Health Equity Capacity
Assessment Report

HEALTHY ILLINOIS 2028

State Health
Assessment

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH. IMPROVING LIVES

UIC **Policy, Practice and
Prevention Research Center**

ILLINOIS PUBLIC HEALTH
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Abbreviations

BIPOC   Black, Indigenous, and People of Color

CHSA   Community Health Status Assessment

CHW   Community Health Worker

CTSA   Community Themes and Strengths Assessment

HECA   Health Equity Capacity Assessment

IDFPR   Illinois Department of Financial and Professional Regulation

IDPH   Illinois Department of Public Health

IPHI   Illinois Public Health Institute

LHD   Local Health Department

MAPP   Mobilizing for Action through Planning and Partnerships

NACCHO   National Association of County and City Health Officials

SDOH   Social Determinants of Health

SHA   State Health Assessment

SHIP   State Health Improvement Plan

SPHSA   State Public Health System Assessment

UIC   University of Illinois at Chicago

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1 Executive Summary

Purpose

Pursuant to Illinois Public Act 102-0004, Illinois develops a State Health Assessment (SHA) and State Health Improvement Plan (SHIP) every five years. A collaborative public/private cross-agency effort, the SHA and SHIP assesses and recommends priorities and strategies to improve the public health system and the health status of Illinois residents, reduce health disparities and inequities, and promote health equity. This report is a component of the SHA, designed to assess the functioning performance of the state public health system through a health equity lens.

IDPH is leading the SHA/SHIP process in collaboration with the Office of the Governor's appointed SHA/SHIP Partnership, which includes representatives from state agencies with public health responsibilities and a range of public, private, and voluntary sector stakeholders and participants in the public health system. IDPH is working with the UIC School of Public Health, Policy, Practice, and Prevention Research Center and the Illinois Public Health Institute (IPHI) to facilitate the partnership and to complete the SHA/SHIP process. The SHA/SHIP uses the four assessments of the Mobilizing for Action through Planning and Partnerships (MAPP)[1] process to gain a comprehensive picture of community health. This report describes the process and results of one of these: the State Public Health System Assessment.

The State Public Health System Assessment (SPHSA) measures how well different state public health system partners work together to deliver the Essential Public Health Services. The SPHSA is currently under revisions from the National Association of County and City Health Officials (NACCHO). Therefore, the SHA/SHIP Partnership developed an adaptation of the SPHSA focused on health equity (the Health Equity Capacity Assessment) to complete this component of the MAPP process for the 2021–2022 SHA. The Healthy Equity Capacity Assessment was conducted virtually on May 26, 2022 and comprised more than 85 public health practitioners across the state.

Key Findings

The table below presents cross-cutting key findings for system strengths, opportunities, and recommended priority actions from the Health Equity Capacity Assessment held on May 26, 2022.

TOPIC TYPE	CROSS-CUTTING FINDINGS
Strengths	**Data:** Access to and use of data have improved. There is an acknowledgment of the role that data play in informing evidence-based practice and supporting evaluation, research, and quality improvement.
	Partnership and Collaboration: There is a commitment to maximize impact through partnerships and collaboration that are inclusive of communities served and range across various entities. The public health system displays expertise in effective convening of people and groups.
	Workforce: Across the system, there is a desire to increase the size of and diversity represented in the public health workforce. The workforce is comprised of dedicated, competent, and driven staff.
	Health and Racial Equity: Public health has shown recognition and progress toward advancing health and racial equity and addressing systems of oppression. Evidence of strong examples using a health equity lens to root and center public health efforts has been shown.
	Emergency Preparedness: There is a heightened focus on strengthening systems and readiness to address emergency events, such as COVID-19, and improve rapid response efforts.

TOPIC TYPE	CROSS-CUTTING FINDINGS
Opportunities	**Funding:** There is a need for greater and more equitable distribution of sustainable funding to support a range of systemwide needs that include recruitment, retention, training of a diverse workforce, and data modernization efforts. Flexible funding is also required to address the differing needs and priorities across the state. **Collaboration and Communication:** Messaging across the system can be improved to be more timely, consistent, and bidirectional. Greater collaboration is also needed between the state health department, local health departments, and other coalitions/groups. **Community Engagement and Decision-Making:** Increase engagement of communities that have been historically marginalized and disproportionally affected by inequities. Assess and facilitate strength-based approaches to engagement; improve capacity where needed. Facilitate co-creation, design, implementation, and evaluation. Community member involvement is needed at every level, including leadership and policy development. **System Infrastructure and Framework Improvements:** Communication efforts should be built into the IPLAN and implemented in alignment with integration of existing plans across the state. A state-coordinated process should be used to conduct a racial equity impact assessment to better understand needs and inform future action. A framework should be generated, and capacity aligned to improve perceived value of performance management and evaluation.
Recommended Priority Actions	**Assessment** • Model state data system after Chicago/Cook County Health Atlas. • Conduct a review of processes. Reimagine focus to be on social and structural determinants of health (SSDOH) rather than health. • Allocate funding to address SSDOH. • Remove silos related to funding to facilitate and to increase systemic and systematic approach. • Increase collaboration, establish and deepen relationships across state and local levels for assessment. • Develop policy to support increased funding for public health agencies. • Allow local health departments (LHDs) to identify and to plan for their needs for hazard preparedness. • Allow LHDs to have autonomy in determining how their funding is spent. **Policy Development** • Establish standards for equitable pay for public health communication roles, including health educators. Ensure staff are representative of the communities served, especially in these roles. • Take a harm reduction approach when it comes to vaccination, boosters, and treatment, recognizing the history of mistrust with communities in developing and implementing approaches to outreach. • Support collaboration across the entire public health system for delivery of communication/campaigns. • Improve health literacy and strengthen community engagement, data dissemination, and follow-up. • Develop a pipeline for public health workforce that includes securing federal funding to support hiring and staff retention. • Provide training for local health departments in community organizing and evaluation of partnerships. • Use a systems approach to develop comprehensive policy solutions. • Align future policy development actions with SHIP priorities.

TOPIC TYPE	CROSS-CUTTING FINDINGS
Recommended Priority Actions	**Assurance** • Coordinate and fund racial equity impact assessments. • Increase diversification of funding opportunities and allow room to customize funding opportunities. • Secure more funding for assurance functions. • Work toward having equitable representation at the table inclusive of community health workers, community-based organizations, and community members. • IDPH should implement APIs for their data systems to facilitate data sharing. • Create an employer tax credit for those who make a financial investment in their workforce. • Identify funding for workforce tuition reimbursement sourced from outside of local health departments and community-based organizations. • Support and offer micro credentials—not just degrees. • Create a division for evaluation/performance management/quality improvement (PM/QI) and community engagement within IDPH. • Create a more streamlined, statewide evaluation process.

Average Scores

The table below describes the average (mode) scores by Essential Service. The average was calculated based on the most frequent (mode) scores for each of the questions.

ESSENTIAL SERVICE	AVERAGE SCORE
Essential Service 1	Minimal
Essential Service 2	Moderate
Essential Service 3	Moderate
Essential Service 4	Minimal
Essential Service 5	Moderate
Essential Service 6	Moderate
Essential Service 7	Minimal
Essential Service 8	Minimal
Essential Service 9	Minimal

2 Introduction

Pursuant to Illinois Public Act 102-0004, Illinois develops a State Health Assessment (SHA) and State Health Improvement Plan (SHIP) every five years. A collaborative public/private cross-agency effort, the SHA and SHIP assesses and recommends priorities and strategies to improve the public health system and the health status of Illinois residents, reduce health disparities and inequities, and promote health equity. This report is a component of the SHA, designed to assess the functioning performance of the state public health system through a health equity lens.

IDPH is leading the SHA/SHIP process in collaboration with the appointed SHA/SHIP Partnership, which includes representatives from state agencies with public health responsibilities and a range of public, private, and voluntary sector stakeholders and participants in the public health system. IDPH is working with the UIC School of Public Health, Policy, Practice, and Prevention Research Center and the Illinois Public Health Institute (IPHI) to facilitate the partnership and to complete the SHA/SHIP process.

SHA Framework

In 2021–2022, the Illinois Department of Public Health completed a comprehensive State Health Assessment (SHA) using the Mobilizing for Action through Planning and Partnerships (MAPP) process (Figure 1). MAPP utilizes four assessments to gain a comprehensive picture of community health. They are as follows:

Figure 1. The MAPP Process (NACCHO, 2013)

The **Community Health Status Assessment (SHSA)** provides quantitative information on community health conditions.

The **Community Themes and Strengths Assessment (CTSA)** identifies assets in the community and issues that are important to community members.

The Forces of Change Assessment (FOCA) identifies forces that may affect a community and the opportunities and threats associated with those forces.

The **State Public Health System Assessment (SPHSA)** measures how well different state public health system partners work together to deliver the Essential Public Health Services.[2] The SPHSA is currently under revisions from the National Association of County and City Health Officials (NACCHO). Therefore, the SHA/SHIP Partnership developed an adaptation of the SPHSA focused on health equity (the Health Equity Capacity Assessment) to complete this component of the MAPP process for the 2021–2022 SHA.

An advisory committee was formed to review the revised essential public health services, along with the Chicago Department of Public Health 2019 Health Equity Capacity Assessment and the Version 3.0 State Public Health System Assessment tool, to update descriptions of the essential public health services for a state public health system and develop questions to assess how well the public health services are being addressed with a health equity lens. This entity collaborated to develop a tool to facilitate the Illinois Public Health System—Health Equity Capacity Assessment (HECA) as part of the 2022 State Health Assessment process.

HECA Overview

The SPHSA is used to understand the overall strengths and weaknesses of the public health system based on the 10 Essential Public Health Services. In 2020, the Public Health National Center for Innovations (PHNCI) and the de Beaumont Foundation convened a task force to revise the 10 Essential Public Health Services to achieve health equity. The SHA/SHIP Planning Team used the updated 10 Essential Services to guide the revision of the SPHSA.

IDPH, along with the SHA/SHIP Partnership and Planning Team, noted the need to incorporate health equity throughout the assessment. In 2019, the Chicago Department of Public Health (CDPH) developed the Health Equity Capacity Assessment (HECA)—an assessment similar to the SPHSA that measures the performance of their public health system from a health equity perspective. With each of these tools, the planning team pulled together an advisory committee of partnership members and external public health system partners and experts to revise the SPHSA using the updated 10 Essential Services and the HECA as a framework. Since the 10th essential public health service deals with organizational infrastructure of health departments, that one was excluded from this HECA process.

The advisory committee met to discuss the framework for the updated assessment and revise the descriptions and questions from the SPHSA and HECA to meet two criteria: (1) a focus on health equity and (2) describing a state public health system.

From the work of the advisory committee, the planning team finalized the tool (see Appendix 1: State Public Health Assessment Tool, page 31) for the updated Health Equity Capacity Assessment to carry out the statewide public health system assessment. The MAPP State Health Public System Assessment (SPHSA) scoring model was used to score the assessment questions (see Figure 2). The Healthy Equity Capacity Assessment was conducted virtually on May 26, 2022 and comprised more than 85 public health practitioners across the state.

