HEALTHY CHICAGO 2025

CHICAGO
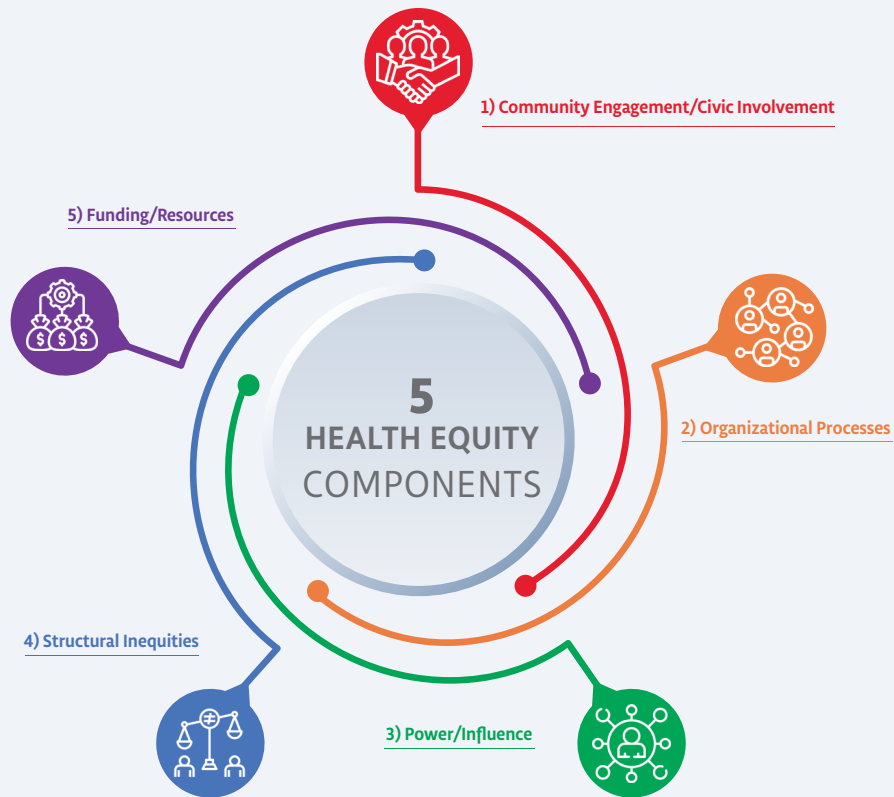
Mayor Lori E. Lightfoot

Public Health System

Health Equity Capacity Assessment (HECA)

Purpose: Chicago's local public health system is a multi-sector, diverse compilation of public and private organizations, agencies, coalitions and governmental entities whose collective efforts provide and assure the ten essential public health services. To meaningfully plan for improving community health, it is crucial to analyze the capacities of the local public health system—the strengths along with the challenges. Health and racial equity are the guideposts of Healthy Chicago 2025; therefore, the purpose of this assessment was to determine local public health system capacity to forward health equity in all the ten essential public health services, which became the Health Equity Capacity Assessment (HECA).

Bringing diverse organizations together was another benefit of the HECA. Many of these organizations do not associate their work with the public health system, however by coming together for this assessment, many of these organizations recognized how we can all work collectively to address health equity.

Process: The Chicago Department of Public Health (CDPH) and the Partnership for Healthy Chicago (Partnership) formed a committee of eight people, including external subject matter experts, to develop the assessment approach, develop the assessment tool, plan the workshop and assess findings. Foundational to the assessment was identifying the components of health equity, which committee members did through literature reviews of available research. Five health equity components emerged and are outlined on the following page.

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5 HEALTH EQUITY COMPONENTS

1) Community Engagement/Civic Involvement
2) Organizational Processes
3) Power/Influence
4) Structural Inequities
5) Funding/Resources

The committee developed a maximum of six questions for each of the essential services based on the focus of the health equity components. External stakeholders reviewed and refined the questions as part of the tool development process. (See assessment tool on page 7).

The workshop was held on March 5, 2019, when 79 stakeholders came together to discuss health equity and score the public health system. Participants were assigned to groups based on their knowledge of the essential service and discussed how we are working toward health equity. The groups also scored the questions based on system capacity using on the following Likert scale.

