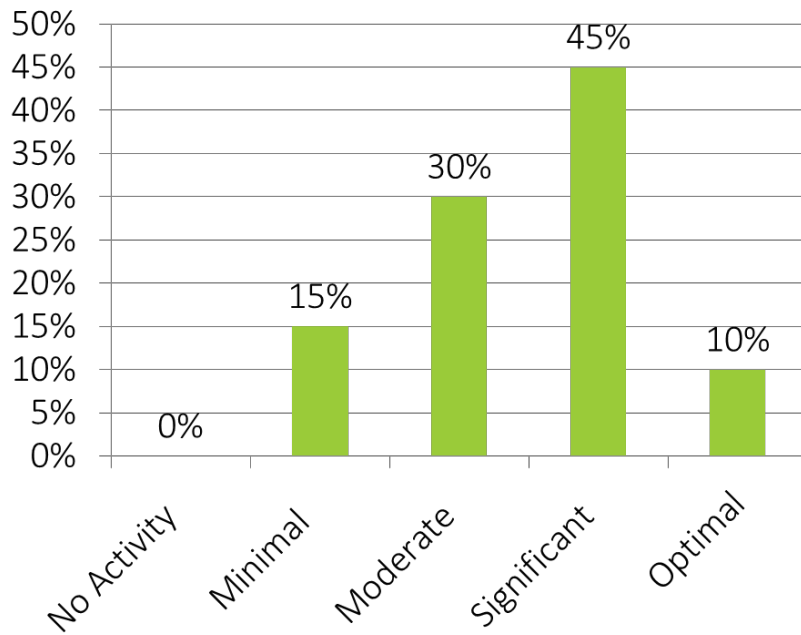
6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances?
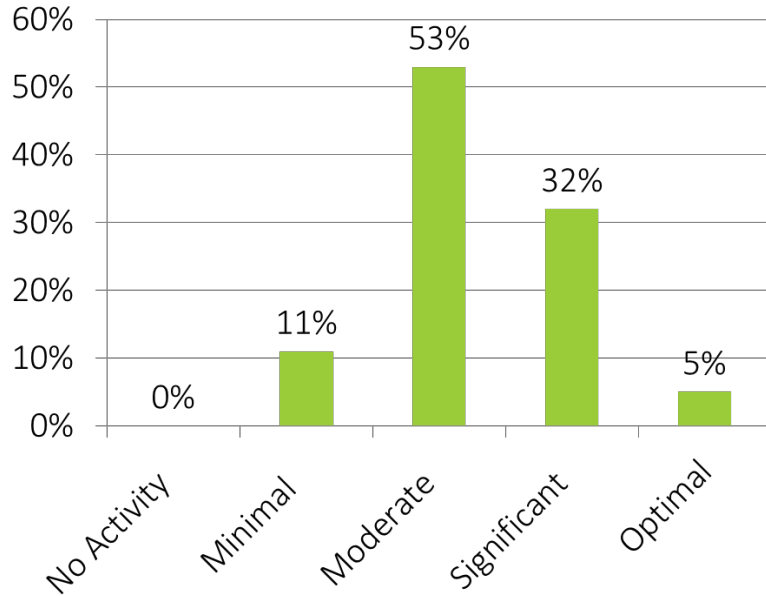
6.3.5 Evaluate how well local organizations comply with public health laws?
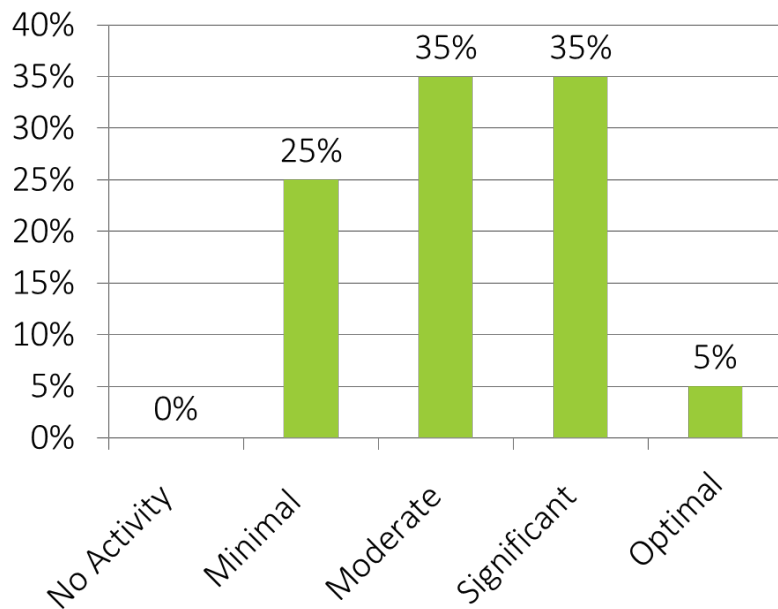
Strengths

- Full authority to enforce those
- Presence- given by your reputation
- Commitment to being ethical and doing what is best for the health of the community and not giving into the pressures of being viewed as being too harsh
- Partnership approach as an entity to teach and help

Weaknesses

- Reputation as a harsh enforcer
- Reports are not readily available to the general public- food, housing, septic, wells
- Having enough time and people to go to all the places and enforce the laws to the extent we should- cannot perform proactive inspections because we barely have enough to handle complaints
- Lack of funding

Short-Term Opportunities

- Create opportunities to celebrate compliance- use awards
- Make inspections or other information readily available online or at the door- could encourage establishment to do better
- Create ordinances to fine homes rather than just condemning them or finding other funding sources
- Talk to legislation about the problems the HD is having dealing with all of the issues so that they know we need more resources

Long-Term Opportunities

- Finding other resources to help handle situations

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

Model Standard 7.1: Identifying Personal Health Service Needs of Populations

The LPHS identifies the personal health service needs of the community and identifies the barriers to receiving these services, especially among particular groups that may have particular difficulty accessing personal health services. The LPHS has defined roles and responsibilities for the local health department (or other governmental public health entity) and other partners (e.g., hospitals, managed care providers, and other community health agencies) in relation to overcoming these barriers and providing services. To accomplish this, members of the LPHS work together to:

• Identify groups of people in the community who have trouble accessing or connecting to personal health services.

• Identify all personal health service needs and unmet needs throughout the community.

• Define roles and responsibilities for partners to respond to the unmet needs of the community

• Understand the reasons that people do not get the health services and healthcare they need

7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services?
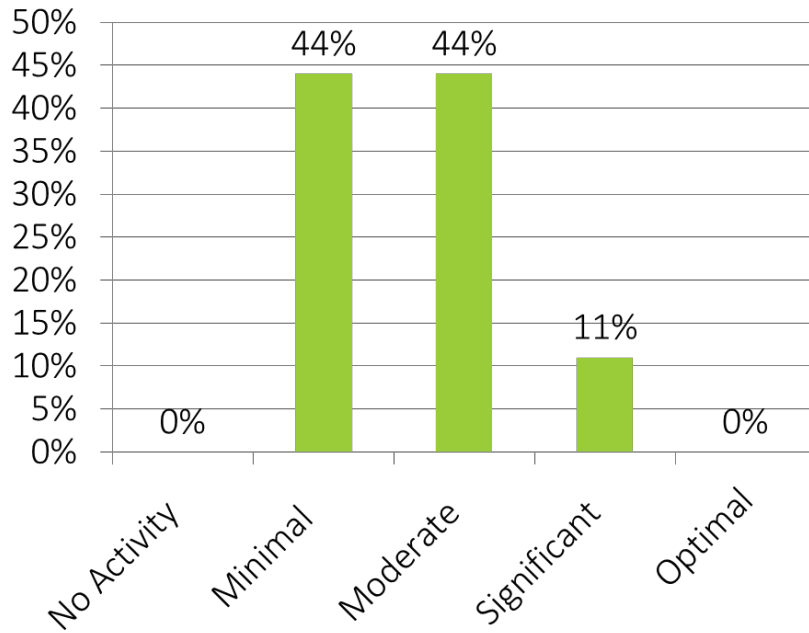
7.1.2 Identify all personal health service needs and unmet needs throughout the community?
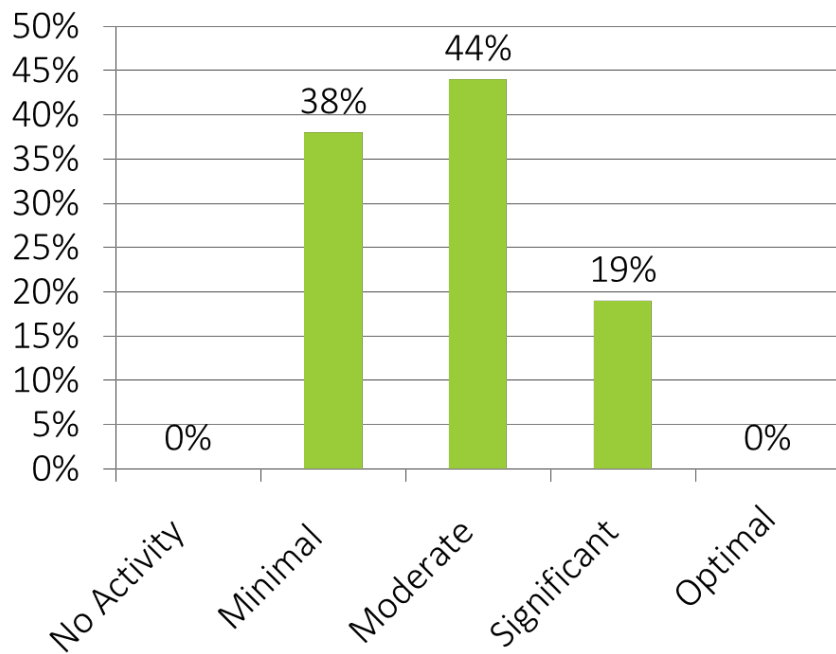
7.1.3 Defines partner roles and responsibilities to respond to the unmet needs of the community?
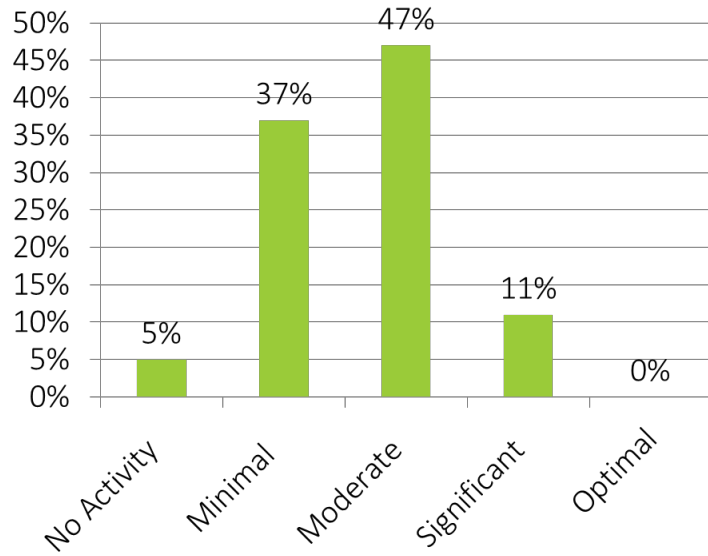
7.1.4 Understand the reasons that people do not get the care they need?
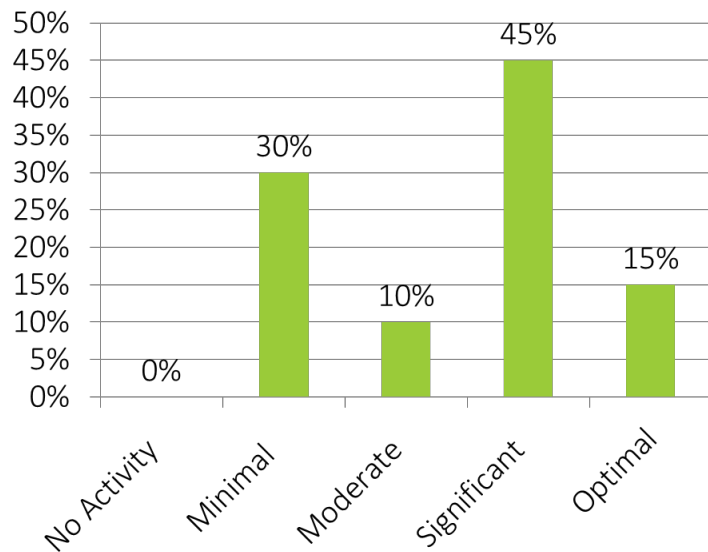
Strengths

- Partnerships with hospitals and other organizations
- Coalitions and groups are good at identifying issues
- Organizations that conduct needs assessments such as (LHD, hospitals, Sinnissippi, children's clinics, tri county)
- IYS to identify needs at schools
- Census data is available such as minority demographics and income
- Behavioral risk assessment data available
- Comparing population data to program outcomes

- Assessments through research in college of medicine and other higher level educational institutions
- Municipalities do economic development research and data collection (county level also)

Weaknesses

- Struggling to meet the needs of the community after issues have been identifies
- Lag in data, difficult to get real time and relevant data
- Have to use old data to make important decisions
- Data not available in central location
- Participation of public in data collection, getting people answer in numbers that make it significant
- Self-selection of those that are being surveyed
- Not able to reach certain demographics for surveying (often the groups that need it more) only getting info from people that are willing to participate
- Some needs are very hard to measure especially when self-reported, getting a true sample of the community at large
- Many different groups with the same goal that do not work together. Siloing of organizations.
- Individuals cannot participate in every group/organization/ coalition
- Duplication of resources
- Public get survey fatigue, having to do the same thing over and over for different organizations and they're often long and time consuming
- Access to surveys (may not own computer)
- Miss reaching more rural parts of the county/ quadrants unequally impacted included Stillman and DJ and MC
- Expensive to start and manage data bases

Short-Term Opportunities

- Improving how data is collected and stored so that is more easily access
- Data access to wider group/ more organizations
- Making surveys easy to take and not too long and offering in many different languages to increase participation
- Offering surveys in different forms to increase access
- Explore the data that we already have available in LPHS and distributing that
- Figuring out what type of data each organization has and sharing that with each other
- Medical students are looking for community bases projects and also undergrads maybe

Long-Term Opportunities

- Growth into less serviced communities and areas of the county
- Use resources to make data driven decisions
- Using a third party agency to manage data (Stronger partner with U of I extensions for data driven decisions and tri county being a conduit of information)

Model Standard 7.2: Ensuring People Are Linked to Personal Health Services

The LPHS partners work together to meet the diverse needs of all populations. Partners see that persons are signed up for all benefits available to them and know where to refer people with unmet personal health service needs. The LPHS develops working relationships between public health, primary care, oral health, social services, mental health systems, and organizations that are not traditionally part of the personal health service system, such as housing, transportation, and grassroots organizations. To accomplish this, members of the LPHS work together to:

• Connect (or link) people to organizations that can provide the personal health services they may need.

• Help people access personal health services, in a way that takes into account the unique needs of different populations.

• Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs).

• Coordinate the delivery of personal health and social services so that everyone has access to the care they need.