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. MAPP Scoring Model (NACCHO, 2013)

3 Cross-Cutting Themes: Strengths, Opportunities, and Priority Actions

Cross-case analysis was conducted to highlight cross-cutting themes specific to strengths, opportunities, and recommended priority actions across the nine considered Essential Services. The cross-cutting themes are summarized below.

Public Health System Strengths

Data:	Access to and use of data have improved. Acknowledgment of the role that data play in informing evidence-based practice and supporting evaluation, research, and quality improvement.
Partnership and Collaboration:	There is a commitment to maximize impact through partnerships and collaboration that are inclusive of communities and range across various entities. The public health system displays expertise in effective convening of people and groups.
Workforce:	Across the system, there is a desire to increase the size of and diversity represented in the public health workforce. The workforce is comprised of dedicated, competent, and driven staff.
Health and Racial Equity:	Recognition and progress toward advancing health and racial equity and addressing systems of oppression. Evidence of strong examples using a health equity lens to root and center public health efforts.
Emergency Preparedness:	There is a heightened focus on strengthening systems and readiness to address hazardous events and improve rapid response efforts.

Public Health System Opportunities

Funding:	There is a need for greater and more equitable distribution of sustainable funding to support systemwide needs that include recruitment, retention, training of a diverse workforce, and data modernization efforts. Flexible funding is required to address the differing needs and priorities across the state.
Collaboration and Communication:	Messaging across the system can be improved to be more timely, consistent, and bidirectional. Greater collaboration is also needed between the state health department, local health departments, and other coalitions/groups.
Community Engagement and Decision-Making:	Outreach efforts and internal capacity to engage communities that have been marginalized and disproportionately affected by inequities in support of co-executing planning, implementation, and evaluation activities. Community member involvement is needed at every level, including leadership and policy development.
System Infrastructure and Framework Improvements:	Communication efforts should be built into the IPLAN and implemented in alignment with integration of existing plans across the state. A state-coordinated process should be used to conduct a racial equity impact assessment to better understand needs and inform future action. A framework should be generated and capacity aligned to improve perceived value of performance management and evaluation.

Public Health System Recommended Priority Actions

In support of streamlining findings related to priority actions, actions identified by assessment participants were categorized according to the three core public health functions of assessment, policy development, and assurance.

Assessment

- Model state data system after Chicago/Cook County Health Atlas.
- Conduct a review of processes. Reimagine focus to be on SDOH rather than health.
- Allocate funding to address SDOH.
- Remove silos related to funding to facilitate and to increase systemic and systematic approach.
- Increase collaboration, establish and deepen relationships across state and local levels for assessment.
- Develop policy to support increased funding for public health agencies.
- Allow LHDs to identify and to plan for their needs for hazard preparedness.
- Allow LHDs to have autonomy in determining how their funding is spent.

Policy Development

- Establish standards for equitable pay for PH communication roles, including health educators. Ensure staff are representative of the communities served, especially in these roles.
- Take a harm reduction approach when it comes to vaccination, boosters, and treatment, recognizing the history of mistrust with communities in developing and implementing approaches to outreach.
- Support collaboration across the entire public health system for delivery of communication/campaigns.
- Improve health literacy and strengthen community engagement, data dissemination, and follow-up.
- Develop a pipeline for public health workforce that includes securing federal funding to support hiring and staff retention.
- Provide training for local health departments in community organizing and evaluation of partnerships.
- Use a systems approach to develop comprehensive policy solutions.
- Align future policy development actions with SHIP priorities.

Assurance

- Coordinate and fund racial equity impact assessments.
- Increase diversification of funding opportunities and allow room to customize funding opportunities.
- Secure more funding for assurance functions.
- Work toward having equitable representation at the table inclusive of community health workers, community-based organizations, and community members.
- IDPH should implement APIs for their data systems to facilitate data sharing.
- Create an employer tax credit for those who make a financial investment in their workforce.
- Identify funding for workforce tuition reimbursement sourced from outside of local health departments and community-based organizations.
- Support and offer micro credentials—not just degrees.
- Create a division for evaluation/PM/QI and community engagement within IDPH.
- Create more streamlined, statewide evaluation processes.

4 Strengths, Opportunities, and Priority Actions by Essential Service

Each assessment participant was assigned to two small breakout groups over the course of the day based on their stated preferences captured as part of the registration process. The outcomes of these breakout group discussions are presented below. Assessment findings are organized by strengths, opportunities, and priority actions by each of the nine considered Essential Services. For each Essential Service, there are examples listed highlighting how this work is being carried out in the state currently and how the work is performed using an equity lens, along with scoring results from assessment questions and supporting evidence provided by participants.

It should be noted that there were variances in the techniques and processes used by facilitators to extract information from assessment participants. These limitations resulted in both data gaps and structuring challenges. In addition, there was a large decline in the number of anticipated participants, thus impacting the overall visibility of knowledge of associated public health practices taking place across the state, as well as challenges and implications for action.

AVERAGE SCORE MINIMAL

ESSENTIAL SERVICE 1

Assess and monitor population health status, factors that influence health, and community needs and assets.

Participants provided examples of how this work is performed at the system level that included the following:

- The Illinois Behavioral Risk Factor Surveillance System is a great example of periodic, statewide health assessments being conducted.
- The IDPH portal makes health data sets publicly available.
- Nonprofit hospitals conduct community health needs assessments and coordinate with local health departments on their IPLANS.
- Medicaid Transformation Collaboratives empower hospital systems and community partners to monitor health status and develop subsequent interventions.

Examples of How This Work Is Being Done Using an Equity Lens	
	• Awareness exists of the need to improve the effectiveness of efforts to monitor health status related to user/community needs.
	• There is an increasing call for data related to social determinants of health and community context.

HOW WELL DOES THE STATE PUBLIC HEALTH SYSTEM….	SCORES	SUPPORTING EVIDENCE
Analyze, use, and maintain disaggregated data and health assessments to track issues to inform and to implement equitable action?	Moderate	Head Start programs have several health initiatives that collect health data and are publicly available. Nonprofit hospitals are conducting community health needs assessments and coordinating with local health departments on their IPLANS. Medicaid Transformation Collaboratives empower hospital systems and community partners to monitor health status and develop subsequent interventions.
Ensure comprehensive participation of community members and experts by experience in health assessments?	Minimal	There is a need for collecting qualitative data and analysis of skill sets within the workforce. Increased community engagement, utilization of community assets, and data collection partners are needed.
Provide data for local community health assessment and planning by race, ethnicity, etc.?	Minimal	The state provides disease-specific data (i.e., STI data) at the local level. There is a need for addressing inconsistences in the types of available data sets as they pertain to social and structural determinants of health inequities. Existing data need to be statewide—expanded beyond a hyperlocal data set—and frequency of data collection should increase.
Actively manage, review the effectiveness of efforts, and improve their collective performance in health status monitoring?	Minimal	The state public health system does not evaluate the external policies that contribute to public health issues.
Promote innovation in data interpretation,, communication and dissemination, and implementation?	Minimal	IDPH statewide report cards are disseminated that utilize BRFSS data or data obtained through various research projects.
Align and coordinate their efforts to monitor health status, while having the professional expertise to carry out monitoring activiTties?	Moderate	Examples of statewide partnerships that assess and monitor population health include IDPH 1815 grants. Existence of some improvements in data coordination and integration efforts across agencies and community partners. There is a need for a coordinated system for data sharing across the state.
Ensure equitable and adequate funding, and workforce resources to develop and maintain a modern and effective data system to monitor population health?	Minimal	Workforce recruitment and sustainability remains a challenge, even in the presence of increased funding.

Table I. Essential Service 1 Scoring Results

Strengths

- There has been a shift in the acknowledgment of the importance of population health data and the need for this to support the monitoring of inequities and disparities.

- Systems are in place that can be expanded to include hyperlocal data that identify regional/local disparities and conditions.

Opportunities

- Increase participation with other systems that collect community data.

- Develop data collection goals and definitions related to equity.

- Expand qualitative data collection and analysis to better understand social issues related to public health.

- Increased and more equitably distributed sustainable funding.

Priority Actions

- Model the existing data system after the Chicago/Cook County Health Atlas.

- Review existing process and reimagine the focus on social and structural determinants of health rather than overall health.

- Allocate funding to particular disease types and remove siloed funding approaches.

AVERAGE
SCORE
MODERATE

ESSENTIAL SERVICE 2

Investigate, diagnose, and address health problems and hazards affecting the population.

Participants provided examples of how this work is being performed at the system level that included the following:

- State labs have been instrumental in opioid and pandemic responses—performing at a high level despite political and fiscal constraints.

- Information sharing, resource accessibility, and funding were supportive factors in the COVID-19 response.

- Local health departments conduct planning, hazardous event exercises, implementation, and manage the response to real world events.

Examples of How This Work Is Being Done Using an Equity Lens	None

HOW WELL DOES THE STATE PUBLIC HEALTH SYSTEM….	SCORES	SUPPORTING EVIDENCE
Organize and maintain their private and public laboratories (within the state and outside of the state) into a well-functioning laboratory system?	Significant Activity	State labs have been instrumental in opioid and pandemic responses—performing at a high level despite political and fiscal constraints. Information sharing, resource accessibility, and funding were supportive factors in the COVID-19 response.
Use a racial and health equity lens to provide accessible/culturally/linguistically relevant communications while utilizing plain language tools?	Significant Activity	Participants provided no examples for the use of racial and health equity lens to provide accessible or culturally/linguistically relevant communications. There is a need to streamline and standardize modalities and frequency of communication.
Ensure collaboration and bidirectional communication between local and state agencies to leverage opportunities?	Moderate Activity	There is an opportunity to improve the timeliness of communication from state and national agencies. Communication and collaboration between local and state agencies could be improved.
Develop response plans to address major health threats that are tailored to meet the needs of people affected by health inequities?	Moderate Activity	Community-specific needs should be tailored per geography given the diverse needs across the state.
Fully engage and educate providers working in communities affected by health inequities to ensure consistent and high-quality reporting?	Moderate Activity	The lack of fiscal and human resource capacity limits the activities and amount of education provided by local health departments. More efficient utilization of regional capabilities and resources is needed to support smaller, local agencies.
Actively manage/improve performance in diagnosing/investigating health problems/ hazards that have embedded bias that result in suboptimal service?	Minimal Activity	Unfilled vacancies and staffing shortages impact the system's capacity to manage and to improve performance in diagnosing/ investigating health problems/hazards.
Work together to commit financial resources and align/coordinate efforts to support the diagnosis and investigation of health problems/hazards?	Moderate Activity	Local health departments and health care coalitions are largely taking the lead on the identification and investigation of health problems/hazards. Greater coordination, collaboration, increased funding, and distribution of resources based on geographic needs/population issues are needed. Acknowledgment that the state is attempting to provide resources where needed and align with the local health departments.[3]
Collectively have the professional expertise to identify and analyze public health threats and hazards?	Moderate Activity	Unfilled vacancies and staffing shortages impact the system's overall capability and professional expertise to identify and analyze public health threats and hazards.

Table II. Essential Service 2 Scoring Results

Strengths

- Established relationships exist between state and local health departments, local coalitions, and programs in support of increasing responsiveness across organizations when hazardous events occur.
- State and local health departments are investing in and leveraging labs during hazardous events.
- Utilization and training of a diverse professional workforce is increasing.
- State and local health department response plans are being established by departments in preparation for hazardous events.

