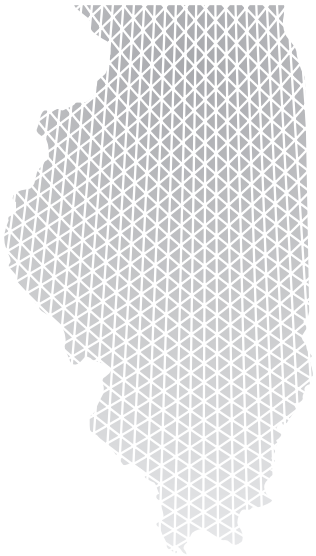
The Illinois Public Health Futures Institute • Chicago, Illinois
September 2004

From Silos to Systems: Assessing Illinois' Public Health System



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INTRODUCTION

I. Background

Preventing illness and improving health are constant challenges. The ability to meet these challenges rests on the capacity and performance of public health systems. The Illinois Public Health Futures Institute (IPHFI) was formed in 1997 to strategically plan for public health system development in Illinois. IPHFI works through partnerships to promote prevention and improve public health systems to maximize health and quality of life in Illinois. This collaboration between public and private health-related organizations effectively harnesses the energy of many different entities in improving the health of Illinois residents and their communities. In addition to state and local public health agencies, the partnership includes health care, business, faith, insurance, social service, philanthropic, government, academic, labor, consumer and advocacy organizations.

Since the publication of its *Illinois Plan for Public Health Systems Change* in 2000, IPHFI has emphasized the importance of developing the public health infrastructure through performance monitoring and systems development. The roles of assessment and planning at the state and local levels in strengthening and focusing health improvement activities are essential in this effort. IPHFI seeks to engage partners in understanding their role in the public health system and in taking collective action to make improvements; such collective action is critical to building the public health system and is a key aspect of strengthening the public health infrastructure.

This focus on infrastructure and systems development, along with a long-term policy goal of implementing state health improvement planning in Illinois, prompted IPHFI to collaborate with the Illinois departments of Public Health (IDPH) and Human Services (IDHS) to implement the state-level National Public Health Performance Standards (NPHPS) assessment in Illinois. This assessment was funded through the Illinois Department of Public Health by the *Public Health Preparedness and Response for Bioterrorism* Cooperative Agreement with the U.S. Centers for Disease Control and Prevention (CDC). The assessment is encouraged by the CDC preparedness program as a means of measuring the strength of the overall public health infrastructure within which emergency preparedness occurs.

These performance standards are intended to guide the development of stronger public health systems capable of improving the well-being of populations. In Illinois, planning and quality improvement initiatives are already underway, and these assessment results provide important baselines to inform those efforts. These activities include internal IDPH strategic planning focusing on community engagement and strengthening the public health infrastructure and the implementation of the newly enacted State Health Improvement Plan (SHIP) legislation. This legislation requires the state to produce a health improvement plan focused on prevention every four years; the SHIP includes provisions for identifying public health system improvement priorities and using public health system assessments like the National Public Health Performance Standards.

Illinois is the sixth state to conduct the state-level National Public Health Performance Standards assessment. Future reassessments using the NPHPS tool in conjunction with SHIP development will help gauge Illinois' progress in achieving and maintaining optimal public health system performance.

II. The National Public Health Performance Standards Program

The National Public Health Performance Standards Program (NPHPSP) began in 1998 as a partnership between the U.S. Centers for Disease Control and Prevention and five national public health organizations: the American Public Health Association (APHA), the Association of Schools of Public Health (ASPH), the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO) and the Public Health Foundation (PHF). Recently, the National Network of Public Health Institutes has joined the NPHPSP partnership to promote implementation through state public health institutes like IPHFI.

The NPHPSP was initiated to improve the quality of public health practice and the performance of public health systems by providing performance standards for public health systems and encouraging their widespread use; engaging and leveraging national, state and local partnerships to build a stronger foundation for public health preparedness; promoting continuous quality improvement of public health systems; and strengthening the science base for public health practice improvement.

There are four concepts that have helped to frame the NPHPSP:

1. The standards are designed around the **10 Essential Public Health Services** (EPHS). The use of the essential services assures that the standards fully cover the scope of public health action needed at state and community levels.

2. The standards focus on **the overall public health system**, rather than a single organization. A public health system includes all public, private and voluntary entities that contribute to public health activities within a given area. This assures that the contributions of all entities are recognized in assessing the provision of essential public health services.

3. The standards describe an **optimal level of performance** rather than provide minimum expectations. This assures that the standards can be used for continuous quality improvement. The standards can stimulate greater accomplishment and provide a level to which all public health systems can aspire to achieve.

4. The standards are intended to support a **process of quality improvement**. System partners should use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and for determining how to make improvements.

10 Essential Public Health Services

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

The NPHPSP includes three instruments to assess performance of the overall public health system: a state, local and governance instrument. Each instrument underwent extensive field-testing and validation studies. The state performance standards instrument received approval from the United States Office of Management and Budget for nationwide voluntary use in July 2002.

Within the state instrument, the same four indicators are used to describe major activities or practice areas of each essential service. Each indicator is illustrated by model standards that describe aspects of optimally performing public health systems. Each model standard is followed by assessment questions that serve as measures of performance of the public health system.

These four indicators and the summary of the model standard associated with them are as follows:

- **Planning and implementation.** The state public health system (SPHS) works collaboratively to plan and design programs and to implement key activities to accomplish the essential service.

- **Technical assistance and support.** The SPHS provides assistance, capacity building and resources to local public health systems and to other state partners in the effort to implement the essential service.

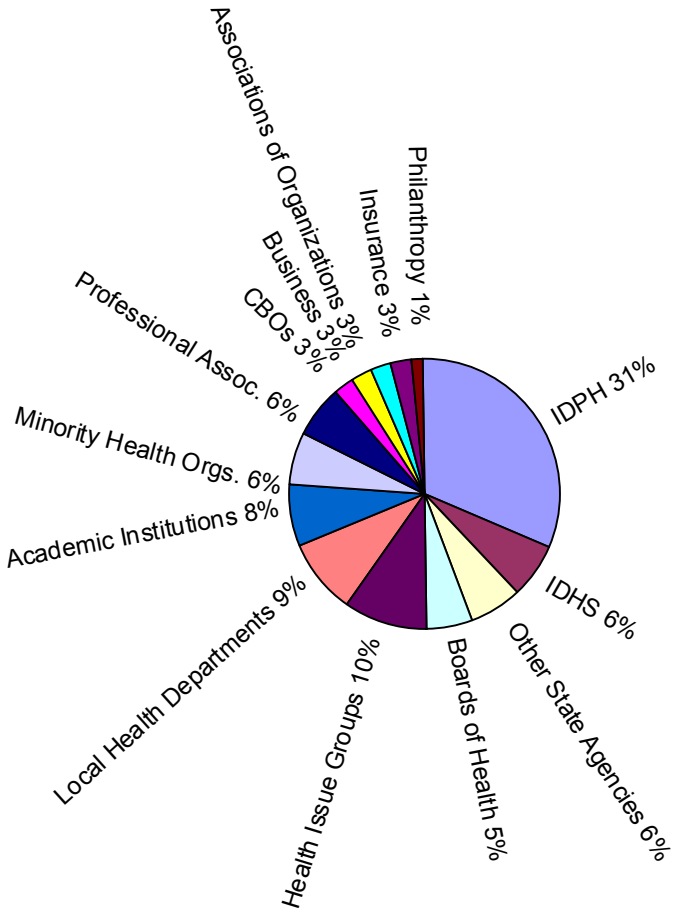
- **Evaluation and quality improvement.** The SPHS reviews its activities to accomplish the EPHS on a predetermined, periodic basis and uses the results from these reviews to improve the quality and outcome of its efforts.

- **Resources.** The SPHS effectively invests, manages and utilizes its human, information, technology and financial resources to accomplish the EPHS.

III. *From Silos to Systems: Assessing Illinois' Public Health System*

On June 14 and 15, 2004, IPHFI, IDPH and IDHS convened *From Silos to Systems: Assessing Illinois' Public Health System* to discuss and rate the Illinois public health system's performance using the National Public Health Performance Standards. The conference drew 76 public health system partners from the public, private and voluntary sectors. Of these, 40 percent represented state government and 60 percent were from local public health, private and voluntary sector organizations. For a list of participants and their affiliations, see Appendix C. The diverse set of public health systems partners participating in the assessment are depicted in the pie chart on the following page.

Diversity of Participation



After orientation to the National Public Health Performance Standards and the assessment process, participants were divided into five working groups that reviewed, discussed and rated indicators in each of two essential health services categories over the two-day meeting. Facilitators, recorders and technical observers were assigned to each group to assure progress and to capture the essence of the work group discussions. The groups were reconvened at the end of the conference to reflect on the experience and to share observations. For a more detailed description of the methodology, refer to Appendix A.

Following the conference, the rating for each measure was submitted to the U.S. Centers for Disease Control and Prevention, which analyzed the data and provided summary performance scores for each essential service, model standard and key activity area. Selections from these data are presented in the body of this report; the full CDC report is included in Appendix B.

CDC uses a scoring algorithm to assign points for each measure and the following scale to reflect the extent to which the model standards are being met:

- Fully met: ≥ 80 points
- Substantially met: 60-79 points
- Partially met: 26-59
- Not met: ≤ 25 points

This report, which describes the results of the Illinois public health system assessment, includes the following:

I. Overall summary of Illinois' assessment results

- Summary chart of the 10 essential services
- A summary chart of the 10 essential services across all four indicators
- Summary performance on model standards pie chart
- Common themes raised in the essential services discussions

II. Each essential service

- The essential service and activities included
- The model standards associated with the EPHS
- Performance score for the EPHS by indicator
- System performance on the model standards and IDPH contribution
  1) How much of the SPHS model standard is achieved by the state public health system collectively?
  2) What percentage of the above answer is directly contributed by the public health agency (Illinois Department of Public Health)?
- Three highest scoring and three lowest scoring measures in the EPHS
- Participant observations on the EPHS

III. Conclusion and next steps

IV. Appendices

Appendix A. Methodology, *From Silos to Systems: Assessing Illinois' Public Health Systems*
Appendix B. CDC Charts, Graphs and Tables
Appendix C. Participants, *From Silos to Systems: Assessing Illinois' Public Health Systems*
Appendix D. Retreat Agenda, *From Silos to Systems: Assessing Illinois' Public Health Systems*

Assessment Results

Interpreting the Results

In general, Illinois' scores are fairly low on this assessment. The average score across all measures and indicators is 32, meaning that, overall, the Illinois public health system is partially meeting the National Public Health Performance Standards (the range for partially met is 26-60). Among the seven states for which NPHPS data are currently available, the average overall score is 44. Comparing Illinois to other states must be done cautiously because each state approached the process very differently. This is a self-assessment activity, so who participates, what assumptions underlie the effort, and the context can and does have an impact on the results. Several states did not engage the breadth of system partners that participated in Illinois; in fact, in some states, the assessment was conducted only with health agency staff and no external system partners participated.

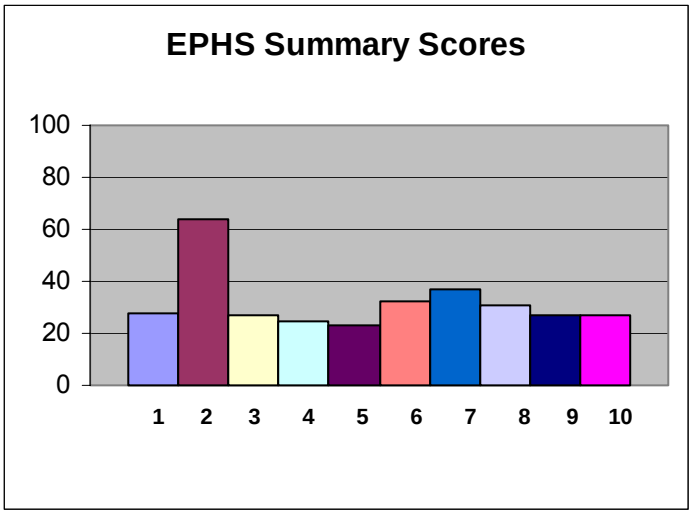
The qualitative data collected at the *Silos to Systems* assessment retreat lead to an inescapable conclusion: while there is more or less activity going on related to each standard and measure (sometimes quite a lot of effort), the work is going on in silos (individual categorical efforts), not systems. Thus, in the context of a systems assessment, the state's performance fell short of the "substantially met" or "met" ratings. This theme emerged as each of the 10 essential services were considered, as well as during the final plenary meeting in which the group sought to synthesize the work of the previous day and a half. Further, it was clear from the energy and passion that infused the discussions that, far from being discouraged by the low scores, the participants saw them as a challenge to themselves and the rest of the system: "This is an opportunity to improve; let's grab it."

Thus, the results presented here should be regarded as a baseline, and a call to action. The real story of this assessment will be in how the stakeholders in the Illinois public health system use these results to inform quality improvement activities and in how Illinois scores on follow-up assessments.

Summary Scores

Overall, the Illinois public health system assessment resulted in an average score of 32. Essential public health service 2, Diagnose and Investigate Health Problems and Health Hazards, scored well above the other essential public health services. The remaining nine essential services were rated relatively low in the Illinois performance assessment process.

Essential Public Health Services Summary Score



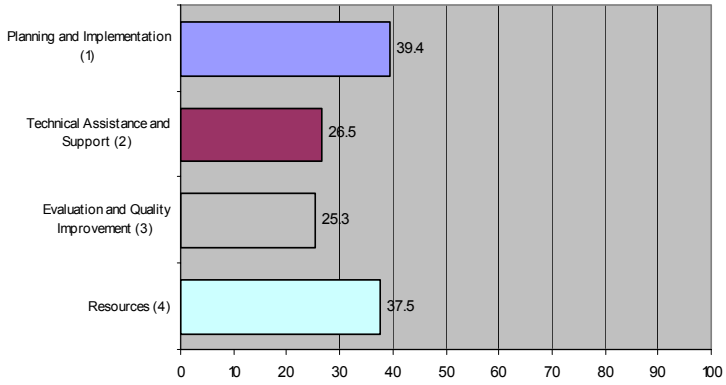
EPHS 2: Diagnose and Investigate Health Problems and Health Hazards was ranked the highest among the 10 essential public health services and was the only service ranked *substantially met*.

EPHS 5: Develop Policies and Plans that Support Individual and Statewide Health Efforts was ranked the lowest among the 10 essential public health services and was ranked *not met*.

One of the remaining essential public health services was ranked *not met,* while seven were rated as *partially met.*

Summary Scores for Key Indicators Across Essential Services
The use of the same four indicators in each EPHS enables an examination of patterns in these four key areas of state system activity. The weakest indicators across all 10 essential public health services were Indicators 2, Technical Assistance and Support, and 3, Evaluation and Quality Improvement.

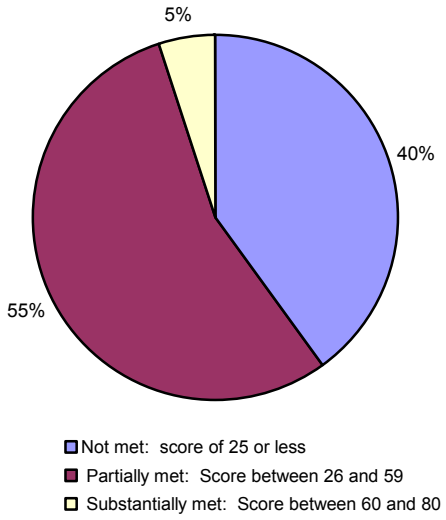
Average Scores for State Indicators Across Essential Services



Indicator 1: Planning and Implementation received the **highest** average score across the 10 essential public health services.

Indicator 3: Evaluation and Quality Improvement received the **lowest** average score across the 10 essential public health services.

Distribution of Performance Ratings for All 40 Model Standards



When assessed in Illinois,

- 40 percent of all model standards were *not met*.
- 55 percent were *partially met*.
- 5 percent were *substantially met*.
- None were fully met.

Common Qualitative Themes

Throughout the discussion in each of the essential service breakout groups, common themes emerged:

- Uncoordinated efforts do not constitute public health "system" performance, regardless of the quantity of ongoing activities.
- Many organizations engage in public health action and are committed to improving their performance as part of the Illinois public health system.
- Lack of adequate capacity in data collection, analysis and interpretation limits performance across the essential services.
- Provision of technical assistance and support throughout the state is uneven and uncoordinated. Poor performance in evaluating public health programs and systems activities threatens the relevance and appropriateness of public health actions to improve health. Adequate resources to support high quality public health system performance remain an issue.

