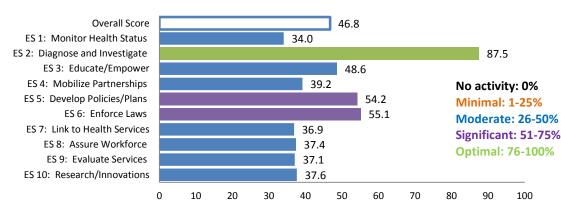
### Healthy Chicago 2.0: Local Public Health System Assessment

<u>Goal</u>: The goal of the Local Public Health System Assessment is to gather feedback from public health system members on how well the Chicago public health system is functioning based on the Ten Essential Public Health Services (EPHS), including a special focus on health equity.

**Process**: Seventy two public health stakeholders and subject matter experts participated in a day-long meeting on February 24, 2015 to conduct the Local Public Health System Assessment, using the National Public Health Performance Standards Program Local Assessment Tool<sup>1</sup>. Participants were divided into five groups, based on their expertise, with each group discussing and scoring activities for two of the Ten Essential Public Health Services. Participants also addressed health equity questions, based on the MAPP Health Equity Supplement.<sup>2</sup> The groups also identified strengths, weaknesses, short-term and long-term opportunities for these essential services. Scores for each essential service measure were entered into the Centers for Disease Control and Prevention-approved Excel spreadsheet, which calculated average performance scores for each measure. The facilitators of the five groups met to prioritize the overall system strengths, weaknesses, short-term and long-term opportunities, based on their group's discussion. The groups were developed to include subject matter experts, however some measures did not have this expertise and participants based their scoring on limited knowledge. The following information is based on this process.



# Summary of Average Essential Public Health Services Performance Scores

## Health Equity System Scores: Overall: Moderate

7 out of 10 Essential Services scored as Minimal

- Monitor social/economic conditions, practices and policies
- Inform decision makers, stakeholders and public about inequities
- Help CBOs and community participate in decision making
- Work to influence laws, policies and practices that maintain inequitable distribution of resources
- Recruit/train multidisciplinary staff who are committed to heath equity
- Monitor delivery of public health services to ensure equitable distribution
- Encourage staff, research, and community to explore root cause of health inequity
- 3 out of 10 Essential Services scored as Moderate
  - Have resources to collect inequity information and investigate social determinants of health
  - Ensure CBOs and community have a role in deciding policies that govern community health efforts
  - Identify issues that have disproportionate impact on marginalized communities

<sup>&</sup>lt;sup>1</sup> National Public Health Performance Standards Program, <u>http://www.naccho.org/topics/infrastructure/NPHPSP/index.cfm</u> <sup>2</sup> National Association of County and City Health Officials, MAPP Toolkit:

http://www.naccho.org/topics/infrastructure/mapp/framework/mapppubs.cfm

### **Overarching Themes:**

### Community Partnerships, Collaborations, Engagement

- *Strengths*: Many coalitions engage diverse members; health departments/hospitals forming collaboratives for needs assessments (CHNA); community wants to be involved
- *Weaknesses:* Many coalitions engage the same people/organizations instead of non-traditional partners; limited community engagement in policy making/decision making; system partners work in internal and external silos
- Short-Term Opportunities: More cross-departmental efforts (City, City/State); engage broad sectors in policy development and community health efforts
- Long-Term Opportunities: Establish standards for community involvement; consistent community outreach

### Data and Technology

- Strengths: Electronic Health Records promote accessing data; new/innovative data sharing being developed
- Weaknesses: Data not timely; lack of infrastructure data; older providers less comfortable with technology
- Short-Term Opportunities: Develop data sharing agreements among partners
- Long-Term Opportunities: Establish chronic disease surveillance system; expand surveys for adverse childhood exposure (ACE) questions

### Health Equity

- Strengths: System partners acknowledge importance of health equity; laws beginning to focus on health equity
- Short-Term Opportunities: Join Healthy Chicago 2.0 planning and implementation efforts on heath equity
- Long-Term Opportunities: Educate funders on root causes of health inequity; be proactive on prevention

### **Communication**

- Strengths: Advocacy organizations inform decision makers and public about public health concerns
- Weaknesses: No comprehensive service resource guide
- *Short-Term Opportunities*: Engage and train media; collaborate with partners to reach community with information
- Long-Term Opportunities: Create a comprehensive resource system (311/211); redesign CDPH website

### Workforce and Training

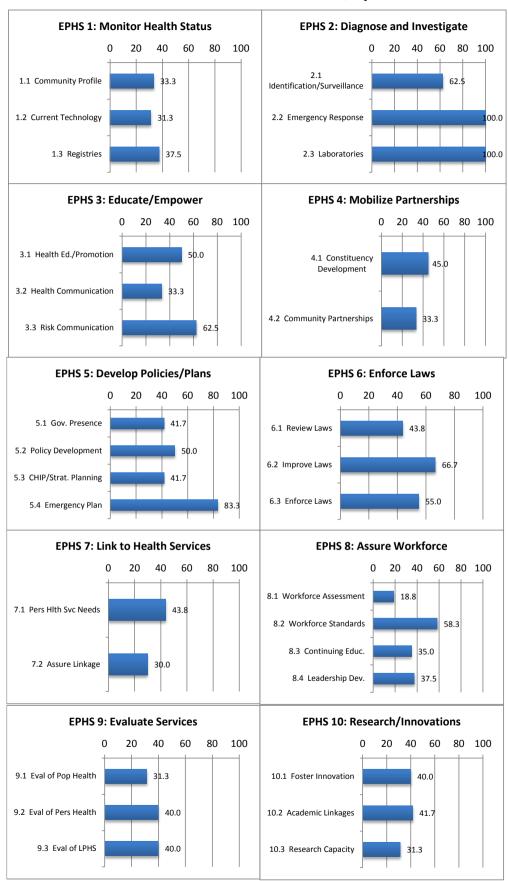
- *Strengths*: Some leadership training is available
- Weaknesses: Provider shortage; not enough trainings, including those on cultural effectiveness
- *Short-Term Opportunities*: Work with Mid America Public Health Training Center to provide more trainings; promote more training opportunities for all workforce

#### Funding and Resources

- *Strengths*: Some free technical assistance able to fill in gaps in agency resources
- *Weaknesses:* Not enough staff to fully address public health services; not enough money for implementation of priorities; limited resources can result in partner competition
- Long-Term Opportunities: Advocate for larger budget to support coalition building

#### **Evaluation**

- Strengths: Increased use of quality improvement in public health system
- Weaknesses: Program work not based on data; no evaluation of public health research
- Short-Term Opportunities: Work with partners to disseminate research findings widely
- Long-Term Opportunities: Develop citywide research agenda; develop and implement systemic methods to obtain community input on laws/policies



# Performance Scores for each Model Standard, by Essential Service