7.2.1 Connect or link people to organizations that can provide the personal health services they may need?
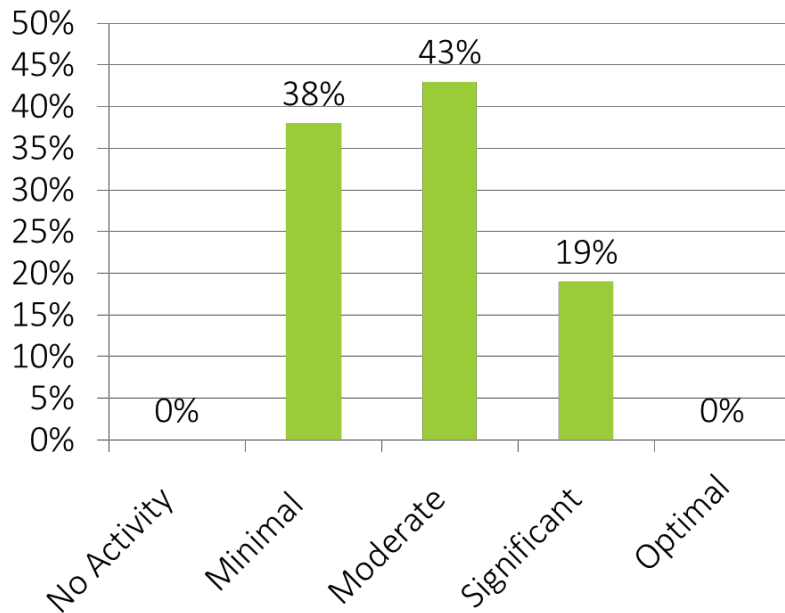
7.2.2 Help people access personal health services in a way that takes into account the unique needs of different populations?
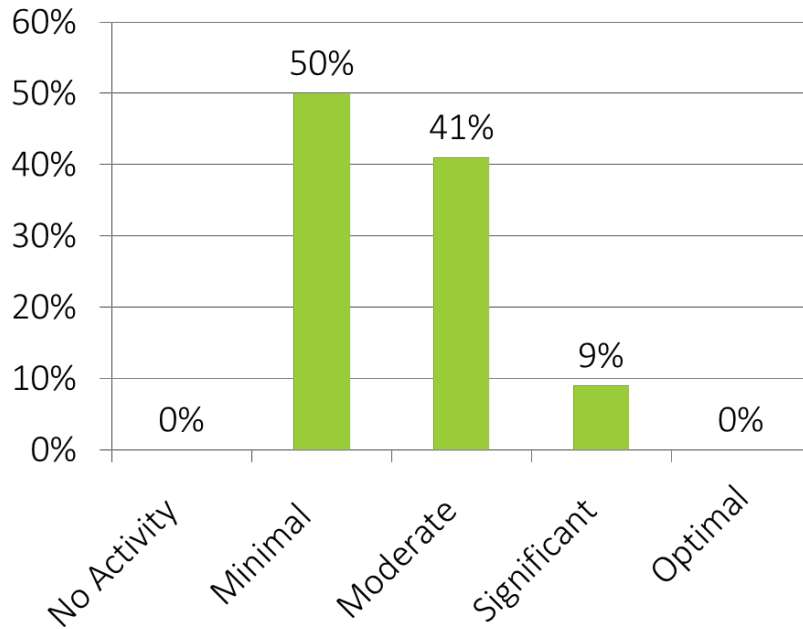
7.2.3 Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?
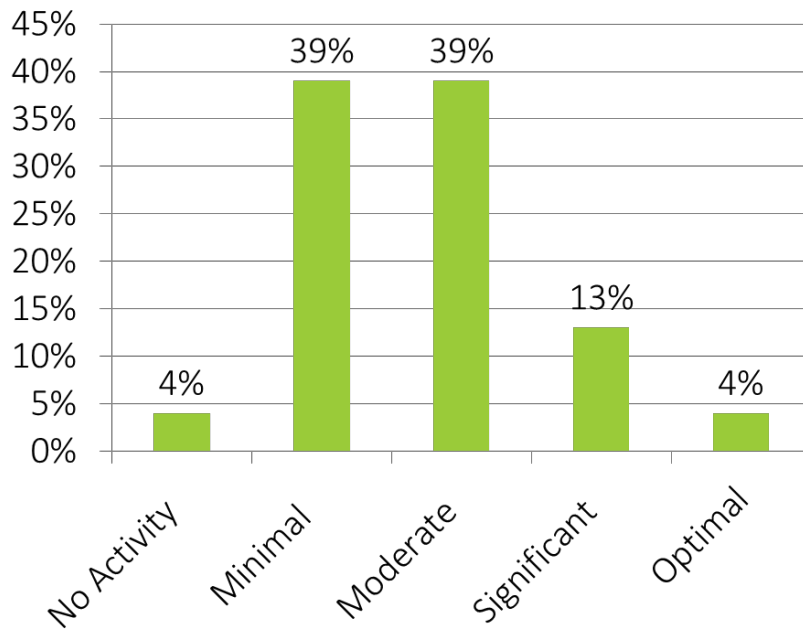
7.2.4 Coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?
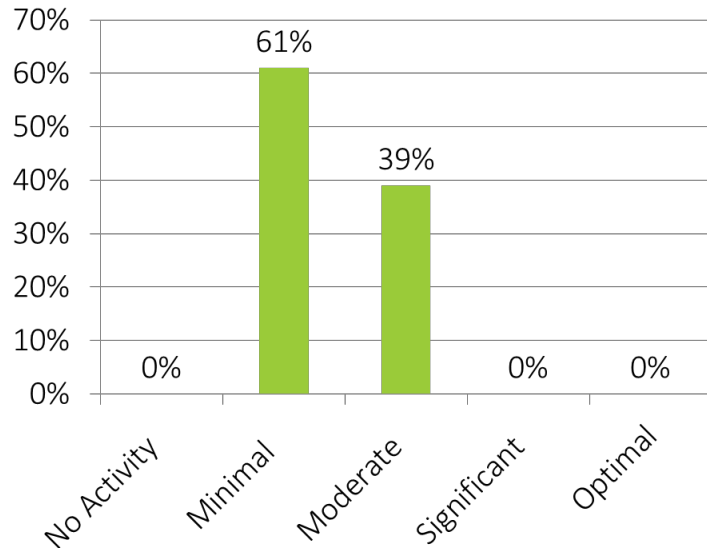
Strengths

- Once an individual gets to a health service, they are able to be linked to other services, well informed staff
- Push for community health worker coordination
- Have people to help community to get signed up for Medicaid and other services
- Municipalities will help scan/ mail documents to get people to signed up for services

Weakness

- Reaching people that don't self-report, request help, or attempt to initially get help
- People don't get help during an initial crisis and it then compounds
- Stigma against getting help
- Some people, particular older, don't tend to reach out and people don't recognize their own needs due to perception differences (don't realize that their situation is abnormal)
- Generational poverty and cultural barriers
- Funding and staffing for organizations
- Providers maxed out on Medicaid, unable to follow up to see if people are actually getting services
- No one in the county that takes Medicaid for dental care in this county
- Lack of trust of government and organizations in community
- Community doubts government competency, judge different levels of government based off if each other even if it isn't relevant
- Don't have the "teeth" to get people help that refuse
- Reaching people that speak other languages
- Lack of funding for HD to manage housing issues
- HD does not have expertise in mental health
- Lack of specialized services and transportation to them (dialysis, dental surgery, etc.)
- Access to telehealth

Short-Term Opportunities

- Training and assessing workers to work with other cultures and languages
- Providing materials in other languages/ translation services
- Having peer types of interactions, hearing from people that been in similar situations (peer advocacy/ success stories)
- Having organizations follow up and report outcomes (for funding purposes also)
- Using telemed

Long-Term Opportunities

- Policy makers realize that people with Medicaid don't have access to enough providers and oral health
- Inform public on how to sign up for Medicaid and other services
- Establishing trust in organizations for communities and especially minorities
- Help mandate intervention besides just condemnation for people that need help but refuse (legislation?)
- Multiple disciplinary team to deal with housing issues (social worker for HD staff?)
- Case management and working with people towards improvement (including municipalities in this process)
- Make Special services available or improve access and transportation to them (dialysis, psychiatrist, dental surgery, etc.)
- College of medicine has program to encourage students to work with rural communities

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

Model Standard 8.1: Workforce Assessment, Planning and Development

The LPHS assesses the local public health workforce—all who contribute to providing the 10 Essential Public Health Services for the community. Workforce assessment looks at what knowledge, skills, and abilities the local public health workforce needs and the numbers and kinds of jobs the system should have to adequately prevent health problems and protect and promote health in the community. The LPHS also looks at the training that the workforce needs to keep its knowledge, skills, and abilities up to date. After the workforce assessment determines the number and types of positions the local public health workforce should include, the LPHS identifies gaps and works on plans to fill those gaps. To accomplish this, members of the LPHS work together to:

• Assess over time the numbers and types of LPHS jobs in the public or private sector and the knowledge, skills, and abilities that they require.

• Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce.

• Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning.

8.1.1 Complete a workforce assessment, a process to track the numbers and types of LPHS jobs—both public and private sector—and the associated knowledge, skills, and abilities required of the jobs?
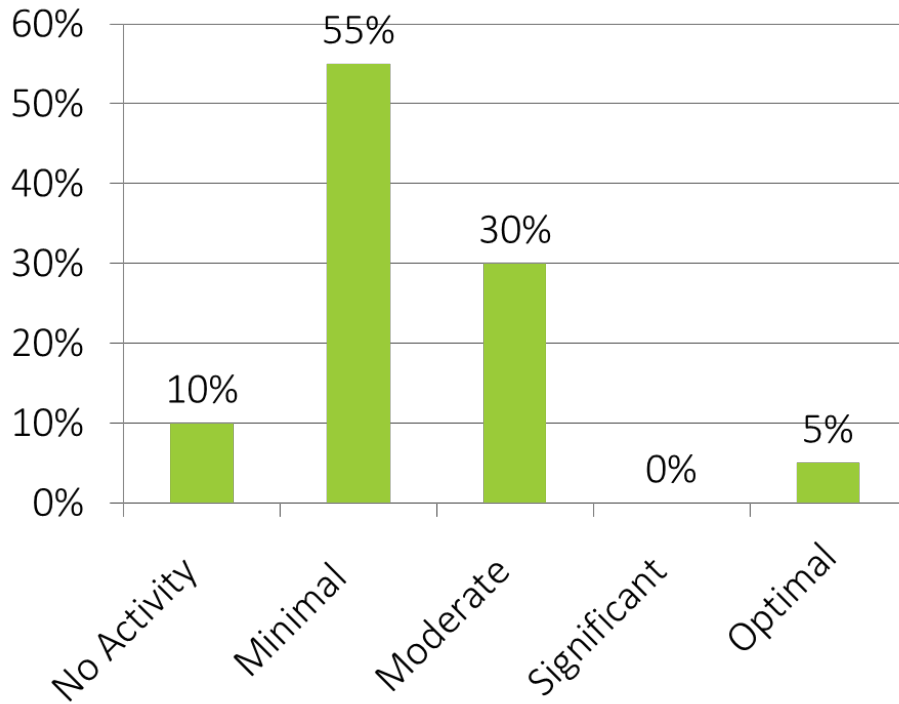
8.1.2 Review the information from the workforce assessment and use it to identify and address gaps in the LPHS workforce?
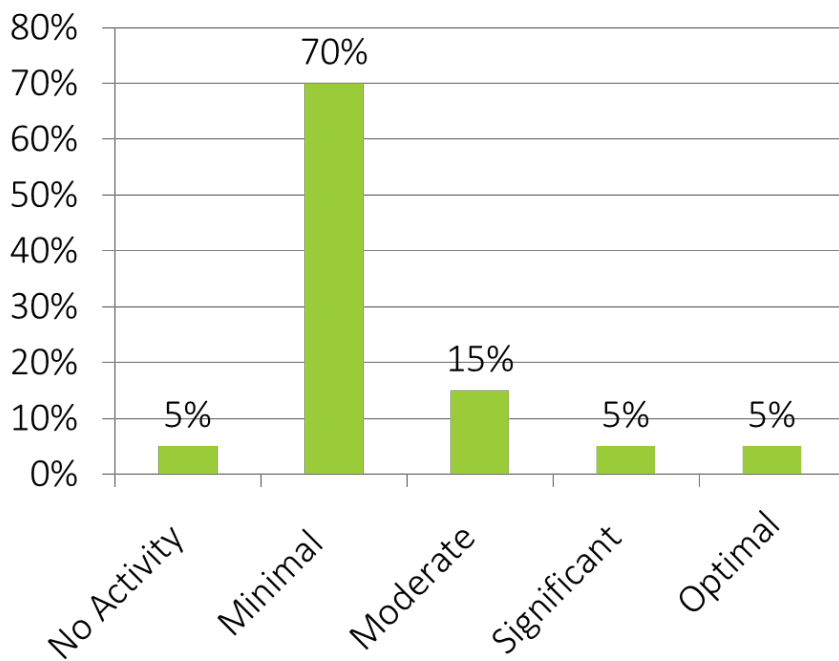
8.1.3 Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?
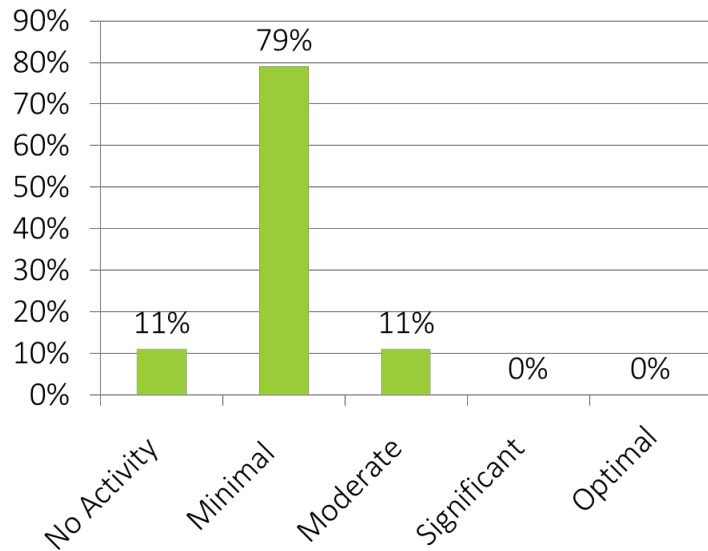
Strengths
- Workforce investment board, u of I, Illinois worknet (general workforce)
- Illinois hospital association and medical school, ipha, phist (medical field assessment)
- AHECK
- Project open (help people with substance abuse find jobs)
- Rochelle surveys high school students, programs that push high schoolers into fields that are needed
- HD did survey of wdp, assessed all of our trainings, phist
- Rochelle high school has dual credit opportunities
- Ogle county availability to higher education (access to many different community colleges)
- Specialty courts

Weaknesses
- Push for college degrees, but strong demand for trade
- Lack of awareness of what public health is or don't know that it is an option for students and employers
- Lack of knowledge about AHECK
- Difficulty in hiring and finding medical professionals
- Out of district fees for community colleges, can be far away and transportation issues
- Stigmas on employers that hire people with backgrounds

Short-Term Opportunities
- Encouraging students to go into trades
- Research and exposing students to public health/ career awareness programs
- Expanding understanding of services (Whiteside Area Career Center and community colleges) to students

- Exposing students to different career options early
- Intergovernmental agreements to community colleges for increased access
- Increasing workforce retention for needed field
- Increasing funding to get grants for needed fields (epi, biostatistics, social workers)
- Free tuition for first year students at NIU (not looking at sat scores)

Long-Term Opportunities
- CED workforce youth development to introduce youth to careers (u of I extension) can identify partners that are on the road to making progress and coordinating with them
- Vocational training for high school students (dual credit programs)
- Transitioning people with convictions to workforce (educating employers on different circumstances and educating them on the laws about what they are allowed to ask and not ask), employers can be a part of their recovery
- Working with people that have been impacted by substance use to get them employment opportunities
- Increasing specialty court participation
- Utilize EAP program

Model Standard 8.2: Public Health Workforce Standards

The LPHS maintains standards to see that workforce members are qualified to do their jobs, with the certificates, licenses, and education that are required by law or by local, state, or federal guidance. Information about the knowledge, skills, and abilities that are needed to provide the 10 Essential Public Health Services are used in personnel systems, so that position descriptions, hiring, and performance evaluations of workers are based on public health competencies. To accomplish this, members of the LPHS work together to:

• Ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet all legal obligations.

• Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the 10 Essential Public Health Services.

• Base the hiring and performance review of members of the local public health workforce in public health competencies.