Opportunities

- Increase funding for general planning, implementation, and recruitment activities.
- Improve collaboration between state and local health departments and other coalitions in preparation for future hazardous events.
- Increase timeliness and frequency of bidirectional messages received by and between state and local health departments and the Centers for Disease Control and Prevention (CDC) regarding hazardous events.
- Address workforce sustainability through robust recruitment and retention strategies.

Priority Actions

- Collaborate and develop needed relationships across the state and at local levels.
- Develop policy to support increased funding for public health agencies.
- Allow local health departments to identify, to plan, and to allocate funding for their hazard preparedness needs.

AVERAGE
SCORE
MODERATE

ESSENTIAL SERVICE 3

Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.

Participants provided examples of how this work is being performed at the system level that included the following:

- Promotion of health education regarding childhood immunizations and health exams.
- COVID-19 vaccination campaigns that feature members of the community and highlight their lived experience.
- COVID-19 data monitoring and dissemination of information dashboard served as resources and demonstrated the capabilities of local and state health departments to make information accessible and available to the public in real time.

Examples of How This Work Is Being Done Using an Equity Lens	• There is a growing movement toward intentional outreach, complex thinking, and inclusivity within the system and various stakeholders. • Each local health department has a plan in place to address issues around bias and racial inequities in health. • Innovative and creative strategies are used to deliver culturally relevant resources to marginalized communities.

HOW WELL DOES THE STATE PUBLIC HEALTH SYSTEM….	SCORES	SUPPORTING EVIDENCE
Partner with communities to develop promotion, education, and social marketing campaigns by supporting the design, implementation, and evaluation?	Significant Activity	There is an existence of a communication methodology and development of tools enabled by data. Using creative and innovative strategies to deliver culturally competent and relevant resources to marginalized communities. The COVID-19 pandemic accelerated and improved community engagement activities. The pandemic demonstrated the state public health system's ability to make information accessible and available to the public in real time.
Maintain a crisis communications plan to be used in the event of an emergency?	Significant Activity	Effective and rapid communication response has been evolving across the state. Crisis communication plans and implementation expertise already exist. We demonstrated ability and capacity to do this effectively during COVID-19.[4]
Ensure health promotion/education campaigns are culturally responsive, linguistically accessible, and address social and structural determinants of inequities?	Significant Activity	Educational materials are already available in languages other than English. There is an opportunity to make materials available at varying literacy levels.
Convene systemwide partners to streamline and/or coordinate external communications for specific audiences?	Moderate Activity	There is a growing movement toward intentional outreach, complex thinking, and inclusivity within the system and various stakeholders. Areas of opportunity include the redefining of a "community" and implications for communication strategies as well as enhancing mobilization and advocacy among existing community-based networks.
Advocate for equity in educational/economic systems so everyone can benefit from health promotion efforts and ensure power differentials are addressed?	Moderate Activity	There is evidence that racial equity is being named as a priority and funds are being allocated to advance efforts.
Review effectiveness of communication services and policies, systems, and procedures for evidence of embedded bias and structural racism?	Moderate Activity	Each local health department has a plan in place to address issues around bias and racial inequities in health. Areas of opportunity include the identification of metrics to measure success and potential solutions for addressing bias reduction at the state and local levels.
Maintain professional expertise (workforce) and incorporate media training and compensate experts by experience to deliver public health messages?	Moderate Activity	Increasing funding to address pay differentials among Black, Indigenous, and people of color (BIPOC) in the public health workforce, burnout, and support onboarding/training for new hires were cited as areas of opportunity. There is a need for greater diversity in the workforce, especially for leadership/decision-making roles.

Table III. Essential Service 3 Scoring Results

Strengths

- Work is already taking place collaboratively across the system to provide education and media campaigns around COVID-19 (vaccinations, data hubs, etc.).
- There is creativity in how information is being delivered using nontraditional methods.
- Effective and rapid response of the state health system is evolving to improve communication throughout the state.
- Access to data and data dashboards have improved for easy review and dissemination to the public.

Opportunities

- Improve outreach to communities that have been marginalized/disproportionately affected by inequities.
- Build communication efforts into the IPLAN and implement IPLAN in alignment with others, including statewide efforts led by state organizations.
- Consistency of messaging across systems to communities can be improved.

Priority Actions

- Provide equitable pay for public health roles, including health educators.
- Develop a public health workforce that is representative of the communities it serves.
- Take a harm reduction approach when it comes to vaccination, boosters, and treatment, recognizing the history of mistrust with communities in developing and implementing approaches to outreach.
- Support collaboration across the entire public health system for delivery of communication and campaigns.

AVERAGE
SCORE
MINIMAL

ESSENTIAL SERVICE 4

Strengthen, support, and mobilize communities and partnerships to improve health.

Participants provided examples of how this work is being performed at the system level that included the following:

- The Chicago/Cook County Workforce Partnership is actively engaging community organizations that do not perceive themselves as part of the public health system. These efforts have been geared toward addressing these perceptions and generating a better understanding of the system at large.
- The Chicago Healthy Equity Zone Project builds staff capacity through the engagement of contractors.
- The creation of community health navigator programs served as a mechanism for communities to shape decision-making and engage with the state public health system at a high level.

Examples of How This Work Is Being Done Using an Equity Lens

- The Alliance for Health Equity and Medicaid Transformation Projects have fostered partnerships with community organizations and have promoted accessibility.
- A component of the Chicago Health Equity Zones involves building up staff capacity, and the health department is tapping into and engaging contractors to do a lot of that work.

HOW WELL DOES THE STATE PUBLIC HEALTH SYSTEM….	SCORES	SUPPORTING EVIDENCE
Mobilize formal, sustained task forces; partnerships; ad hoc study groups; and coalitions to build statewide support for public health/equity issues?	Moderate Activity	Direct community member involvement has improved in recent years. The SHA/SHIP process is a good example of the state convening and bringing people together, listening to ideas, and getting people involved.
Ensure that partnerships/coalitions include leadership positions for people affected by inequities and give communities power in decision-making?	Moderate Activity	The COVID-19 responses established community health navigator programs that created opportunities for communities to shape decision-making and engage with the state public health system at a high level. The Knox County FQHC collaborates and partners directly with community members and has been a great tool for increasing community engagement. The public health system needs to be more involved in community organizing.
Assist local public health systems to build competencies in community development, advocacy, collaborative leadership, and partnership management?	Minimal to Moderate Activity	The state health department has given substantial funding to outside advocacy groups that could be better utilized if allocated to local health departments to build sustainable workforces. There are opportunities for data and knowledge sharing with community-based organizations that have the capacity and skill set for creating and transforming social relations toward health justice.
Review partnership development activities for evidence of structural racism that produces gaps and failures in engaging with marginalized populations?	Minimal Activity	Participants were unable to provide examples of how the state public health system is reviewing its processes for evidence of embedded bias and structural racism. There is no evidence supporting how this work is being done systematically nor a stated baseline measure to determine progress being made, if any.
Actively manage and improve their collective performance in partnership activities?	Minimal Activity	Accredited local health departments manage and measure their partnerships well. There is a need for client satisfaction surveys, partner satisfaction surveys, and focus groups to measure partnership performance.
Provide financial, training, and technical assistance to partners to take action to improve health, centering community to inform funding and training?	Minimal Activity	The pandemic health navigator and community action worker workforces have allowed the public health system to provide partners and communities with assistance and have brought community members into the workforce. There are opportunities to commit adequate and sustainable funding.

Table IV. Essential Service 4 Scoring Results

Strengths

- There are good examples of how organizations within the state public health system work together, and the work is not owned by the local health department.
- There is strength in local health department ability to help, to participate, and to learn with others.
- Improvements have been made toward helping individuals across the public health system to both understand the types of data we have available and how to use them.
- A commitment to health and racial equity exists that has not yet translated into tangible results.
- The public health system displays expertise in effectively convening people and groups.

Opportunities

- Involving community members needs to happen at every level up to and including leadership positions. Engagement must start at the beginning through execution.
- Compensation needs to be generated for involved community members to demonstrate appreciation of the value of their time.
- Build awareness of resources and implications of data for communities.
- Develop an evaluation to measure partnership effectiveness, including representation of communities most impacted by health inequities.

Priority Actions

- Strengthen health literacy and community engagement efforts.
- Tap into federal funding to support hiring and retention of public health staff to support the development and maintenance of partnerships.
- Provide training to local health departments in the areas of community organizing and partnership evaluation.

AVERAGE
SCORE
MODERATE

ESSENTIAL SERVICE 5

Create, champion, and implement policies, plans, and laws that impact health.

Participants provided examples of how this work is being performed at the system level that included the following:

- The public health system comes together regularly around public policy, administrative advocacy, and legislative advocacy.
- The SNAP program routinely convenes partners to gather input and to co-develop policy solutions.
- Nonprofit advocacy organizations and other statewide organizations work with local communities around developing local policies, implementing state policies, and serving as a resource that provides technical assistance.

Examples of How This Work Is Being Done Using an Equity Lens	
	• The State Overdose Action Plan uses health equity as the framework for strategy development and execution.
	• The following entities have been established to advance racial and health equity efforts: ILBC 4 Pillars, the Office of the Governor's Health Equity Office, the Active Transportation Alliance, and HFS Healthcare Transformation Collaboratives.
	• The Illinois Department of Agriculture has undertaken efforts to support BIPOC communities.

HOW WELL DOES THE STATE PUBLIC HEALTH SYSTEM….	AVERAGE SCORES (MODE)	SUPPORTING EVIDENCE
Inform/engage/work in partnership with communities to develop and champion policies/plans/laws that impact health equity/racial justice/systemic oppression?	Moderate Activity	Only segments of the public health system, such as transportation and social services, develop policies with community input. There is a need for targeting community engagement efforts to capture policy development input from individuals directly affected by policy execution. Future policies need to focus on improving equity. The system needs to increase its partnership with academic and applied research centers to inform the development of policies, plans, and laws.
Ensure recognition of social determinants of health/inequity elimination strategies are in state/local/emergency response plans and policy initiatives?	Significant to Moderate Activity	The recognition of the need for and understanding of how social determinants of health and health inequities are affecting health has grown across the public health system. The execution of response plan and policy initiatives that recognize social determinants of health and inequity elimination is an area of opportunity.
Provide technical assistance/training to local systems for community improvement plans/emergency operations plans/local health policies?	Moderate Activity	Nonprofit advocacy and other statewide organizations provide training and technical assistance. Organizations, such as IPHI and Public Health Institute of Metropolitan Chicago, work closely with providers, community health, state, and federal systems and play an integral role in technical assistance efforts. Grant requirements call for technical assistance. However, this is not occurring in alignment with system needs.
Coordinate across state agencies, systems, and entities, as well as local entities, to develop and implement plans/policies that advance equity?	Moderate Activity	Coordination across system entities needs improvement. There is a lack of a shared definition for health equity and plans for advancement. Existing administrative policy issues and burdens inhibit state agencies from collaborating.
Examine and improve existing policies, plans, and laws to identify biases and structural racism and correct historical injustices?	Moderate Activity	Schools reported the loss of minority enrollment during the pandemic. The system lacks continued examination and measurement in the improvement of existing policies, plans, and laws to correct historical injustices.[5]
Continuously monitor/develop new and innovative policies/plans/laws that improve public health and preparedness and strengthen community resilience?	Minimal Activity	Reactive approaches are used systemwide in monitoring and developing respective policies, plans, and laws. This is largely due to system capacity challenges.
Ensure community-based organizations/people affected by inequities have a substantive role in determining and analyzing community health efforts?	Minimal Activity	Workforce expansion efforts include the employment of community health workers. There is a need to better understand how the community wants to be involved and engaged. While there is funding available from CDC to support community engagement in policies and plan development, there is a need for greater flexibility in the use of these funds.