Essential Public Health Service 1
Monitor Health Status to Identify Health Problems

This service includes --

- Assessment of statewide health status and its determinants, including the identification of health threats and the determination of health service needs;
- Attention to the vital statistics and health status of specific groups that are at higher risk for health threats than the general population;
- Identification of community assets and resources, which support the SPHS in promoting health and improving quality of life;
- Utilization of technology and other methods to interpret and communicate health information to diverse audiences in different sectors; and
- Collaboration in integrating and managing public health related information systems;

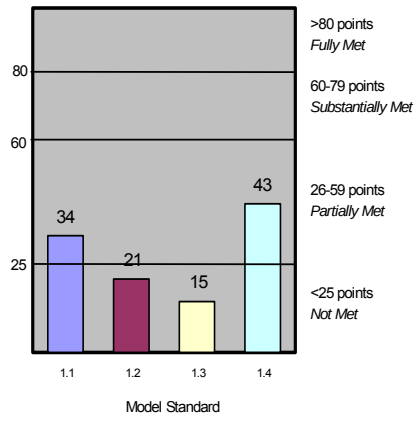
Model Standards Summary

			1.4 Resources
Measure, analyze and report on the health status of the state by -- • Collecting health data and collaborating with data reporting entities • Producing a state health profile • Tracking and compiling data for surveillance • Managing a uniform data set from diverse sources • Protecting confidentiality	Assist locals and other state entities by -- • Offering training in data interpretation • Helping others to develop data systems and prepare and publish health data • Providing uniform set of health indicators • Communicating the availability of state technical assistance	Periodically review and improve monitoring activities by -- • Determining sufficiency and relevance of health monitoring efforts • Using results of review for quality improvement • Improving the state health profile, in collaboration with users	Manage resources to monitor health status by -- • Allocating resources to areas of highest need and seeking new resources • Leveraging system-wide resources • Using state-of-the-art computer resources • Using workforce expertise in collecting and analyzing data and managing data systems

Illinois' Summary Performance Scores for EPHS 1

Overall, Illinois scored 28 (partially met) on EPHS 1. This service is ranked fifth among the 10 essential services.

Performance Score by Model Standard for EPHS 1



1.1 Planning and Implementation: *Partially met*

1.2 Technical Assistance and Support: *Not met*

1.3 Evaluation and Quality Improvement: *Not met*

1.4 Resources: *Partially met*

SPHS Performance and IDPH Contribution Toward EPHS 1

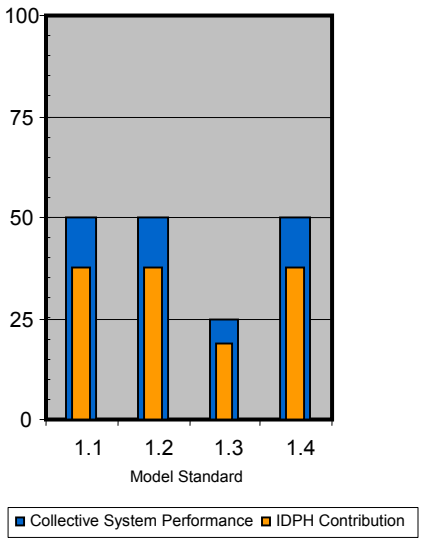
The Illinois SPHS collectively achieves the following:

1.1 50 percent of the *Planning and Implementation model standard with* 75 percent of the system's effort contributed by IDPH

1.2 50 percent of the *Technical Assistance and Support model standard* with 75 percent of the system's effort contributed by IDPH

1.3 25 percent of the *Evaluation and Quality Improvement model standard* with 75 percent of the system's effort contributed by IDPH

1.4 50 percent of the *Resources model standard* with 75 percent of the system's effort contributed by IDPH



Key Measures

The three highest scoring measures for EPHS 1
The state public health system --

- Enforces laws and uses protocols to protect personal health information and other data with personal identifiers;
- Uses current electronic technology to monitor statewide health status; and
- Develops surveillance programs to measure the state's health status.

The three lowest scoring measures for EPHS 1
The state public health system --

- Organizes health-related data into a state health profile;
- Assists local public health systems and other state partners in developing health-related data information systems; and
- Solicits feedback from partners regarding development and distribution of the state health profile.

Participant Observations

- There is a need for a comprehensive state health profile that is current and accessible to all system partners.
- Data systems are characterized by limited accessibility for all system participants and lack of sharing and coordination.
- Census data do not provide a full and accurate set of population data, especially with respect to racial and ethnic minority populations.
- Reporting of health events in Illinois is often fragmented, inconsistent and incomplete.
- There needs to be a better infrastructure for data collection, analysis and/or interpretation at the local level.

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

This service includes --

- Epidemiologic investigation of disease outbreaks and patterns of infectious and chronic diseases, injuries, and other adverse health conditions;
- Population-based screening, case finding, investigation and the scientific analysis of health problems; and
- Rapid screening, high volume testing, and active infectious disease epidemiologic investigations.

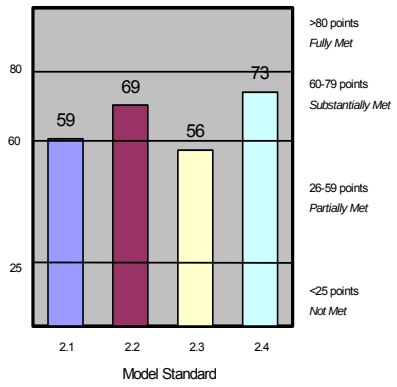
Model Standards Summary

			2.4 Resources
Identify and respond to public health threats (including infectious disease, chronic disease, injury, disasters, and environmental exposures) by -- • Operating state surveillance system(s) • Operating systems to receive and transmit reportable disease data • Collaborating with laboratories to assure capacity to analyze specimens • Developing investigation and response plans	Assist locals and other state entities by -- • Helping with epidemiologic analysis • Providing laboratory assistance • Communicating information about public health threats • Sending trained personnel to local communities to assist in investigation and response to threats	Periodically review and improve diagnosis and investigation activities by -- • Reviewing the effectiveness of state surveillance systems • Reviewing and testing the effectiveness of threat investigation and response plans • Using results of review for quality improvement	Manage resources to diagnose and investigate threats by -- • Allocating resources to areas of highest need and seeking new resources • Leveraging system-wide resources • Using laboratories capable of screening, testing and identifying disease pathogens • Utilizing expertise in epidemiology • Using multidisciplinary teams for investigations

Illinois' Summary Performance Score for EPHS 2

Overall, Illinois scored 64 (substantially met) on EPHS 2. This service is ranked first among the 10 essential services.

Performance Score by Model Standards for EPHS 2



2.1 Planning and Implementation: *Partially met*

2.2 Technical Assistance and Support: *Substantially met*

2.3 Evaluation and Quality Improvement: *Partially met*

2.4 Resources: *Substantially met*

SPHS Performance and IDPH Contribution Toward EPHS 2

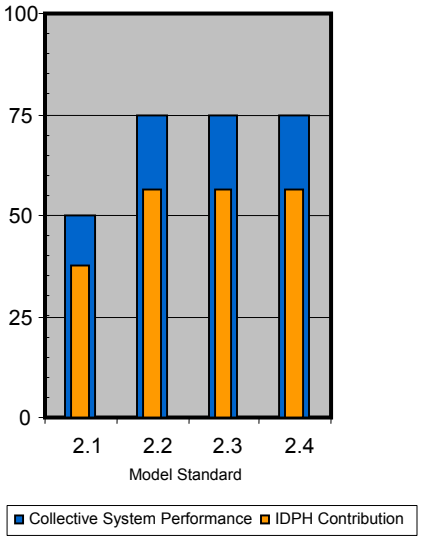
The Illinois SPHS collectively achieves the following:

2.1 50 percent of the *Planning and Implementation model standard with* 75 percent of the system's effort contributed by IDPH

2.2 75 percent of the *Technical Assistance and Support model standard* with 75 percent of the system's effort contributed by IDPH

2.3 75 percent of the *Evaluation and Quality Improvement model standard* with 75 percent of the system's effort contributed by IDPH

2.4 75 percent of the *Resources model standard* with 75 percent of the system's effort contributed by IDPH



Key Measures

The three highest scoring measures for EPHS 2
The state public health system --

- Uses laboratory facilities with capacity to identify diseases required by the state or included in the National Notifiable Diseases Surveillance System;
- Provides trained on-site personnel to assist communities with investigations; and
- Uses in-state laboratories to investigate key diseases and conditions.

The three lowest scoring measures for EPHS 2
The state public health system --

- Provides screening tests in response to exposures to health hazards;
- Reviews information to improve surveillance system responsiveness to health threats; and
- Operates a reporting system to identify potential threats to public health.

Participant Observations

- Illinois has not addressed *Healthy People 2010* leading health indicators. Chronic disease epidemiology is limited in areas where Illinois does not operate disease registries.
- Environmental epidemiology is not adequate in Illinois. Environmental health risks are not well documented, and laboratory capacity for environmental specimens is a weakness. For environmental hazard surveillance programs, data are not used to take regulatory action.
- In general, surveillance programs need to be redesigned for prevention and preparation for future events. "Potential" threats are not identified.
- Roles and responsibilities in responding to public health threats are not well defined outside official public health departments.

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

This service includes --

- Health information, health education, and health promotion activities designed to reduce health risk and promote better health;
- Health communication plans and activities such as media advocacy and social marketing;
- Accessible health information and educational resources; and
- Health education and promotion program partnerships with schools, faith communities, work sites, personal care providers and others to implement and reinforce health promotion programs and messages.

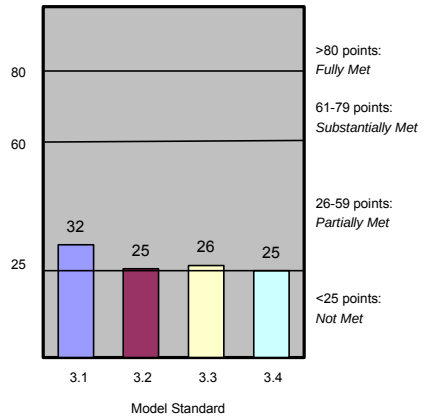
Model Standards Summary

			3.4 Resources
Conduct communication and health education / promotion initiatives by -- • Offering programs to meet health needs and respond to emergent public health issues • Designing programs in collaboration with target populations • Using culturally and linguistically appropriate messages • Delivering health campaigns through appropriate media	Assist locals and other state entities by -- • Enabling partners to develop strategies that meet their needs • Assisting in development of local/other resources • Assisting in development of effective strategies for target populations • Providing consultation and training	Periodically review and improve activities to inform, educate and empower people by -- • Reviewing effectiveness of health communication and education/promotion activities • Designing reviews of interventions with active participation of populations served • Using results of review for quality improvement	Manage resources to inform, educate and empower people by -- • Allocating resources to areas of highest need and seeking new resources • Leveraging system-wide resources • Providing resources necessary to plan, implement and evaluate interventions • Using expertise and skill sets in communication and health education and promotion

Illinois' Summary Performance Score for EPHS 3

Overall, Illinois scored 27 (partially met) on EPHS 3. This service is ranked sixth among the 10 essential services.

Performance Score by Model Standard for EPHS 3



3.1 Planning and Implementation: *Partially met*

3.2 Technical Assistance and Support: *Not met*

3.3 Evaluation and Quality Improvement: *Partially met*

3.4 Resources: *Not met*

SPHS Performance and IDPH Contribution Toward EPHS 3

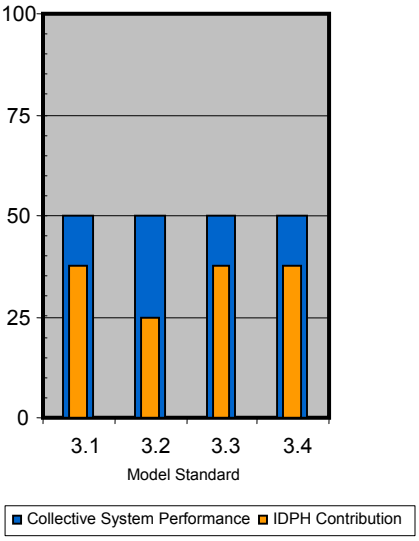
The Illinois SPHS collectively achieves the following:

3.1 50 percent of the *Planning and Implementation model standard with* 75 percent of the system's effort contributed by IDPH

3.2 50 percent of the *Technical Assistance and Support model standard* with 50 percent of the system's effort contributed by IDPH

3.3 50 percent of the *Evaluation and Quality Improvement model standard* with 75 percent of the system's effort contributed by IDPH

3.4 50 percent of the *Resources model standard* with 75 percent of the system's effort contributed by IDPH



Key Measures

The three highest scoring measures for EPHS 3

The state public health system --

- Uses multiple channels to provide current health information, education and promotion services;
- Uses professional expertise for effective health communication; and
- Periodically reviews health communication and health education promotion interventions.

Three lowest scoring measures for EPHS 3

The state public health system --

- Delivers culturally and linguistically appropriate health education and health promotion materials and activities;
- Involves the population served in the design and implementation of reviews; and
- Shares system-wide resources to implement health communication, and health education and promotion services.

Participant Observations

- Overall, the system performs better in planning and implementation for emerging issues (*e.g.,* bioterrorism) than for specific longstanding issues, such as environmental health.
- While some areas are rich with theoretical and evidence-based frameworks (*e.g.,* tobacco), others (*e.g.,* obesity) employ the "best thinking."
- The lack of a state health improvement plan influenced the ratings of this EPHS, as standards call for a strong connection between health promotion program design and state health improvement objectives.
- Some "pieces" of a public health system exist for this EPHS, but there is no system coordination and no overall evaluation of the system is conducted. Technical assistance and support are not available statewide.
- Seeking new resources to support this EPHS is currently a low priority for system partners.

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

This service includes --

- The organization and leadership to convene, facilitate, and collaborate with statewide partners (including those not typically considered to be health-related) to identify public health priorities and create effective solutions to solve state and local health problems;
- The building of a statewide partnership to collaborate in the performance of public health functions and essential services in an effort to utilize the full range of available human and material resources to improve the state's health status; and
- Assistance to partners and communities to organize and undertake actions to improve the health of the state's communities.

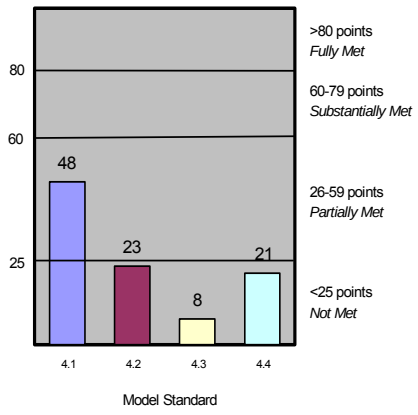
Model Standards Summary

			4.4 Resources
Conduct community engagement, constituency development and partnership mobilization by -- • Engaging public health constituencies around specific health issues • Organizing partnerships to share responsibilities for public health • Communicating regularly with constituencies about priority health issues	Assist locals and other state entities by -- • Providing consultation on constituency development and partnership facilitation • Providing training to enhance skills in community mobilization	Periodically review and improve partnership mobilization activities by -- • Reviewing constituency and partnership activities and using results to improve processes • Reviewing the commitment of state policy leaders and others in partnership efforts	Manage resources to mobilize partnerships by -- • Allocating resources to areas of highest need and seeking new resources • Leveraging system-wide resources • Supporting partnership growth • Using collaboration expertise to organize and mobilize partners

Illinois' Summary Performance Scores for EPHS 4

Overall, Illinois scored 25 (not met) on EPHS 4. This service is ranked ninth among the 10 essential services.

Performance Score by Model Standard for EPHS 4



4.1 Planning and Implementation: *Partially met*

4.2 Technical Assistance and Support: *Not met*

4.3 Evaluation and Quality Improvement: *Not met*

4.4 Resources: *Not met*

SPHS Performance and IDPH Contribution Toward EPHS 4

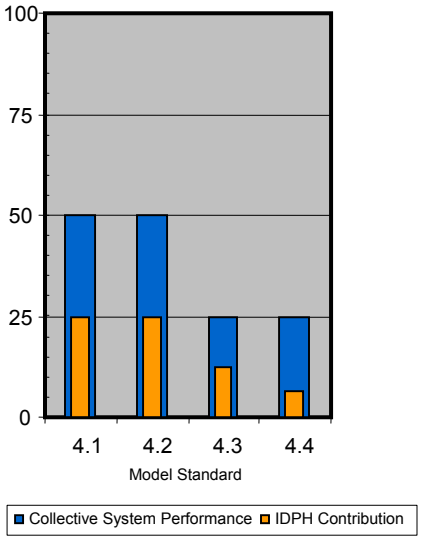
The Illinois SPHS collectively achieves the following:

4.1 50 percent of the *Planning and Implementation model standard with* 50 percent of the system's effort contributed by IDPH

4.2 50 percent of the *Technical Assistance and Support model standard* with 50 percent of the system's effort contributed by IDPH

4.3 25 percent of the *Evaluation and Quality Improvement model standard* with 50 percent of the system's effort contributed by IDPH

4.4 25 percent of the *Resources model standard* with 25 percent of the system's effort contributed by IDPH



Key Measures
The three highest scoring measures for EPHS 4
The state public health system --

- Briefs state and local policy leaders using established procedures and timelines;
- Builds constituencies to address health issues; and
- Builds partnerships to identify and solve health problems.

The three lowest scoring measures for EPHS 4
The state public health system --

- Shares system-wide resources to develop constituencies and mobilize partnerships;
- Utilizes workforce expertise in collaborative group processes necessary to assist partners to organize and act in the interest of public health; and
- Reviews constituency-building and partnership facilitation activities.

Participant Observations

- There are state and local partnerships that deal with a single issue but not many that deal with a broad spectrum of health issues. The partnerships are not geographically dispersed and almost always under-funded.
- The business community feels pushed out of public health. Business has a big stake in solving these problems and more involvement is needed.
- Effective technical assistance and support in partnership development are needed in Illinois. Evaluation is needed on a regular, predetermined basis.
- Financial and human resources for partnership development are inadequate.

Essential Public Health Service 5
Develop Policies and Plans that Support Individual and Statewide Health Efforts

This service includes --

- Systematic health planning that relies on appropriate data, develops and tracks measurable health objectives, and establishes strategies and actions to guide community health improvement at the state and local levels;
- Development of legislation, codes, rules, regulations, ordinances and other policies to enable performance of the essential public health services, supporting individual, community, and state health efforts; and
- The democratic process of dialogue and debate among groups affected by the proposed health plans and policies prior to adoption of such plans or policies.