0	1	2	3	4	5	6
Don't know/ not confident	Falls far below expectations	Falls below expectations	Partially meets expectations	Meets expectations	Exceeds expectations	Far exceeds expectations

CDPH staff, committee members and other partners led the meeting and assisted with facilitation and notetaking. The Contractor and university students tabulated the scores and discussion notes, which were presented as part of the Community Health Assessment process to the Partnership on April 26, 2019.

FINDINGS:

Scores were tabulated by both the essential public health service and the health equity component(s) aligned to each question. The average of both these approaches was 2.1 (falls below expectations). While the scores point to the need for all these areas to be strengthened, the rank reveals which services and components within Chicago's local public health system are performing relatively better or worse.
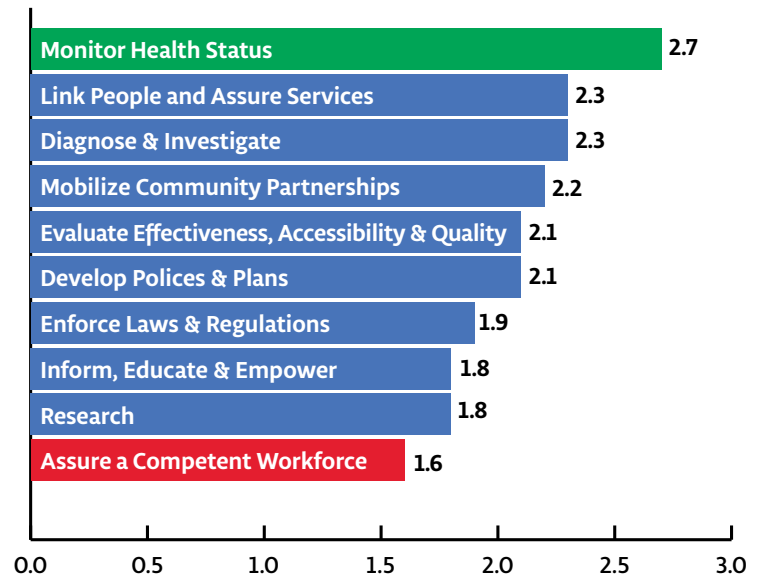
Essential Public Health Services:

Participants scored the essential service *Monitoring Health Status to Identify Community Health Problems* the highest of all the services. (Figure 1) This work includes assessing community health, identifying threats, paying attention to populations at higher risk and collaborating with stakeholders. This work is rooted in health equity and while, still falls below participants' expectations, was being conducted with the goal of health equity. The lowest-scored essential services was *Assuring a Competent Public Health and Personal Health Care Workforce*, including providing training, education and quality improvement for public health workers to best serve the community and carry out the essential public health services. Workshop participants acknowledged many deficiencies in this area that limit the ability to move us toward health equity.

Figure 1: Health Equity Capacity by Essential Public Health Service

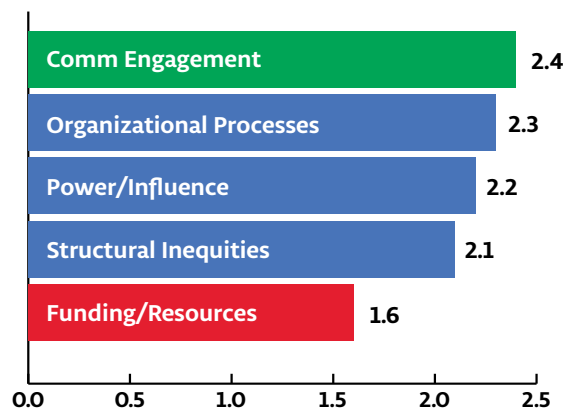| Service	Score
Monitor Health Status	2.7
Link People and Assure Services	2.3
Diagnose & Investigate	2.3
Mobilize Community Partnerships	2.2
Evaluate Effectiveness, Accessibility & Quality	2.1
Develop Polices & Plans	2.1
Enforce Laws & Regulations	1.9
Inform, Educate & Empower	1.8
Research	1.8
Assure a Competent Workforce	1.6

Average Score: 2.1

Health Equity Components:

Each of the questions were connected to one or more health equity components. Scores were tabulated and *Community Engagement/ Civic Involvement* scored the highest among the health equity components and *Funding/Resources* scored lowest (Figure 2). The following section summarizes the discussions, including successes, challenges and opportunities for each of the health equity components:

Figure 2: Health Equity Capacity by Health Equity Component

Component	Score
Comm Engagement	2.4
Organizational Processes	2.3
Power/Influence	2.2
Structural Inequities	2.1
Funding/Resources	1.6

Average Score: 2.1

1 Community Engagement/ Civic Involvement *(Average score of 2.4)*

Successes: The public health system continues to recognize the importance of community engagement in all their work to develop effective interventions and plans, and to also make space for communities and individuals to use their power as an essential component of health equity. Community Engagement is seen as an "artform," with several local organizations, including faith-based, excelling in their approaches.