8.2.1 Ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements?
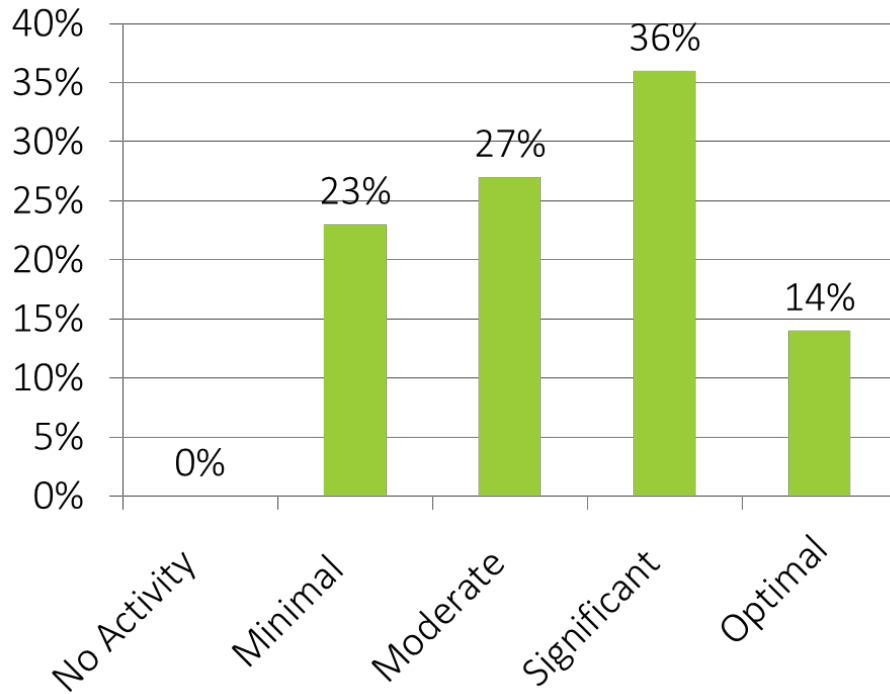
8.2.2 Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the 10 Essential Public Health Services?
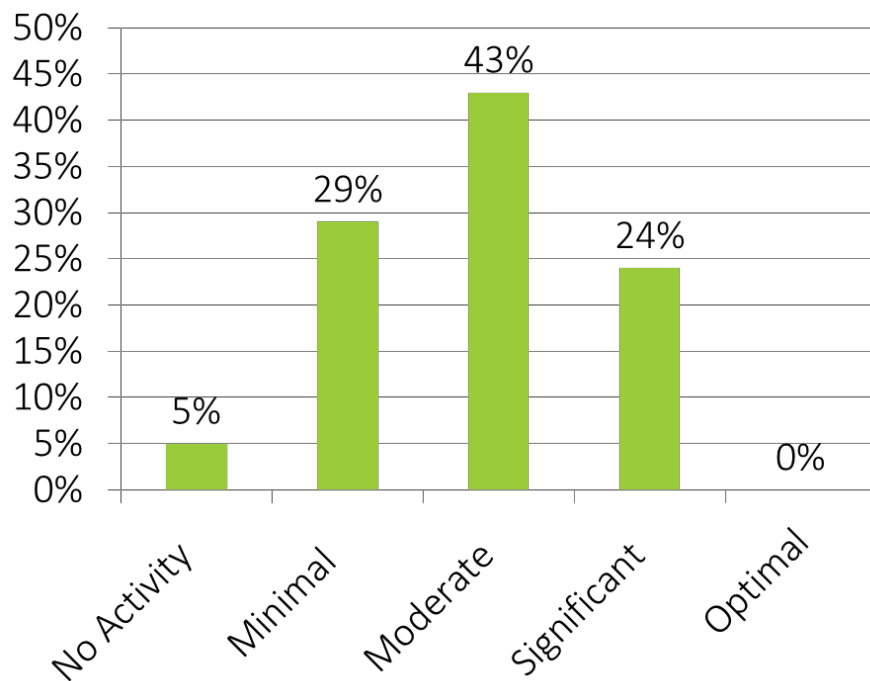
8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?
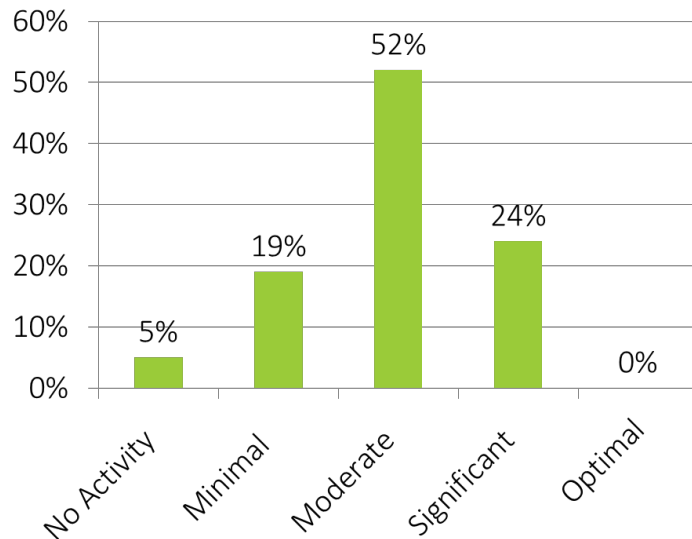
Strengths

- Ph competencies in job descriptions of HD
- Preform surveys to make sure that hospitals, long terms care etc. Has proper trainings and credentials
- High intern success rate for HD
- Interns can develop workforce and interest
- Working with other HDS to learn and train
- Sharing resources during outbreaks

Weaknesses

- Helping the community to
- Funding (not enough and not always stable, states doesn't always pay on time)
- Recruitment of people that are trained in public health
- Staff turnover (LHD, IDPH, hospitals)
- No succession planning
- Needed careers are not always attractive/ difficult to get people interested in doing them
- Organizations can struggle to maintain interns/ fellows, puts a strain on these organizations (also certain requirements may have to be met that can be barriers or be challenging to be met with credentialing for professional level interns)

Short-Term Opportunities

- Succession planning
- Take on interns that are interested in public health (NOA program called experience works), job shadowing is needed
- Science fellow
- Smaller municipalities can do certain things (such as vector) with less restrictions so utilizing this
- Reach out to other people that are already doing similar things to learn from them (stronger partnerships/ less redundancy)

Long-Term Opportunities

- Funding
- Sharing of resources (An employee that is part time in Ogle and part time in Lee) to grain expertise and knowledge

Model Standard 8.3: Life-long Learning Through Continuing Education, Training, and Mentoring

he LPHS encourages lifelong learning for the local public health workforce. Both formal and informal opportunities in education and training are available to the workforce, including workshops, seminars, conferences, and online learning. Experienced staff persons are available to coach and advise newer employees. Interested workforce members have the chance to work with academic and research institutions, particularly those connected with schools of public health, public administration, and population health. As the academic community and the local public health workforce collaborate, the LPHS is strengthened. The LPHS trains its workforce to recognize and address the unique culture, language, and health literacy of diverse consumers and communities and to respect all members of the community. The LPHS also educates its workforce about the many factors that can influence health, including interpersonal relationships, social surroundings, physical environment, and individual characteristics (such as economic status, genetics, behavioral risk factors, and healthcare). To accomplish this, members of the LPHS work together to:

• Identify education and training needs and encourage the workforce to participate in available education and training.

• Provide ways for workers to develop core skills related to the 10 Essential Public Health Services.

• Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases.

• Create and support collaborations between organizations within the LPHS for training and education (e.g., practice and academic collaborations between public health workforce members and/or healthcare professionals and the faculty and students of academic institutions). Continually train the public health workforce to deliver services in a culturally competent manner and understand social determinants of health.

8.3.1 Identify education and training needs and encourage the public health workforce to participate in available education and training?
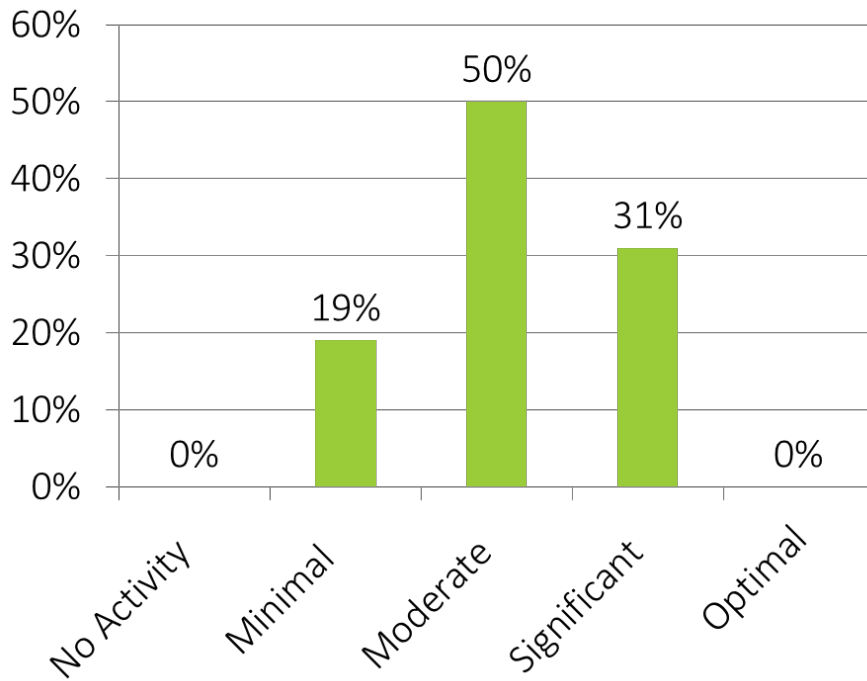
8.3.2 Provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services?
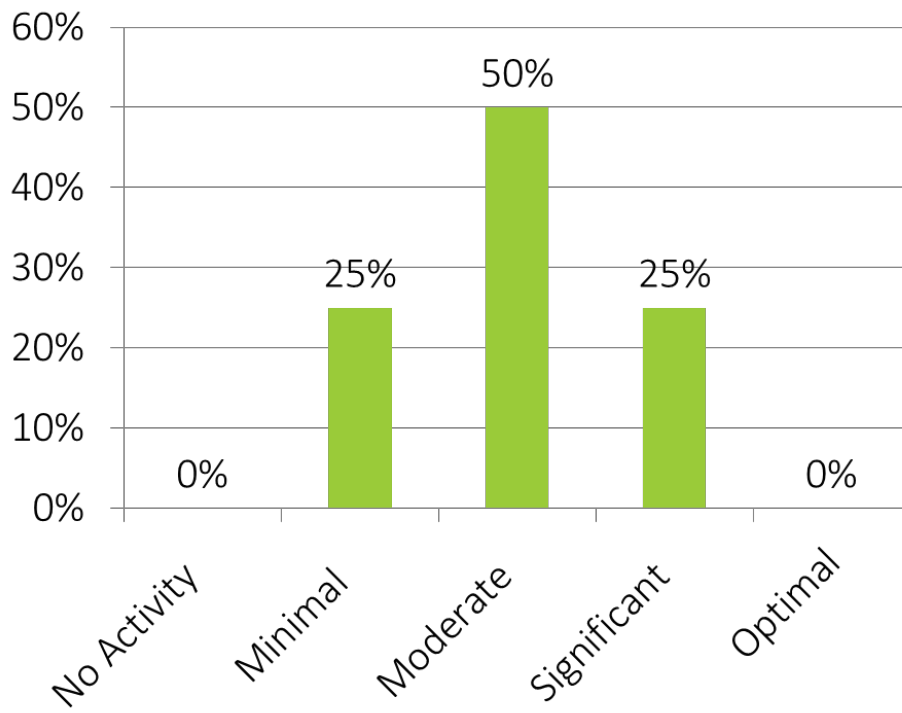
8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases?
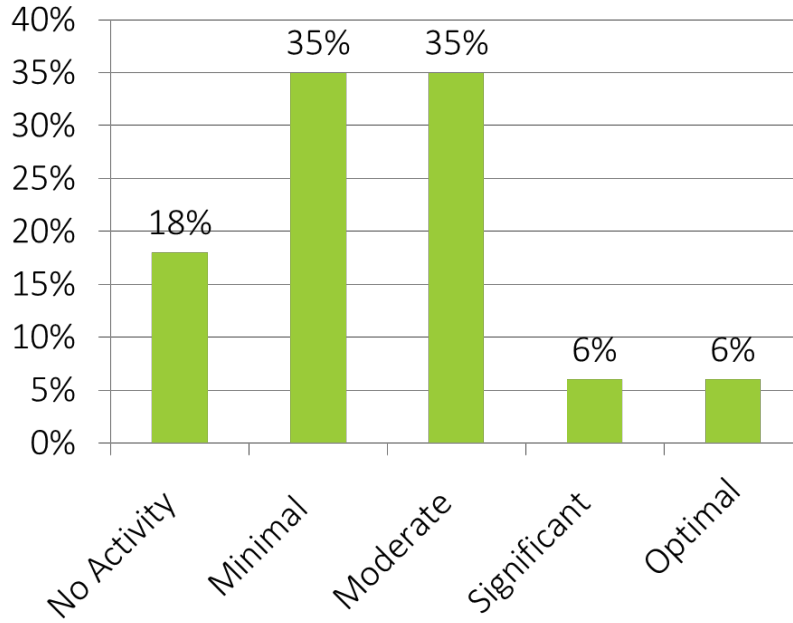
8.3.4 Create and support collaborations between organizations within the LPHS for training and education?
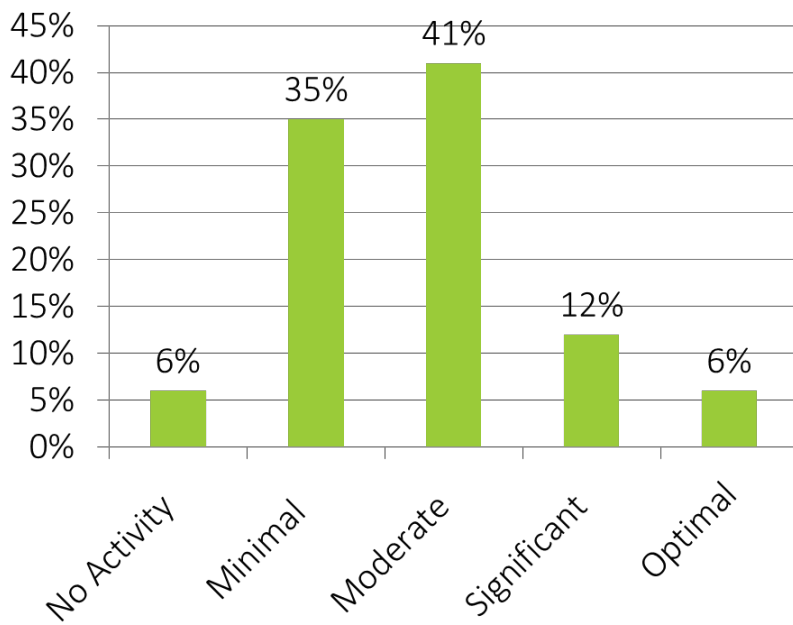
8.3.5 Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health?
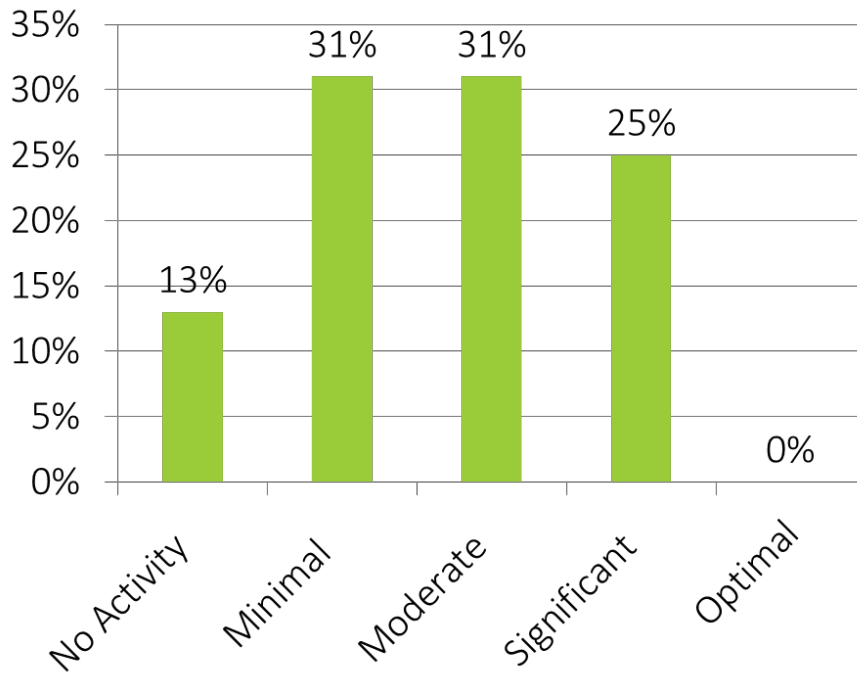
Strengths
- Partnering with NIU for intern/staff education
- Paying staff for trainings/ hotels/ meals
- Online trainings for continuing education
- IDPH offering a lot of good trainings for eh and cd
- General embracing of continuing education and support (for grant programs)
- HD staff shows interest in trainings and individual development
- CDC, FDA, IEMA, FEMA, NIHA, NACCOO all offer good trainings
- Relationship with Kish nursing students/ academics and healthcare organizations

Weaknesses
- Complexity in budgeting and funding for HD
- Education and tuition reimbursement is often first to be cut
- Less funding and trainings in areas where there is no grant funding
- Staff not always interested in trainings

Short-Term Opportunities
- Getting staff interest in trainings up
- Cultural linguistics and competency
- Academic and practice partnerships
- Introducing high school/ middle school kids to public health and epi
- Pairing with students/ educational institutions for things such as planning
- Giving staff the opportunity to decide what they are interested in learning (staff driven training)
- Create list serve for Ogle County that links all organizations, general or discipline specific (master contact list)

Long-Term Opportunities
- Coalition to identify system wide what other organizations can utilize and how they can link and help each other (linking IDPH to hospitals, schools, hospice)
- Identifying not only what education the community needs but also what professionals needs regionally (U of I extension for IDPH)

Model Standard 8.4: Public Health Leadership Development

Leadership within the LPHS is demonstrated by organizations and individuals that are committed to improving the health of the community. Leaders work to continually develop the LPHS, create a shared vision of community health, find ways to achieve the vision, and ensure that local public health services are delivered. Leadership may come from the local health department, from other governmental agencies, non-profits, the private sector, or from several LPHS partners. The LPHS encourages the development of leaders that represent the diversity of the community and respect community values. To accomplish this, members of the LPHS work together to:

• Provide access to formal and informal leadership development opportunities for employees at all organizational levels.