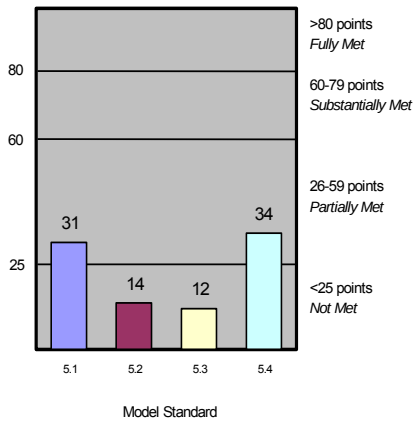
Model Standards Summary

			5.4 Resources
Implement comprehensive health improvement planning and policy development by -- • Convening partners and facilitating a planning process • Establishing a state health improvement plan • Advocating for needed health policy changes	Assist locals and other state entities by -- • Providing assistance, training and support in community health improvement planning • Linking state and local planning • Assisting in local health policy development	Periodically review and improve planning and policy development activities by -- • Reviewing progress in achieving health objectives • Reviewing impact of health policies • Using review results to improve plans and policies	Manage resources to develop policies and plans by -- • Allocating resources to areas of highest need and seeking new resources • Leveraging system-wide resources • Using expertise in planning, policy analysis, and data use

Illinois' Summary Performance Scores for EPHS 5

Overall, Illinois scored 23 (not met) on EPHS 5. This service is ranked 10th among the 10 essential services.

Performance Score by Model Standard for EPHS 5



5.1 Planning and Implementation: *Partially met*

5.2 Technical Assistance and Support: *Not met*

5.3 Evaluation and Quality Improvement: *Not met*

5.4 Resources: *Partially met*

SPHS Performance and IDPH Contribution Toward EPHS 5

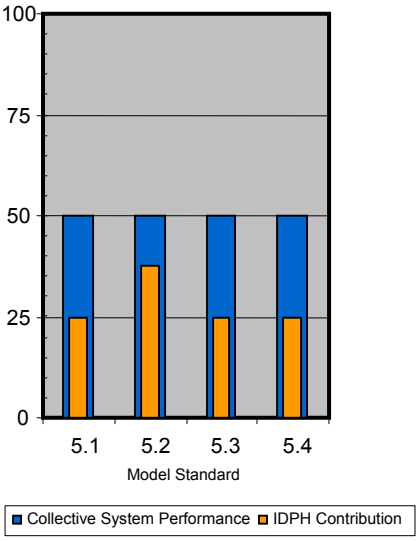
The Illinois SPHS collectively achieves the following:

5.1 50 percent of the *Planning and Implementation model standard with* 50 percent of the system's effort contributed by IDPH

5.2 50 percent of the *Technical Assistance and Support model standard* with 75 percent of the system's effort contributed by IDPH

5.3 50 percent of the *Evaluation and Quality Improvement model standard* with 50 percent of the system's effort contributed by IDPH

5.4 50 percent of the *Resources model standard* with 50 percent of the system's effort contributed by IDPH



Key Measures

The three highest scoring measures for EPHS 5
The state public health system --

- Conducts policy development activities;
- Uses workforce expertise in health policy; and
- Uses workforce expertise in strategic, long-range and operational planning.

The three lowest scoring measures for EPHS 5
The state public health system --

- Reviews progress towards accomplishing statewide health improvement;
- Provides technical assistance to integrate health issues and strategies into local community development plans; and
- Periodically reviews policy impact.

Participant Observations

- Planning occurs in the public health system within individual organizations with few examples of broad collaborations. The Illinois Public Health Futures Institute is the first example of collaboration across issues.
- The concept of "partners" and of what is included in "public health" needs more attention. Planning for health is occurring at the local level, but not necessarily through partnerships.
- Planning is difficult when there's no money for implementation. Agency budgets make systems planning difficult. The appropriate partners that need to be involved in systems planning change rapidly. On the other hand, resource limitations and budgetary constraints can cause people to collaborate.
- Legislators and community leaders have a huge impact on the health planning process. Constituent populations do not.

- IPLAN has stimulated community partnerships and local planning. However, technical assistance to local planning has been largely categorically focused; overall coordination of technical assistance has been compromised by inadequate staffing at the state level.

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

This service includes --

- The review, evaluation and revision of laws and regulations designed to protect health and safety to assure that they reflect current scientific knowledge and best practices for achieving compliance;
- Education of persons and entities obligated to obey or to enforce laws and regulations designed to protect health and safety in order to encourage compliance;
- Enforcement activities in areas of public health concern, including, but not limited to, the protection of drinking water; enforcement of clean air standards; regulation of care provided in health care facilities and programs; re-inspection of workplaces following safety violations; review of new drug, biological, and medical device applications, enforcement of laws governing the sale of alcohol and tobacco to minors, seat belt and child safety seat usage; and childhood immunizations.

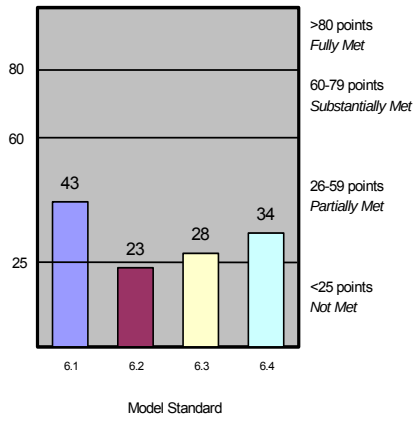
Model Standards Summary

			6.4 Resources
Conduct enforcement activities based on current science by -- • Reviewing laws and regulations to assure current scientific knowledge • Soliciting input on existing and proposed laws and regulations • Encouraging compliance through education and collaboration with those being regulated • Establishing clear guidelines for enforcing laws • Ensuring customer-centered administrative processes	Assist locals and other state partners by -- • Providing protocols, consultation and training on enforcement practices • Providing direct assistance for difficult enforcement operations • Assisting local governing bodies in developing laws, regulations and ordinances	Periodically review and improve enforcement activities by -- • Reviewing enforcement workforce, technical assistance and administrative processes • Monitoring procedures and actions to correct abuse or misuse • Using review results to improve enforcement practices	Manage resources to conduct enforcement activities by -- • Allocating resources to areas of highest need and seeking new resources • Leveraging system-wide resources • Using expertise in legislative and regulatory development processes • Using health education and enforcement expertise to strengthen compliance

Illinois' Summary Performance Scores for EPHS 6

Overall, Illinois scored 32 (partially met) on EPHS 6. This service is ranked third among the 10 essential services.

Performance Score by Model Standard for EPHS 6



6.1 Planning and Implementation: *Partially met*

6.2 Technical Assistance and Support: *Not met*

6.3 Evaluation and Quality Improvement: *Partially met*

6.4 Resources: *Partially met*

SPHS Performance and IDPH Contribution Toward EPHS 6

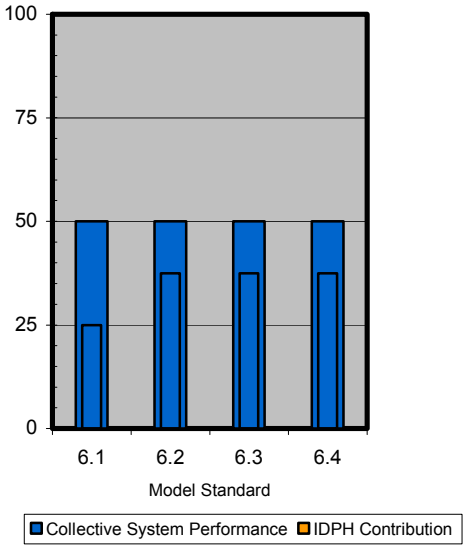
The Illinois SPHS collectively achieves the following:

6.1 50 percent of the *Planning and Implementation model standard with* 50 percent of the system's effort contributed by IDPH

6.2 50 percent of the *Technical Assistance and Support model standard* with 75 percent of the system's effort contributed by IDPH

6.3 50 percent of the *Evaluation and Quality Improvement model standard* with 75 percent of the system's effort contributed by IDPH

6.4 50 percent of the *Resources model standard* with 75 percent of the system's effort contributed by IDPH



Key Measures
The three highest scoring measures for EPHS 6
The state public health system --

- Monitors enforcement procedures to assure for professional conduct of personnel;
- Uses written guidelines to administer public health enforcement activities; and
- Uses workforce expertise to enforce public health laws and regulations.

The three lowest scoring measures for EPHS 6
The state public health system --

- Shares system-wide resources to implement enforcement activities;
- Reviews technical assistance provided to local public health systems and state partners regarding enforcement; and
- Makes improvements in enforcement activities based on review of findings.

Participant Observations

- Interest groups with narrow agendas often drive the review of laws. Legislative policies are often not based on science.
- Despite continuous evolution of regulations to incorporate new knowledge, some regulations governing enforcement activities lag well behind current scientific knowledge. Inadequate funding for enforcement can compromise the safety of Illinoisans.
- From a resource perspective, assisting a regulated entity to comply is more difficult to justify than inspections. IDPH relies on delegate agencies and local partners for the provision of technical assistance and support in the environmental health area. They can only be as effective as the tools given to them by IDPH.
- Technical assistance is a big part of the grant process throughout the system. The tension between regulation and technical assistance needs to be examined. Administrators of regulatory programs are not allowed to provide technical assistance.

- The tension between managing current enforcement resources and developing new resources often results in little development of new partnerships to overcome funding challenges.

Essential Public Health Service 7
Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

This service includes:

- Assessment of access to and availability of quality personal health care services for the state's population;
- Assurances that access is available to a coordinated system of quality care which includes outreach services to link populations to preventive and curative care, medical services, case management, enabling social and mental health services, culturally and linguistically appropriate services, and health care quality review programs;
- Partnership with public, private, and voluntary sectors to provide populations with a coordinated system of health care; and
- Development of a continuous improvement process to assure the equitable distribution of resources for those in greatest need.

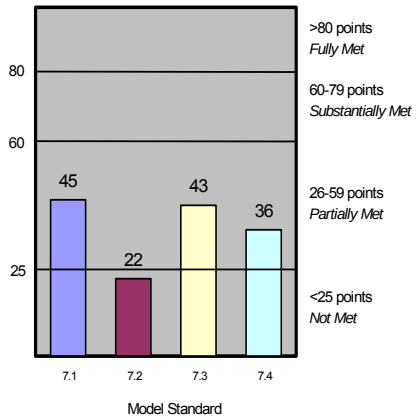
Model Standards Summary

			7.4 Resources
Assess availability of personal health care and assure access by -- • Assessing availability and utilization statewide • Identifying under-served populations and improving their access to care • Collaborating with health professionals to assure access and quality • Informing policymakers about access issues and recommending improved policies • Delivering services	Assist locals and other state entities by -- • Identifying and meeting the service needs of underserved populations • Providing services at the local level when the local system cannot • Providing technical assistance to improve health care delivery and coordination of safety-net providers	Periodically review and improve performance in addressing access to appropriate health care by -- • Reviewing health care programs, including availability and appropriateness of services • Engaging participation of underserved population in reviews • Using review results to improve access to care	Manage resources to address access to care by -- • Allocating resources to highest need and seeking new resources • Leveraging system-wide resources • Designating a single state entity responsible for monitoring and evaluating access • Using expertise in health care services, systems analysis, and outreach

Illinois' Summary Performance Scores for EPHS 7

Overall, Illinois scored 37 (partially met) on EPHS 7. This service is ranked second among the 10 essential services.

Performance Score by Indicators for EPHS 7



7.1 Planning and Implementation: *Partially met*

7.2 Technical Assistance and Support: *Not met*

7.3 Evaluation and Quality Improvement: *Partially met*

7.4 Resources: *Partially met*

SPHS Performance and IDPH Contribution Toward EPHS 7

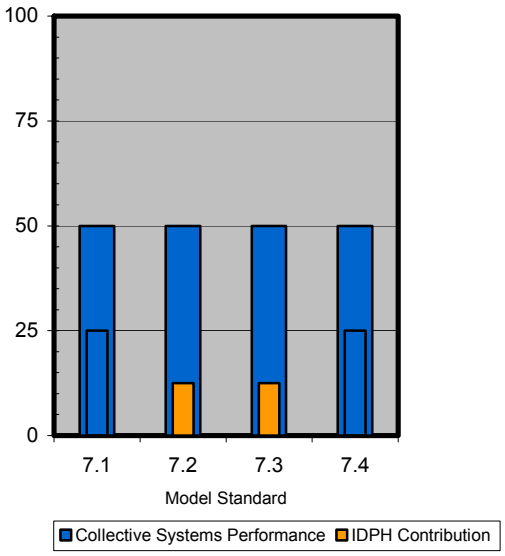
The Illinois SPHS collectively achieves the following:

7.1 50 percent of the *Planning and Implementation model standard with* 50 percent of the system's effort contributed by IDPH

7.2 50 percent of the *Technical Assistance and Support model standard* with 25 percent of the system's effort contributed by IDPH

7.3 50 percent of the *Evaluation and Quality Improvement model standard* with 25 percent of the system's effort contributed by IDPH

7.4 50 percent of the *Resources model standard* with 50 percent of the system's effort contributed by IDPH



Key Measures
The three highest scoring measures for EPHS 7
The state public health system --

- Informs policymakers of barriers to accessing personal health care services;
- Uses a workforce skilled in the analysis of health services; and
- Assesses availability of statewide personal health care services.

The three lowest scoring measure for EPHS 7
The state public health system --

- Shares system-wide resources to effectively provide needed personal health care;
- Provides health care services at the local level when they cannot be satisfactory delivered by others; and
- Provides technical assistance to safety-net providers.

Participant Observations

- Available data to assess access to care are not standardized, connected or consistent. Significant data gaps exist, particularly in data collected on ethnicity and culture. Data collection needs to be coordinated to improve data accuracy and relevance.
- Action to coordinate access does not occur at the state level. Local system participants play a major role in connecting beneficiaries to services. There is no single entity at the state level from which safety-net providers can obtain technical assistance.
- Financial resources are tied to categorical funding, and there is no funding for innovative solutions to access problems. There is no systems approach to resource development for this service.
- The working poor have substantial problems with access to health care. The system has produced some work in identifying, evaluating and monitoring barriers to care.

Essential Public Health Service 8
Assure a Competent Public and Personal Health Care Workforce

This service includes --

- Education, training, development, and assessment of health professionals - including partners, volunteers and other lay community health workers - to meet statewide needs for public and personal health services;
- Efficient processes for credentialing technical and professional health personnel;
- Adoption of continuous quality improvement and life-long learning programs;
- Partnerships with professional workforce development programs to assure relevant learning experiences for all participants; and
- Continuing education in management, cultural competence, and leadership development programs.

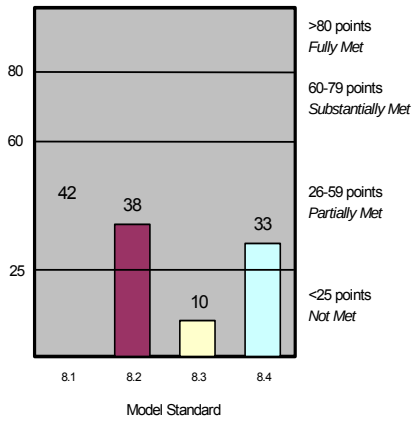
Model Standards Summary

			8.4 Resources
Identify and meet the state's needs for a high quality public health workforce by -- • Assessing workforce needs and competencies • Establishing workforce development plans • Providing resource development programs in leadership, management and cultural competency • Assuring regulated professionals meet prescribed competencies • Encouraging life-long learning at work and in the community	Assist locals and other state entities by -- • Assisting with workforce assessments • Providing help with recruitment, retention and performance improvement strategies • Assuring continuing educational course work to enhance skills • Facilitating linkages among state, local and academic institutions to improve educational programs	Periodically review and improve workforce development activities by -- • Using workforce assessments to evaluate how current and future demand is met • Assessing impact of statewide workforce development plan in meeting goals • Using performance appraisals to stimulate quality improvement	Manage resources in workforce development by -- • Allocating resources to areas of highest need and seeking new resources • Leveraging system-wide resources • Utilizing programs in leadership and cultural competency • Supporting pre-service and in-service educational opportunities • Using expertise in human resource development • Investing resources to recruit and retain qualified professionals

Illinois' Summary Performance Scores for EPHS 8

Overall, Illinois scored 31 (partially met) on EPHS 8. This service is ranked fourth among the 10 essential services.

Performance Score by Model Standard for EPHS 8



8.1 Planning and Implementation: *Partially met*

8.2 Technical Assistance and Support: *Partially met*

8.3 Evaluation and Quality Improvement: *Not met*

8.4 Resources: *Partially met*

SPHS Performance and IDPH Contribution Toward EPHS 8

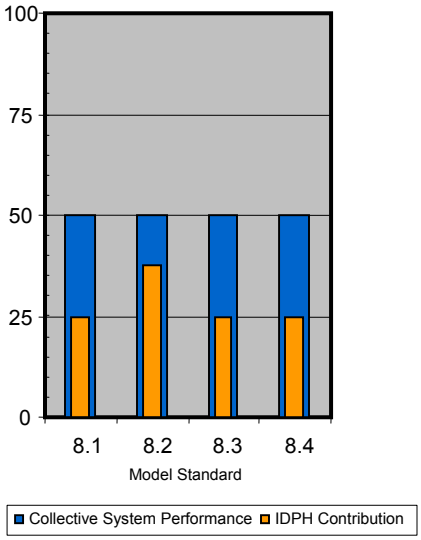
The Illinois SPHS collectively achieves the following:

8.1 50 percent of the *Planning and Implementation model standard with* 50 percent of the system's effort contributed by IDPH

8.2 50 percent of the *Technical Assistance and Support model standard* with 75 percent of the system's effort contributed by IDPH

8.3 50 percent of the *Evaluation and Quality Improvement model standard* with 50 percent of the system's effort contributed by IDPH

8.4 50 percent of the *Resources model standard* with 50 percent of the system's effort contributed by IDPH



Key Measures

The three highest scoring measures for EPHS 8
The state public health system --

- Facilitates partner linkages to improve educational offerings;
- Assures human resources development programs provide training to enhance needed workforce skills; and
- Assures individuals in regulated professions meet prescribed competencies required by law or recommended by state.

