

WCHD

Winnebago County Health Department



Serving Our Whole Community

Planning For Our Whole Community



IPLAN 2023

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September 9, 2021**

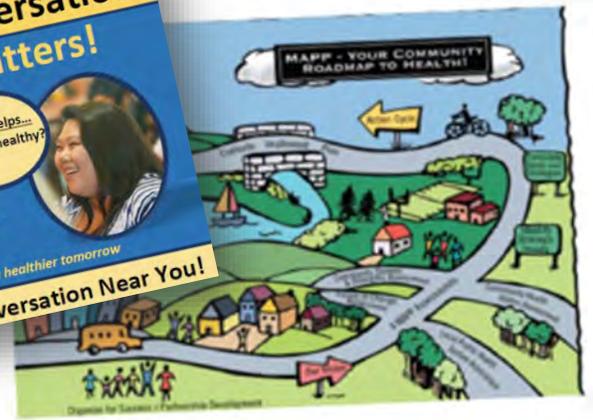
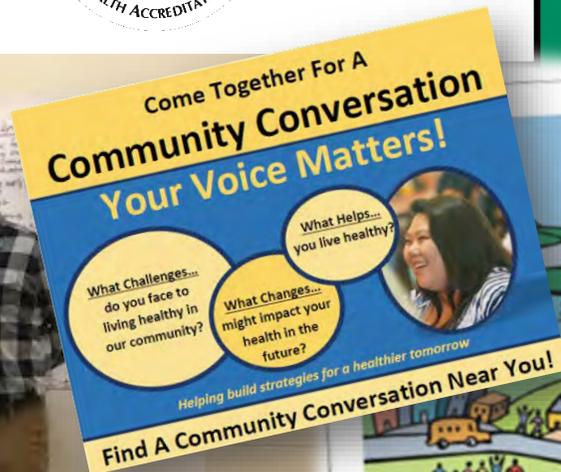
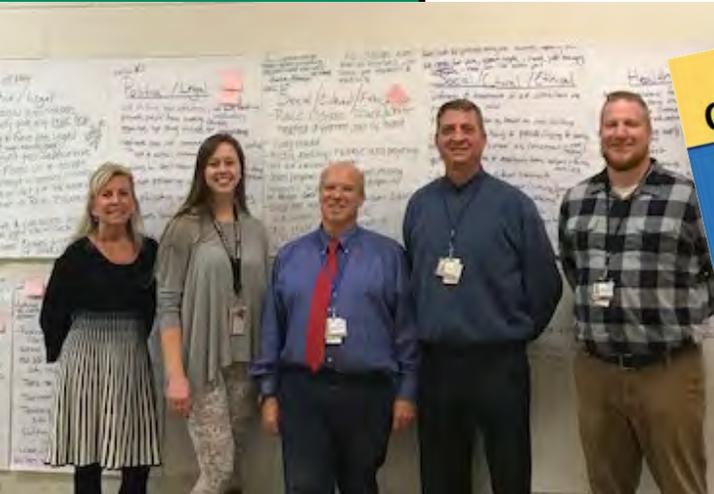


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The IPLAN 2023 Was Adopted By The Winnebago County Board Of Health On August 17, 2021

Executive Summary

The Illinois Project for Local Assessment of Needs (IPLAN) has been completed by the Winnebago County Health Department (WCHD). This strategic planning activity is required for local public health entities to obtain certification from the Illinois Department of Public Health (IDPH) that grants local agencies the authority to enforce public health codes, ordinances, and laws. The methodology and assessment findings used to complete the Community Health Improvement Plan (CHIP) are summarized in this document. The activities in this report were carried out from February 2019 through August 2021. The timeframe for this effort was directly impacted by the COVID-19 pandemic which delayed timelines and community participation. An internal and external PLAN Partner Steering Committee was convened in May 2019. This committee was charged with using the Mobilizing for Action through Planning and Partnerships (MAPP) model to include the four (4) assessments and six (6) phases outlined in this document. The MAPP process ends with a planning phase that lead to the identification of the 2020-2023 Health Priorities:

- Maternal and Child Health
- Mental/Behavioral Health
- Violence Prevention

These health priorities remained the same as the 2020 IPLAN Health Priorities. The findings from the assessments and health priorities will be the basis for the health component implementation of the Winnebago County Health Department's strategic plan over the next cycle. Performance indicators will be tracked annually to monitor implementation and progress. The plan will be reviewed and adjustments will be made as necessary.