• Create a shared vision of community health and the LPHS, welcoming all leaders and community members to work together.

• Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources.

• Provide opportunities for the development of leaders that reflect the diversity of the community.

8.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels?
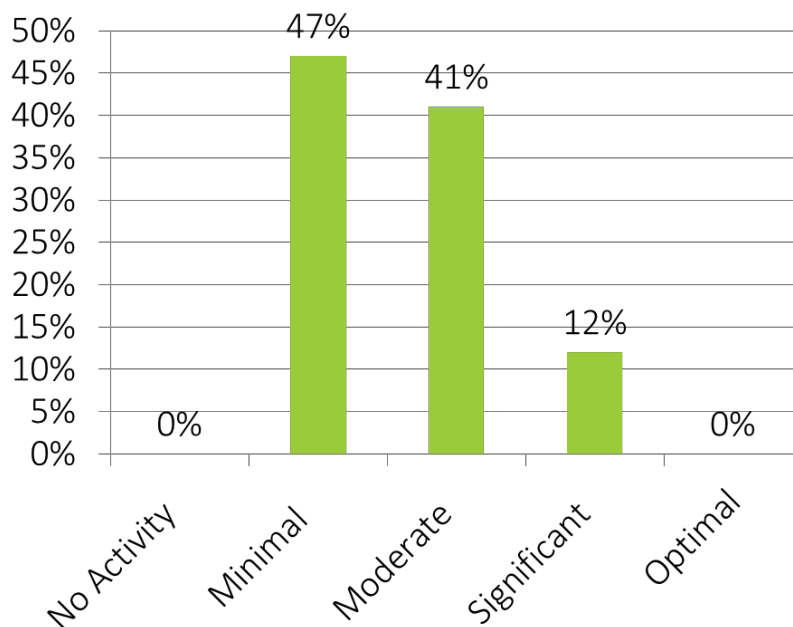
8.4.2 Create a shared vision of community health and the LPHS, welcoming all leaders and community members to work together?
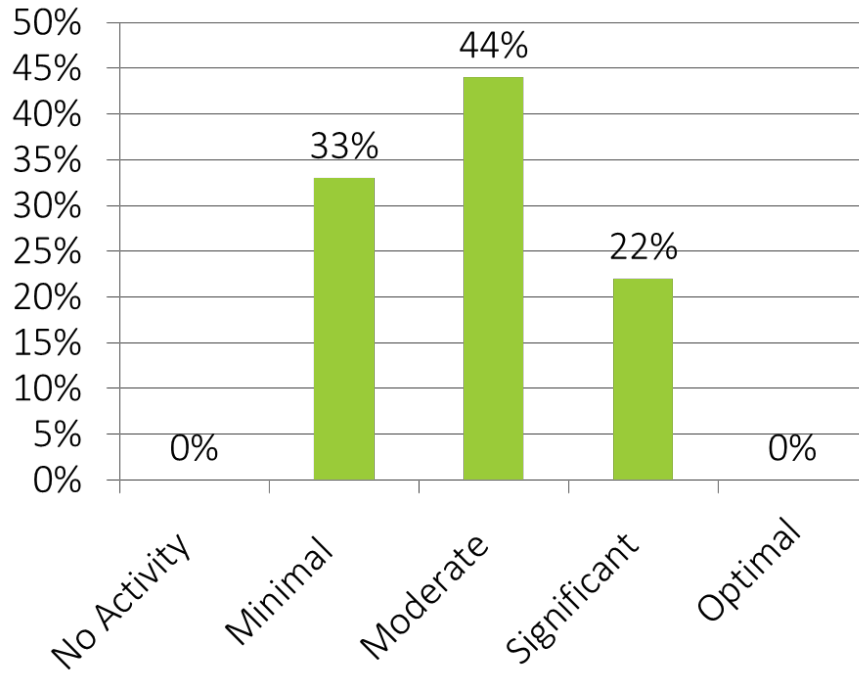
8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?
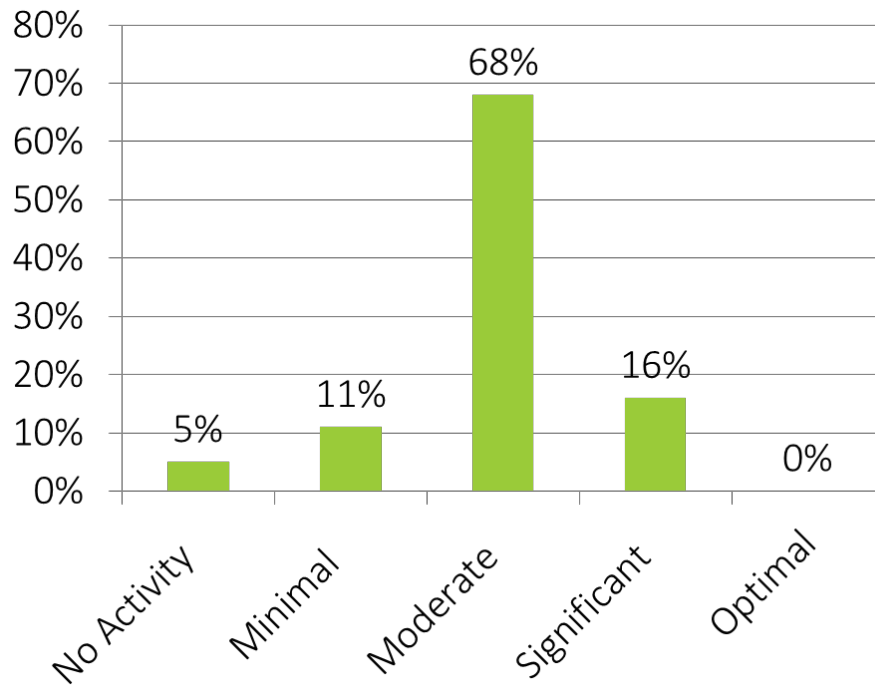
8.4.4 Provide opportunities for the development of leaders who represent the diversity of the community?
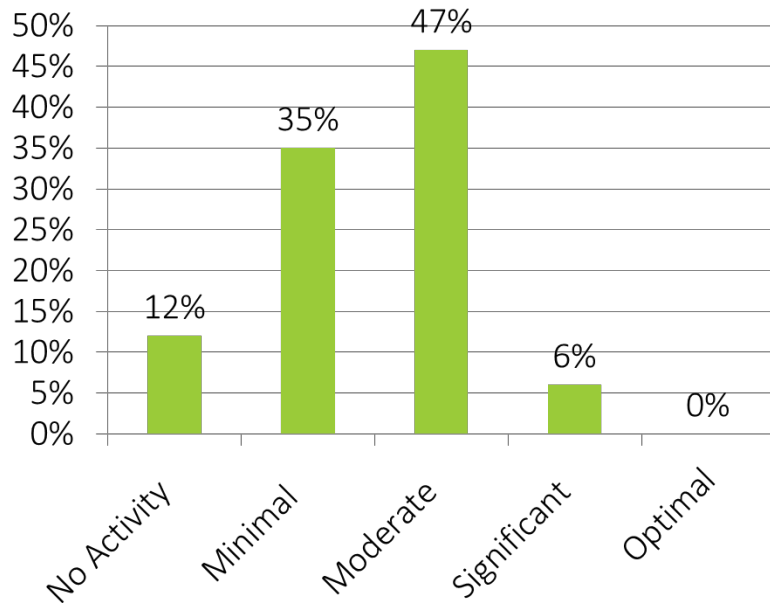
Strengths
- Network meeting/opportunities sharing expertise
- Opportunity to lead different initiatives at OCHD
- Kyle leadership in different organizations
- Coalitions with interdisciplinary have opportunities to lead
- Number of people on different boards and advisory boards, multidisciplinary leadership on different boards
- Ogle cares
- KSB how to work with other people, communication, leadership training (soft skill development)
- KSB employees always making contact and making eye contact
- Model good leadership, duplicate good leadership

Weaknesses
- staff stretched too thin in leadership in attending meetings
- Redundancy
- Chambers have leadership academies geared towards for profit
- Leadership academies not all about leadership. More examples and not leadership training.
- Not health care focused
- Most young adults do not have the mindset to sit on boards or other options as they are both full time and kid's activities.
- Not enough collaboration throughout the rural county
- Succession planning, lots of knowledge and history from people retirement
- Jumping into another position that is leadership
- Not as much opportunity for leadership training.

- No resources to develop leadership training
- WDP issue assessment, planning, training
- Same message trickled through 180 employees, relationships squashed through 1 employee.
- Not a lot of middle career leadership training, name issues (young professions) focused on young folks
- Diversity is small population

Short-Term Opportunities
- Opportunity to lead different initiatives at OCHD.
- All staff at facility participate in the coalitions or other groups to grow and delegate of organizations
- Develop leadership of other staff in organizations
- Develop new leaders
- Pays to get more people involved.
- Drivers in lots are the ones seeing the citizens out in the field, frontline staff perspective
- Allows for frontline staff to gain leadership experience
- Create leadership academy for public health system
- Discuss with employers the benefit of creating leaders in the work field
- Strategic planning and workforce development plan –no succession planning or leadership planning whole public health system
- KSB professional development training/curriculum based in retail format
- and working with customers, others
- Customer service acknowledge, introduce, timeline, being able to serve them
- Speak highly of each other and be nice to one another (welcoming), not being territorial
- Breaking down silos and share vision, resources, open coordination, data
- Being intentional on focusing on smaller populations or older populations

Long-Term Opportunities
- From leadership academy, place on a non for profit board for a period of time to determine the appropriate fit.
- Development of soft skills
- Education on succession planning and getting the younger generation involved.
- Improvements to systemic succession planning
- Leadership and succession planning through training
- Goal to be the partner first before "hammering". Guide them to show proper way of doing things.

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

Model Standard 9.1: Evaluating Population-based Health Services

The LPHS evaluates population-based health services, which are aimed at disease prevention and health promotion for the entire community. Many different types of population-based health services are evaluated for their quality and effectiveness in targeting underlying risks. The LPHS uses nationally recognized resources to set goals for their work and identify best practices for specific types of preventive services (e.g., Healthy People 2020 or The Guide to Community Preventive Services). The

LPHS uses data to evaluate whether populationbased services are meeting the needs of the community and the satisfaction of those they are serving. Based on the evaluation, the LPHS may make changes and may reallocate resources to improve population-based health services. To accomplish this, members of the LPHS work together to:

• Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved.

• Assess whether community members, including vulnerable populations, are receiving services and are satisfied with the approaches to promoting health and preventing disease, illness, and injury.

• Identify gaps in providing population-based health services.

• Use evaluation findings to improve plans and services.

9.1.1 Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved?
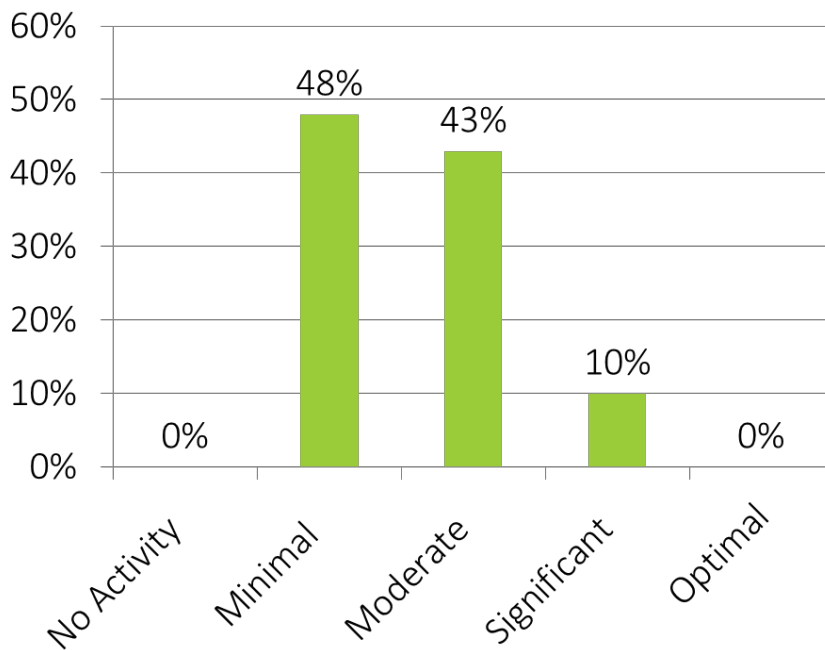
9.1.2 Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury?
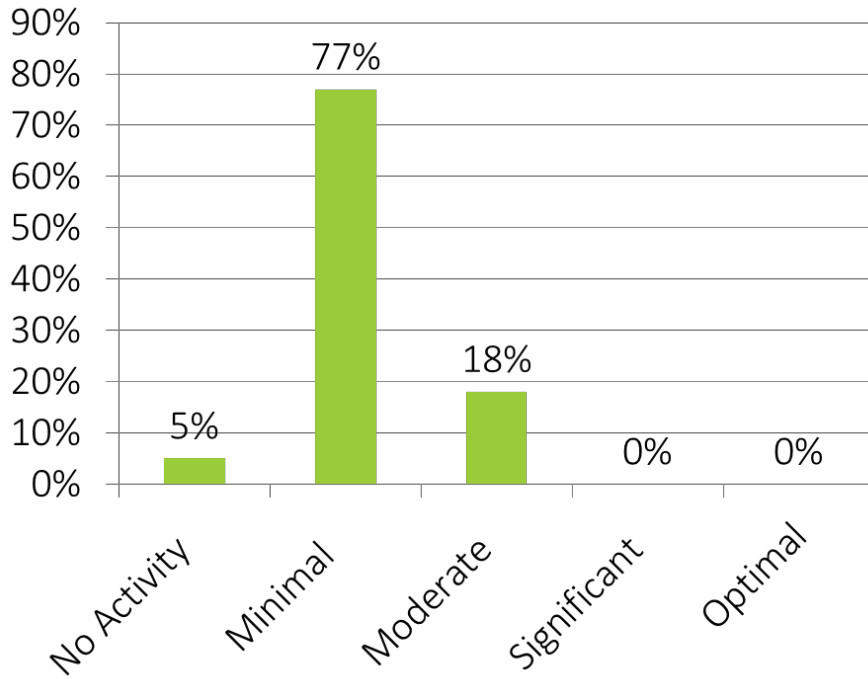
9.1.3 Identify gaps in the provision of population-based health services?
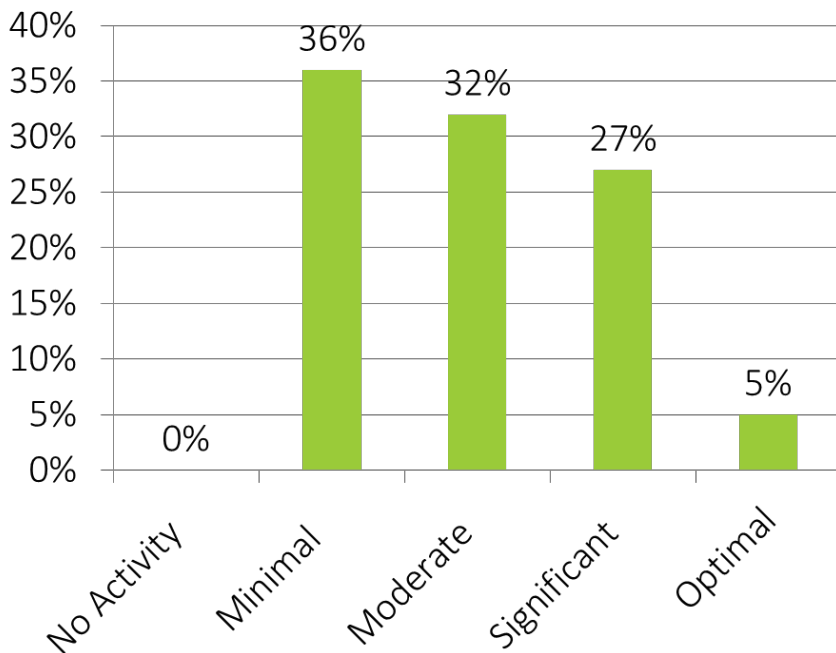
9.1.4 Use evaluation findings to improve plans, processes, and services?
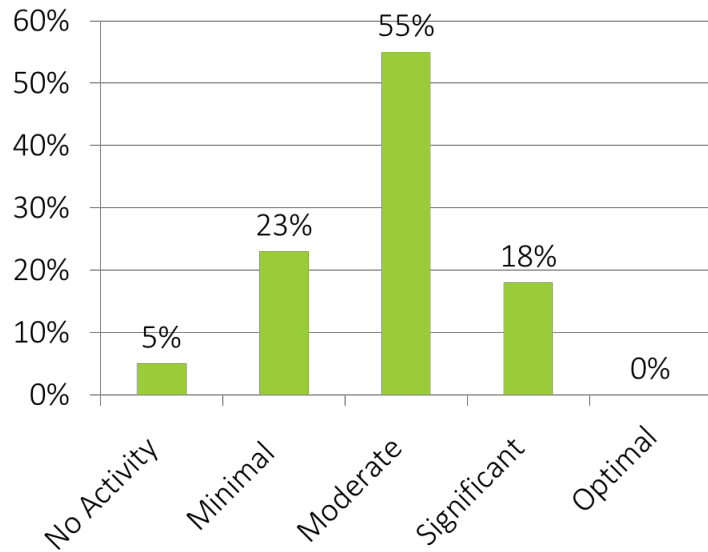
Strengths
- Hospitals have to do community assessment and three priorities and try to make a difference (diabetes and chronic disease prevention)
- Providing messaging for prevention
- U of I extension office for education WIC, food pantries, diabetes
- LOTS aware of situation and try to get people to where they need to go
- Collective base there are a lot of resources