The three lowest scoring measures for EPHS 8
The state public health system --

- Reviews workforce assessment activities;
- Assesses achievements of workforce development plans; and
- Assists local public health systems and other state partners in completing workforce assessments.

Participant Observations

- Workforce development resources are inadequate with little effort to develop future resources. We need to broaden our view of the public health workforce.
- Partners that are not involved in public health practice are unaware of the essential public health services.
- The Illinois public health system suffers from a shortage of bilingual/bicultural public health workers and there is very little planning around improvement of the situation. Cultural competence is not clearly reflected by those who have completed their education and are involved in practice.
- Workforces in many small community hospitals are not using technology and find it difficult to use new technologies.

- Training is available to local public health systems but the technical assistance needs of locals are not supported by the state. The prevention disciplines are doing training but there is no collaboration with others.

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

This service includes --

- Evaluation and critical review of health programs, based on analyses of health status and service utilization data, are conducted to determine program effectiveness and to provide information necessary for allocating resources and reshaping programs for improved efficiency, effectiveness, and quality; and
- Assessment of and quality improvement in the state public health system's performance and capacity.

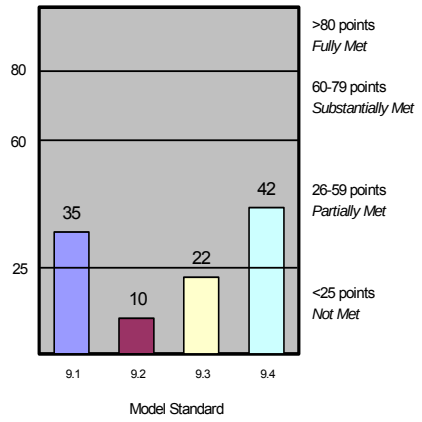
Model Standards Summary

			9.4 Resources
Use evaluation to improve the effectiveness of services by -- • Evaluating population-based and personal health services, using national guidelines • Establishing standards for public health systems • Reviewing mid-course to assure that multi-year activities meet objectives	Assist locals and other state entities by -- • Assisting with formal evaluations • Assisting in evaluating performance of EPHS • Consulting in assessing consumer satisfaction • Sharing evaluation results for use in improvement planning	Periodically review and improve evaluation activities by -- • Establishing a schedule for reviewing evaluation activities • Reviewing evaluations when weaknesses in quality assurance become apparent • Using results of reviews for quality improvement	Manage resources in evaluation activities by -- • Allocating resources to areas of highest need and seeking new resources • Leveraging system-wide resources • Using appropriate analytical tools • Using expertise in standards, evaluation and quality improvement

Illinois' Summary Performance Scores for EPHS 9

Overall, Illinois scored 27 (partially met) on EPHS 9. This service is ranked seventh among the 10 essential services.

Performance Score by Model Standard for EPHS 9



9.1 Planning and Implementation: *Partially met*

9.2 Technical Assistance and Support: *Not met*

9.3 Evaluation and Quality Improvement: *Not met*

9.4 Resources: *Partially met*

SPHS Performance and IDPH Contribution Toward EPHS 9

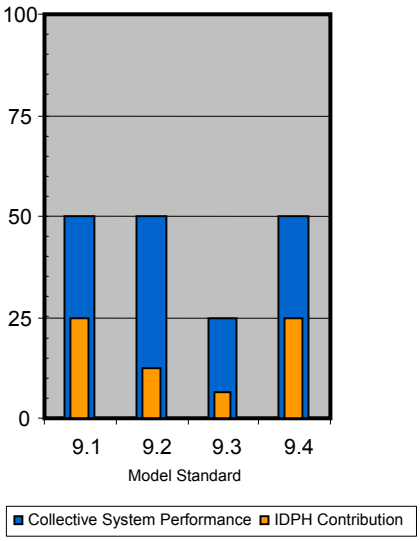
The Illinois SPHS collectively achieves the following:

9.1 50 percent of the *Planning and Implementation model standard with* 50 percent of the system's effort contributed by IDPH

9.2 50 percent of the *Technical Assistance and Support model standard* with 25 percent of the system's effort contributed by IDPH

9.3 25 percent of the *Evaluation and Quality Improvement model standard* with 25 percent of the system's effort contributed by IDPH

9.4 50 percent of the *Resources model standard* with 50 percent of the system's effort contributed by IDPH



Key Measures

The three highest scoring measures for EPHS 9
The state public health system --

- Uses assessment findings to institute quality improvement changes in specific health services;
- Uses analytical tools to measure and monitor compliance with performance standards for population-based and personal health services; and
- Manages current evaluation resources and develop new resources.

The three lowest scoring measures for EPHS 9
The state public health system --

- Reviews evaluations and quality improvement;
- Offers consultation and guidance to local public health systems to conduct consumer satisfaction studies; and
- Shares results of performance evaluations with partners for health improvement and strategic planning.

Participant Observations

- No organization is monitoring whether evaluation is going on throughout the system. Individual organizations conduct evaluation and quality improvement but the system as a whole does not. What evaluation is done is often not collaborative in nature.
- Resources also explain the existence of report cards in hospital settings. Evaluation work with universities has been done in silos.
- In general, evaluation is only done when required for categorical funding. System resources are fragmented, but government agencies are working on building a data infrastructure for improved evaluation.
- Good planning and objective setting through IPLAN can form a good basis for evaluation.

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

This service includes --

- A full continuum of research ranging from field-based efforts to foster improvements in public health practice to formal scientific research;
- Linkage with research institutions and other institutions of higher learning; and
- Internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research.

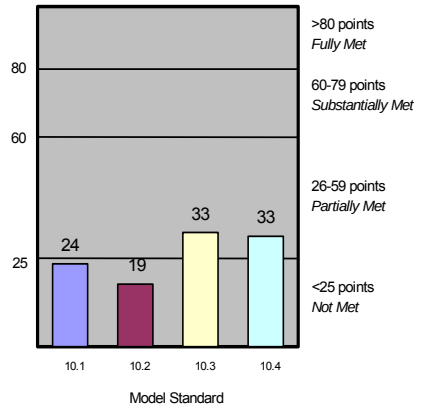
Model Standards Summary

			10.4 Resources
Identify and participate in EPHS-focused research by -- • Partnering with research institutions to develop a public health research agenda • Conducting research and drawing conclusions relevant to practice • Sharing research findings	Assist locals and other state entities by -- • Assisting in research activities • Assisting in the interpretation and application of research findings	Periodically review and improve research activities by -- • Reviewing ability to conduct research and communicate findings • Reviewing ability to apply research findings • Reviewing relevance of research to practice • Using results of reviews for quality improvement	Manage resources in research by -- • Allocating resources to areas of highest need and seeking new resources • Leveraging system-wide resources • Using expertise in planning and research • Using appropriate analytical tools and expertise

Illinois' Summary Performance Scores for EPHS 10

Overall, Illinois scored 27 (partially met) on EPHS 10. This service is ranked eighth among the 10 essential services.

Performance Score by Model Standard for EPHS 10



10.1 Planning and Implementation: *Not met*

10.2 Technical Assistance and Support: *Not met*

10.3 Evaluation and Quality Improvement: *Partially met*

10.4 Resources: *Partially met*

SPHS Performance and IDPH Contribution Toward EPHS 10

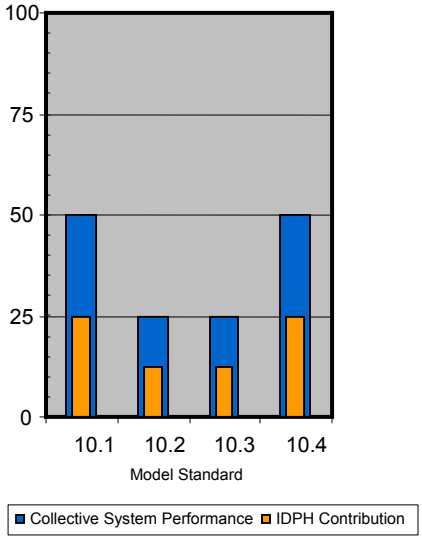
The Illinois SPHS collectively achieves the following:

10.1 50 percent of the *Planning and Implementation model standard with* 50 percent of the system's effort contributed by IDPH

10.2 25 percent of the *Technical Assistance and Support model standard* with 50 percent of the system's effort contributed by IDPH

10.3 25 percent of the *Evaluation and Quality Improvement model standard* with 50 percent of the system's effort contributed by IDPH

10.4 50 percent of the *Resources model standard* with 50 percent of the system's effort contributed by IDPH



Key Measures

The three highest scoring measures for EPHS 10
The state public health system --

- Invests resources in analytical tools necessary to support the research function;
- Uses workforce expertise to direct research activities; and
- Implements the public health research agenda.

The three lowest scoring measures for EPHS 10
The state public health system --

- Assists local public health systems and other state partners in use of research findings;
- Shares system-wide resources to conduct research activities; and
- Has a statewide communication process for sharing research findings on innovative public health practices.

Participant Observations

- Public health research efforts need to be more balanced in scope and design with more research devoted to population-based health and health services.
- Research findings are not effectively translated into policy development. There are few incentives for the dissemination of research findings in academic or public health practice settings to support systems improvements.
- There needs to be a collaborative research agenda. Valuable research happens but a clearinghouse is needed for system wide coordination. A clearinghouse would ensure that we are doing the right research and gaining relevant new knowledge about public health.

Conclusion and Next Steps

The *Silos to Systems: Assessing Illinois' Public Health System* retreat and this report represent an historic first for the Illinois public health system. The process was undertaken as a result of the growing recognition by the Illinois Public Health Futures Institute, Illinois Department of Public Health and many other organizations and practitioners that collaborative approaches to improving the public's health are becoming the standard for public health practice. In 2003, the Institute of Medicine's report on *The Future of the Public's Health in the 21st Century* argues that "government public health agencies, as the backbone of the public health system, are clearly in need of support and resources, but they cannot work alone. They must build and maintain partnerships with other organizations and sectors of society, working closely with communities and community based organizations, the health care delivery system, academia, business and the media."

The conclusion of the participants in the assessment process was that efforts are taking place in Illinois to deliver the 10 essential public health services. However, participants felt strongly that a deeper emphasis needs to be placed on coordinating and integrating the public health services in order to build a true public health system. Developing a sense of the "system" of public health practice is essential to improve performance.

The *Silos to Systems* assessment is itself a step in building a system. The variety of partners that gathered for the assessment had rarely, if ever, had the opportunity to consider the performance of public health in such a comprehensive and intensive way. In every group and among many individuals there emerged a strong sense of discovery and identification of opportunity. This is the beginning of creating that sense of a public health "system."

Illinois has a rich array of potential system partners with a high level of skill and commitment to health improvement. Yet, this very richness represents a great challenge: how to organize and build the type of multi-dimensional, dynamic system that this array of partners and activities suggests? How can Illinois promote and support the creation of a public health system?

The Illinois Public Health Futures Institute suggests some possible next steps:

- Use the results of the assessment to set priorities for system performance improvement through the State Health Improvement Plan process.
- Implement performance improvement strategies to achieve the improvement goals.
- Measure and report on outcomes of the improvement activities to assure a process of continuous quality improvement.
- Undertake systems building efforts through the proactive identification by partners of opportunities to coordinate and integrate action on the priorities that emerge from the state health improvement plan, as well as on other essential service activities suggested in the standards.
- Conduct more detailed analysis of the system assessment scores to identify particular areas for immediate and long-term performance improvement opportunities.
- Utilize the results of the assessment to enhance and support IDPH's strategic initiatives project activities focusing on community engagement and strengthening the public health infrastructure.
- Encourage and support local communities' use of the National Public Health Performance Standards and strategic health improvement planning processes such as Mobilizing for Action through Planning and Partnerships (MAPP); explore how combined state and local

performance standards data can provide a rich resource for public health system improvement activities.

The first step toward systems performance improvement is an assessment that measures current performance against recognized and respected standards or benchmarks. IDPH and its system partners have provided the leadership and support to begin this process. This *Silos to System* assessment will be meaningful to the extent that it serves as a catalyst to strategic thinking, priority setting and collective action to improve the Illinois public health system.

Appendix A. State Public Health System Performance Assessment: Methodology

Pre-Retreat Planning

At the end of March 2004, Illinois Public Health Futures Institute (IPHFI) received a contract from the Illinois Department of Public Health to convene a performance standards planning committee, to conduct a performance standards assessment meeting, and to report on the results of the assessment. The project grew out of the recommendation contained in IPHFI's 2003 report on the Illinois statewide bioterrorism preparedness assessment that IDPH undertake an overall system assessment using the National Public Health Performance Standards.

There were three overarching planning principles that served as a guide in organizing the statewide assessment in Illinois: 1) assuring representation across multiple sectors to conduct the systems assessment; 2) obtaining co-sponsorships from the Illinois Department of Public Health and the Illinois Department of Human Services; 3) recruiting and using professional facilitators; and 4) preparing participants for the assessment in advance.

IPHFI convened an advisory committee to plan for the assessment. To further understand the NPHPSP and how to conduct the state assessment, representatives from IPHFI and the advisory committee attended a two-day training led by the U.S. Centers for Disease Control and Prevention, the National Network of Public Health Institutes and the Association of State and Territorial Health Officials on implementing the NPHPS assessment instrument. After participating in the training and learning about other states' experiences conducting the assessment, IPHFI decided on a two-day retreat as the best way to structure the process in Illinois.

The advisory committee developed and refined an invitation list; offered input regarding the content and format of the assessment process; assisted in securing participation; served as a resource in securing facilitators, recorders and technical observers; and provided input and feedback into the post-retreat report and follow-up.

The list of approximately 140 invitees represented a cross-section of state government officials and private and not-for-profit sector public health system partners. Eric E. Whitaker, M.D., M.P.H., director of the Illinois Department of Public Health, and Carol Adams, secretary of the Illinois Deparment of Human Services, agreed to serve as co-conveners of the retreat and an invitation letter with their signatures was sent to invitees. In addition, Adams and Whitaker agreed to participate in both the opening and closing plenary sessions of the assessment.

Facilitators, recorders and technical observers were recruited for each of five breakout groups identified for the assessment. A half-day training workshop was held to orient the facilitators and recorders to the assessment and their roles during the retreat. All five trained faciliators had the experience needed to assist the breakout groups with the assessment process. The technical observers were experts familiar with the National Public Health Performance Standards assessment instrument and were able to serve as a resource to the breakout groups.

IPHFI communicated regularly with participants in advance of the retreat to familiarize them with the state model standards and the logistics of the retreat. In order to break the instrument down into more manageable parts, a series of e-mails were sent. First, participants received the 10 essential services and activities associated with them. One week prior to the retreat, a daily e-mail that included two essential services and the model standards associated with them was sent.

Retreat Format and Implementation

The two-day retreat began on June 14, 2004, with a plenary keynote presentation by Paul Halverson, professor and chair, Department of Health Policy and Management, University of Arkansas for Medical Sciences (UAMS), College of Public Health. While at CDC, Halverson led the effort to develop the performance standards. His presentation focused on the overall public health system, using the results of the assessment process for performance improvement, and a description of the NPHPSP's history and importance. Co-conveners Eric Whitaker and Carol Adams' designee discussed the Illinois public health system and the importance of the assessment in the context of other health initiatives. The assessment process itself also was described.

The retreat drew 76 people representing a wide cross-section of public, private and voluntary organizations: 40 percent represented state government and 60 percent were from local public health, private and voluntary sector organizations. A detailed analysis shows participation from the following sectors: 25 Illinois Department of Public Health staff; five Illinois Department of Human Services staff; five representatives of other state agencies; four members of Boards of Health (state and local); seven staff from local health departments; six academic institution participants; five participants from minority health organizations; five representatives of professional associations; eight staff from health issue groups; two insurance representatives; two representatives of community-based organizations; two members of the business community; six staff of associations of organizations; and on representative from a philanthropic organization.

After the plenary, participants were split into five pre-assigned breakout groups, each focusing on two essential health services. This structure allowed all 10 essential services and 40 standards to be scored over the two-day retreat. Each group had approximately 15 participants. In order to ensure meaningful discussion and as accurate an assessment as possible, participants were assigned to groups based on their areas of expertise and in a manner to promote diversity of viewpoints from different sector partners. The groups were heterogeneous, consisting of state agency, local health department and non-governmental representatives. Each group was given approximately three hours and fifteen minutes to complete the assessment for the essential services it was assigned.

A faciliator, recorder and technical observer worked with each breakout group. The facilitator's role was to make sure the group followed the process developed for the assessment; to assist the group in completing the assessment in the time allowed; to encourage the participation of all group members; and to work toward "reasonable support" in the voting process. The recorder tabulated the group's votes on each assessment question and tracked key discussion points. The technical observer, who was familiar with the assessment instrument, served as a resource to clarify questions and to provide definitions if needed. Technical observers for all of the groups reported back in the wrap-up session on the key issues raised in their breakout sessions.