Table V. Essential Service 5 Scoring Results

Strengths

- Collaboration already exists among advocacy organizations.
- There is a demonstrated commitment to work on collaboration.
- Recognition of the need for and commitment to use a health equity lens and repair harm is increasing.

Opportunities

- Increase community involvement in policy development efforts.
- Integrate existing plans and individuals leading efforts across the system to decrease duplication and fatigue.
- Funding needs more flexibility to be responsive to the differing needs and priorities of the state.

Priority Actions

- Use a systems approach to develop comprehensive policy solutions.
- Align future actions with SHIP priorities.

ESSENTIAL SERVICE 6

AVERAGE
SCORE
MODERATE

Utilize legal and regulatory actions designed to improve and to protect the public's health.

Participants provided examples of how this work is being performed at the system level that included the following:

- The passing of the Community Emergency Services and Supports Act (CESSA) that will implement the 988 crisis line that coordinates efforts with law enforcement, EMS regions, and the behavioral health system.
- In response to the COVID-19 pandemic, the governor used emergency powers to make declarations in support of evidence-based public health decision-making.
- The system already has some such statutes in place. Examples include statutes regarding the child health exam, dental exam, and fluoridation.
- The Illinois Department of Financial and Professional Regulation (IDFPR) implemented an online registration system to support licensing regulation operations.

Examples of How This Work Is Being Done Using an Equity Lens	None

HOW WELL DOES THE STATE PUBLIC HEALTH SYSTEM….	AVERAGE SCORES (MODE)	SUPPORTING EVIDENCE
Ensure laws give state/local authorities power and ability to manage emergency health threats and are designed to protect health and safety?	Moderate Activity	IDFPR routinely oversees practice complaints and related licensure issues. Routine enforcement activities (such as emergency declarations) were used during the COVID-19 pandemic response.
Establish cooperation between regulatory bodies and entities to encourage compliance and assure laws accomplish their intended purposes?	Moderate Activity	The health care payment system is fractured, and there may be opportunities to utilize regulatory or legal approaches to address the structural barriers. Existing laws outline compliance details and regulation bodies. However, there is variability in the implementation and enforcement of these laws. The public health system may benefit from this cooperation, but it does not establish it.[6]
Provide technical assistance/training to local systems on best practices in compliance and enforcement of laws that protect health and ensure safety?	Moderate Activity	The Healthy Kids Meal law serves as an example that includes funding and implementation support from IDPH for local health departments. There is a need to improve coordination and communication regarding the ways in which state laws and statutes are applied at the local and municipal levels. Due to the wide mix of local and state roles in the regulation process, it's unclear whether technical assistance is taking place.
Assist local governing bodies in incorporating current and evidence-based knowledge and best practices in local laws?	Moderate Activity	Internal system capacity is a challenge impacting the provision of technical assistance. Oftentimes innovation comes from the local level rather than from the state governing body providing that innovation to the local level.
Evaluate the intentional/unintentional effects of laws/regulations/ordinances on equity, in coordination with communities affected by inequities?	Minimal Activity	Data can inform how equitable the laws and regulations are. There is an opportunity to perform racial equity impact and health equity impact assessments during the planning and implementation phases to determine who is being impacted by regulations—and, likewise, who is being burdened and benefited the most.[7]
Amend/revise local laws, regulations, and ordinances based on evaluation findings and join community efforts to advocate for equity?	Minimal Activity	Data collected to track marijuana dispensary owners were used to highlight that outcomes were inconsistent with state equity aims. Unfunded data collection and evaluation efforts result in the lack of data needed to inform the amendment and revision process.
Actively manage and improve its collective performance in legal, compliance, and enforcement activities?	Minimal Activity	There is an opportunity for agencies with a regulatory role to focus on quality improvement. State agencies should be paired as partners in improvement and not just regulatory entities.
Ensure consistent availability of outreach and educational materials used to educate the public that are culturally responsive/ linguistically accessible?	Moderate Activity	Improvements have been made to the IDPH website, so that there's a tool to change language types when seeking out information. A wide variety of information generated by the state health system is translated into various languages. It is imperative to involve voices from people with lived experience in the design, implementation, and evaluation of these materials.

Table VI. Essential Service 6 Scoring Results

Strengths

- Progress has been made with developing educational materials in multiple languages and increasing accessibility.
- Communities are more cognizant of health inequities and actively working to address them.
- There is an increase in engaged and competent state and local health leaders.

Opportunities

- Address existing staff gaps.
- Invest in data and evaluation as well as sharing the data in a user-friendly format for public consumption.
- Use a state-coordinated process to conduct a racial equity impact assessment to better understand impacted populations and share these data publicly.

Priority Actions

- Coordinate and fund a racial equity impact assessment.
- Increase diversification of funding opportunities and allow room to customize funding opportunities.

AVERAGE
SCORE
MINIMAL

ESSENTIAL SERVICE 7

Assure an effective system that enables equitable access to the individual services and care needed to be healthy.

Participants provided examples of how this work is being performed at the system level that included the following:

- The Lake County Health Department is working to ramp up the availability of community health workers across a range of organizations in the county. Quarterly meetings are being held to share information about efforts across the network.
- The Illinois Department of Human Services is funded by Health Resources and Services Administration (HRSA) to conduct a systems asset and gap analysis to examine the integration of health and early childhood services in support of building a stronger system.
- The Family Advisory Committee, part of the state's Early Learning Council, supports the gathering of input from families on various policies and programs.

Examples of How This Work Is Being Done Using an Equity Lens

- Recognition of the need for health care insurance regardless of residency status. Medicaid expansion to cover undocumented residents is a strong example of using an equity lens to extend access to care.
- There is a real effort to expand access to a broader population and a broader range of services across the system. Examples include the expansions of postpartum coverage to 12 months, doula services, and community health workers.
- IDPH has been applying the social vulnerability index to identify high-need populations and inform funding decisions and communication efforts.

HOW WELL DOES THE STATE PUBLIC HEALTH SYSTEM….	SCORES	SUPPORTING EVIDENCE
Foster the incorporation of health and racial equity into foundational systemwide practices?	Moderate Activity	While there has been a lot of awareness drawn to health disparities across the system, it is very challenging to translate this awareness into tangible action within communities. Heterogeneity between regional offices within the system, and limited incentives for collaboration, result in the lack of a shared vision for foundational systemwide practices. There is a need to reconsider the prioritization of service needs by geographic region that is not dictated by funders.
Work collaboratively with individuals and populations experiencing barriers to deliver personal health services and to take policy and program action?	Minimal Activity	The Family Advisory Committee, part of the state's Early Learning Council, supports the gathering of input from families on various policies and programs. Community organizing and trust building were cited as factors that enable community engagement. Challenges exist around knowing how to engage communities in ways that are empowering and not exploitative.
Establish and maintain a statewide health insurance exchange and maintain Medicare and Medicaid to assure access to insurance coverage?	Moderate Activity	Securing health insurance serves as only one facilitator for health care access. The system must work to ensure there is adequate availability of services, especially for providers that accept Medicare and Medicaid. Dental, mental, and specialty health care were particularly noted as needed services.
Ensure that the health insurance exchange, Medicaid, and Medicare effectively work to reach populations disproportionately uninsured/underinsured?	Minimal Activity	Recognition of the need for health care insurance regardless of residency status. Medicaid expansion to cover undocumented residents is a strong example of using an equity lens to extend access to care. Partnerships exist with a range of community-based organizations to learn best practices for reaching individuals. There is a need for employing a bottom-up approach, with community and local organizations leading the charge, informing how to best engage and to effectively reach populations that are disproportionately uninsured/underinsured.
Promote and execute internal collaboration to ensure enhanced coordination of services?	Moderate Activity	The Lake County Health Department is working to ramp up the availability of community health workers across a range of organizations in the county. Quarterly meetings are being held to share information about efforts across the network. Efforts of systematic data sharing and seamless service coordination are met with a range of challenges that include: the absence of executed data-sharing agreements, existing confidentiality and patient privacy protections, and costs associated with software licenses.
Review systematic improvements or changes in overcoming barriers to personal health care services and to review the overall quality of those services?	Minimal Activity	The Office of the Governor's Early Childhood Development is working with a team across several agencies to map out mental health services for infants and young children, seeking to understand the availability of organizations and services that support the healthy development of this population. Lack of shared goals and performance measures across the system inhibit the execution of systematic improvements or changes.

HOW WELL DOES THE STATE PUBLIC HEALTH SYSTEM….	SCORES	SUPPORTING EVIDENCE
Ensure access to high-quality and affordable health care and social services that are culturally and linguistically relevant?	Minimal Activity	The Agency on Aging offices are using pass-through funds to cover costs associated with providing culturally specific and healthy meals to respective populations. Greater diversity is needed within the system, and workforce recruitment challenges remain persistent.
Have the capacity and/or a mechanism to assess structural elements at the community level?	Minimal Activity	The system does not have the adequate tools and resources to meet demand and/or ensure that needs are met in an equitable fashion.

Table VII. Essential Service 7 Scoring Results

Strengths

- There is a desire across the system's workforce to drive impact and receive needed funding to support efforts.
- The recent expansion of Medicaid for undocumented individuals and postpartum patients is a step toward providing access to services for high-need individuals.
- Targeted efforts in expanding the workforce through the training and onboarding of community health workers are being implemented.

Opportunities

- Modernize data collection and reporting systems to coordinate across health care systems and public health systems.
- More boots on the ground, such as community health workers (CHWs), are needed to collect more input from communities and individuals with lived experience of health inequities.
- Invest in professional development and workforce infrastructure.

Priority Actions

- Secure more funding to support community engagement initiatives and improve workforce diversity.
- Work toward having equitable representation at the table, ensuring the inclusion of community health workers, community-based organizations, and community members.
- The state health department should use Application Programming Interfaces (APIs) to improve interoperability and facilitate communication and data sharing across systems.

ESSENTIAL SERVICE 8

AVERAGE SCORE **MINIMAL**

Build and support a diverse and skilled public health workforce.

Participants provided examples of how this work is being performed at the system level that included the following:

- Women Employed has a pilot program that partners with local organizations to provide financial assistance to clients/students to support costs associated with obtaining advanced certifications in health care. There is a focus on Black and Latinx women, who are overrepresented in low-paid positions in health care.
- IDPH recently developed a workforce development plan, hosts retention support groups, conducts recruitment at colleges, and made changes to its training plans to support practitioner development.

Examples of How This Work Is Being Done Using an Equity Lens	• A community health worker training program exists for oral health that focuses on recruiting individuals from a range of geographic areas and racial and ethnic groups. • Online trainings and trainings on health equity, racial equity, implicit bias, and systems of oppression are available.