Weaknesses
- No funding around doing different programs
- Staffing issues
- One funding stream for population health initiative (ochd)
- Getting people that need information to the sessions of education or getting them the information that they need
- Does not always have transportation needed
- Immature educational meetings, culture transitioning, way people get their info has changed, organizations not evolved to get that info to them i.e. using social media platforms or podcasts
- Evolution of technology and proper tools to get information to tools
- Person to person program significant decline
- People better learning in short segments
- Social isolation
- Understanding evaluation methods
- Grant opportunities not designed for rural counties or a disconnect
- for the person that is in charge of the grant vs the population
- Managing a grant and their deliverables not matching up to what is needed
- Outdated data
- Past IPLAN
- disconnect Stanford and uoi educating

Short-Term Opportunities
- Retooling the outreach capacity
- Update delivery of information, play catch up
- Training on new technologies
- Targeted populations determining the medium used or the issue focused on
- Understand what the best way to deliver new messaging
- Be willing to be creative and stepping outside the box and comfort zone to reach a population
- Working with higher ed for program evaluation
- Grant opportunities
- Shared resources and shared communication, working together in the public health system (more resources then small staff)
- Align mission, vision, values with the right organizations or partners in the same room
- Qualitative and quantitative ways for evaluation
- Developing networks and coalitions
- Develop policy
- Build evaluation components to all interventions
- Capacity to deal with mental health
- Project open for mental health enter symptoms for connection to services
- Prevention youth that don't have a sense of belonging

Long-Term Opportunities
- N/A

Model Standard 9.2: Evaluating Personal Health Services

The LPHS regularly evaluates the accessibility, quality, and effectiveness of personal health services. These services range from preventive care, such as mammograms or other preventive screenings or tests, to hospital care, to care at the end of life. The LPHS sees that the personal health services in the area match the needs of the community, with available and effective care for all ages and groups of people. The LPHS works with communities to measure satisfaction with personal health services through multiple methods, including surveys with persons who have received care and others who might have needed care or who may need care in the future. The LPHS uses findings from the evaluation to improve services and program delivery, using technological solutions, such as electronic health records, when indicated, and modifying organizational strategic plans, as needed. To accomplish this, members of the LPHS work together to:

• Evaluate the accessibility, quality, and effectiveness of personal health services.

• Compare the quality of personal health services to established guidelines.

• Measure satisfaction with personal health services.

• Use technology, like the Internet or electronic health records, to improve quality of care or communication among healthcare providers.

• Use evaluation findings to improve services and program delivery and modify organizational strategic plans, as needed.

9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services?
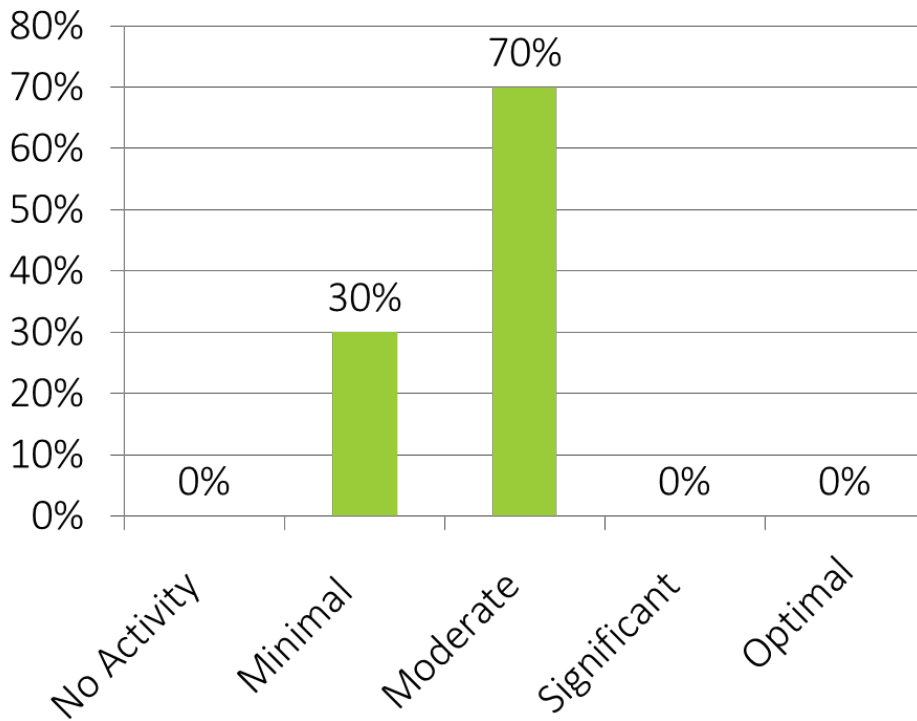
9.2.2 Compare the quality of personal health services to established guidelines?
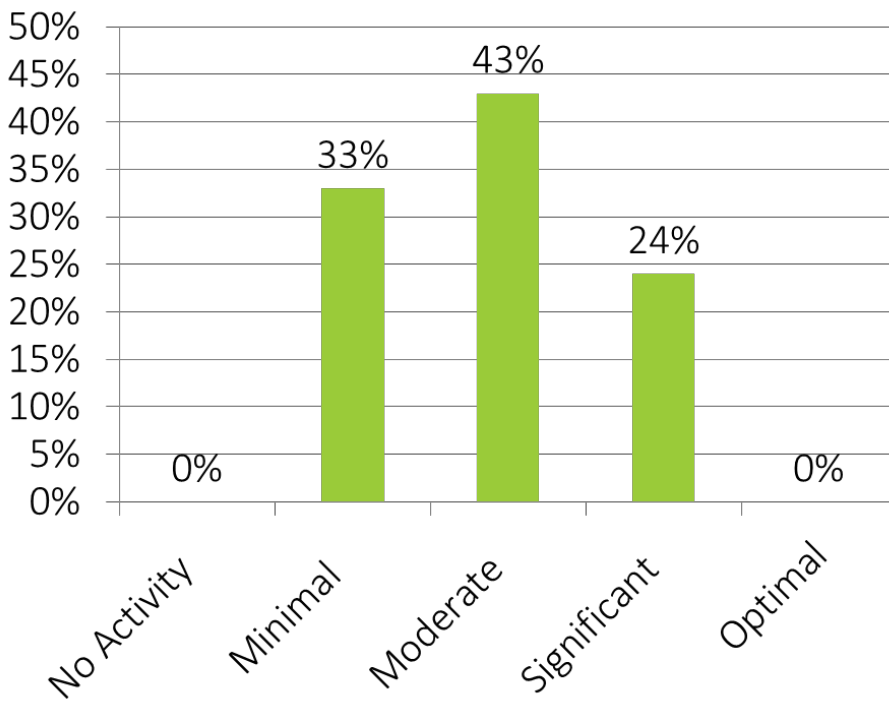
9.2.3 Measure user satisfaction with personal health services?
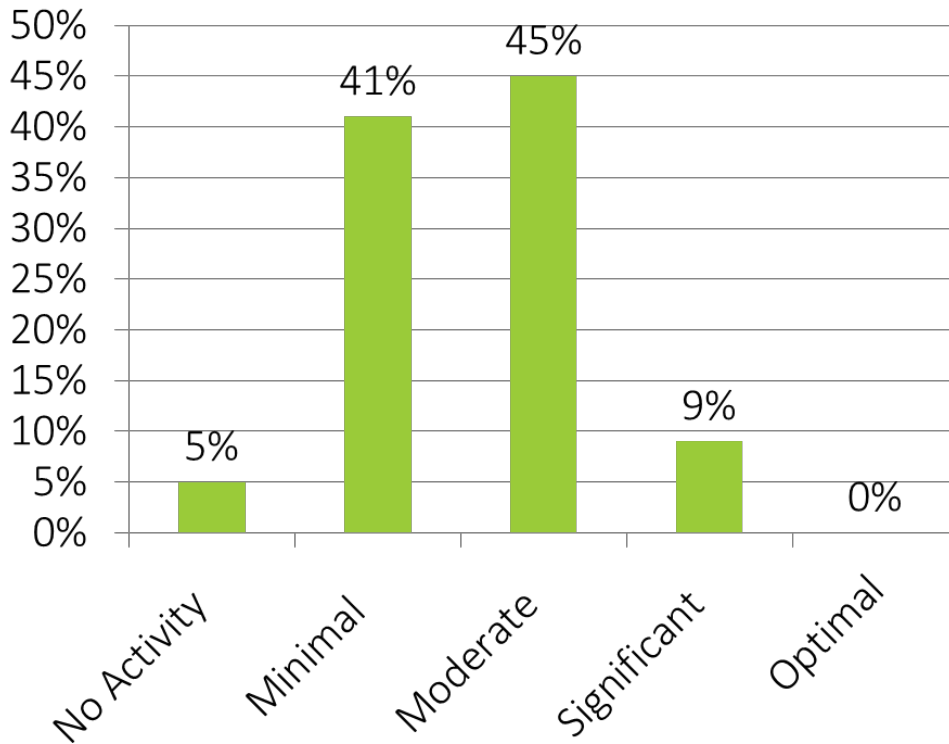
Chart: Bar chart showing percentage responses.
- No Activity: 5%
- Minimal: 41%
- Moderate: 45%
- Significant: 9%
- Optimal: 0%

9.2.4 Use technology, like the Internet or electronic health records, to improve quality of care?

Chart: Bar chart showing percentage responses.
- No Activity: 5%
- Minimal: 19%
- Moderate: 33%
- Significant: 38%
- Optimal: 5%
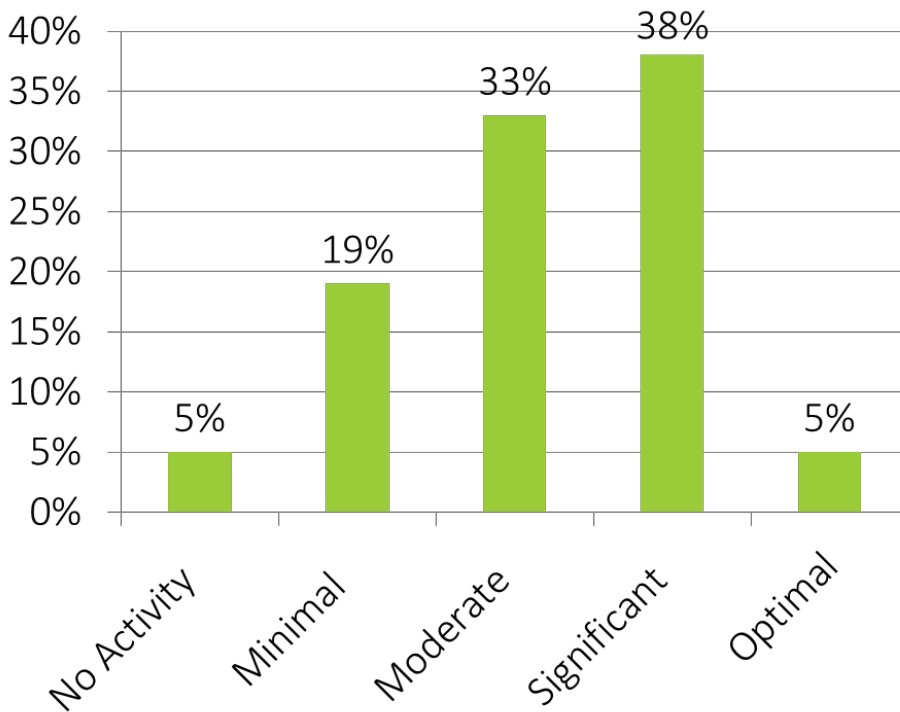
9.2.5 Use evaluation findings to improve services and program delivery
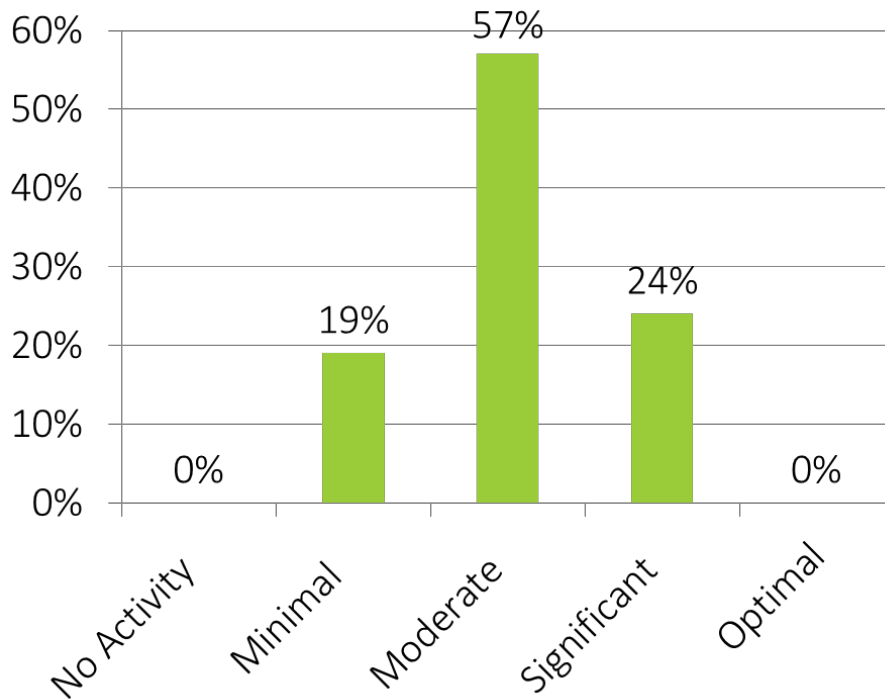
Strengths
- Cap scores
- Public reporting
- Quality assessment form of improvement QAPI
- Reports through electronic health records
- Customer satisfaction survey through WIC
- Meaningful use in portals
- Individual health outcomes compared to national guidelines
- Accessibility or where they live addressed in patient surveys
- Report cards of hospitals and long term care facilities/ratings