The same basic process was used in each breakout group; however, there was some variation due to individual group dynamics. In each group, participants were asked to discuss two questions in relation to the model standard:

1) how their organization contributes to meeting the standard and
2) the collective picture of how Illinois is doing related to the standard.

After discussion, the group was asked to vote on each assessment question. Each participant used colored cards to register his/her vote, using the following scale:

- Green - NO ≤ 25 percent of the activity is met by system
- Yellow - LOW PARTIAL 26 percent - 50 percent of the activity is met by system
- Orange – HIGH PARTIAL 51 percent - 75 percent of the activity is met by system
- Red – YES 76 percent - 100 percent of the activity is met by system

This voting scale was displayed on a poster on the wall of each breakout room for participant reference.

The recorder noted the number of votes for each question. If there was wide variation in the voting, the facilitator asked group members if they wanted more opportunity for discussion. If so, after further discussion, the group was offered the chance to re-vote.

For the summary questions focusing on what the overall system achieves and what the state public health agency contributes, a decision was made to define state public health agency as the Illinois Department of Public Health for the purposes of this assessment.

The wrap-up plenary session focused on feedback and reflections from the various sector participants on their breakout group experiences. This session enabled all participants to hear about the key issues raised in each of the essential public health services discussions. Technical observers spoke about their perceptions of strengths and weaknesses in the Illinois public health system related to the essential services their groups assessed.

Results

The Illinois Public Health Futures Instiitute tallied the responses to each of the 882 assessment questions and submitted the data online to the CDC. The CDC completed an analysis of the data and provided summary performance scores for each essentail service, model standard and key activity area. These data are displayed in a variety of text and graphic fomats and are included as an addendum to this report.

The CDC used the following scale for determining the extent to which the model standards are being met:

- Fully met: ≥ 80 points
- Substantially met: 60-79 points
- Partially met: 26-59
- Not met: ≤ 25 points

Limitations

The assessment process had several limitations worth noting. The results reflect self-reported data, based on perceptions and the viewpoints of only those partners who participated in the assessment. The planners attempted to strike a balance between limiting the number of participants to keep the breakout groups at a reasonable size (15-20) and assuring broad and adequate representation of public health system partners. In addition, not all invited organizations participated in the assessment. As a result, some sectors may have been underrepresented.

The assessment instrument is lengthy and complex. In an effort to help familiarize participants with it, parts of the instrument were distributed in advance of the retreat. However, participants still found the instrument lengthy and some of the concepts in the essential services complex and difficult to measure.

Finally, the assessment methods are not yet fully standardized and administration of the assessment instrument can introduce measurement variations. Results and discussion associated with the reported data are for quality improvement and performance improvement for the overall public health system.

Appendix B. CDC Report

NPHPSP State Public Health System Performance Assessment Instrument

Summary Scores

Illinois State (IL001)

Date Submitted: 30JUN2004

Description	Score
EPHS 1: Monitor Health Status	**28.30**
1.1 Planning and Implementation	**33.62**
1_1_1 Develop surveillance programs to measure health status	**52.67**
1_1_2 Organize data in a state health profile	**0.00**
1_1_3 Track state health trends	**31.67**
1_1_4 Compile and provide data to organizations for surveillance	**21.67**
1_1_5 Collaborate to assure timely collection, analysis and dissemination of data	**42.67**
1_1_6 Develop a uniform set of health indicators	**21.67**
1_1_7 Enforce laws and use protocols to protect personal health information and data with personal identifiers	**65.00**
1.2 Technical Assistance and Support	**21.22**
1_2_1 Offer training on the interpretation and use of data	**10.00**
1_2_2 Assist in developing information systems	**0.00**
1_2_3 Provide a standard set of health-related data to partners	**29.44**
1_2_4 Assist in publication of health data useful to the media and health planners	**33.33**
1_2_5 Communicate availability of assistance in health surveillance and data use to local public health systems	**33.33**
1.3 Evaluation and Quality Improvement	**15.00**
1_3_1 Review efforts to monitor health status	**11.67**

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1-800-PHPPO-49 or 1-800-747-7649

NPHPSP State Public Health System Performance Assessment Instrument

Summary Scores

Illinois State (IL001)

Date Submitted: 30JUN2004

Description	Score
1_3_2 Information is used in continuous improvement of data and data systems	33.33
1_3_3 Solicit feedback from partners regarding state health profile development and distribution	0.00
1.4 Resources	43.36
1_4_1 Effectively manage current health status monitoring resources and develop new resources	48.89
1_4_2 Share system-wide resources to monitor health status	33.33
1_4_3 Use technology to monitor statewide health status	60.00
1_4_4 Use personnel with statistical, epidemiological and systems management expertise for health status monitorin	31.21
EPHS 2: Diagnose and Investigate Health Problems	64.21
2.1 Planning and Implementation	58.79
2_1_1 Operate surveillance systems that recognize threats to public health	57.53
2_1_2 Operate a reporting system to identify potential threats to public health	33.33
2_1_3 Collaborate with laboratories with capacity to analyze specimens	70.09
2_1_4 Develop plans to investigate and respond to public health threats	74.22
2.2 Technical Assistance and Support	69.18
2_2_1 Provide assistance to local public health systems and state partners to interpret epidemiologic findings	68.89
2_2_2 Provide laboratory assistance to the local public health systems and state partners	51.11

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Description	Score
2_2_3 Provide local public health systems and state partners with information about possible health threats	56.71
2_2_4 Provide trained on-site personnel to assist communities with investigations	100.00
2.3 Evaluation and Quality Improvement	55.56
2_3_1 Periodically review effectiveness of the state surveillance system	66.67
2_3_2 Periodically review public health threat investigation and response plans	66.67
2_3_3 Review information to improve surveillance system responsiveness to health threats	33.33
2.4 Resources	73.31
2_4_1 Manage current resources to support diagnosis and investigation and develop new resources	82.22
2_4_2 Share system-wide resources to diagnose and investigate health hazards and problems	48.89
2_4_3 Provide screening tests in response to exposures to health hazards	47.50
2_4_4 Use laboratory facilities that support diagnostic investigation of public health threats	75.50
2_4_5 Use laboratory facilities with capacity to identify diseases required by the state or included in National N	100.00
2_4_6 Use in-state laboratories to investigate key diseases and conditions	90.67
2_4_7 Use epidemiologic expertise to identify and analyze public health threats and hazards	76.67
2_4_8 Use multiple disciplines to investigate adverse public health events	65.00
EPHS 3: Inform, Educate, and Empower People	27.16

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Description	Score
3.1 Planning and Implementation	**32.41**
3_1_1 Design and implement health communication, health promotion and education programs	**41.11**
3_1_2 Collaborate to design and implement health communication, health promotion and education programs	**21.86**
3_1_3 Deliver culturally and linguistically appropriate health education and health promotion materials and activi	**0.00**
3_1_4 Use multiple channels to provide current health information, education and promotion services	**66.67**
3.2 Technical Assistance and Support	**25.13**
3_2_1 Enable partners to develop skills to improve community and personal health	**33.33**
3_2_2 Provide technical assistance in health communication, health promotion and education to partners	**21.67**
3_2_3 Assist partners to develop of effective health communication, health education and health promotion strategi	**25.56**
3_2_4 Provide consultation and training relevant to effective health communication and health education\promotion	**19.96**
3.3 Evaluation and Quality Improvement	**26.11**
3_3_1 Periodically review health communication and health education\promotion interventions	**45.00**
3_3_2 Involve the population served in the design and implementation of reviews	**0.00**
3_3_3 Apply review findings to improve health communication and health education\promotion interventions	**33.33**
3.4 Resources	**24.98**
3_4_1 Manage current and develop new health communication and health education\promotion resources	**25.56**
3_4_2 Share system-wide resources to implement health communication, health education and promotion services	**0.00**

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Description	Score
3_4_3 Use resources for effective health communication, and health education and promotion interventions	9.33
3_4_4 Use professional expertise for effective health communication	53.33
3_4_5 Use professional expertise for effective health education\promotion interventions	36.67
EPHS 4: Mobilize Partnerships	25.21
4.1 Planning and Implementation	48.37
4_1_1 Build constituencies to address health issues	51.11
4_1_2 Build partnerships to identify and solve health problems	39.01
4_1_3 Brief state and local policy leaders using established procedures and timelines	55.00
4.2 Technical Assistance and Support	23.33
4_2_1 Provide consultation to local health systems and state partners to build partnerships for community health	23.33
4_2_2 Provide training to local health systems and state partners to build partnerships for community health impro	23.33
4.3 Evaluation and Quality Improvement	7.78
4_3_1 Review constituency-building and partnership facilitation activities	0.00
4_3_2 Review the participation and commitment of its partners	15.56
4.4 Resources	21.35

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Description	Score
4_4_1 Manage current constituency development and partnership mobilization resources and develop new resources	25.56
4_4_2 Share system-wide resources to develop constituencies and mobilize partnerships	10.00
4_4_3 Maintain information about organizations that are current and potential partners	33.33
4_4_4 Commit resources to sustain partnerships	27.50
4_4_5 Utilize workforce expertise in collaborative group processes necessary to assist partners to organize and ac	10.37
EPHS 5: Develop Policies and Plans	22.78
5.1 Planning and Implementation	31.41
5_1_1 Implement statewide health improvement processes that facilitate collaboration	38.00
5_1_2 Include health objectives and improvement strategies in state health improvement plan	5.79
5_1_3 Conduct policy development activities	50.44
5.2 Technical Assistance and Support	13.69
5_2_1 Provide technical assistance to local public health systems and state partners to conduct community health i	21.67
5_2_2 Provide technical assistance to integrate health issues and strategies into local community development plan	0.00
5_2_3 Provide technical assistance to develop local operational plans to address the state health improvement plan	19.19
5_2_4 Provide technical assistance in local health policy development	13.89
5.3 Evaluation and Quality Improvement	11.72

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Description	Score
5_3_1 Review progress towards accomplishing state-wide health improvement	1.81
5_3_2 Periodically review policy impact	0.00
5_3_3 Modify health improvement and policy actions based on reviews	33.33
5.4 Resources	34.30
5_4_1 Manage current resources for health planning and policy and develop new resources	31.11
5_4_2 Share system-wide resources to implement health planning and policy development	17.78
5_4_3 Use workforce expertise in strategic, long-range, and operational planning	43.33
5_4_4 Use workforce expertise in health policy	45.93
5_4_5 Use information systems that provide useful data for policy development and planning	33.33
EPHS 6: Enforce Laws and Regulations	31.83
6.1 Planning and Implementation	42.59
6_1_1 Review state laws and regulations designed to protect public health and safety	51.11
6_1_2 Solicit input on compliance and enforcement issues for laws and regulations reviewed	55.00
6_1_3 Provide education to encourage compliance with public health laws or regulations	24.26
6_1_4 Use written guidelines to administer public health enforcement activities	66.67
6_1_5 Ensure administrative processes are customer-centered	11.67
6_1_6 Enforce health and safety laws and regulations through collaborative efforts	46.83

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Description	Score
6.2 Technical Assistance and Support	**23.47**
6_2_1 Provide technical assistance to local public health systems and state partners to enforce public health laws	**25.56**
6_2_2 Assure enforcement training for enforcement personnel	**23.33**
6_2_3 Provide direct assistance to local public health systems and state partners in complex enforcement operation	**33.33**
6_2_4 Provide local governing bodies with assistance to develop ordinances	**11.67**
6.3 Evaluation and Quality Improvement	**27.50**
6_3_1 Review capacity to conduct enforcement functions within the state	**43.33**
6_3_2 Monitor enforcement procedures to assure for professional conduct of personnel	**66.67**
6_3_3 Review technical assistance provided to local public health systems and state partners regarding enforcement	**0.00**
6_3_4 Make improvements in enforcement activities based on review of findings	**0.00**
6.4 Resources	**33.78**
6_4_1 Manage current resources used to enforce and develop new resources	**25.56**
6_4_2 Share system-wide resources to implement enforcement activities	**7.78**
6_4_3 Use expertise in legislative and regulatory processes	**43.33**
6_4_4 Use workforce expertise to enforce public health laws and regulations	**58.89**
6_4_5 Use workforce expertise to educate those affected by public health laws and regulations	**33.33**

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Description	Score
EPHS 7: Link People to Needed Personal Health Services	**36.63**
7.1 Planning and Implementation	**44.97**
7_1_1 Assess availability of state-wide personal health care services	**51.11**
7_1_2 Collaborate to identify medically underserved populations	**33.33**
7_1_3 Work with health care providers to assure care for persons living in the state	**33.33**
7_1_4 Inform policymakers of barriers to accessing personal health care services	**66.67**
7_1_5 Deliver services and programs to improve access to personal health care	**40.43**
7.2 Technical Assistance and Support	**22.22**
7_2_1 Assist to identify barriers to health care access	**33.33**
7_2_2 Assist in developing partnerships to reduce barriers and promote access to health care for underserved popul	**33.33**
7_2_3 Assist in designing health care delivery programs for underserved populations	**33.33**
7_2_4 Provide health care services at the local level when they cannot be satisfactorily delivered by others	**0.00**
7_2_5 Work with health state partners and local public health systems to coordinate complementary programs to opti	**33.33**
7_2_6 Provide technical assistance to safety-net providers	**0.00**
7.3 Evaluation and Quality Improvement	**43.01**
7_3_1 Review programs that assure the provision of needed personal health services	**50.68**
7_3_2 Incorporate perspectives of those who experience problems with accessibility and availability of health care	**33.33**

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Description	Score
7_3_3 Institute change in programs to assure health care based on findings from monitoring and evaluation activit	45.00
7.4 Resources	36.33
7_4_1 Manage current resources and develop future resources to assure the provision of personal health care	41.11
7_4_2 Share system-wide resources to effectively provide needed personal health care	10.00
7_4_3 Entity responsible for monitoring state-wide personal health care delivery	17.50
7_4_4 Use workforce skills in reviewing health care services	50.83
7_4_5 Use a workforce skilled in the analysis of health services	58.89
7_4_6 Use a workforce skilled in managing health services quality improvement programs	33.33
7_4_7 Use a workforce skilled in the delivery of health care services programs and linking people to needed servi	42.67
EPHS 8: Assure a Competent Workforce	30.62
8.1 Planning and Implementation	41.58
8_1_1 Assess workforce needs to deliver state-wide health care services	41.11
8_1_2 Develop statewide workforce development plan to guide workforce development	16.67
8_1_3 Human resources development programs provide training to enhance needed workforce skills	62.00
8_1_4 Individuals in regulated professions meet prescribed competencies required by law or recommended by state, o	58.89
8_1_5 Support initiatives that encourage life-long learning	27.50
8_1_6 Workforce applies leadership skills to community health improvement activities	43.33

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Description	Score
8.2 Technical Assistance and Support	**37.75**
8_2_1 Assist in completing workforce assessment	**0.00**
8_2_2 Assist in workforce development	**31.67**
8_2_3 Assure availability of educational courses to enhance workforce skills	**52.67**
8_2_4 Facilitate partner linkages to improve educational offerings	**66.67**
8.3 Evaluation and Quality Improvement	**10.46**
8_3_1 Review workforce assessment activities	**10.00**
8_3_2 Assess achievements of workforce development plan	**5.83**
8_3_3 Use performance appraisal programs to stimulate workforce quality improvement	**15.56**
8.4 Resources	**32.69**
8_4_1 Manage current workforce development resources and develop future resources	**25.56**
8_4_2 Share system-wide resources to conduct workforce activities	**23.33**
8_4_3 Use a system of life-long learning for workforce	**46.63**
8_4_4 Use leadership development programs for state wide workforce	**33.33**
8_4_5 Use programs to develop cultural competencies among state wide and personal workforce	**33.33**
8_4_6 Use expertise in management of human resource development programs	**33.33**
8_4_7 Invest in state wide recruitment and retention of qualified health professionals	**33.33**

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Description	Score
EPHS 9: Evaluate Effectiveness, Accessibility and Quality	**27.49**
9.1 Planning and Implementation	**35.40**
9_1_1 Evaluate state wide population-based health service	**30.00**
9_1_2 Evaluate state wide personal health services within the state	**40.31**
9_1_3 Establish and use standards to assess performance of the state health system	**6.67**
9_1_4 Monitor multi-year health programs to assure interventions are appropriately focused to achieve health servi	**33.33**
9_1_5 Use assessment finding to institute quality improvement changes in specific health services	**66.67**
9.2 Technical Assistance and Support	**10.28**
9_2_1 Provide technical assistance in reviewing of population-based and personal health services	**33.33**
9_2_2 Provide technical assistance in evaluating performance of the Essential Public Health Services	**7.78**
9_2_3 Offer consultation service and guidance to conduct consumer satisfaction studies	**0.00**
9_2_4 Share results of performance evaluations with partners for health improvement and strategic planning	**0.00**
9.3 Evaluation and Quality Improvement	**22.22**
9_3_1 Review evaluation and quality improvement	**0.00**
9_3_2 Review evaluation quality improvement activities when weaknesses become apparent	**33.33**
9_3_3 Use results of reviews for improvement of evaluation and quality improvement activities	**33.33**

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1-800-PHPPO-49 or 1-800-747-7649

NPHPSP State Public Health System Performance Assessment Instrument

Summary Scores

Illinois State (IL001)