Challenges: With a long history of disinvestment and lack of governmental and organizational transparency, many community members do not trust the authenticity or motives of community engagement efforts. Many organizations and coalitions do not invest, or invest adequately, in the capacity, funding, time or relationship building required to fully partner and engage with communities. Many others have difficulty fitting their work into current community engagement models.

Opportunities: As more sectors and community-based organizations participate as part of the public health system, we all can benefit from the variety of experience and expertise of these hyper-local organizations. Opportunities exist for the public health community to build on existing models and approaches and make a collective commitment to prioritize growth in community engagement capacity. The public health system can also engage funders to encourage authentic community engagement and support development of these skills within the organization and for community members.

2 Organizational Processes
(Average score of 2.3)

Successes: Some public health system organizations are updating their processes to strengthen their approach to reduce health inequities. This is being done through innovation and tracking health and racial equity indicators. Organizations are training their staff on racial and health equity and reviewing policies and procedures to become trauma informed. Many organizations are joining coalitions that are discussing organizational processes, including hiring and workforce development, that will strengthen health equity.

Challenges: Although more organizations are embracing equity in their vision, many do not have the operational bandwidth to fully implement needed changes. With limited expertise, shifting priorities and funding focus on specific health conditions, organizations are making little progress on assessing, adapting, implementing and evaluating their processes.

Opportunities: A Health in All Policies approach that requires organizations to consider the health effects of their policies and processes, is a good model that organizations can use to improve their internal efforts to forward health equity. Like-minded organizations can join in collective impact with people with lived experience to analyze and develop model policies and processes that can be adapted to individual organizations. As the call to address equity, investigative, surveillance and data gathering processes need to include equity indicators and share their findings.

Power and Influence
3

(Average score of 2.2)

Successes: A few organizations are fully engaging with community members, i.e., sharing community decision-making authority. As with community engagement, more public health system organizations are starting to talk about community decision-making.

Challenges: Although organizations are talking about community decision-making and sharing power, the actual practice is rare, with limited focus on developing community leaders. Imbalances are barriers to this work, including abuses of power over marginalized communities and patients—both intentional and unintentional. Organizations do not know how to foster and respond to community power in most of their work processes. In addition, many community members do not feel they have the power or privilege to question those in authority—oftentimes due to their experience.

Opportunities: A paradigm shift within the public health system is required to realize this health equity component. With so many organizations focused on equity in the past five years, learning how to integrate community power and influence is a next step that could be approached through structures to drive community efforts. The public health system can foster leadership development and empower people, including youth, to understand their innate power in influencing the health and vitality of their communities.

Structural Inequities
4

(Average score of 2.1)

Successes: Many sectors of the public health system speak about structural inequities and social determinants of health, including the public health department, health systems and faith communities. Reports and studies provide data and recommendations (e.g., The Cost of Segregation Report by the Metropolitan Planning Council) to address key issues. Organizations are training their staff on health equity and discussing racism. The system is also working to promote equity indices and broaden cross sector data on social determinants of health.

Challenges: To make significant changes in people's lives, the whole public health system must be committed to dismantle racism and address root causes of inequities. This is a substantial reach for many organizations, especially for those that do not recognize their connection to the public health system. Leaders and staff must be able to talk openly about racism and historical inequities for which their organizations may be responsible. Other challenges are the lack of common definitions and indicators health equity concepts, making measurement difficult.

Opportunities: Health and racial equity are key values of the public health system. As such, we have the opportunity and responsibility to bring communities and organizations together to design and implement deep systems-level changes that will address these challenges.

Funding/Resources
5
(Average score of 1.6)

Successes: Funders are working more closely with other members of the public health system as they support similar goals and approaches, including use of Healthy Chicago 2.0 to inform priorities. Funders are starting to adjust their grant deadlines including allowing organizations more time to realize goals. The advent of cross-sector partnerships has increased access to more diverse sources of funding. For example, the Chicago Area HIV Integrated Services Council (CAHISC) initiated funding for social determinants and community development. Access to data to identify priorities and monitor outcomes, available in the Chicago Health Atlas, helps secure funding based on a data-driven approach.