HOW WELL DOES THE STATE PUBLIC HEALTH SYSTEM….	SCORES	SUPPORTING EVIDENCE
Ground organizational development/training efforts in equity to ensure the workforce provides culturally competent and trauma-informed services?	Minimal Activity	Discussions about and efforts advancing health equity occur in a siloed fashion. There is a need for greater inclusion and buy-in from hospital systems. There is a need for innovative approaches to address hiring and recruitment challenges.
Develop statewide workforce plans that guide improvement activities in population-based and health care workforce development?	Minimal Activity	The variance in needs throughout the state challenges the development of state workforce plans that are relevant and responsive.
Assist local systems in planning for their future needs for population-based and personal health care workforces, based on workforce assessments?	Moderate Activity	The Illinois Department of Healthcare and Family Services (HFS) Healthcare Collaboratives has allocated long-term funding for collaborative work to address workforce needs and development. Local health departments have begun to identify the need for a diverse workforce to care for the migrant farmworker population.
Assist/collaborate with community/local health efforts to foster pathways/career trajectories to better reflect the communities they serve?	Moderate Activity	State agencies work closely with the University of Illinois Springfield and UIC Schools of Public Health to provide internships and experiences to build the next generation of the public health workforce.
Review/actively manage/improve workforce developmental performance that have embedded bias/structural racism that result in suboptimal service?	Minimal Activity	There is an opportunity to share existing racial equity assessment tools across the system.
Assess the capacity of the workforce to provide equitable/high-quality services, effective for specific populations?	Minimal Activity	Recruitment, retention, and burnout impede the system's ability to assess capacity. Women of color are overrepresented in low-wage jobs in the health care workforce. There is need to support micro-credentials within the workforce and fund education opportunities for entry-level workers seeking career advancement.
Provide training for public health workforce (or government workforce) in justice, diversity, equity, inclusion, and anti-racism?	Minimal Activity	Online trainings are available through the state. However, staff time to complete the trainings are a challenge due to shortages.
Ensure adequate, equitable, and consistent funding to conduct this Essential Service at a high level of quality?	Minimal Activity	Funding is needed to cover costs associated with workforce development and retention, such as the provision of scholarships and/or tuition reimbursement.

Table VIII. Essential Service 8 Scoring Results

Strengths

- Online trainings and trainings on health equity, racial equity, implicit bias, and systems of oppression are available.
- There is an influx of temporary funding to support the workforce.
- A desire exists across the system to increase the size and diversity represented in the workforce.
- Workforce expansion is already taking place through the onboarding of community health workers and contact-tracing staff.
- Partnerships with academia are well established.

Opportunities

- Workforce assessment approaches are siloed.
- Competition adds to challenges in recruiting and hiring.
- Sustainable funding is lacking.
- There is a wide range of need across the state that is largely region dependent.
- Funding and support programs are needed for entry-level workers interested in career advancement.

Priority Actions

- Develop new policies to support workforce development efforts. An example includes the implementation of an employer tax credit for organizations that financially invest in workforce initiatives.
- Funding for workforce tuition reimbursement can be sourced from outside of local health departments and community-based organizations.
- The system can support and recognize micro-credentials within the workforce.

AVERAGE
SCORE
MINIMAL

ESSENTIAL SERVICE 9

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.

Participants provided examples of how this work is being performed at the system level that included the following:

- The Lake County Health Department is using community-based participatory research strategies to put together their community health assessment.
- Sinai Urban Health Institute is leading evaluation efforts in partnership with a community advisory group for the Health First Collaboration to address health inequities, with a focus on racial inequities in the health system through technological innovations that have come about during the COVID-19 pandemic.
- There is some evidence of community engagement and decision-making relating to these public health functions to support the assessment and development of strategic and implementation plans.

Examples of How This Work Is Being Done Using an Equity Lens	• Sinai Urban Health Institute is leading evaluation efforts in partnership with a community advisory group for the Health First Collaboration to address health inequities, with a focus on racial inequities in the health system through technological innovations that have come about during the COVID-19 pandemic. • Activities and attempts to address inequities and structural determinants and racism already exist.

HOW WELL DOES THE STATE PUBLIC HEALTH SYSTEM….	SCORES	SUPPORTING EVIDENCE
Assess and address power differentials that exist among systems, providers, and consumers of personal and population-based health services?	Minimal Activity	None
Assess historical and systemic disadvantages of populations affected by health inequities when evaluating personal/population-based health services?	Minimal Activity	Sinai Urban Health Institute is leading evaluation efforts in partnership with a community advisory group for the Health First Collaboration to address health inequities, with a focus on racial inequities in the health system through technological innovations that have come about during the COVID-19 pandemic.
Routinely evaluate population-based health services in the state?	Minimal Activity	Activities and attempts to address inequities and structural determinants and racism exist. There is a need to find ways to better capture and disseminate information once collected. System practitioners are proficient at collecting and using quantitative data but lack skills to collect and use qualitative data appropriately.
Build and foster a culture of quality in public health organizations and activities?	Minimal Activity	Through the Incident Command System, the state had several substructures that support shared decision-making efforts with partners. There is a need for an intentional collaboration and development of the system to evaluate, collect data, review the data, and direct action.
Share results of state-level performance evaluations with local public health systems for use in local planning processes?	Minimal Activity	There is some evidence of community engagement and decision-making relating to these public health functions to support the assessment and development of strategic and implementation plans. However, this engagement does not occur primarily at the systems level. Community engagement is not taking place consistently during planning and implementation. There is not strong evidence that the community is engaged once the planning phase is complete. There is some evidence of discussion and report outs of performance taking place across the state, but not at the systems level or via state government.
Use research, evidence, practice-based insights, and other forms of information to inform decision-making?	Minimal Activity	Political constraints were identified as a barrier to systematically employing evidence-based decision-making practices. The system needs to empower a paradigm shift that clearly defines how/why this information will be used and ensures that the measures are accurate and will be used to champion equity.

Engage people affected by inequities across the state to evaluate population-based and personal health services and quality improvement efforts?	Minimal Activity	The target population is not always involved in defining standards for performance measurement. There is a need for explicit, direct, and intentional engagement with individuals most impacted and with lived experience of health inequities.
Contribute to funding to improve public health practice?	Minimal Activity	There is a perception that evaluation is an afterthought outside of academia. Evaluation must be purposeful and intentional from the beginning in order to be integrated into program design, planning, implementation, and modification. There is a lack of adequate funding to support evaluation efforts.

Table IX. Essential Service 9 Scoring Results

Strengths

- Academic partners and other organizations are actively engaged in evaluation and assessment using a health equity lens. There is a need for the system to engage in intentional collaboration with these partners to evaluate, to collect, and to review the data to address health inequities.
- Partnerships have been established with organizations and communities to guide and to evaluate the work.
- There is frequent use of evidence-based practices for evaluation, research, and quality improvement.

Opportunities

- Build capacity for partnering for community engagement for evaluation, including different methods.
- Co-create and decide on measures that speak to changes in the system rather than only programmatic shifts, reframing evaluation frameworks.
- Create plans with communities and continue to collaborate on implementation, evaluation, and modification.
- Create a framework and messaging and increase capacity to improve perceived value of performance management and evaluation. Increase funding and resources to match this value.

Priority Actions

- Create a division for evaluation, performance management, and quality improvement.
- Develop a more streamlined, statewide evaluation process.
- Create a division within IDPH for community engagement, evaluation, and performance management and quality improvement.
- Explore professional development opportunities that focus on qualitative research and program evaluation from an equity lens.

5 Conclusion

The State Health Capacity Assessment, conducted with more than 85 public health practitioners across the state of Illinois, unveiled the system's overall strengths, areas of opportunity, and priority actions to support the improvement of well-being and health equity for Illinois residents. This process not only elevated the importance of these key factors, but it will also inform the development of future state capacity assessment tools.

The findings related to system strengths and opportunities evolve around the need for increased and sustained funding to support critical public health functions in areas of workforce recruitment and development, enhanced data development and data-sharing capabilities to inform decision-making, and dynamic partnerships across the system inclusive of communities most impacted by health inequities. There is a need to expand system capacity in order to effectively learn from and work in partnership with communities to better understand needs, codevelop plans, and measure progress using a health and racial equity lens to guide/anchor all activities.

The identified priority actions call for an assessment of existing policies and procedures that cause harm to marginalized communities and stifle opportunities to tailor interventions that are in alignment with the diverse needs across the state. Practitioners are seeking greater autonomy, increased internal capacity, and mechanisms that support the needed systematic professional development to meet the adaptive range of both the system and community needs.

Key findings from the assessment were compiled and shared with the SHA/SHIP partnership across two meetings to gather additional insight, to support the development of a shared vision, and to inform priority actions to be outlined in the SHIP (see **Appendix 2: SHA/SHIP HECA FINDINGS PRESENTATION, page 52**). The final HECA report will be made available to Illinoisians via the IDPH website, dph.illinois.gov by April 30, 2023.

Endnotes

1 NACCHO: Mobilizing Action through Planning and Partnerships. https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

2 Essential Public Health Services: https://phnci.org/uploads/resource-files/EPHS-English.pdf

3 Participant(s) who scored higher (Significant) than mode

4 Participant(s) who scored higher (Optimal) than mode

5 Participant(s) who scored lower (Minimal) than mode

6 Participant(s) who scored lower (Minimal) than mode

7 Participant(s) who scored higher (Moderate) than mode

6 Appendices

Appendix 1

State Public Health Assessment Tool

Illinois Public Health System Health Equity Capacity Assessment

May 26, 2022 | 12 p.m.–5 p.m. | Online

Acknowledgments

This document was developed based on the National Public Health Performance Standards Program (NPHPSP), State Public Health System Assessment Version 3.0, and the Chicago Department of Public Health (CDPH), Health Equity Capacity Assessment (HECA).

The Illinois State Public Health System Health Equity Capacity Assessment Advisory Committee was formed to review the revised essential public health services, the CDPH HECA, and the Version 3.0 State Public Health System Assessment tool to update descriptions of the essential public health services for a state public health system and develop questions to assess how well the public health services are being addressed with a health equity lens. This tool is a work in progress and was updated to facilitate the Illinois Public Health System – Health Equity Capacity Assessment as part of the 2022 State Health Assessment process.

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ESSENTIAL PUBLIC HEALTH SERVICE 1

Assess and monitor the health status of Illinois's population - factors that influence health, including community needs and assets.

The following activities are included in this public health service:

Planning and Implementation

- Conduct periodic statewide health assessments and regularly maintain an ongoing understanding of health in the state by collecting, monitoring, and analyzing data on health and factors that influence health, such as social and structural determinants of health, to identify threats, patterns, and emerging issues, with a particular emphasis on communities and populations disproportionately affected by inequities.

- Produce and interpret data and information from statewide assessments and make it accessible to a variety of data users.

- Analyze data on the health of specific population groups that have been disproportionately affected by inequities (e.g., race, ethnicity, gender, geography, differently abled, etc.) in order to track issues, identify root causes, and inform equitable action.

- Collaborate with partner organizations and community members, as experts in their own health, to develop, understand, and interpret data on health status, needs, key influencers, and assets, strengths, and resources, and make it actionable.