Date Submitted: 30JUN2004

Description	Score
9.4 Resources	**42.08**
9_4_1 Mange current evaluation resources and develop new resources	**48.89**
9_4_2 Share system-wide resources to effectively conduct evaluation activities	**17.78**
9_4_3 Analytical tools needed to measure and monitor compliance with performance standards for population-based an	**56.67**
9_4_4 Use expertise to establish standards, monitor and develop quality improvement activities to improve performa	**45.00**
EPHS 10: Research for New Insights and Innovative Solutions	**27.23**
10.1 Planning and Implementation	**24.44**
10_1_1 Have a public health research agenda	**29.97**
10_1_2 Implement the public health research agenda	**43.33**
10_1_3 Have statewide communication process for sharing research findings on innovative public health practices	**0.00**
10.2 Technical Assistance and Support	**18.61**
10_2_1 Help with research activities	**21.67**
10_2_2 Assist in use of research findings	**15.56**
10.3 Evaluation and Quality Improvement	**33.33**
10_3_1 Review its ability to engage in public health research	**33.33**

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NPHPSP State Public Health System Performance Assessment Instrument

Summary Scores

Illinois State (IL001)

Date Submitted: 30JUN2004

Description	Score
10_3_2 Review its ability to communicate information on research findings	33.33
10_3_3 Review ability to provide technical assistance with application of research findings in the delivery of Ess	33.33
10_3_4 Review relevance of research activities	33.33
10_3_5 Use findings from reviews to improve research activities	33.33
10.4 Resources	32.56
10_4_1 Manage current research resources and develop new resources	33.33
10_4_2 Share system-wide resources to conduct research activities	7.78
10_4_3 Invest resources in analytical tools necessary to support the research function	45.00
10_4_4 Use workforce expertise to direct research activities	43.33
10_4_5 Use workforce expertise to develop and implement research agendas	33.33
Average Total Performance Score	32.15

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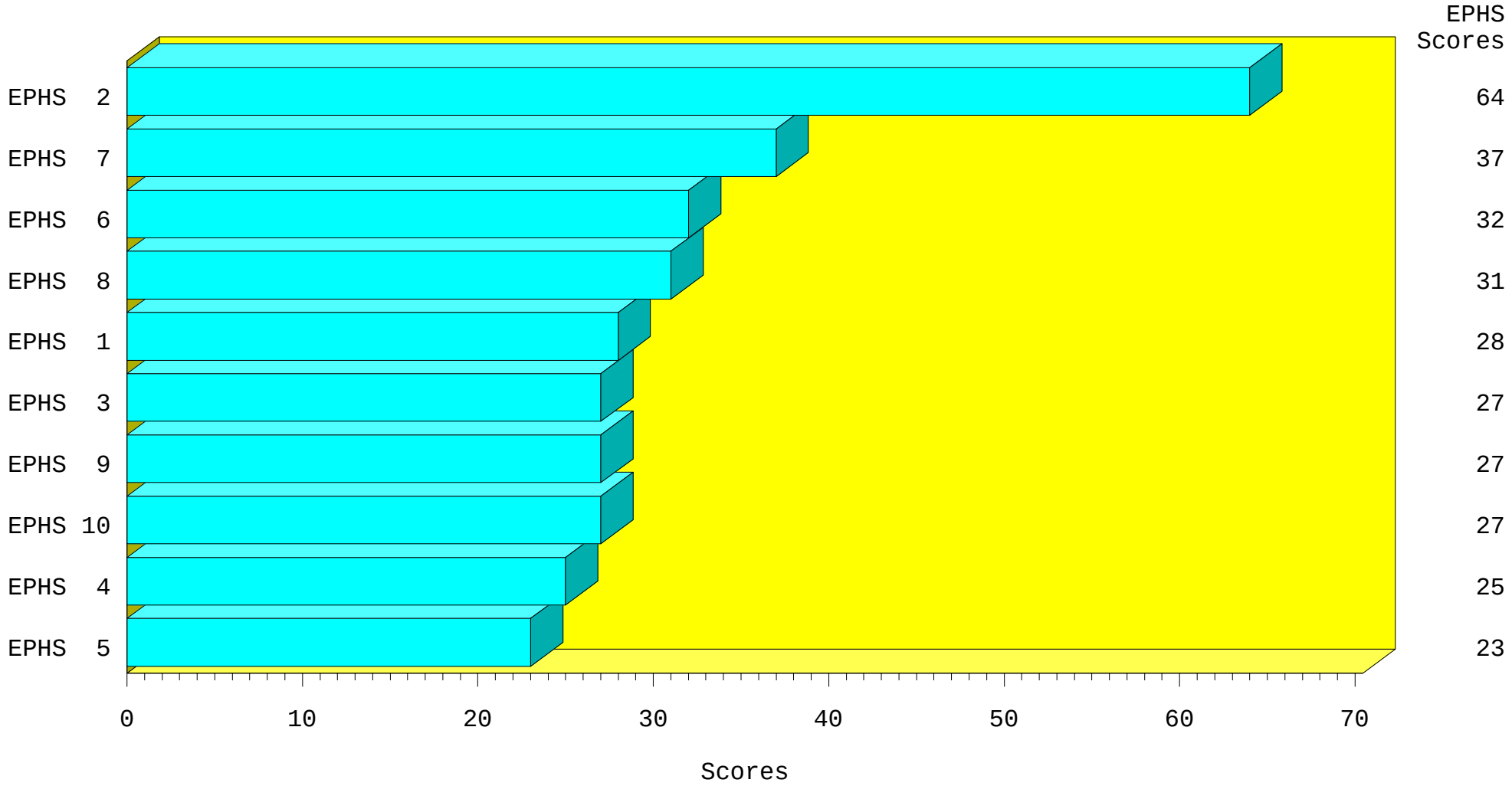
NPHPSP State Public Health System Performance Assessment Instrument

Essential Public Health Service (EPHS) Summary Scores (arranged in descending order)
Illinois State (IL001)
Date Submitted: 30JUN2004



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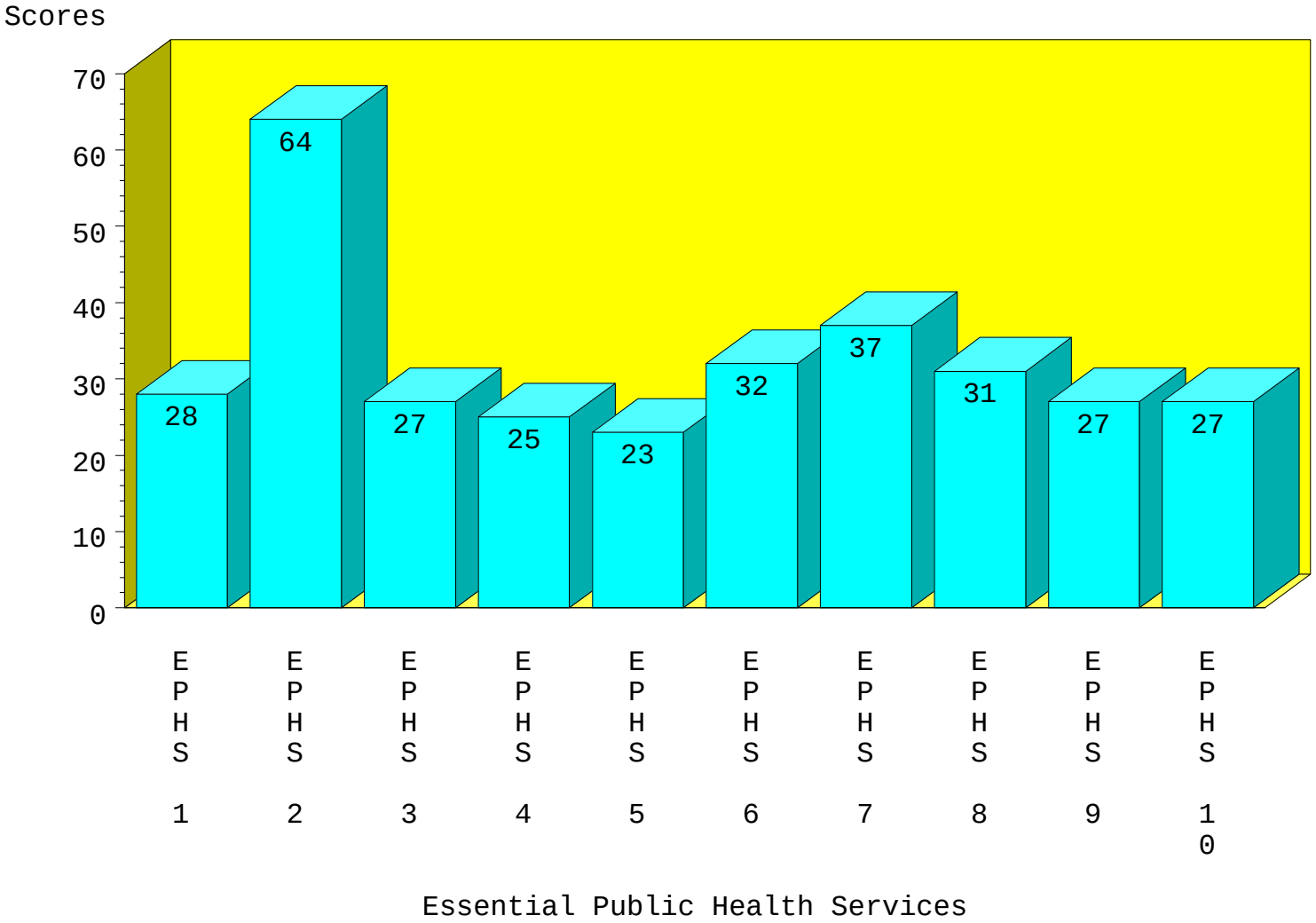
Essential Public Health Service (EPHS) Summary Scores
Illinois State (IL001)
Date Submitted: 30JUN2004



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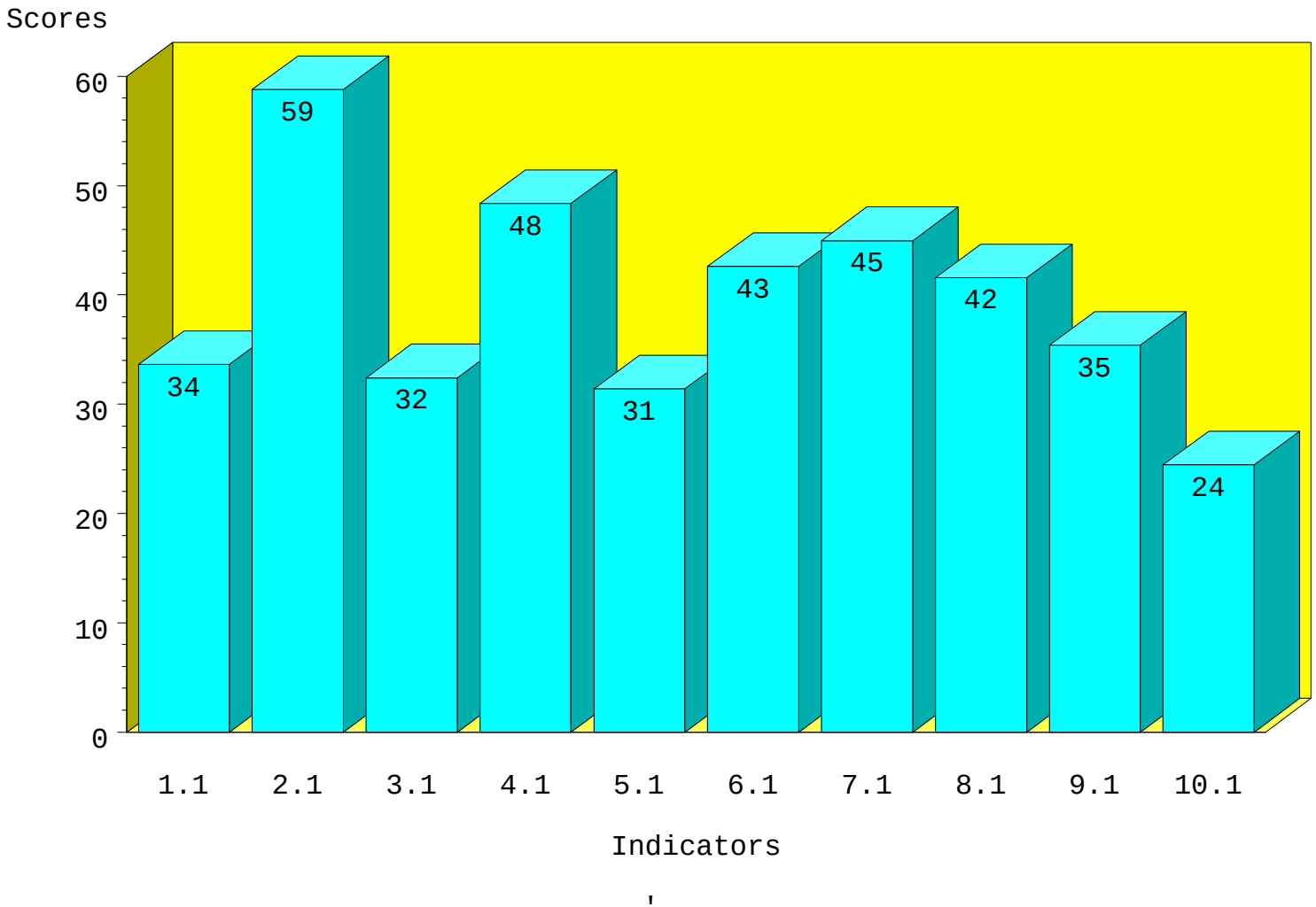
Summary Scores at the Indicator Level
Illinois State (IL001)
Date Submitted: 30JUN2004

Planning and Implementation(1)



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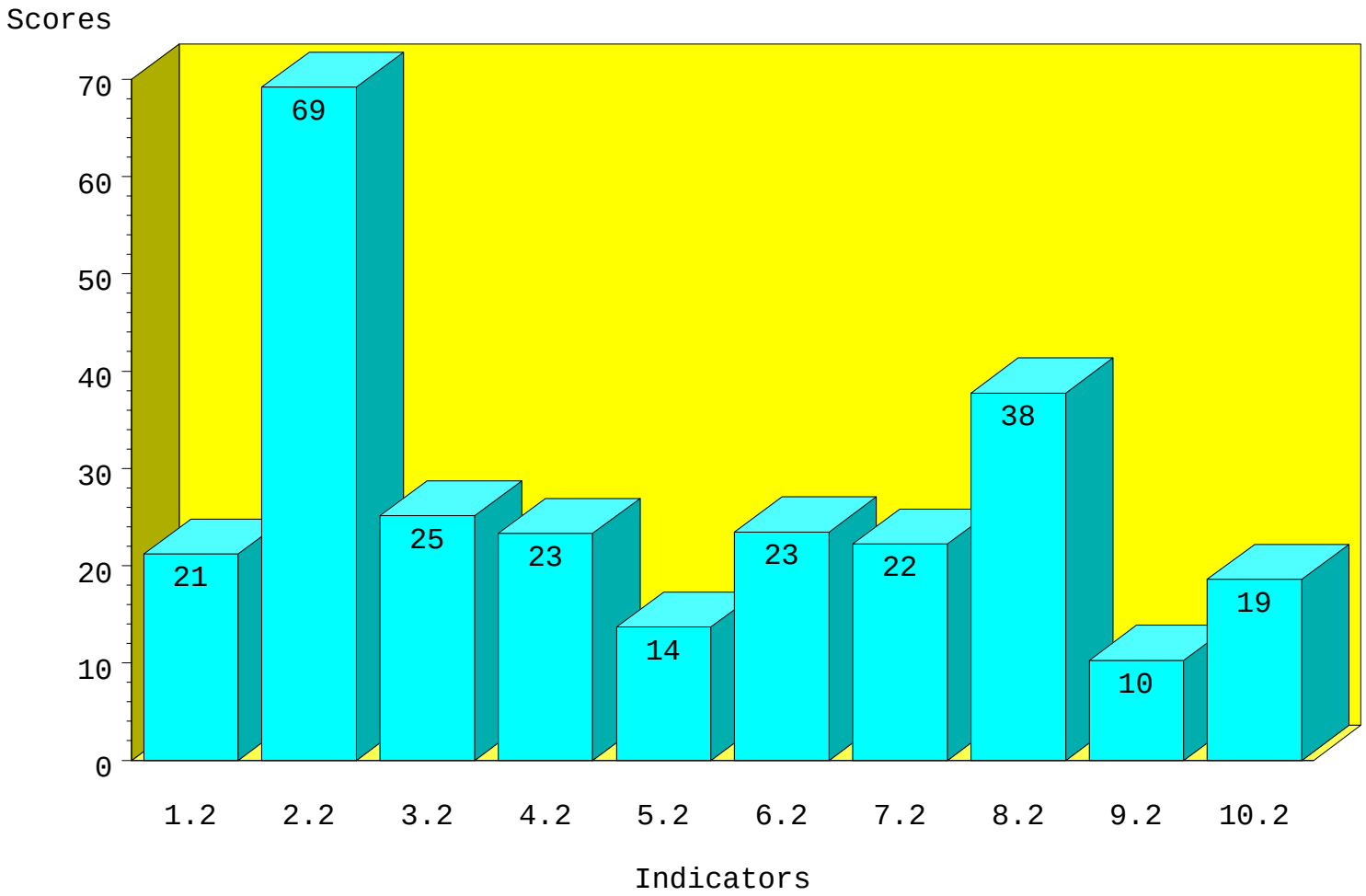
Summary Scores at the Indicator Level
Illinois State (IL001)
Date Submitted: 30JUN2004

Technical Assistance and Support(2)