Challenges: Current funding does not support the public health system to fully address health equity. Funding can be siloed, reactive, misdirected and disconnected from the actual community needs. In particular, funding is rare in areas needed to build up the system's focus on health equity, including research into historical context, understanding of intersectionality, activism and community development.

Opportunities: Many foundations have taken it upon themselves to address equity, both internally and through the grants they award. The public health system can work with foundations to strengthen their health equity portfolios. This could happen by adapting grant requirements to ensure community organizations can comply with processes and funding broad range of health equity work (e.g., Community Health Workers, leadership development, research, data, etc.). The public health system can collaborate and develop innovative models to ensure efficient use of resources.

Public Health System Health Equity Capacity Assessment

Essential Public Health Service 1:

Monitoring Health Status to Identify Community Health Problems

- Assessing, accurately and continually, the **community's health status**
- Identifying **threats to health**
- Determining **health service needs**
- Paying attention to the health needs of **groups that are at higher risk** than the total population
- Identifying **community assets and resources** that support the public health system in promoting health and improving quality of life
- Using appropriate **methods and technology to interpret and communicate data** to diverse stakeholders
- Collaborating with other stakeholders, including private providers and health benefit plans, to **manage multi sectorial integrated information systems**

> **What's going on in our community?**
> **Do we know how healthy we are?**

At what level does the local public health system…

1. Conduct community health assessments that monitor inequities in health and well-being?

2. Monitor and analyze institutional practices and policies that produce and sustain health inequities?

3. Ensure authentic participation of community members and people with lived experiences in health assessments by building trusted partnerships that expose the sources of and context in which inequities occur, gather information about community assets and resources and interpret and communicate data?

4. Use innovative technologies and engagement strategies to produce and analyze data, identify the health priorities of community members and apply assessment results to advance health equity?

5. Include the historical context of injustices and structural inequities in analyses of current health threats?

6. Ensure adequate, equitable and consistent funding to conduct this Essential Service at a high level of quality?

Public Health System Health Equity Capacity Assessment

Essential Public Health Service 2:

Diagnosing and Investigating Health Problems and Health Hazards in the Community

- Accessing a public health **laboratory** capable of conducting **rapid screening and high-volume testing**
- Establishing **active infectious disease epidemiology** programs
- Creating **technical capacity for epidemiologic investigation** of disease outbreaks and patterns of infectious and chronic diseases, injuries, and other adverse health behaviors and conditions

> **Are we ready to respond to health problems or health hazards in our community?**
>
> **How quickly do we find out about problems?**
>
> **How effective is our response?**

At what level does the local public health system…

1. Fully engage and educate providers serving people affected by health inequities to ensure consistent and high-quality reporting on disease and social determinants of health?

2. Ensure that surveillance systems and other public health investigative efforts conduct comprehensive outreach and public education so that historically marginalized or underrepresented populations are not overlooked?

3. Ensure diagnostic and investigation efforts address the root causes of health and systems that perpetuate health inequities?

4. Use non-traditional diagnostic approaches and data analyses to address health threats and engage people affected by health inequities?

5. Develop response plans to address major health threats that are tailored to meet the needs of people affected by health inequities?

6. Ensure adequate, equitable and consistent funding to conduct this Essential Service at a high level of quality?

Public Health System Health Equity Capacity Assessment

Essential Public Health Service 3:

Inform, Educate and Empower People about Health Issues

- Creating **community development** activities
- Establishing **social marketing** and **targeted media** public communication
- Providing **accessible health information** resources at community levels
- **Collaborating with personal healthcare providers** to reinforce health promotion messages and programs
- Working with joint **health education** programs with schools, churches, worksites and others

> **How well do we keep all segments of our community informed about health issues?**

At what level does the local public health system…

1. Partner with communities to develop health promotion, health education and social marketing campaigns, including design, implementation and evaluation of the campaign?

2. Ensure that health promotion and education campaigns are culturally responsive, linguistically accessible and address social determinants of health and structural inequities?

3. Facilitate discussions among the public, media, policymakers and other stakeholders about the effect of governmental and private sector decision-making on the health and well-being of historically-marginalized communities?