- Collaborate across sectors to receive and transmit public health-related information and data reporting systems.

- Develop and maintain programs that collect health-related data to measure the state's health status, including the use of innovative technologies, data collection methods, and data sets.

State and Local Relationships

- Provide a standard set of health-related data to local public health systems and help them access, interpret, and apply these data in policy, planning, and program and service development activities.

- Help develop information systems needed to monitor health status at the local level.

Performance Management and Quality Improvement

- Review and improve the effectiveness of efforts to monitor health status to determine the relevance of existing health data and its effectiveness in meeting user needs.

- Review monitoring and assessment policies, systems, and procedures for evidence of embedded bias and structural racism that produce gaps and failures in providing this service to historically marginalized communities and populations.

Capacity and Resources

- Commit adequate, equitable, and sustainable funding and workforce resources throughout the state to continually improve data systems and to monitor population health and health equity.

- Develop strategic relationships and partnerships to focus statewide assets on sharing data and monitoring health status.

- Maintain a workforce skilled in collecting, analyzing, disseminating, and communicating health status data and maintaining data management systems.

Discussion and Scoring Questions

Planning and Implementation

1. How well does the State Public Health System analyze, use, and maintain disaggregated data and health assessments to track population-specific issues to inform and to implement equitable action?

2. How well does the State Public Health System ensure comprehensive participation of community members and experts by experience in health assessments by building trusted partnerships that expose the sources of and context in which inequities occur, gather information about community assets and resources, provide compensation for participation, and interpret and communicate actionable (and accessible) data?

State and Local Relationships

3. How well does the State Public Health System provide data for local community health assessment and planning by race, ethnicity, etc.?

Performance Management and Quality Improvement

4. How well does the State Public Health System actively manage, review the effectiveness of efforts and improve their collective performance in health status monitoring, including identifying and removing bias and deficiencies caused by structural racism?

5. How well does the State Public Health System promote innovation in data interpretation, communication and dissemination, and implementation through grant and contract mechanisms to diverse community partners, especially those in under-resourced communities?

Capacity and Resources

6. How well does the State Public Health System align and coordinate their efforts to monitor health status, while having the professional expertise to carry out monitoring activities?

7. How well does the State Public Health System ensure equitable and adequate funding, and workforce resources to develop and to maintain a modern and effective data system to monitor population health, including the identification of inequities by population groups?

ESSENTIAL PUBLIC HEALTH SERVICE 2

Investigate, diagnose, and address health problems and hazards affecting the population.

The following activities are included in this public health service:

Planning and Implementation

- Organize public and private laboratories in the state into an effectively functioning laboratory system that has the capacity to analyze clinical and environmental specimens in the events of suspected exposures and disease outbreaks.

- Rapidly identify and respond to public health problems and hazards, including chronic diseases, injuries, and infectious diseases.

State and Local Relationships

- Operate a broad scope of surveillance and epidemiology services to identify and analyze health problems and threats to the health of the state's population.

- Collaborate with and develop bidirectional communication between local public health systems (local health departments, providers, service agencies, etc.) and state agencies to support identification and response to health problems and hazards.

- Conduct rapid screening, high volume testing, and active infectious disease epidemiologic investigations.

Performance Management and Quality Improvement

- Manage the overall performance of diagnosis and investigation activities in the state for the purpose of quality improvement, including analyzing and utilizing inputs from multiple sectors and sources to consider social, economic, and environmental root causes of health status.

- Review and improve diagnosis and investigation policies, systems, and procedures for evidence of embedded bias and structural deficiencies that produce gaps and failures in providing this service to historically marginalized communities and populations.

- Review the effectiveness of their state surveillance and investigation procedures using published guidelines, including CDC's Updated Guidelines for Evaluating Public Health Surveillance Systems and CDC's measures and benchmarks for emergency preparedness.

Capacity and Resources

- Commit adequate financial resources for diagnosing and investigating health problems and hazards.

- Assist local public health systems in the interpretation of epidemiologic analyses and laboratory findings.

- Provide information and guidance about possible public health threats and appropriate responses to these threats by local public health systems.

- Align organizational relationships to focus statewide assets on diagnosis and investigation of health problems.

- Use a workforce skilled in epidemiology and laboratory science to identify and analyze public health problems and hazards and to conduct investigations of adverse public health events.

Discussion and Scoring Questions

Planning and Implementation

1. How well does the State Public Health System organize and maintain their private and public laboratories (within the state and outside of the state) into a well-functioning laboratory system?

2. How well does the State Public Health System use a racial and health equity lens to provide accessible, culturally and linguistically relevant external communications while utilizing plain language tools?

3. How well does the State Public Health System develop response plans to address major health threats that are tailored to meet the needs of people affected by health inequities?

State and Local Relationships

4. How well does the State Public Health System ensure collaboration and bidirectional communication between local (health department, providers, service agencies, etc.) and state agencies to leverage opportunities?

5. How well does the State Public Health System fully engage and educate providers (health care providers involved in primary care, nursing care, and specialty care, etc.) working in communities affected by health inequities to ensure consistent and high-quality reporting on disease and social determinants of health?

Performance Management and Quality Improvement

6. How well does the State Public Health System actively manage and improve their collective performance in diagnosing and investigating health problems and hazards, including identifying and improving policies, systems, and procedures that have embedded bias and structural racism that result in suboptimal service to historically marginalized communities and populations?

Capacity and Resources

7. How well does the State Public Health System work together to commit financial resources and align and coordinate their efforts to support the diagnosis and investigation of health problems and hazards?

8. How well does the State Public Health System collectively have the professional expertise to identify and analyze public health threats and hazards?

ESSENTIAL PUBLIC HEALTH SERVICE 3

Communicate effectively to inform and to educate people about health, factors that influence it, and how to improve it.

The following activities are included in this public health service:

Planning and Implementation

- Provide accessible health information, health education, and health promotion activities that are designed to reduce health risk and promote better health.

- Employ the principles of risk communication, health literacy and plain language, and health education to inform the public using health communication plans and activities, such as media advocacy, social marketing, and risk communication.

- Cocreate culturally and linguistically relevant communications and educational resources with partners and influencers in the community to create effective, purposeful, inclusive, culturally resonant, and accessible materials that enable people to make healthy choices.

- Ensure public health communications and education efforts are asset-based and do not reinforce narratives that are damaging to disproportionately harmed/oppressed or marginalized populations harmed/oppressed or marginalized populations.

- Use multi-method communications channels (e.g., social media, peer-to-peer networks, mass media, and other channels) to effectively reach wide, diverse, and intended audiences (using the most effective communication channels for the community) in a timely and effective manner.

- Implement health education programs and services to help meet the state's health improvement objectives and promote healthy behaviors.

- Implement health promotion initiatives and programs to help meet the state's health improvement objectives, reduce risks, and promote better health.

- Maintain an effective emergency communications capacity to ensure rapid communications response in the event of a crisis.

State and Local Relationships

- Developing and disseminating accessible health information and resources, including through collaboration with multi-sector partners.

- Actively engaging in two-way communication with local public health system stakeholders to build trust with populations served and ensure accuracy and effectiveness of prevention and health promotion strategies. Partnerships include those with schools, faith communities, worksites, human service personal care providers, the business community, leaders/elected officials, nonprofit organizations, community-based organizations, advocacy, and promotional organizations, CHWs, home health providers, and others to implement and reinforce health education and health promotion programs and messages.

- Support and assist local public health systems in developing effective emergency communication capabilities.

Performance Management and Quality Improvement

- Review the effectiveness and appropriateness of health communication strategies, education, and promotion services.

- Review communications policies, systems, and procedures for evidence of embedded bias and structural racism that produce gaps and failures in communicating with historically marginalized communities and populations and make improvements.

- Manage the overall performance of State Public Health System activities to inform, educate, and empower people about health issues for the purpose of quality improvement.

Capacity and Resources

- Commit adequate financial resources to inform, educate, and empower people about health issues.

- Align organizational relationships to focus statewide assets on health communication, education, and promotion services.

- Use a competent workforce skilled in developing and implementing health communication, education, and promotion interventions.

- Provide technical assistance to develop skills and strategies for effective local health communication, health education, and health promotion interventions.

Discussion and Scoring Questions

Planning and Implementation

1. How well does the State Public Health System partner with communities to develop health promotion, health education, and social marketing campaigns, by supporting the design, implementation, and evaluation of the campaign?

2. How well does the State Public Health System maintain a crisis communications plan to be used in the event of an emergency?

3. How well does the State Public Health System ensure that health promotion and education campaigns are culturally responsive, linguistically accessible, and address social determinants of health and structural inequities while employing the principles of risk communication, health literacy, and health education to inform the public?

State and Local Relationships

4. How well does the State Public Health System convene system-wide partners to streamline and/or coordinate external communications for specific audiences?

5. How well does the State Public Health System advocate for equity in educational and economic systems so that everyone can benefit from health promotion efforts and ensure those efforts address power differentials and focus on shifting power to communities?

Performance Management and Quality Improvement

6. How well does the State Public Health System review effectiveness of communication services and policies, systems, and procedures for evidence of embedded bias and structural racism that produces gaps and failures in communicating with historically marginalized communities and populations and make improvements?

Capacity and Resources

7. How well does the State Public Health System maintain professional expertise (workforce), incorporate media training, and compensate experts by experience to deliver public health messages on behalf of the system?

ESSENTIAL PUBLIC HEALTH SERVICE 4

Strengthen, support, and mobilize communities and partnerships to improve health.

The following activities are included in this public health service:

Planning and Implementation

- Engage and convene multi-sector organizations into task forces and coalitions to address and to build statewide support for solutions that influence health (e.g., planning, transportation, housing, education, etc.).

- Organize partnerships for public health to foster the development of state health needs assessments and improvement plans, the sharing of resources, responsibilities, collaborative decision-making, and accountability for delivering the Essential Services at the state and local levels.

- Authentically engage with community members and organizations to develop and align public health solutions at the local and community levels.

- Learn from and support existing community partnerships and contribute to public health expertise.

State and Local Relationships

- Foster and build genuine, strengths-based relationships with a diverse group of partners that reflect the community and the population.

- Assist local public health systems to build competencies in community development, advocacy, collaborative leadership, and partnership management.

- Provide incentives for local partnership development.

Performance Management and Quality Improvement

- Review the effectiveness of their partnership efforts and identify areas where partnerships are needed.

- Manage the overall performance of their partnership activities for the purpose of quality improvement.

- Review partnership membership, policies, and processes for evidence of embedded bias and structural racism that produce gaps and failures in engaging with historically marginalized communities and populations and make improvements.

Capacity and Resources

- Commit adequate financial resources to sustain partnerships and support their actions.

- Align organizational relationships to focus statewide assets on partnerships.

- Use a workforce skilled in assisting partners to organize and act on behalf of the health of the public.

- Provide various types of assistance to partners and communities to organize and undertake actions to improve the health of the state's communities.

Discussion and Scoring Questions

Planning and Implementation

1. How well does the State Public Health System mobilize formal, sustained task forces, partnerships, ad hoc study groups, and coalitions to build statewide support for public health and health equity issues?