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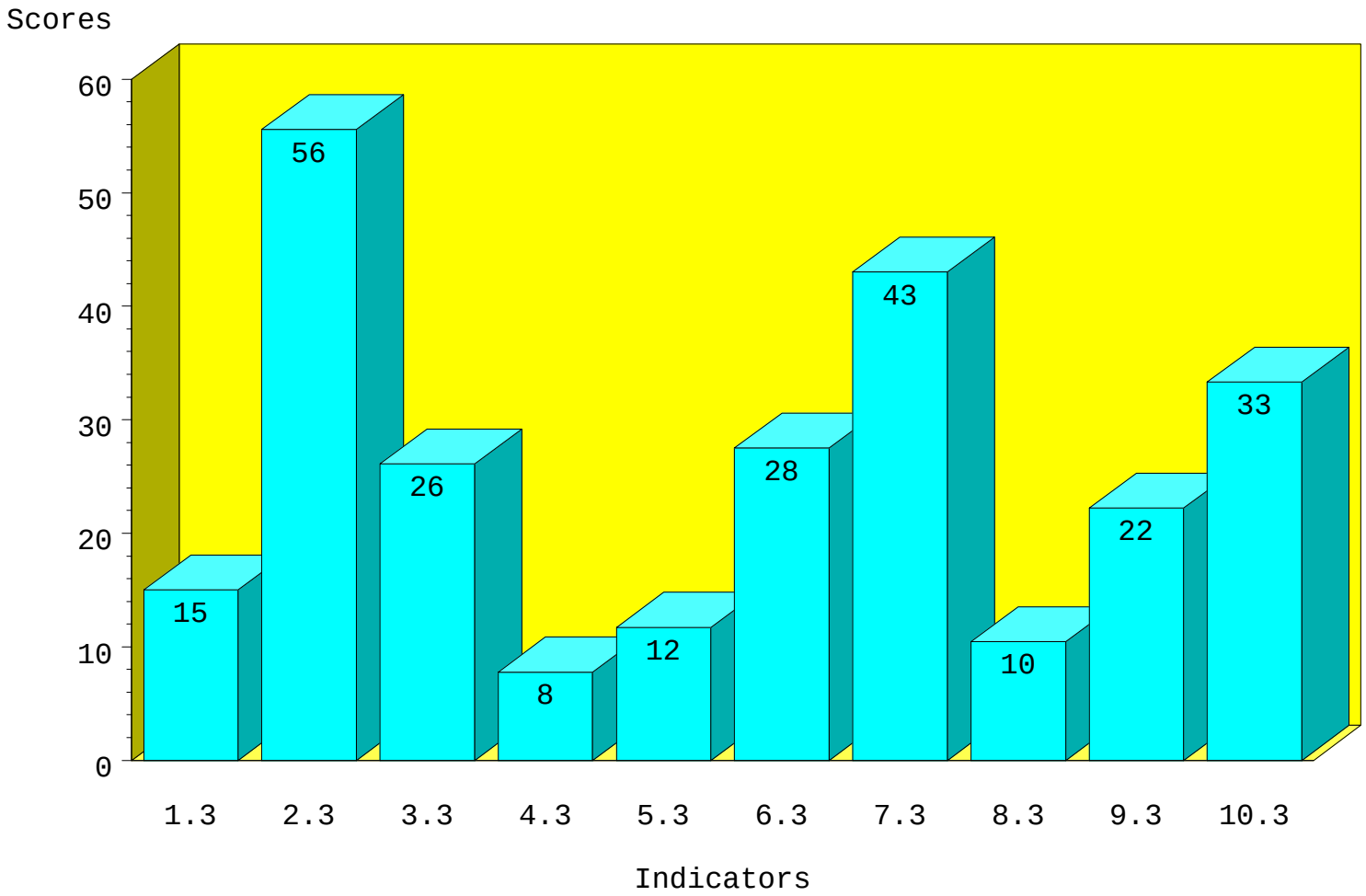
Summary Scores at the Indicator Level
Illinois State (IL001)
Date Submitted: 30JUN2004

Evaluation and Quality Improvement(3)



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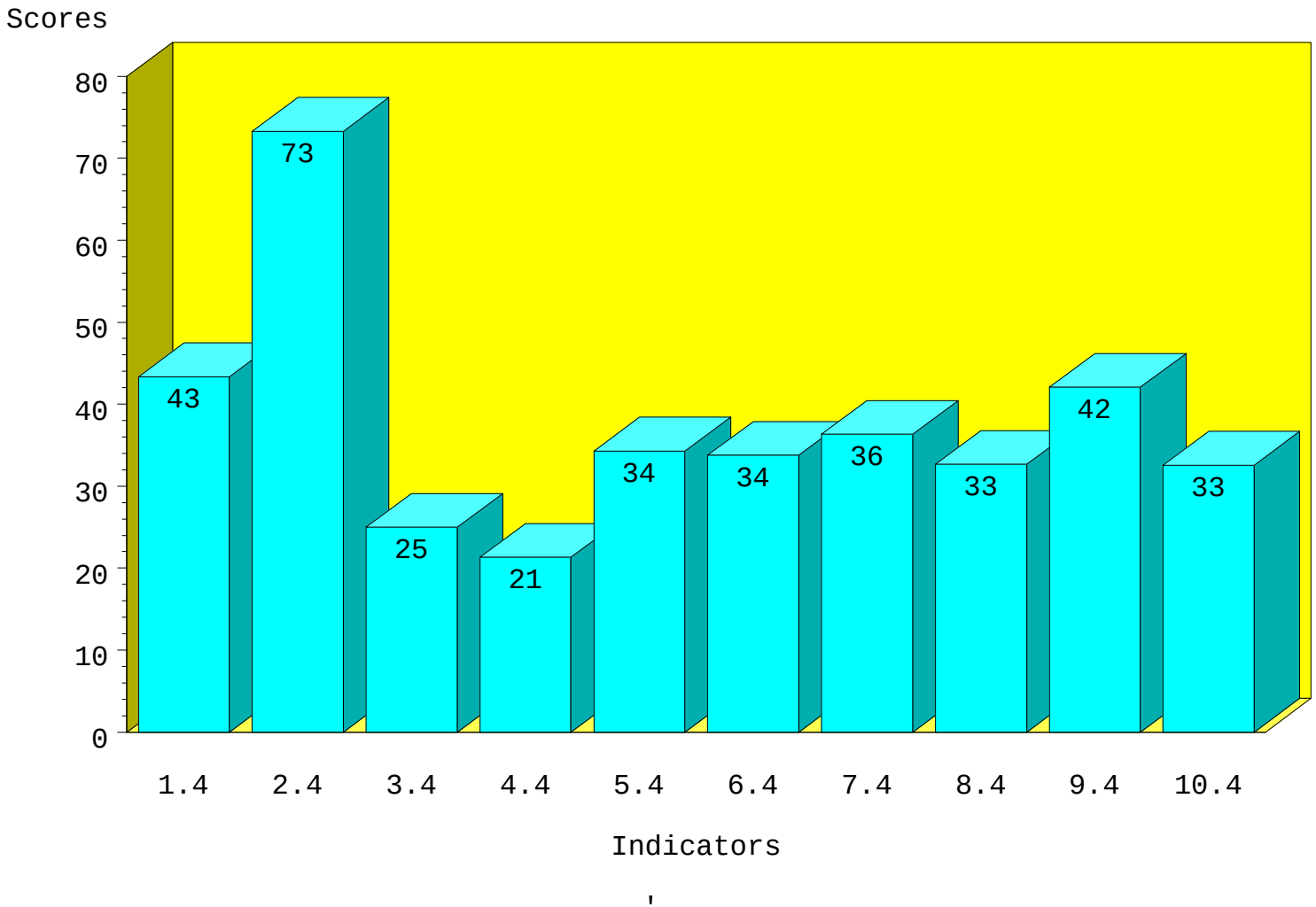
Summary Scores at the Indicator Level
Illinois State (IL001)
Date Submitted: 30JUN2004

Resources(4)



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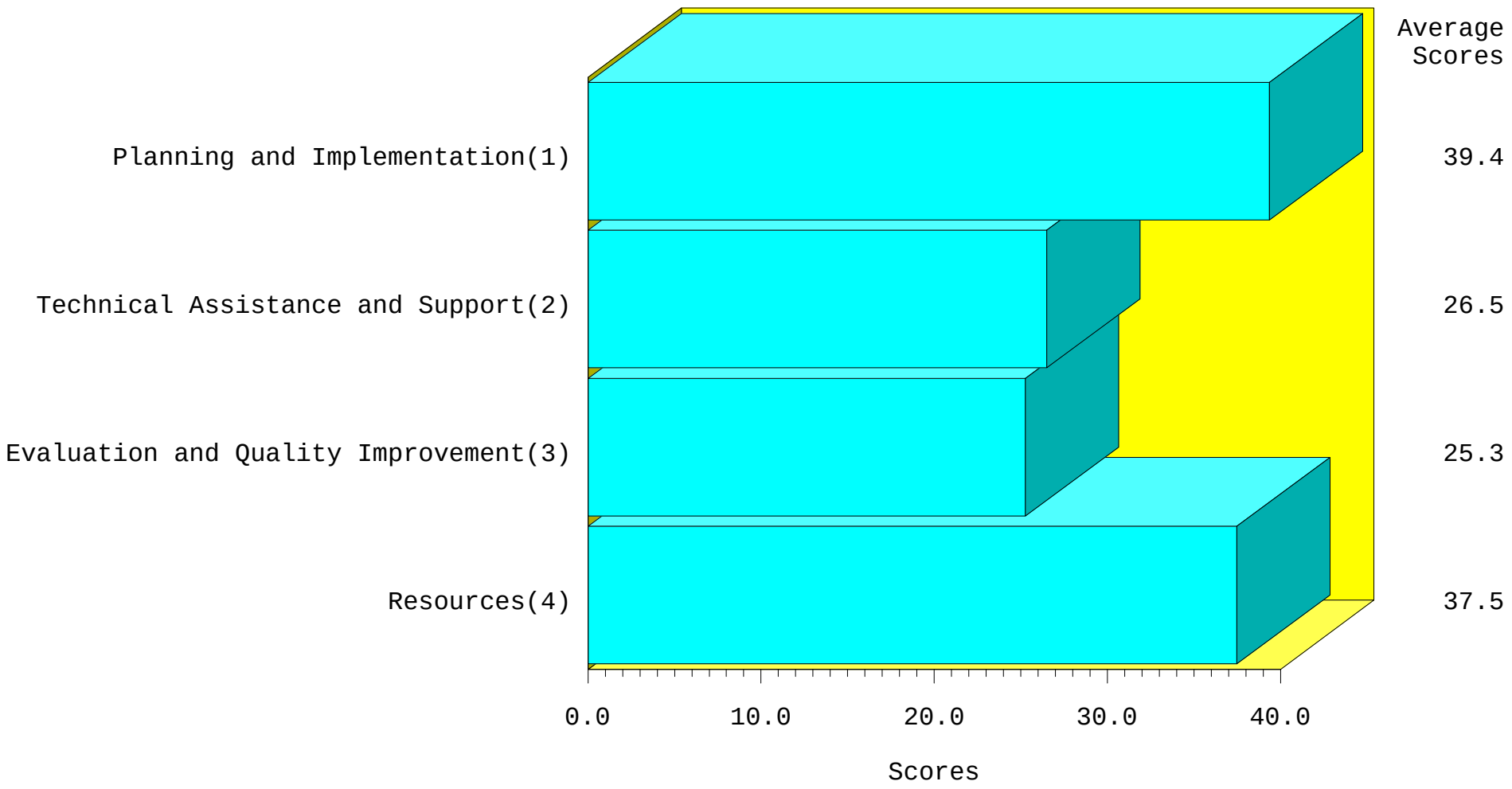
Average Scores for State Indicators Across Essential Services
Illinois State (IL001)
Date Submitted: 30JUN2004



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NPHPSP State Public Health System Performance Assessment Instrument

Summary of Performance on Model Standards

Illinois State (IL001)

Date Submitted: 30JUN2004

Essential Public Health Service	Indicator/Model Standard Met	Indicator/Model Standard Substantially Met	Indicator/Model Standard Partially Met	Indicator/Model Standard Not Met
1: Monitor Health Status				**1.2 Technical Assistance and Support**
			1.1 Planning and Implementation	**1.3 Evaluation and Quality Improvement**
			1.4 Resources	
2: Diagnose and Investigate Health Problems		**2.2 Technical Assistance and Support**		
		2.4 Resources	**2.1 Planning and Implementation**	
			2.3 Evaluation and Quality Improvement	
3: Inform, Educate, and Empower People				**3.2 Technical Assistance and Support**
			3.1 Planning and Implementation	**3.4 Resources**
			3.3 Evaluation and Quality Improvement	
4: Mobilize Partnerships				**4.2 Technical Assistance and Support**
				4.3 Evaluation and Quality Improvement
			4.1 Planning and Implementation	**4.4 Resources**

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NPHPSP State Public Health System Performance Assessment Instrument

Summary of Performance on Model Standards

Illinois State (IL001)

Date Submitted: 30JUN2004

Essential Public Health Service	Indicator/Model Standard Met	Indicator/Model Standard Substantially Met	Indicator/Model Standard Partially Met	Indicator/Model Standard Not Met
5: Develop Policies and Plans				**5.2 Technical Assistance and Support**
			5.1 Planning and Implementation	**5.3 Evaluation and Quality Improvement**
			5.4 Resources	
6: Enforce Laws and Regulations			**6.1 Planning and Implementation**	**6.2 Technical Assistance and Support**
			6.3 Evaluation and Quality Improvement	
			6.4 Resources	
7: Link People to Needed Personal Health Services			**7.1 Planning and Implementation**	**7.2 Technical Assistance and Support**
			7.3 Evaluation and Quality Improvement	
			7.4 Resources	
8: Assure a Competent Workforce			**8.1 Planning and Implementation**	**8.3 Evaluation and Quality Improvement**
			8.2 Technical Assistance and Support	
			8.4 Resources	
9: Evaluate Effectiveness, Accessibility and Quality				**9.2 Technical Assistance and Support**

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NPHPSP State Public Health System Performance Assessment Instrument

Summary of Performance on Model Standards

Illinois State (IL001)

Date Submitted: 30JUN2004

Essential Public Health Service	Indicator/Model Standard Met	Indicator/Model Standard Substantially Met	Indicator/Model Standard Partially Met	Indicator/Model Standard Not Met
			9.1 Planning and Implementation	9.3 Evaluation and Quality Improvement
			9.4 Resources	
10: Research for New Insights and Innovative Solutions				10.1 Planning and Implementation
			10.3 Evaluation and Quality Improvement	10.2 Technical Assistance and Support
			10.4 Resources	

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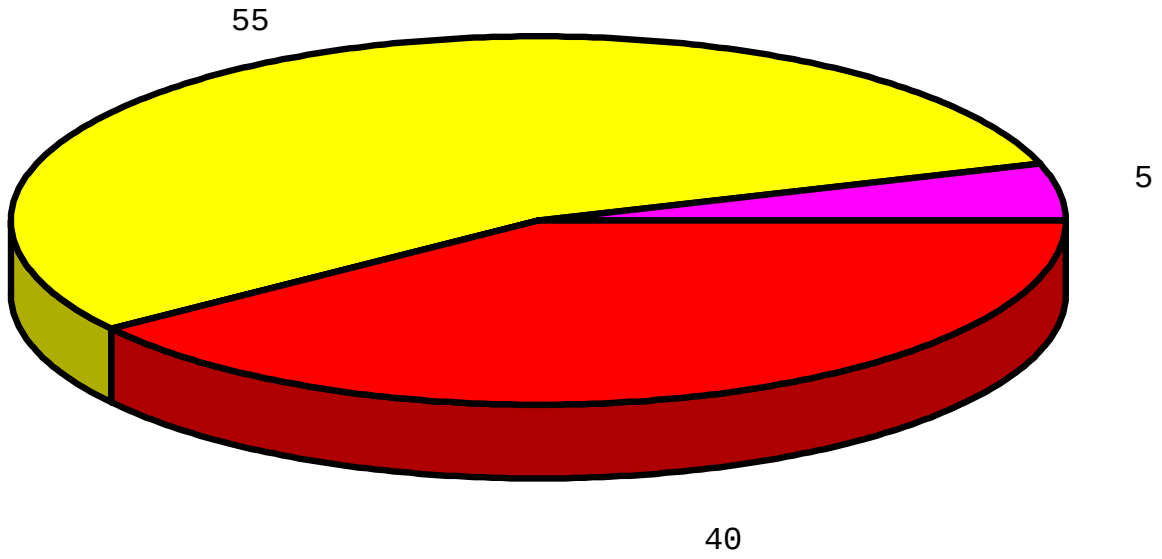
Summary of Performance on Model Standards
Illinois State (IL001)
Date Submitted: 30JUN2004



Substantially Met: Score of between 60 and 80
Partially Met: Score of between 25 and 60
Not Met: Score of 25 or less