4. Advocate for equity in educational and economic systems so that everyone can benefit from health promotion efforts?

5. Ensure health education and promotion efforts address power differentials and focus on shifting power to communities?

6. Ensure adequate, equitable and consistent funding to conduct this Essential Service at a high level of quality?

Public Health System Health Equity Capacity Assessment

Essential Public Health Service 4:

Mobilizing Community Partnerships to Identify and Solve Health Problems

- **Convening and facilitating partnerships** among groups and associations (including those not typically considered to be health related)
- Undertaking defined **health improvement planning process** and health projects, including preventive screening, rehabilitation and support programs
- Building a **coalition** to draw on the full range of potential human and material resources to improve community health

> **How well do we truly engage people in local health issues?**

At what level does the local public health system…

1. Ensure that partnerships and coalitions include leadership positions for people affected by health inequities and give communities power to shape the decision-making process?

2. Provide training and opportunities for community members to speak out on public health issues?

3. Develop goals, objectives and strategies that include a focus on health equity?

4. Build internal capacity to engage effectively with partners and coordinate activities that address social determinants of health and structural inequities?

5. Hold the systems/institutions and organizations of the local public health system accountable for providing equitable opportunities?

6. Ensure adequate, equitable and consistent funding to conduct this Essential Service at a high level of quality?

Public Health System Health Equity Capacity Assessment

Essential Public Health Service 5:

Developing Policies and Plans that Support Individual Community Health Efforts

- Ensuring **leadership development** at all levels of public health
- Ensuring **systematic** community-level and state-level **planning** for **health improvement** in all jurisdictions
- Developing and tracking **measurable health objectives** from the CHIP as part of a continuous quality improvement plan
- Establishing **joint evaluation with the medical healthcare system** to define **consistent policies regarding prevention and treatment services.**
- Developing **policy and legislation** to guide the practice of public health.

> **What local policies in both the governments and private sectors promote health in my community?**
>
> **How well are we setting healthy local priorities?**

At what level does the local public health system…

1. Ensure that community-based organizations and people affected by health inequities have a substantive role in determining and analyzing plans, policies, procedures, rules and practices that govern community heath efforts?

2. Ensure that recognition of social determinants of health and strategies to eliminate structural inequities are components of all community health plans, emergency response plans and public policy initiatives?

3. Coordinate across city and county agencies to develop and implement plans and policies that advance health and racial equity?

4. Facilitate public health system staff to use their voice and power to support policies and plans for health equity?

5. Advocate to reverse policies and alter plans that promote social and economic inequities?

6. Ensure adequate, equitable and consistent funding to conduct this Essential Service at a high level of quality?

Public Health System Health Equity Capacity Assessment

Essential Public Health Service 6:

Enforce Laws and Regulations that Protect Health and Ensure Safety

- Enforcing **sanitary codes**, especially in the food industry
- **Protecting drinking water** supplies
- Enforcing **clean air standards**
- Initiating **animal control** activities
- **Following-up hazards, preventable injuries and exposure-related diseases** identified in occupational and community settings
- Monitoring **quality of medical services** (e.g. laboratories, nursing homes, and home healthcare providers)
- Reviewing **new drug, biologic and medical device applications**

> **When we enforce health regulations, are we technically competent, fair and effective?**

At what level does the local public health system…

1. Review and evaluate the intentional and unintentional effects of local, state and federal laws, regulations and ordinances on health and racial equity, in coordination with communities affected by health inequities?

2. Amend/revise local laws, regulations and ordinances based on evaluation findings and join community efforts to advocate for health and racial equity?

3. Conduct enforcement and compliance activities in an equitable manner that does not disproportionately burden people or communities affected by health inequities?

4. Conduct outreach and educate the public about laws, regulations, ordinances and enforcement/compliance findings?

5. Provide necessary support to under-resourced communities to follow and comply with public health laws, regulations and ordinances?

6. Ensure adequate, equitable and consistent funding to conduct this Essential Service at a high level of quality?

Public Health System Health Equity Capacity Assessment

Essential Public Health Service 7:

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

- Ensuring **effective entry** for **socially disadvantaged** and other **vulnerable persons** into a **coordinated system of clinical care**
- Providing **culturally and linguistically** appropriate materials and staff to ensure linkage to service for **special population groups**
- Ensuring ongoing **care management**
- Ensuring **transportation services**
- Orchestrating **targeted health education/promotion/disease prevention** to **vulnerable population** groups

> **Are people in the community receiving the health services they need?**

At what level does the local public health system…

1. Work to dismantle systems that produce or perpetuate health inequities by creating barriers to basic human services (work, education, safety) and personal health services?