Weaknesses
- Info not shared across agencies
- Specialties – try to bring what they can
- Patient volume driving services
- Using technology –face to face contact lost
- Validity of surveys due to patients and health issues

Short-Term Opportunities
- Room for improvement on individual health outcomes compared to national guidelines
- Measure refill lapses
- Continuity of care issue
- Gaps in care- was it because of how long it took to get it

- Patient centered and focused care team approach, warm hand off – for any services or disciplines
- Better focus of referrals to outside agencies and follow up, create a system
- Education and re-evaluation
- Empower people to be responsible for their own health care

Long-Term Opportunities
- Easier access to sharing of information between organizations / release forms and standard procedures
- Integrated health homes – someone responsible for care coordinating – July 1? Patient ping, real time when someone goes to ER and discharge, control of healthcare costs
- Utilize tools in real time
- Educating and monitoring that education has been effective
- How to fix identify and prescribe/ convincing of the educational components. Many patients don't ask.
- Being proactive and addressing the issues through education and prevention, not a symptom based approach.
- Medical approach to be that way

Model Standard 9.3: Evaluating the Local Public Health System

The LPHS evaluates itself to see how well it is working as a whole. Representatives from all groups (public, private, and voluntary) that provide all or some of the 10 Essential Public Health Services gather to conduct a systems evaluation. Together, using guidelines (such as this Local Instrument) that describe a model LPHS, participants evaluate LPHS activities and identify areas of the LPHS that need improvement. The results of the evaluation are also used during a community health improvement process. To accomplish this, members of the LPHS work together to:

• Identify all public, private, and voluntary organizations that contribute to providing the 10 Essential Public Health Services.

• Evaluate how well the LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services.

• Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services.

• Use results from the evaluation process to improve the LPHS

9.3.1 Identify all public, private, and voluntary organizations that contribute to the delivery of the 10 Essential Public Health Services?
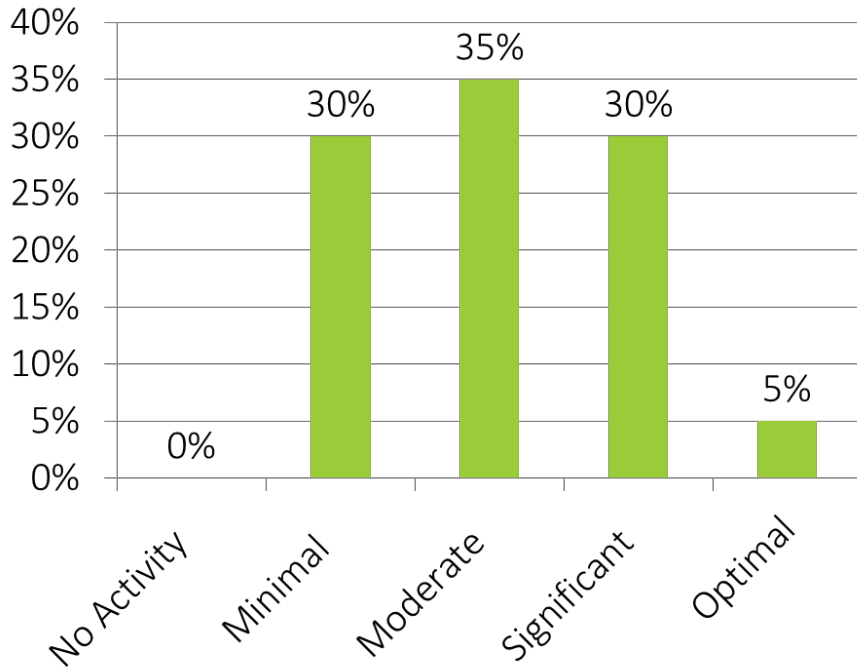
9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services?
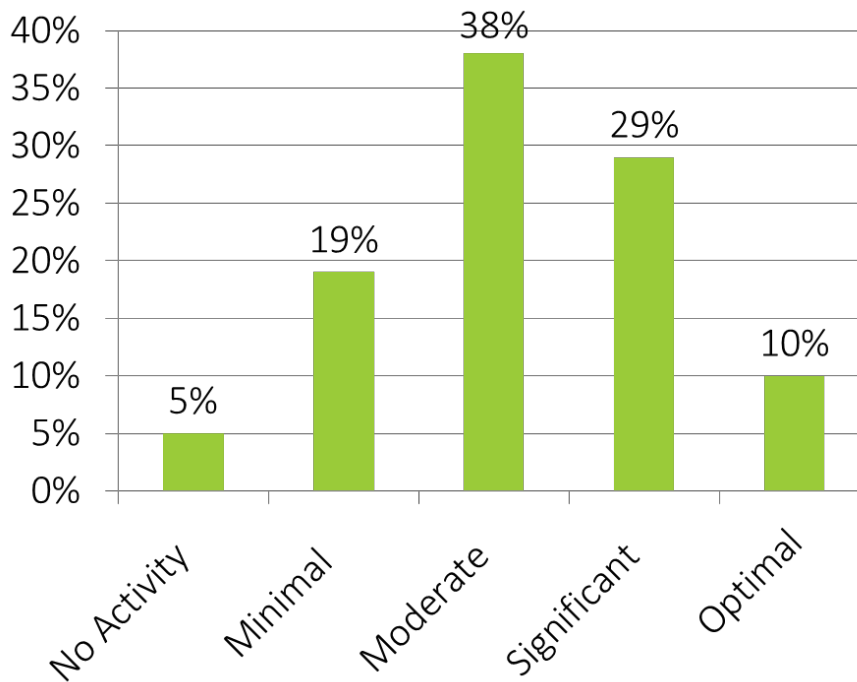
9.3.4 Use results from the evaluation process to improve the LPHS?
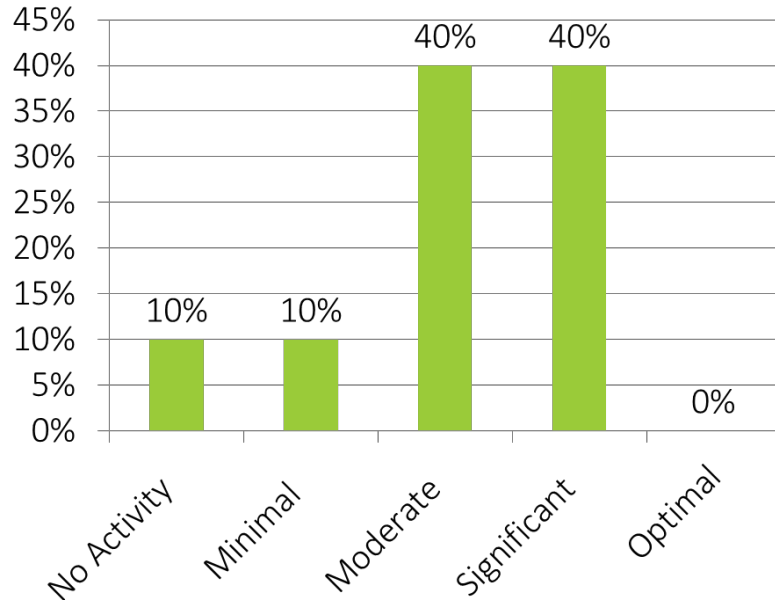
Strengths

- IPLAN
- Community Health Assessment / LPHSA
- Partnerships brought into the processes
- Increases confidence as a community that we are hitting the right topics and doing the right things
- synergy

Weaknesses

- Results of past IPLAN
- No significant action
- No intentional after in how the IPLAN was created or actions after
- Talk in state to do away with the IPLAN
- Lack of support for the assessment
- No funding to support the implementation
- Not organic or concrete enough
- Time consuming

Short-Term Opportunities

- Implementing things discussed in the lphsa
- IPLAN improvement
- Priority areas
- Planning and resources development around findings of the report
- Finding commonalities and focusing on a few items
- Matching priorities to other counties and working together with them.
- Aligning priorities with other organizations in the public health system

Long-Term Opportunities

- Priority areas
- Bring in subject matter experts
- Education components to other inspections
- Grants or funding possibilities
- Feedback and updates to partners and the community
- Annual meeting for updating

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

Model Standard 10.1: Fostering Innovation

LPHS organizations try new and creative ways to improve public health practice. In both academic and practice settings, such as universities and local health departments, new approaches are studied to see how well they work. To accomplish this, members of the LPHS work together to:

• Provide staff with the time and resources to pilot test or conduct studies that test new solutions to public health problems and see how well they actually work.

• Suggest ideas about what currently needs to be studied in public health to organizations that conduct research.

• Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health.

• Encourage community participation in research, including deciding what will be studied, conducting research, and sharing results.

10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?
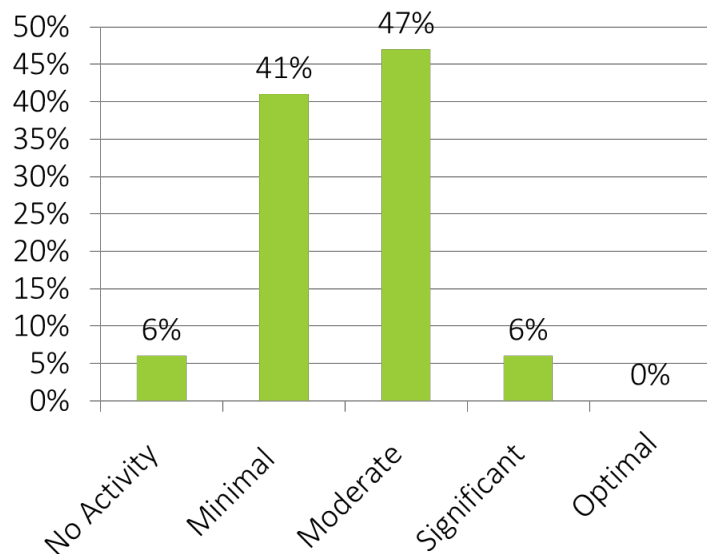
10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that conduct research?
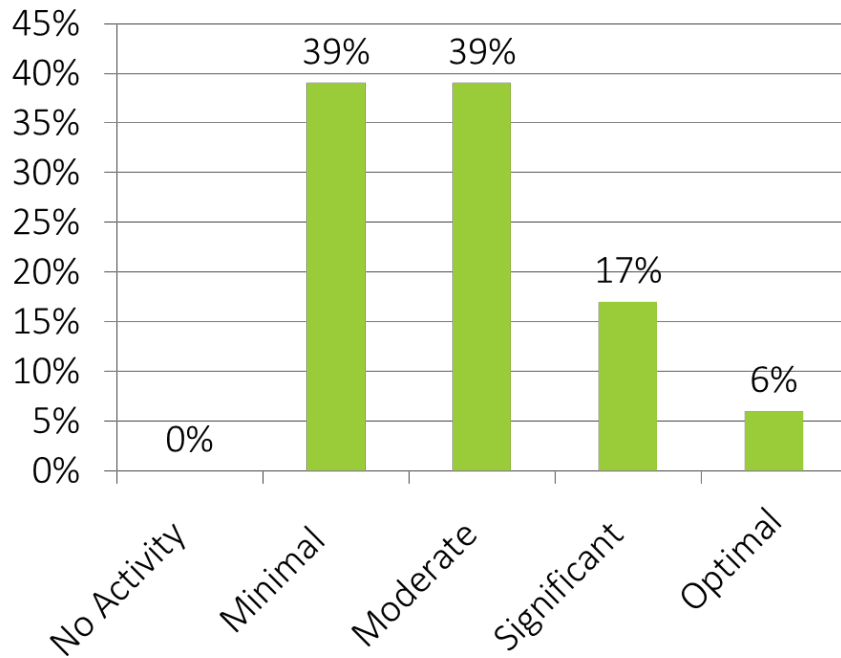
10.1.3 Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?
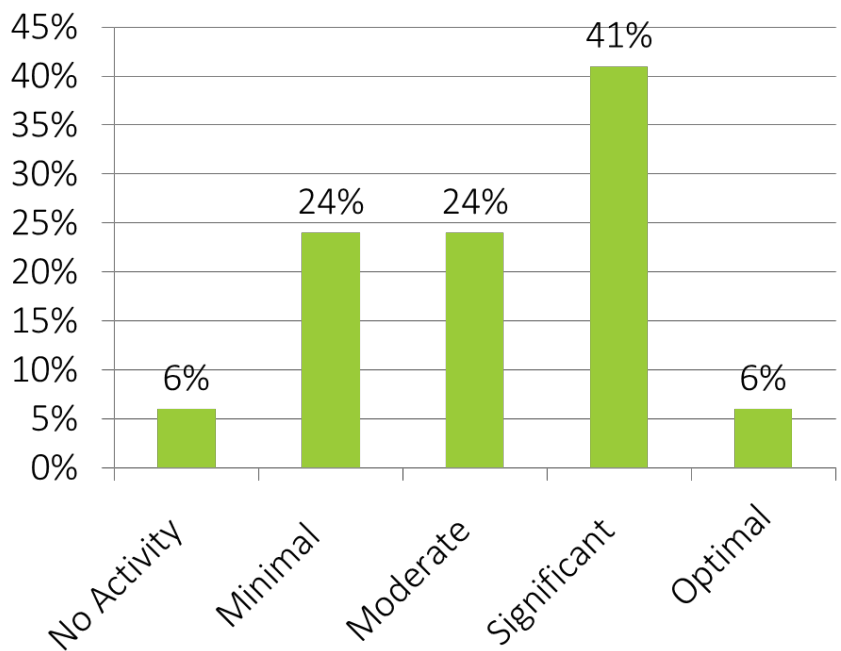
10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and sharing results?
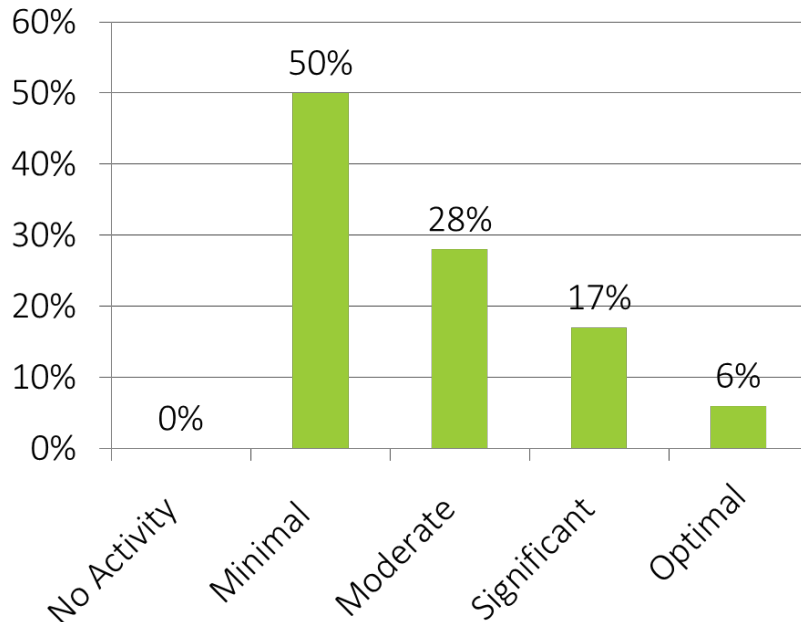
Strengths
- Leverage more partnerships in research
- Water quality in private wells (study) existing wells
- Well drillers and researches in contact with UOI office
- Private wells to encourage to connect
- Identification of abandoned wells/mapping/discussing with land owners, testing
- Master naturalists
- Municipality private wells sealing wells
- GIS Mapping
- Partner with academia

Weaknesses
- Able to be responsive to new diseases or issues
- Financial burden

Short-Term Opportunities
- Leverage more partnerships in research
- Water quality in private wells (study) existing wells
- Well drillers and researches in contact with UOI office
- Private wells to encourage to connect
- Identification of abandoned wells/mapping/discussing with land owners, testing
- Master naturalists
- Municipality private wells sealing wells
- GIS Mapping
- Partner with academia

Long-Term Opportunities

- N/A

Model Standard 10.2: Linking with Institutions of Higher Learning and/or Research

The LPHS establishes relationships with colleges, universities, and other research organizations. The LPHS is strengthened by ongoing communication between academic institutions and LPHS organizations. They freely share information and best practices and set up formal or informal arrangements to work together. The LPHS connects with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms. The LPHS does community-based participatory research that includes community members and those organizations representing community members as full partners from selection of the topic of study, to design, to sharing of findings. The LPHS works with one or more colleges, universities, or other research organizations to co-sponsor continuing education programs. To accomplish this, members of the LPHS work together to:

• Develop relationships with colleges, universities, or other research organizations to create formal and informal arrangements to work together.

• Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research.

• Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education.

10.2.1 Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?
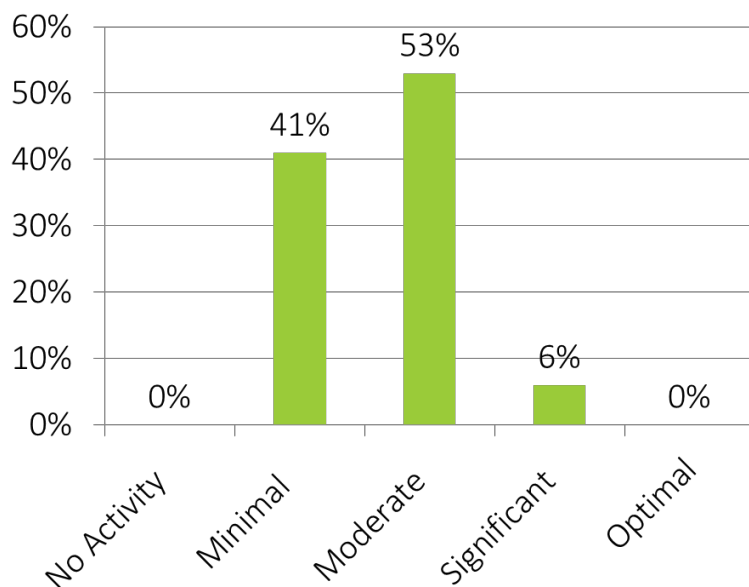
10.2.2 Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research?
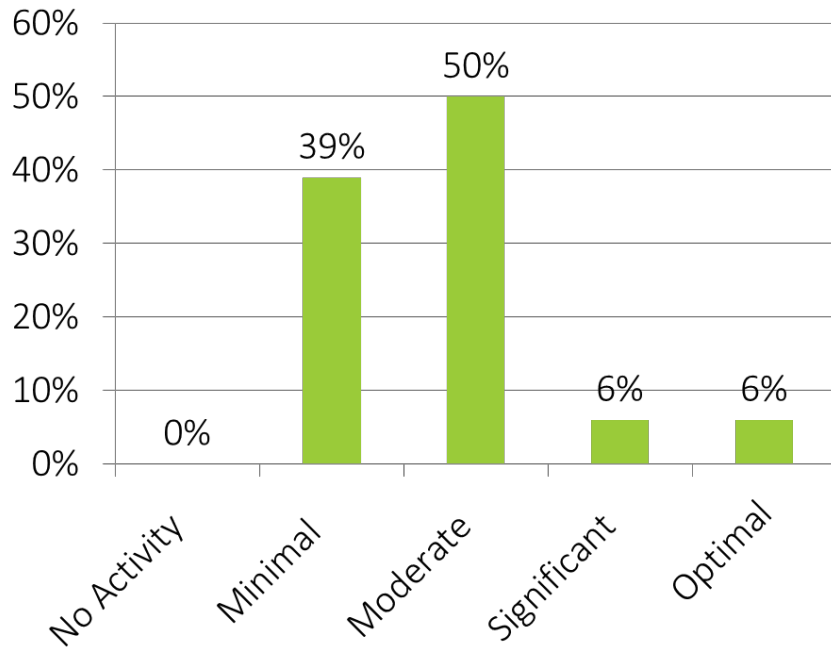
10.2.3 Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?
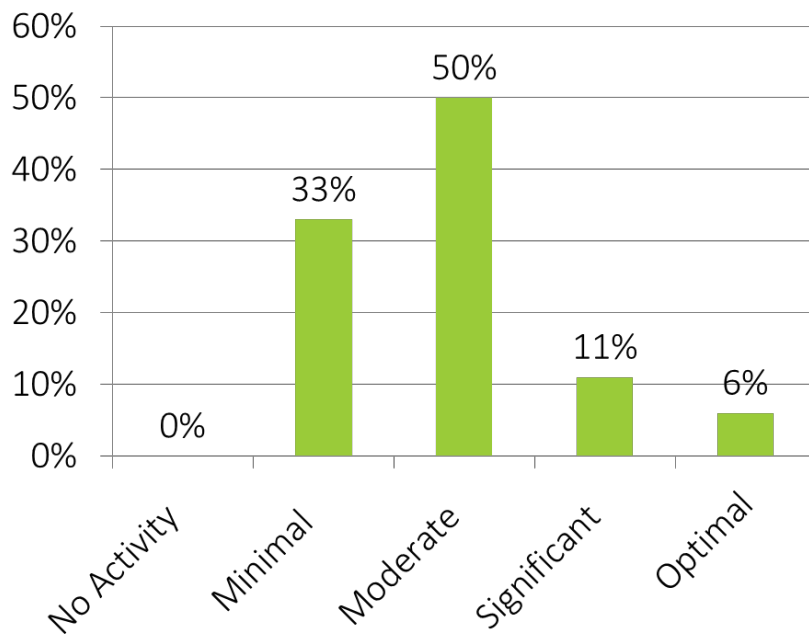
Strengths
- Have relationships with UIC
- OSF
- NIU
- AHEC
- Community colleges
- Interns from school
- Partner with highland
- Environmental and nursing
- Serenity hospice done a research project
- Academic detailing
- Disease monitoring and seeing a decrease in cases with intervention strategies
- Partnerships to respond to outbreaks
- KSB drive thru clinic for pertussis

Weaknesses
- Not enough research
- Limited research
- Outcomes/follow up very limited
- Not in contact with/partnerships underutilized on research basis

Short-Term Opportunities
- Tick borne interventions
- Long term effect of chronic health or vector borne disease
- Identification of vector mosquitoes
- Citizen scientists – participate in a study

Long-Term Opportunities
- N/A

Model Standard 10.3: Capacity to Initiate or Participate in Research

The LPHS takes part in research to help improve the performance of the LPHS. This research includes examining how well LPHS organizations provide the 10 Essential Public Health Services in the community (public health systems and services research) and studying what influences healthcare quality and service delivery in the community (health services research). The LPHS has access to researchers with the knowledge and skills to design and conduct health-related studies, supports their work with funding and data systems, and provides ways to share findings. Research capacity includes access to libraries and information technology, the ability to analyze complex data, and ways to share research findings with the community and use them to improve public health practice. To accomplish this, members of the LPHS work together to:

 • Collaborate with researchers who offer the knowledge and skills to design and conduct healthrelated studies.

• Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources.

 • Share findings with public health colleagues and the community broadly, through journals, Web sites, community meetings, etc.

• Evaluate public health systems' research efforts throughout all stages of work from planning to effect on local public health practice.

10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?
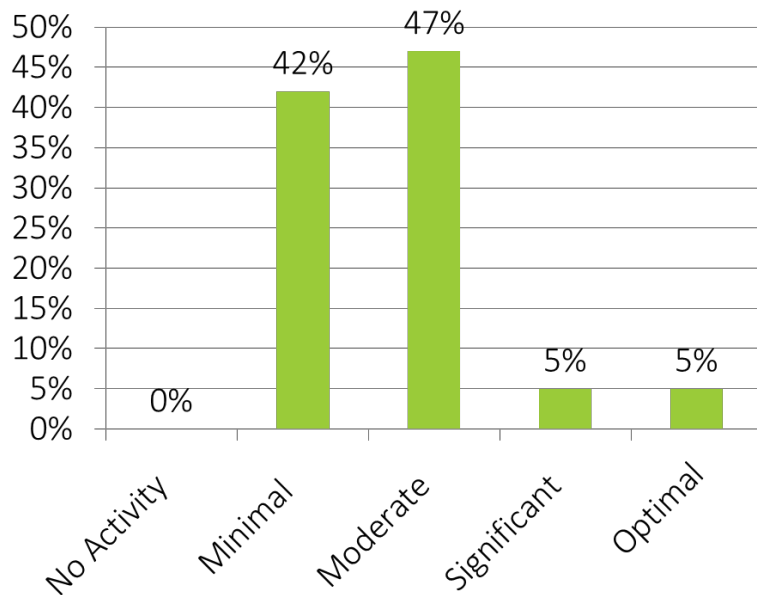
10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?
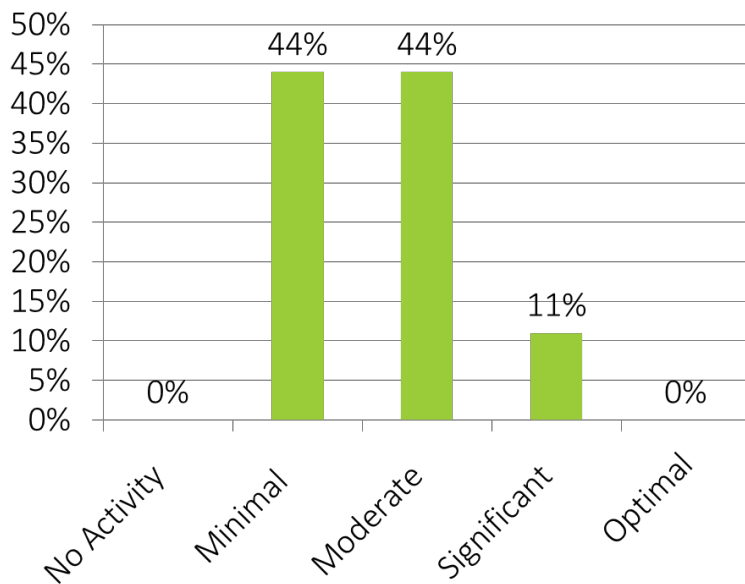
10.3.3 Share findings with public health colleagues and the community broadly, through journals, Web sites, community meetings, etc.?
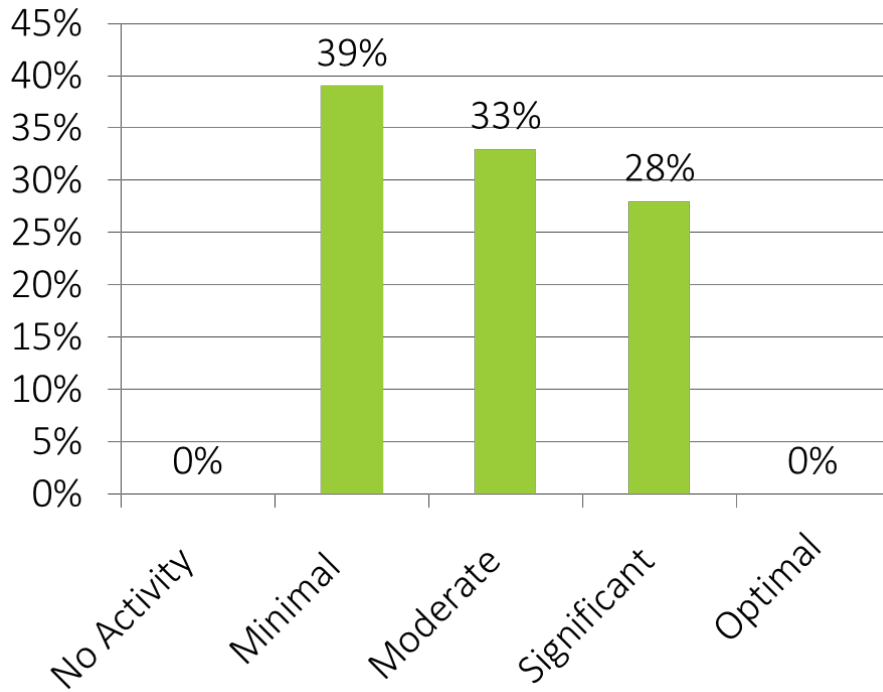
10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to effect on local public health practice?
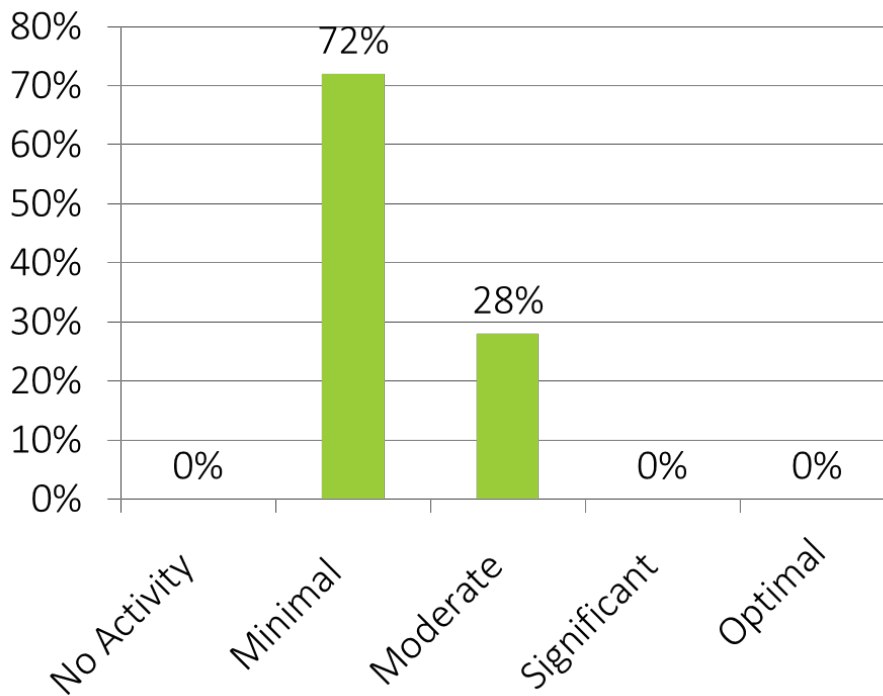
Strengths
- Strong partnerships as previous 10.2
- Shared findings with media, presentations local BOH

Weaknesses
- Funding
- Information technology
- Staffing capacity
- Knowledge of evaluation and research processes
- Time
- Interns that stay for not enough time

Short-Term Opportunities
- Strengthen those partnerships
- Funding

Long-Term Opportunities
- Funding
- Full time staff to provide continuity and expertise and interns for the projects
- Response of local community to that
- Map out what areas would need help in when; timeline; seasonality of projects
- Be proactive in identifying timelines for grants, gathering data along the way and write grants ahead of time
- Better job at sharing findings of projects, research, health outcomes

Ogle County Health Department Organizational Self-Assessment and Key Findings

OCHD is required to submit an Organizational self-assessment to the regional Health Officer of IDPH. OCHD has used the department's strategic plan SWOT analysis, model standards assessment similar to the Local Public Health System Assessment, and a workforce development core competency gap assessment as tools to inform the Organizational self-assessment. These tools will be used in the self-assessment to get an accurate depiction of the departments baseline internal capacity and will highlight opportunities to improve. The organizational self-assessment is crucial to the overall delivery of public health in Ogle County as the local health department is the catalyst for public health practice in the jurisdiction. These tools can help the health department find confidence in services provided, indicate the direction needed for training, and begins dialog for overall system improvements.