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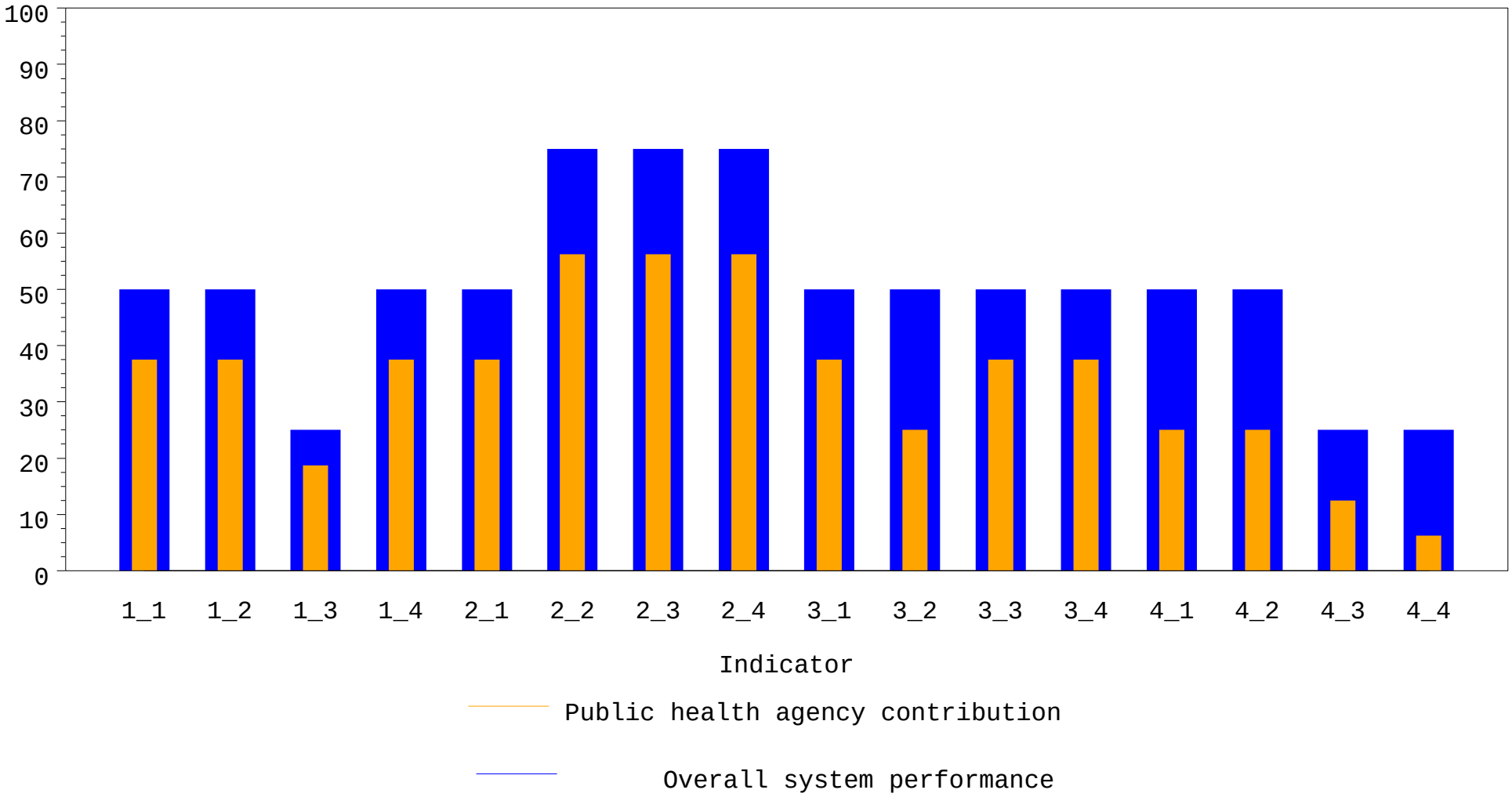
System Performance and Agency Contribution - Summary Question Responses
Illinois State (IL001)
Date Submitted: 30JUN2004



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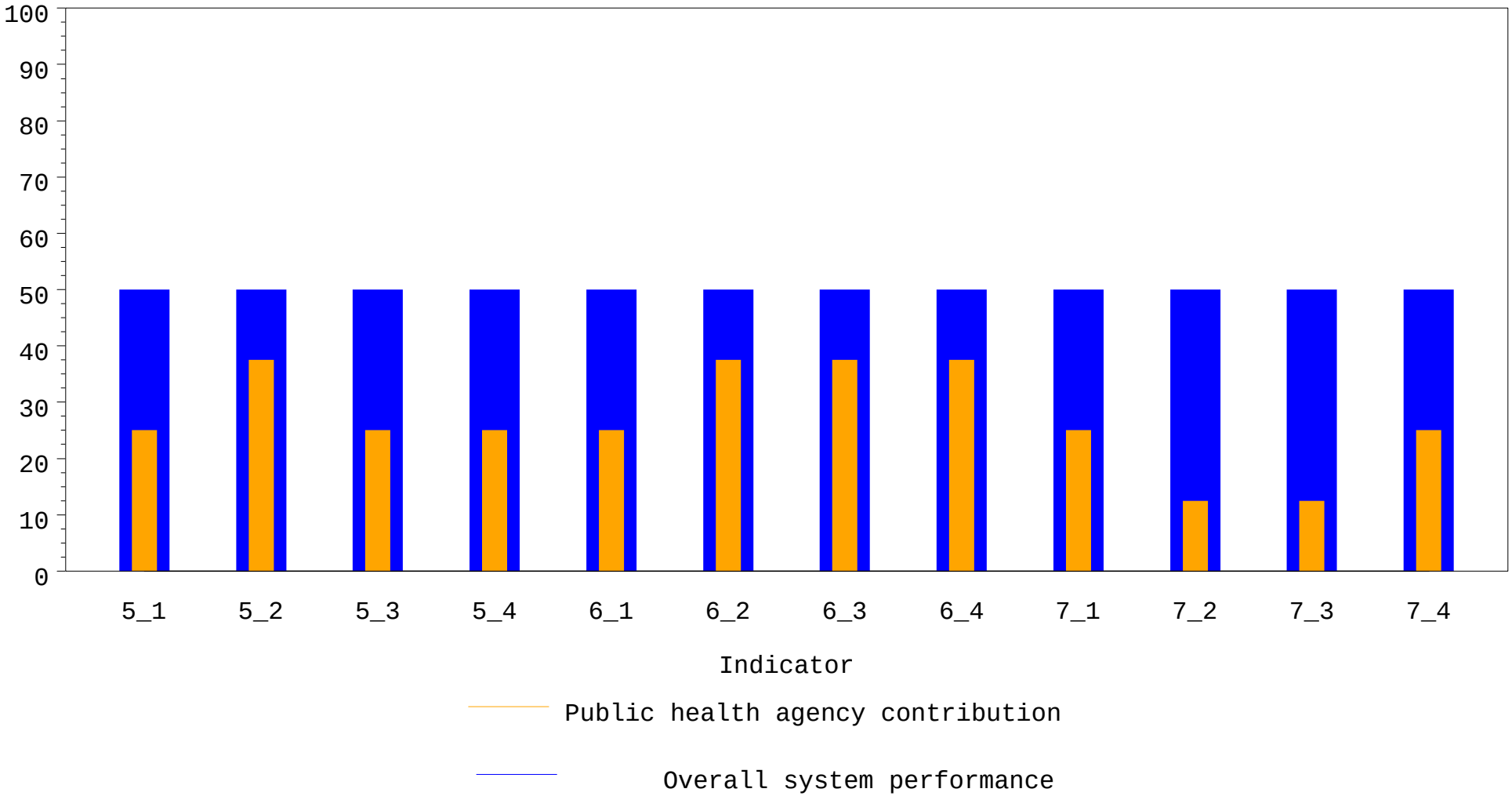

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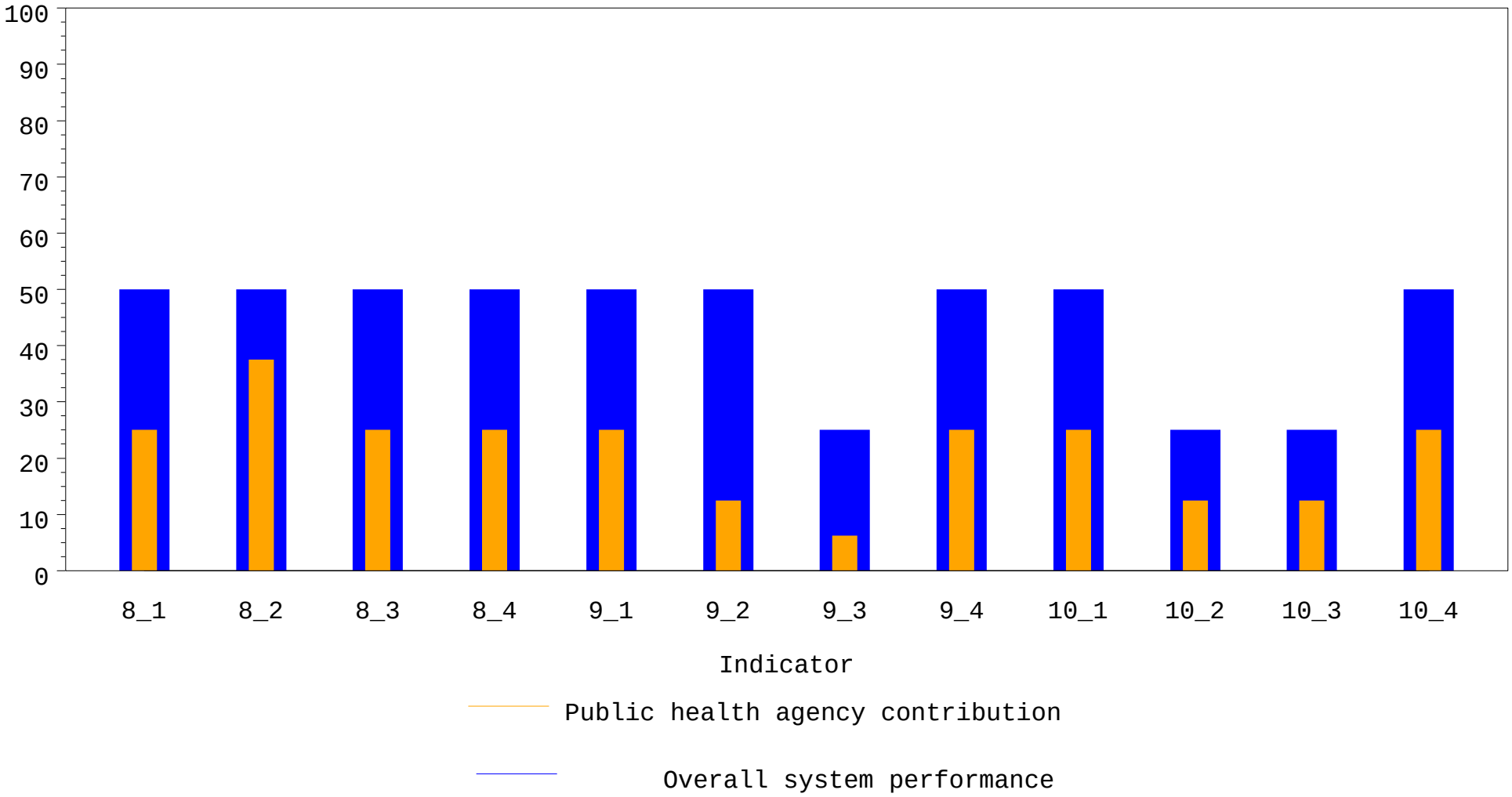

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Appendix C. Participant Organizations

AIDS Foundation of Chicago
American Cancer Society, Illinois Division
American Heart Association, Midwest Affiliate
Asian Health Coalition of Illinois
Blue Cross Blue Shield of Illinois
Chicago Department of Public Health
Community Memorial Foundation
Health and Medicine Policy Research Group
Heartland Human Care Services
Illinois Association of Agencies and Community Organizations for Migrant Advocacy
Illinois Association of Local Boards of Health
Illinois Criminal Justice Information Authority
Illinois Department of Human Services
Illinois Department of Public Aid
Illinois Department of Public Health
Illinois Department of Public Health Minority Health Advisory Committee
Illinois Hospital Association
Illinois Maternal and Child Health Coalition
Illinois Migrant Council
Illinois Nurses Association
Illinois Primary Health Care Association
Illinois Public Health Association
Illinois Restaurant Association
Illinois Rural Health Association
Illinois State Board of Health
Illinois State Medical Society
Illinois Violence Prevention Authority
Jefferson County Health Department
Jewish Federation of Metropolitan Chicago
Kane County Health Department
Loyola University Chicago School of Law
Macon County Health Department
Mental Health Association in Illinois
Metropolitan Chicago Health Care Council
Midwest Hispanic Health Coalition
Office of the Attorney General
Prevention First
St. Clair County Health Department
Southern Illinois University School of Medicine
Stephenson County Health Department
University of Illinois at Chicago
UIC Center for Population Health and Health Disparities
University of Illinois Urbana-Champagne
Vermilion County Board of Health
Village of Oak Park

Illinois Public Health Futures
INSTITUTE

Steering Committee

Co-chairs:
Illinois Department of Public Health
United Way of Illinois

American Cancer Society, Illinois Division
American Red Cross in Illinois
Chicago Partnership for Public Health
The Honorable Elizabeth Coulson, MBA, P.T., State Representative
Decatur Community/Macon County Partnership
Health & Medicine Policy Research Group
Illinois Association of Health Plans
Illinois Association of Public Health Administrators
Illinois Department of Human Services
Illinois Department of Public Aid
Illinois Department of Public Health
IDPH Minority Health Advisory Council
Illinois Environmental Council
Illinois Hospital Association
Illinois Nurses Association
Illinois Primary Health Care Association
Illinois Public Health Association
Illinois Rural Health Association
Illinois State Board of Health
Illinois State Medical Society
Illinois Violence Prevention Authority
Midwest Business Group on Health
St. Clair County Partnership
The Honorable Donne E. Trotter, State Senator
United Way of Illinois
University of Illinois/Chicago School of Public Health

Executive Director
Elissa J. Bassler
E-mail: ebassler@idph.state.il.us

Special Projects Director
Laura B. Landrum
E-mail: llandrum@idph.state.il.us

Illinois Public Health Futures Institute
c/o Illinois Department of Public Health
100 W. Randolph St., Suite 6-600
Chicago, IL 60601
Phone : 312-814-2610
Fax: 312-814-1503
Web Site:
http://app.idph.state.il.us/phfi

Appendix D. Retreat Agenda

FROM SILOS TO SYSTEMS:
AN ASSESSMENT OF ILLINOIS' PUBLIC HEALTH SYSTEM
Hyatt Regency Oak Brook
June 14, 2004

9:30am **Registration**
Continental Breakfast - *Essex Ballroom*

PLENARY SESSION – *Essex Ballroom*

10:00am **Welcome**
- **Elissa J. Bassler**
  Executive Director, Illinois Public Health Futures Institute

10:10am **Introductions**
Retreat Moderator:
- **Richard H. Sewell, MPH**
  President, Sewell and Associates; Clinical Assistant Professor, Health Policy and Administration, University of Illinois School of Public Health
- **Adrienne E. White, MPH**
  Vice President of Health Initiatives and Advocacy, American Cancer Society - Illinois Division

10:25am **Keynote: National Public Health Performance Standards Program**
- **Paul K. Halverson, DrPH**
  Professor and Chair, Department of Health Policy and Management, University of Arkansas for Medical Sciences (UAMS), College of Public Health

11:10am **The Illinois Public Health System: Leading the Way**
Retreat Co-Conveners:
- **Dr. Eric E. Whitaker, MD, MPH**
  Director, Illinois Department of Public Health
- **Carol L. Adams, PhD**
  Secretary, Illinois Department of Human Services

11:30am **Conducting the Assessment: Our Approach**
- **Richard H. Sewell**

11:45am **Lunch**- *Kent 1, 2, 3*

12:30pm **PERFORMANCE STANDARDS ASSESSMENT BREAKOUTS**
Group A: Essential Service #1 - Harger
Group B: Essential Service #3 - Camden
Group C: Essential Service #5 - Ogden
Group D: Essential Service #7 - Windsor
Group E: Essential Service #8 - Butterfield

2:00pm **Break/Snack** - *Essex Ballroom*

2:15pm **Continue Performance Standards Assessment Breakouts**

4:00pm **Reconvene and Closure Day 1** - *Essex Ballroom*
- **Richard H. Sewell**

4:15pm **Adjourn**

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United Way of Illinois

American Cancer Society, Illinois Division
American Red Cross in Illinois
Chicago Partnership for Public Health
The Honorable Elizabeth Coulson, MBA, P.T., State Representative
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FROM SILOS TO SYSTEMS:
AN ASSESSMENT OF ILLINOIS' PUBLIC HEALTH SYSTEM
Hyatt Regency Oak Brook
June 15, 2004

8:30am **Breakfast** - *Essex Ballroom*

9:00am **PERFORMANCE STANDARDS ASSESSMENT BREAKOUTS**
Group A: Essential Service #2 - *Harger*
Group B: Essential Service #4 - *Camden*
Group C: Essential Service #6 - *Ogden*
Group D: Essential Service #9 - *Windsor*
Group E: Essential Service #10 - *Butterfield*

10:15am **Break/Snack** - *Essex Ballroom*

10:30am **Continue Breakouts**

12:30pm **Lunch** – *Kent 1, 2, 3*

PLENARY SESSION – *Essex Ballroom*

1:15pm **Putting the Pieces Together: Reflections and Discussion**
- **Richard H. Sewell, MPH; Paul K. Halverson, DrPH**

Technical Advisors' Observations and Group Synthesis:
- **Joyce D.K. Essien, MD, MBA**
  Director, Center for Public Health Practice, Rollins School of Public Health, Emory University
- **Laura B. Landrum**
  Special Projects Director, Illinois Public Health Futures Institute; Consultant on Performance Standards, Association of State and Territorial Health Officials
- **Jeffrey Todd, MS, CAE**
  Administrator, Stephenson County Health Department

2:30pm **Next Steps for Illinois: A Call to Action**
Co-Conveners:
- **Dr. Eric E. Whitaker, MD, MPH**
- **Carol L. Adams, PhD**

2:50pm **Closure**
- **Richard H. Sewell**
- **Elissa J. Bassler**

3:00pm **Adjourn**