2. Collaborate with individuals and populations experiencing barriers to promote laws, policies and practices that increase access to and coordination of personal health services?

3. Foster the incorporation of health and racial equity into foundational systemwide practices, e.g., organization's vision and mission statements and health and human service planning?

4. Provide comprehensive care management resources that meet the needs of people affected by health inequities?

5. Ensure adequate, equitable and consistent funding to conduct this Essential Service at a high level of quality?

Public Health System Health Equity Capacity Assessment

Essential Public Health Service 8:

Assure a Competent Public Health and Personal Health Care Workforce

- **Educating, training and assessing personnel** (including volunteers and other lay community health workers) to meet community needs for **public** and **personal health services**
- Establishing efficient processes for professionals to acquire **licensure**
- Adopting **continuous quality** improvement and **lifelong learning** programs
- Establishing active partnerships with **professional training programs** to ensure community-relevant learning experiences for all students
- Continuing education in **management and leadership development** programs for those with administrative/executive roles.

> **Do we have a competent public health staff?**
> **Do we have a competent healthcare staff?**
> **How can we be sure that our staff stays current?**

At what level does the local public health system…

1. Assess capacity of the public health and health care workforce to provide equitable and high-quality services, effective for specific populations, including those most affected by health inequities?

2. Ground its organizational development and training efforts in concepts and practices of health equity, racial equity, systems of oppression and structural inequities to ensure the public health and health care workforce provides culturally-competent and trauma-informed services?

3. Work in collaboration with community-based efforts to foster pathways and career trajectories resulting in the public health and health care workforce better reflecting the communities they serve?

4. Develop adequate, consistent funding for thrive-able wage jobs throughout all sectors of the public health and health care workforce, including those that focus on outreach and home care?

5. Ensure adequate, equitable and consistent funding to conduct this Essential Service at a high level of quality?

Public Health System Health Equity Capacity Assessment

Essential Public Health Service 9:

Evaluate the Effectiveness, Accessibility and Quality of Personal and Population-Based Health Services

- Assessing program effectiveness through **monitoring and evaluating** implementation, outcomes, and effect
- Providing information necessary for **allocating resources** and **reshaping programs**

> **Are we meeting the needs of the population we serve?**
>
> **Are we doing things right?**
>
> **Are we doing the right things?**

At what level does the local public health system…

1. Build capacity to conduct evaluation and quality improvement activities that strengthen the efforts of personal and population-based health services to achieve health and racial equity?

2. Engage people affected by health inequities in the ongoing evaluation of population-based and personal health services and in quality improvement efforts?

3. Address power differentials that exist among systems, providers and consumers of personal and population-based health services?

4. Assess historical, systemic disadvantages of populations affected by health inequities when evaluating personal and population-based health services?

5. Ensure adequate, equitable and consistent funding to conduct this Essential Service at a high level of quality?

Public Health System Health Equity Capacity Assessment

Essential Public Health Service 10:

Research for New Insights and Innovative Solutions to Health Problems

- Establishing full continuum of **innovation**, ranging from **practical field-based** efforts to **fostering change** in public health practice to more **academic** efforts that encourage new directions in **scientific research**
- Continually **linking with institutions of higher learning** and **research**
- Creating internal capacity to mount timely **epidemiological analyses** and conduct **health services research**

> **Are we discovering and using new ways to get the job done?**

At what level does the local public health system…

1. Conduct and analyze public health research through an intersectionality framework (i.e., consider the multi-dimensional social categories of individuals and communities, including their status within systems of power and privilege)?

2. Share research findings on how structural inequities can cause or perpetuate health inequities with policymakers, media and the public, through platforms that are accessible and culturally and linguistically appropriate?

3. Regularly collaborate with non-traditional partners, support community-driven research and engage diverse communities of practice to develop, evaluate and research innovations to eliminate health inequity?

4. Include historical context to shape research questions and approaches and in describing results of research?

5. Provide adequate and consistent resources for innovative approaches that strengthen public health departments and community-based research?

6. Ensure adequate, equitable and consistent funding to conduct this Essential Service at a high level of quality?