    Prompts:
    - Are the coalitions representative?
    - Are the coalitions accountable to the communities they are intended to serve?
    - Are they transparently led?

State and Local Relationships

2. How well does the State Public Health System ensure that partnerships and coalitions include leadership positions for people affected by health inequities and give communities power to shape the decision-making process?

3. How well does the State Public Health System assist local public health systems to build competencies in community development, advocacy, collaborative leadership, and partnership management?

Performance Management and Quality Improvement

4. How well does the State Public Health System review their partnership development activities, including reviewing partnership membership, policies, and processes for evidence of embedded bias and structural racism that produce gaps and failures in engaging with historically marginalized communities and populations and make improvements?

5. How well does the State Public Health System actively manage and improve their collective performance in partnership activities?

Capacity and Resources

6. How well does the State Public Health System provide financial, training, and technical assistance, and other assistance to partners to take action to improve health, centering community to inform funding and training priorities?

  Prompt:
  • How well does the State Public Health System provide training and compensated opportunities for community members to speak out on public health issues?

ESSENTIAL PUBLIC HEALTH SERVICE 5

Create, champion, and implement policies, plans, and laws that impact health.

The following activities are included in this public health service:

Planning and Implementation

• Inform the development of policies, plans, and laws to guide the practice of public health and ensure that health impact is considered and that laws provide a fair and just opportunity for all to achieve optimal health and well-being.

• Develop and advocate for legislation, codes, rules, regulations, ordinances, and other policies to improve individual, community, and state health and enable the performance of the Essential Public Health Services.

• Develop statewide health improvement processes that convene partners for collaborative planning and implementation of needed improvements in the public health system.

• Produce a state health improvement plan(s) that outlines strategic directions for statewide improvements in health promotion, disease prevention, and response to emerging public health problems.

• Establish and maintain system-wide emergency response capacity, plans, and protocols for all-hazards; addressing multiagency coordination and readiness.

• Engage in health policy development activities and take necessary actions to communicate and to advocate for policies that affect the public's health.

State and Local Relationships

• Collaborate with all partners, including multi-sector partners, to develop and support policies, plans, and laws.

• Work across partners and with the community to monitor, develop, improve, and implement health improvement strategies and plans to redress social and structural inequities and remove barriers to health and well-being systematically and continuously.

Performance Management and Quality Improvement

- Regularly examine and improve existing policies, plans, and laws to identify biases and structural racism and correct historical injustices.

- Continuously monitor, update, and develop policies, plans, and laws that improve public health and preparedness and strengthen community resilience, health, and well-being, and respond to emerging health issues.

- Conduct exercises and drills to test preparedness response capacity outlined in the state's all-hazard emergency operations plan.

- Manage the overall performance of state and local health department policy and planning activities for the purpose of quality improvement.

Capacity and Resources

- Commit adequate financial resources to develop and to implement health policies and plans.

- Align organizational relationships to focus statewide assets on health planning and policy development.

- Use the State Public Health System workforce's skills in health improvement planning and in health policy development.

- Provide technical assistance and training to local public health systems in the development of community health improvement plans, including assistance in the linking of local plans to the State Health Improvement Plan.

- Provide technical assistance to local public health systems in the development of local all-hazard emergency operations plans.

Discussion and Scoring Questions

Planning and Implementation

1. How well does the State Public Health System inform, engage, and work in partnership with community to develop and champion policies, plans, and laws that impact health equity, racial justice and oppression and guide the practice of public health?

2. How well does the State Public Health System ensure that recognition of social determinants of health and strategies to eliminate structural inequities are components of all state and state/local health plans, emergency response plans, and public policy initiatives?

State and Local Relationships

3. How well does the State Public Health System provide technical assistance and training to local public health systems for developing community health improvement plans, all-hazard emergency operations plan, and local health policies?

4. How well does the State Public Health System coordinate across state agencies, systems, entities, as well as local entities to develop and implement plans and policies that advance health and racial equity?

Performance Management and Quality Improvement

5. How well does the State Public Health System examine and improve existing policies, plans, and laws to identify biases and structural racism and correct historical injustices?

6. How well does the State Public Health System continuously monitor and develop new and innovative policies, plans, and laws that improve public health and preparedness and strengthen community resilience?

Capacity and Resources

7. How well does the State Public Health System ensure that community-based organizations and people affected by health inequities have a substantive role in determining and analyzing plans, policies, procedures, rules, and practices that govern community health efforts?

ESSENTIAL PUBLIC HEALTH SERVICE 6

Utilize legal and regulatory actions designed to improve and protect the public's health.

The following activities are included in this public health service:

Planning and Implementation

- Review and update existing and proposed state laws to assure laws have a sound basis in science and best practice.

- Review and update laws to assure appropriate emergency powers are in place and equitably applied to protect the public's health.

- Foster cooperation among persons and entities in the regulated environment and persons and entities that uphold laws, for the purpose of supporting compliance and assuring that laws and regulations accomplish their health and safety purposes.

- Ensure that administrative and monitoring processes, such as those for permits and licenses, are customer-centered for convenience, cost, and quality of service, and that these processes are administered according to written guidelines.

- Conduct enforcement activities of public health concerns that may include, but are not limited to, sanitary codes, especially in the food industry; full protection of drinking water supplies; and timely follow-up on hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings.

State and Local Relationships

- Assist local governing bodies to develop local laws that incorporate current scientific and evidence-based knowledge and best practices for achieving compliance.

Performance Management and Quality Improvement

- The review, evaluation, and revision of laws (laws refers to all laws, regulations, statutes, ordinances, and codes) designed to protect health and ensure safety to assure that they reflect current scientific knowledge and best practices for achieving compliance using resources such as the Model State Public Health Act and Model State Emergency Powers Act.

- Review, evaluate, and revise laws to identify and remove provisions that have embedded bias and perpetuate racism and oppression.

- Manage the overall performance of its compliance and implementation activities for the purpose of quality improvement.

Capacity and Resources

- Offer technical assistance to the state public health system based on current scientific and evidence-based knowledge and best practices for achieving compliance in both routine and complex implementation operations.

- Commit adequate financial resources for the implementation of laws that protect health and ensure safety.

- Align organizational relationships to focus statewide assets on implementation activities.

- Use workforce expertise to effectively carry out the review, development, and implementation of public health laws.

Discussion and Scoring Questions

Planning and Implementation

1. How well does the State Public Health System ensure that existing and proposed laws give state and local authorities the power and ability to prevent, detect, manage, and contain emergency health threats, and are designed to protect the public's health and ensure safety?

2. How well does the State Public Health System establish cooperative relationships between regulatory bodies and entities in the regulated environment to encourage compliance and assure that laws accomplish their intended health and safety purposes (Example: the relationship between the state public health agency and hospitals)?

State and Local Relationships

3. How well does the State Public Health System provide technical assistance and training to local public health systems on best practices in compliance and enforcement of laws that protect health and ensure safety?

4. How well does the State Public Health System assist local governing bodies in incorporating current scientific and evidence-based knowledge and best practices in local laws?

Performance Management and Quality Improvement

5. How well does the State Public Health System review and evaluate the intentional and unintentional effects of local, state, and federal laws, regulations, and ordinances on health and racial equity, in coordination with communities affected by health inequities?

6. How well does the State Public Health System amend/revise local laws, regulations, and ordinances based on evaluation findings and join community efforts to advocate for health and racial equity? Actively manage and improve their collective performance in legal, compliance, and enforcement activities?

Capacity and Resources

7. How well does the State Public Health System ensure consistent availability of outreach and educational materials used to educate the public about laws, regulations, ordinances, and enforcement/compliance findings? And are they culturally responsive and linguistically accessible across populations?

8. How well does the State Public Health System provide necessary support to under-resourced communities to follow and comply with public health laws, regulations, and ordinances?

ESSENTIAL PUBLIC HEALTH SERVICE 7

Assure an effective system that enables equitable access to the individual services and care needed to be healthy.

The following activities are included in this public health service:

Planning and Implementation

- Assess the availability of and access to personal health services for all persons living in the state, including populations disproportionately affected by inequities.

- Work collaboratively to deliver personal health services and to make policy and programmatic action to assure access, utilization, and quality of health care for persons living in the state.

- Work together to improve access to personal health care by establishing and maintaining a statewide health insurance exchange and maintain access to Medicaid and Medicare.

- Mobilize to reduce health disparities in the state, including meeting the needs of populations disproportionately affected by inequities, including in the event of an emergency.

- Assurances that access is available in a coordinated system of quality care that includes outreach services to link populations to preventive and curative care, medical services, case management, enabling social and mental health services—culturally and linguistically relevant services—and health care quality review programs.

- Connect the population to needed health and social services that support the whole person, including preventive services.

State and Local Relationships

- Build partnerships with public, private, and voluntary sectors to share data and provide populations with a coordinated system of health care.

- Ensure access to high-quality and affordable health care and social services, including behavioral and mental health services, which are culturally and linguistically relevant.

- The public health system is engaging health delivery systems (e.g., hospitals, FQHCs, long-term care facilities, home health, LHDs, etc.) to assess and address gaps and barriers in accessing needed health services, including behavioral and mental health.

Performance Management and Quality Improvement

- Manage the overall performance of state and local health department activities to link people to needed health services for the purpose of quality improvement and assure the equitable distribution of resources for those in greatest need.

- Review health care quality using such resources as Health Plan and Employer Data and Information Set (HEDIS), the National Strategy for Quality Improvement in Health Care, and Guide to Clinical Preventive Services.

- Review changes in barriers to personal health care, focusing on the effects of State Public Health System actions to improve access to care.

- Ensure that referrals are effective and completed.

- Address and remove barriers to care, especially those affecting communities and populations disproportionally affected by health inequities.

Capacity and Resources

- Contribute to the development of a diverse, representative, and competent health care workforce.

- Provide technical assistance in methods for identifying and meeting personal health care needs of underserved populations.

- Provide technical assistance to local personal health care providers serving underserved populations to improve personal health care service delivery.

- Commit adequate financial resources for the provision of needed personal health care.

- Align organizational relationships to focus statewide assets on linking people to needed personal health care and assuring the provision of health care.

- Use a workforce skilled in the evaluation, analysis, delivery, and management of personal health services.

Discussion and Scoring Questions

Planning and Implementation

1. How well does the State Public Health System foster the incorporation of health and racial equity into foundational systemwide practices, e.g., organizations' vision and mission statements and health and human service planning?

2. How well does the State Public Health system work collaboratively, with individuals and populations experiencing barriers to deliver personal health services and to take policy and programmatic action to assure access, utilization, and quality of health care for persons living in the state?

3. How well does the State Public Health System establish and maintain a statewide health insurance exchange and maintain Medicare and Medicaid to assure access to insurance coverage for personal health care services?

4. How well does the State Public Health System ensure that the health insurance exchange, Medicaid, and Medicare effectively work to reach communities and populations disproportionately uninsured or underinsured?

State and Local Relationships

5. How well does the State Public Health System promote and execute internal collaboration to ensure enhanced coordination of services?

Performance Management and Quality Improvement

6. How well does the State Public Health System review systematic improvements or changes in overcoming barriers to personal health care services and review the overall quality of those services?

Capacity and Resources

7. How well does the State Public Health System ensure access to high-quality and affordable health care and social services, including behavioral health and mental health services, which are culturally and linguistically relevant?