The SWOT analysis was part of the department's strategic planning process which started in 2018. The strategic plan began with feedback from the Ogle County Board of Health with visions of optimal health. Department staff took these visions of optimal health and overlaid them with current public health practice to finalize a SWOT analysis with strengths, weaknesses, opportunities and threats. From the SWOT analysis common themes were identified and placed into categories then rated in a priority survey. After rating, the issues were used to develop a five-year plan to help improve the three goals established: Financial Stability, Health Priorities, and Performance Management. There are three goal oriented teams created to tackle each goal and its key initiatives. Creating teams within the department

for each goal will help efficiently complete and improve those areas of need so the overall public health system can see the impact of improvement.

The analysis of how OCHD preforms the Essential Services by Model Standards helps determine what Public Health Essential Services need to be improved to help the overall delivery of Essential Service within the county. Having a more detailed idea of focus areas to improve upon can help create a plan to advance public health practice. OCHD found that the low scores were in ES 10: Research/Innovations, ES 8: Assure Workforce, and ES 4: Mobilize Partnerships.

In a small rural health department, research and innovation can present many challenges due to the size of the department, funding restrictions for research opportunities and staff time to give towards research/innovation. The resources needed to improve research capacity are unavailable and needed elsewhere in the department to deliver core public health services/programs. However, to improve ES 10, OCHD can improve their management of resources and transparency with partners, keeping communication open and work with academia to support research efforts.

Workforce development is an ongoing challenge for any institution especial for the local rural health department. Improving the local public health workforce starts with a comprehensive Workforce Development Planning and dedicating time for trainings to develop areas that need improvement. The department will help develop leadership skills and knowledge of public health by providing learning resources through various avenues explained in the Workforce Development Plan that was initiated in 2017 and then updated in 2021.

OCHD took Workforce Development Planning once step further to investigate the capabilities of the local health department workforce through a Competency Self-Assessment that was completed by all employees. OCHD employees were divided into 3 Tiers to include Tier 1 or frontline staff, Tier 2 or programmatic staff, and Tier 3 or leadership and management. The Competency Self-Assessment was designed with tailored questions specific to the Tier's job functions. For the frontline staff the lowest skills were Analytical/Assessment Skills, Financial Planning and Management Skills, and Public Health Science Skills. The Program Staff score themselves the lowest in Financial Planning and Management Skills and Policy Development/Program Planning Skills. Leadership staff scored themselves the lowest in Public Health Science Skills. This assessment showed that employees believe that their highest aggregate skill was Cultural Competency Skills. The lowest aggregate skill of the department was in the area of Financial Planning and Management Skills. This helps assess what types of training the staff needs and how much time needed. This opportunity to do a self-assessment helps OCHD continue to serve the community in an effective way by realizing their own strengths and weaknesses.

Mobilizing Partnerships or ES 4 is the third area that has been identified in the Local Public Health System internal assessment that shows need for improvement. It is important for OCHD to continue to develop and keep in constant communication with local partners to help learn and support the broader public health system. Relationship building, collation building and constitute development must be key components while improving public health practices within the jurisdiction.

This break down helps understanding on where improvement is achievable. Organizational Self-Assessment helps consider where to focus energy and resources to make the health departmental improvements. By helping the health department make attainable improvements through these three assessment tools. OCHD now has a comprehensive snap shot of how the department can improve weaknesses and highlight strengths. The department will be able to work towards improving their weaknesses of Financial Stability, Health Priorities, and Performance Management. Workforce development is essential to improving the public health system. Workforce development can help improve the staff to help reach other goals which in turn support health outcomes. With all assessments, OCHD found that developing and maintaining knowledge of our workforce should be a project of continuous improvement. All staff need to have the resources and knowledge to function at a high level in their role. This means focusing on trainings in areas of weakness and ensuring that all levels of staff are getting the training they need to excel when delivering public health programing. By introducing all levels of staff to the importance of Financial Planning and Management Skills or Public Health science skills staff will be able to connect funding, program processes to health outcomes. This understanding will aid in capturing additional dollars in programs and will also help all staff to explain why public health practice is vitally import to positive health outcomes.

Resources can be limited and hurt the ability of many programs. Working on finding stable funding and resources to help support the department will help make a greater impact on the community. This will support mobilizing partnerships, creating enhanced trainings, and focusing on health priorities.

SWOT Analysis

A SWOT analysis was completed by the department with feedback garnered from the Board of Health, the County Board Committee Health, Educations and Wellness and from Ogle County Health Department Staff. Questions were asked about the perception of the Ogle County Health Department such as; how important is awareness of OCHD programing, fiscal planning and resource development, how important it is to be a top performing health department. Questions were asked about the departments biggest weaknesses, strengths, opportunities and threats. The results of the survey were distilled down to the graphic below and common themes were identified. The common themes were placed into 16 categories and placed into a scoring matrix.

Strengths
- Operating over 50 years
- Staff dedicated to OCHD and growth
- Progressive and visionary leader
- Engaged board of health
- Cross training of environmental health team members
- Two locations in the county for geographic access
- Good relations with IDPH, Regional, Funders
- 18th out of 102 in health department rankings
- Adaptable and enthusiastic employees/flexibility
- Goal oriented
- looking to address barriers
- Access to training's for staff/ I-train
- Responsiveness
- Following through with enforcement
- Policies and procedures already in place
- well trained staff
- New Rochelle building
- Nursing coalition/flu clinics

Weaknesses
- What policies need to be created
- Data collection and performance management
- Public perception
- Past employees's knowledge
- Education to the public
- Diversified revenue sources
- Monitoring health and under reporting of STI
- Contractual obligations
- Political environment/ not supportive
- Geographic locations

Opportunities
- Political environment
- Policies to be created
- Services improvements
- Reporting of STIs
- Educating the public
- Diversified revenue sources in case of government shut down
- Training to gain Knowledge
- Performance standards
- Positive perception to the public
- Documentation
- Data collection
- Pop-Up services

Threats
- Political environment
- Funding
- State budget
- Staff transition
- Natural disasters
- Public health emergency
- Completion within healthcare
- Public perception
- Federal/state shutdown
- Ever changing environment
- IDPH head change
- FDA change
- Biological threat
- Unforeseen circumstance

The scoring matrix helped to rank the common themes against urgency of the issue, financial impact, alignment with mission and vison, alignment with current programing and others. Six areas ranked among the top of the themes in a two-way tie.

1. Financial Stability
2. Health Priorities
3. Health Equity
4. Quality Improvement
5. Public Health Informatics
6. Workforce Development

The strategic issues were then group further into 3 Goals that the department would like to focus on for the next 5 years. The goals and objectives are listed on the next page of this document.
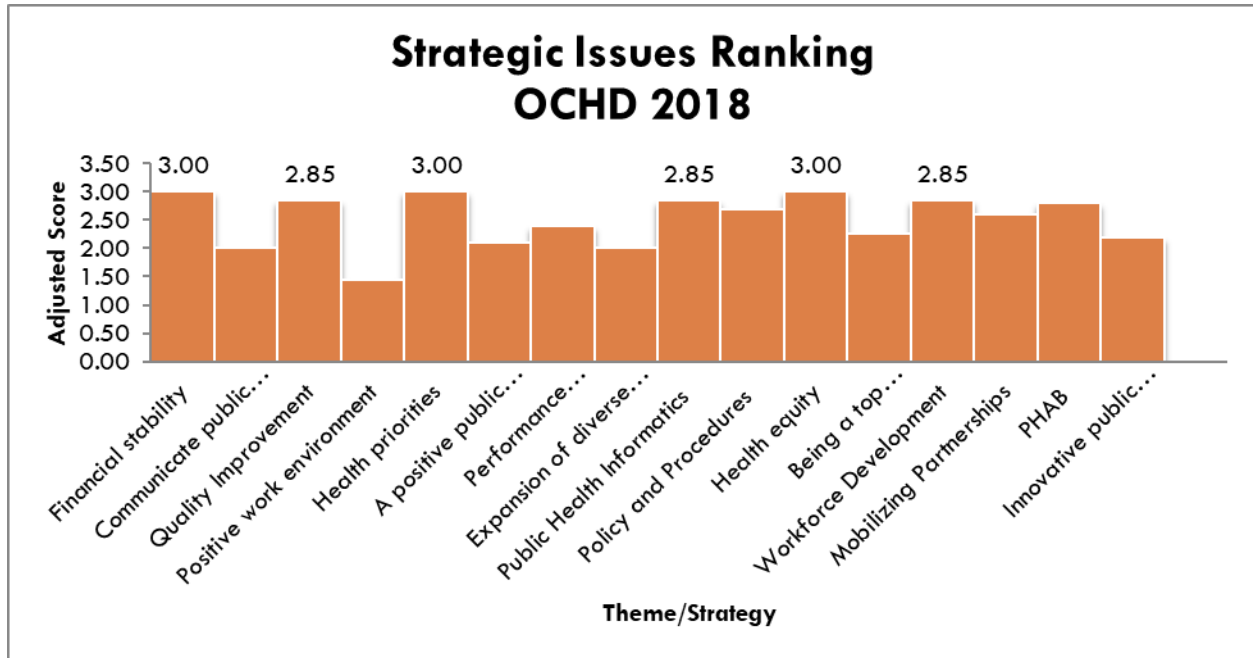
Goals and Objectives

Over the next 5 years the Ogle County Health Department will be focusing on 3 main goals; addressing Financial Stability, Health Priorities and using Performance Management to achieve goals. These 3 goals are accompanied by strategies listed to the left of each goals.

Department staff will arrange themselves in to goal teams to support each goal. The teams will be interdisciplinary and should allow for different perspectives and views from the department to design activities and carry out the plan. Each team will create a matrix with the goals, objectives, strategies and activities. Each teams work will be tracked collectively and reported out to the whole department at all-staff meetings at-least bi-annually.

The **Financial Stability Work Group** which have been deemed **Goal Group 1** will be focused on anything that relates to resources or the positioning of the department to better attain resources. The group has two key initiatives that they will focus on.

1) Develop resources to support public health functions and health priorities.
2) Maintain transparency and integrity of financial resources.

The department recognizes that the broader community does not understand what public health is or why the local health department does what it does. This has a strong correlation to the public health brand and brand recognition. The group will be discussing how the department can be better positioned to have a greater impact on health outcomes.

The **Health Priorities Work Group** also called **Goal Group 2**, will first be focused on completing the Mobilizing Action through Planning and Partnerships (MAPP) process to satisfy the requirements for Illinois Project for Local Assessment of Needs (I-PLAN) to become a certified local health department. This group will focus on:

1) Committing to organizational culture of health equity
2) Apply evidence-based practices
3) Improve stakeholder collaboration

The department will complete the assessment, Community Health Improvement Plan (CHIP) and create an action cycle to address the health priorities derived from the assessment.

The **Performance Management Work Group** or **Goal Group 3** will focus on the steps for Public Health Accreditation Board (PHAB). This process is a process that requires the organization to look at assessment, strategic plans, workforce development plans, policy, emergency operations plans and committing to a quality improvement plan. This groups initiatives are:

1) Develop and maintain a knowledgeable and efficient workforce.
2) Develop a culture of continues quality improvement with a goal of PHAB Accreditation

Essential Service Analysis

The graph below shows how each Essential Service preformed against other standards. This graph has the Essential Services broken down for a more specific representation on how each model in an Essential Service is compared to others. By having a narrowed down description, is it easier to analyze and plan for improvement. The Performance Scores are the scores given to OCHD on their perceived ability to meet the Model Standards and overall Essential Services. The Agency Contribution Scores are the scores that OCHD employees believe that they contribute that service at.

Model Standards by Essential Services	Performance Scores	Agency Contribution Scores
ES 1: Monitor Health Status	**34.7**	**75.0**
1.1 Community Health Assessment	41.7	75.0
1.2 Current Technology	25.0	75.0
1.3 Registries	37.5	75.0
ES 2: Diagnose and Investigate	**72.9**	**75.0**
2.1 Identification/Surveillance	66.7	100.0
2.2 Emergency Response	70.8	100.0
2.3 Laboratories	81.3	25.0
ES 3: Educate/Empower	**63.9**	**83.3**
3.1 Health Education/Promotion	66.7	75.0
3.2 Health Communication	58.3	75.0
3.3 Risk Communication	66.7	100.0
ES 4: Mobilize Partnerships	**50.0**	**50.0**
4.1 Constituency Development	50.0	25.0
4.2 Community Partnerships	50.0	75.0
ES 5: Develop Policies/Plans	**39.6**	**68.8**
5.1 Governmental Presence	33.3	50.0
5.2 Policy Development	25.0	75.0
5.3 CHIP/Strategic Planning	25.0	75.0
5.4 Emergency Plan	75.0	75.0
ES 6: Enforce Laws	**50.4**	**91.7**
6.1 Review Laws	56.3	75.0
6.2 Improve Laws	25.0	100.0
6.3 Enforce Laws	70.0	100.0
ES 7: Link to Health Services	**46.9**	**75.0**
7.1 Personal Health Service Needs	56.3	75.0
7.2 Assure Linkage	37.5	75.0
ES 8: Assure Workforce	**43.0**	**56.3**
8.1 Workforce Assessment	25.0	50.0
8.2 Workforce Standards	58.3	50.0
8.3 Continuing Education	45.0	75.0
8.4 Leadership Development	43.8	50.0
ES 9: Evaluate Services	**41.3**	**91.7**
9.1 Evaluation of Population Health	31.3	75.0
9.2 Evaluation of Personal Health	55.0	100.0
9.3 Evaluation of LPHS	37.5	100.0
ES 10: Research/Innovations	**43.8**	**33.3**
10.1 Foster Innovation	50.0	50.0
10.2 Academic Linkages	50.0	25.0
10.3 Research Capacity	31.3	25.0
Average Overall Score	**48.6**	**70.0**
Median Score	**45.3**	**75.0**

Skill Gap Analysis

All employees of the Ogle County Health Department were asked to complete a tiered assessment that self-reports the employee's competence of 8 areas that make up the core public health competencies. These 8 competencies were created by the Council on Linkages Between Academia and Public Health Practice to create standards and benchmarks of a strong public health workforce. The tiers are broken up into job category from leadership to front line staff. After completion of this assessment a Gap analysis was done with the overall scores of the department. The assessment was completed by 15 department employees during the 2021 year. This assessment will be completed again in 2 years and a new gap analysis will be done to collect new data on the current workforce. Pictured below:

2021 OCHD Public Health Workforce Development Core Competency Gap Assessment

Department wide gap assessment	ALL	Frontline Staff (Tier 1)	Program Staff (Tier 2)	Leadership (Tier 3)
Analytical/Assessment Skills	2.37	1.73	2.28	2.91
Policy Development/Program Planning Skills	2.28	1.83	2.16	2.79
Communication Skills	2.54	2.03	2.43	3.20
Cultural Competency Skills	2.59	2.00	2.58	3.00
Community Dimensions of Practice Skills	2.50	1.90	2.43	2.95
Public Health Sciences Skills	2.23	1.73	2.20	2.47
Financial Planning and Management Skills	2.05	1.73	1.80	2.85
Leadership and Systems Thinking Skills	2.53	1.93	2.41	3.20

From the gap analysis several topic areas have come to the forefront as priority areas.

Tier 1- Employees in the category scored lower overall on the assessment. There could be many reasons for this. They could be harder on themselves when it comes to a self-assessment, they could be less familiar with public health terminology used in the assessment or they may just have less exposure to public health all together. The three lowest scores in this employee category were Analytical/Assessment Skills, Financial Planning and Management Skills, and Public Health Science Skills with scores of 1.73. These scores are an average of all scores in the category and with 4 being the highest. The highest average scores for this category are Communication Skills and Cultural Competency Skills all with scores of 2.03 and 2.00.

Tier 2- Employees in this category scored themselves the lowest in Financial Planning and Management Skills and Policy Development/Program Planning Skills with scores of 1.8 and 2.16 respectively. The highest competencies in this employee category were Cultural Competency, Communication Skills, and Community Dimension of Practice. This is not surprising as these staff are out in the field and dealing with the public on a daily basis.

Tier 3- Employees in this category scored themselves the lowest in Public Health Science Skills at 2.47 out of 4. They scored themselves the highest in Leadership and Systems Thinking Skills and Communication Skills with a score of 3.20 and next highest in Cultural Competency Skills with a score of 3.00.

Overall- An aggregate score was collected for all tiers, the highest aggregate was for Cultural Competency Skills with a score of 2.59. The lowest aggregate of the department was in the area of Financial Planning and Management Skills with a score of 2.05.

The health department will prioritize the overall training needs first.