8. Does the State Public Health System have the capacity and mechanisms to assess and improve structural elements of access at the community level?

ESSENTIAL PUBLIC HEALTH SERVICE 8

Build and support a diverse and skilled personal health care and public health workforce.

The following activities are included in this public health service:

Planning and Implementation

- Based on assessments of workforce needs, develop a statewide workforce plan(s) that establishes strategies and actions needed to recruit, to maintain, and to sustain a competent and diverse public health and personal health care workforce.

- Provide human resource development programs focused on enhancing the skills and competencies of the workforce.

- Assure that the state's population-based and health care workforce attain the highest level of knowledge and functioning in the practice of their professions.

- Support continuous professional development through programs focused on lifelong learning.

- Promote a culture of lifelong learning in public health.

- Develop an efficient process for credentialing public health and health care personnel.

State and Local Relationships

- Support and advocate for partners' workforce development needs related to support services for community members and families, such as day care, home health, and mental health, which impacts community health and well-being.

- Create partnerships among professional workforce development programs to assure relevant learning experiences for all participants.

- Cultivate and build active partnerships with academia and other professional training programs and schools to assure community-relevant learning experiences for all learners.

- Assist local public health systems in planning for the future needs for population-based and personal health care workforces based on workforce assessments.

Performance Management and Quality Improvement

- Review the implementation of its workforce development activities to determine their effectiveness in improving the availability and competency of the workforce.

- Evaluate the preparation of personnel entering the workforce through academic practice collaborations.

- Manage the overall performance of their workforce development activities for the purpose of quality improvement and life-learning programs.

- Review, actively manage, and improve the collective workforce development performance, including policies, systems, and procedures that have embedded bias and structural racism that result in suboptimal service to historically marginalized communities and populations.

Capacity and Resources

- Commit adequate financial resources to support workforce development.

- Align organizational relationships to focus state-wide assets on workforce development.

- Use the skills of the State Public Health System workforce in the management of human resources and workforce development programs supporting the delivery of high-quality personal health care and population-based services throughout the state.

- Ensure that the public health workforce is the appropriate size to meet the public's needs.

- Build a culturally competent public health workforce and leadership that reflects the community and practices cultural humility.

- Provide continuous assistance to state public health system in recruitment, retention, and performance improvement strategies to improve the availability and competency of the state public health system workforce.

Discussion and Scoring Questions

Planning and Implementation

1. How well does the State Public Health System ground its organizational development and training efforts in concepts and practices of health equity, racial equity, systems of oppression, and structural inequities to ensure the public health and health care workforce provides culturally competent and trauma-informed services?

2. How well does the State Public Health System work together to develop statewide workforce plans that guide improvement activities in population-based and in personal health care workforce development, using results from assessments of the workforce needed to deliver the Essential Services and effective personal health care services?

State and Local Relationships

3. How well does the State Public Health System assist local public health systems in planning for their future needs for population-based and personal health care workforces based on workforce assessments?

4. How well does the State Public Health System assist and work in collaboration with community-based and local health department efforts to foster pathways and career trajectories resulting in the public health and health care workforce better reflecting the communities they serve?

Performance Management and Quality Improvement

5. How well does the State Public Health System review, actively manage, and improve their collective workforce development performance, including policies, systems, and procedures that have embedded bias and structural racism that result in suboptimal service to historically marginalized communities and populations?

Capacity and Resources

6. How well does the State Public Health System assess the capacity of the public health and health care workforce to provide equitable and high-quality services—effective for specific populations—including those most affected by health inequities?

7. How well does the State Public Health System provide training for public health workforce (or government workforce) in justice, diversity, equity, inclusion, and anti-racism?

8. How well does the State Public Health System ensure adequate, equitable, and consistent funding to conduct this Essential Service at a high level of quality?

ESSENTIAL PUBLIC HEALTH SERVICE 9

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.

The following activities are included in this public health service:

Planning and Implementation

- Evaluate population-based health services within the state (examples: injury prevention, promotion of physical activity, tobacco control and prevention, immunizations) using resources, such as the Guide to Community Preventive Services.

- Evaluate the effectiveness of personal health care services within the state using resources, such as CDC's Guide to Clinical Preventive Services.

- Evaluate the performance of the state public health system in delivering Essential Public Health Services to the state's population.

- Seek third-party evaluation of organizational effectiveness through certification, accreditation, licensing, or other means of striving for the highest levels of performance.

- Use research, evidence, practice-based insights, and other forms of information to inform decision-making.

- Build and foster a culture of quality, design, translation, and innovation in public health organizations and activities.

- Use community-based participatory strategies to better understand the needs and capabilities of the communities they serve.

- Link public health research with public health practice.

- Contribute to the evidence base of effective public health practice.

- Value and use qualitative, quantitative, and lived experience as data and information to inform decision-making.

State and Local Relationships

- Establish and use engagement and decision-making structures to work with the community in all stages of research.

- Share results of state-level performance evaluations with local public health systems for use in local health improvement and strategic planning processes.

Performance Management and Quality Improvement

- Evaluate and critically review health programs, services, and systems to determine program effectiveness and to provide information necessary for allocating resources and reshaping programs for improved efficiency, effectiveness, and quality.

- Review the effectiveness of their evaluation activities to assure there is a broad scope of evaluation activities and use of appropriate evaluation methods, using nationally recognized resources, such as CDC's Principles of Program Evaluation.

- Manage the overall performance of state and local health department evaluation activities for the purpose of quality improvement.

- Promote systematic quality improvement processes throughout the State Public Health System.

Capacity and Resources

- Commit adequate financial resources for evaluation activities.

- Align organizational relationships to focus statewide assets on evaluating population-based and personal health care services.

- Use a workforce skilled in monitoring and analyzing the performance and capacity of the State Public Health System and its programs and services.

- Provide technical assistance to the State Public Health System in their evaluation activities, encompassing population-based programs, personal health care services, and overall State Public Health System performance, using performance resources, such as the Baldrige National Quality Program and the National Public Health Performance Standards.

- Assist local organizations in achieving third-party evaluations of their organizational performance, through certification, accreditation, licensing, or other designations of high performance (examples: the state public health agency assists local public health agencies in accreditation, the state Red Cross evaluates local Red Cross chapters, the state hospital association assists local member hospitals in maintaining licensure and accreditation).

Discussion and Scoring Questions

Planning and Implementation

1. How well does the State Public Health System assess and address power differentials that exist among systems, providers, and consumers of personal and population-based health services?

2. How well does the State Public Health System assess historical, systemic disadvantages of populations affected by health inequities when evaluating personal and population-based health services?

3. How well does the State Public Health System routinely evaluate population-based health services in the state?

State and Local Relationships

4. How well does the State Public Health System build and foster a culture of quality in public health organizations and activities?

5. How well does the State Public Health System share results of state-level performance evaluations with local public health systems for use in local planning processes?

Performance Management and Quality Improvement

6. How well does the State Public Health System use research, evidence, practice-based insights, and other forms of information to inform decision-making?

7. How well does the State Public Health System engage people affected by health inequities across the state in the ongoing evaluation of population-based and personal health services and in quality improvement efforts?

Capacity and Resources

8. How well does the State Public Health System contribute to funding to improve public health practice?

Appendix 2

SHA/SHIP HECA Findings Presentations

HECA Summary

Overall PH System Strengths

- Improved access to and the use of **data**. Acknowledgement of the role that **data** plays in informing evidence-based practice and supporting evaluation, research, and quality improvement.

- Demonstrated commitment to maximize impact through strengthened **partnerships and collaboration** that is inclusive community and ranges across various entities such as state and local health departments, advocacy organizations and academic institutions. The public health system displays expertise in effective convening of people and groups.

- There's a desire across the system to diversify and increase the **public health workforce**. The **workforce** is comprised of dedicated and competent staff to drive the work.

- Increased recognition and progress toward advancing **health and racial equity** and addressing systems of oppression. Evidence of strong examples using a **health equity** lens to root and center public health efforts.

- Heightened focus on strengthening systems and readiness to address **hazardous events** and improve **rapid response** efforts.

Overall PH System Opportunities

Funding	Collaboration & Communication	Community Engagement & Decision Making	System Infrastructure & Framework Improvements
• Lack and inequity of funding and resources, lack of sustained resources • More funding needed for recruitment, retention and training of a diverse workforce, compensating involved community members, and modernizing data and evaluation efforts • Flexible funding that is responsive to the differing needs and priorities of the state	• Timeliness of bi-directional and consistent messaging across the system • More collaboration between the SHD, LHDs, and other coalitions and groups	• Improve outreach + internal capacity to engage to communities that have been marginalized/disproportionately affected by inequities • Increased involvement of community members at every level – including leadership and policy development • Build capacity for partnering with community –co-create plans with communities and on implementation and evaluation	• Build communication efforts into the IPLAN and implement IPLAN in alignment with others including statewide efforts led by state orgs • Integration of existing plans and individuals leading efforts across the system to decrease duplication and fatigue • Use a state coordinated process to conduct a racial impact assessment to better understand impacted populations + share this data publicly • Ensure local county decision makers impacting hiring and funding • Determine goals in data collection and definitions related to equity • Co-create and decide on measures that speak to changes in the system • Create a framework, messaging, and capacity to improve

The 10 Essential Public Health Services align with the three core functions of public health, which are assessment, policy development, and assurance.

Recommended Priority Actions - Assessment

EPHS 1 and 2 –Assessment
- Model state data system after Chicago/Cook Health Atlas
- Review of processes; reimagining focus on SDOH rather than health
- Allocate funding to address SDOH
- Remove silos related to funding to increase systemic and systematic approach
- Collaborate and make those relationships across state and local levels for assessment
- Develop policy to support increasing funding for public health agencies
- Allow LHDs to identify and plan for their needs for hazard preparedness
- Allow LHDs to allocate their own funding

Recommended Priority Actions – Policy Development

ESPHS 3, 4, and 5– Policy Development
- Create equitable pay for PH Communication roles including health educators ; Ensure staff are representative of the community in these roles
- Implement harm reduction approach related to getting boosted and vaccinated/treatment, recognize the history of mistrust with communities in approach to outreach
- Support collaboration across the entire public health system to delivery of communication/campaigns
- Improve health literacy and strength community engagement, data dissemination and follow up
- Develop pipeline for public health workforce – federal funding (hire and retain staff)
- Provide training for health departments in community organizing and evaluation of partnerships
- Use a systems approach to develop comprehensive policy solutions
- Align future policy development actions with SHIP priorities

Recommended Priority Actions – Assurance

EPHS 6, 7, 8, and 9– Assurance

- Coordinate and fund racial impact assessments
- Increase diversification of funding opportunities and allow room to customize funding opportunities
- Secure more funding for assurance functions
- Work towards having equitable representation at the table- CHWs, CBOs, and community members
- IPPH to implement APIs for their data systems so data can be more easily shared
- Create an employer tax credit for those who invest in their workforce
- Identify funding for workforce tuition reimbursement funded outside of health dept and CBOs
- Support and offer micro credentials– not just degrees
- Create of a division for evaluation/PM/QI, and community engagement within IDPH
- Create a more stream-lined, state-wide evaluation process