Introduction

The Winnebago County Health Department has identified health priorities every five years since 1999.

This year, WCHD is changing to a three (3) year cycle to align with other collaborative partners including healthcare systems that conduct community health assessments on a three year cycle to comply with Section 501(r)(3) of the IRS for charitable hospital organizations.

The table below lists the health priorities on which Winnebago County has focused through prior cycles of planning and assessment. Over the past two cycles, specific medical conditions (e.g., cardiovascular, chronic disease) have not been highlighted as top priorities for Winnebago County. Issues such as Access to Care and Health Equity have been incorporated into the current priority areas.

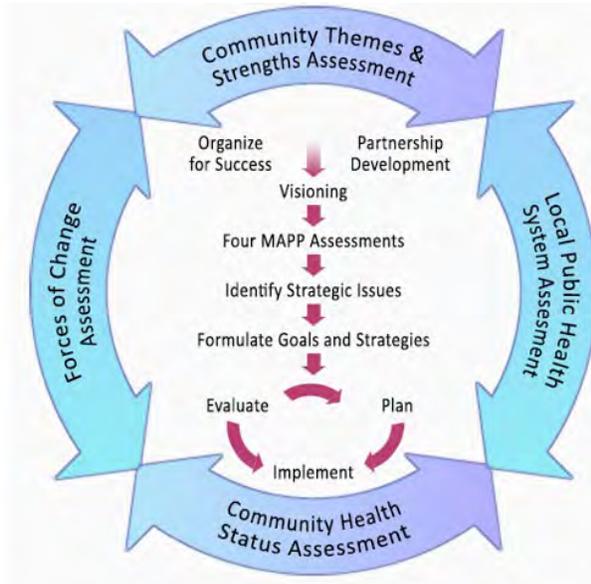
The priorities for 2021-2023 remained the same as those in the prior cycle.

Table A: Winnebago County Health Priorities by Planning Cycle

1999-2004	2005-2010	2011-2015	2016 -2020	2021 -2023
Maternal Child Health		Maternal Child Health	Maternal Child Health	Maternal Child Health
Black Male health	Minority Health Disparities	Health Equity		
Crime and Violence Prevention		Violence	Violence Prevention	Violence Prevention
Cardiovascular Disease	Chronic Disease	Chronic Disease		
	Access to Medical Care	Access to Care		
Childhood Immunizations	Infectious Disease			
			Mental/Behavioral Health	Mental/Behavioral Health

Model

The Mobilizing for Action through Planning and Partnerships (MAPP) model was used for IPLAN 2023. MAPP is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is designed as an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.



There are six (6) Phases of the MAPP process:

- Phase 1 – Organize for Success**
- Phase 2 – Visioning**
- Phase 3 – The Four Assessments**
- Phase 4 – Identify Strategic Issues**
- Phase 5 – Formulate Goals and Strategies**
- Phase 6 – Action Cycle**

The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office of the Centers for Disease Control and Prevention (CDC).

The following nine principles are integral to the successful implementation of MAPP:

- Strategic planning
- Systems thinking
- Community Ownership & Stakeholder Investment
- Shared responsibility and working toward a shared vision
- Comprehensive data informs each step of the process
- Builds on previous experience
- Partnerships
- Celebrations of success
- Involves the local public health system

Phase One – Organizing For Success

The IPLAN process used two (2) steering committees to ensure a high level of input and engagement. An Internal Steering Committee consisting of WCHD employees was used as well as a community-based Partner Steering Committee. These groups met separately and provided input and direction to ensure a range of ideas was considered.

IPLAN Internal Steering Committee

In March 2019, WCHD assembled a small group of health department staff to serve on a core IPLAN Internal Steering Committee team. The members were identified through self-referral, recommendations from their supervisors and directors or appointed by the Public Health Administrator to ensure a broad representation of public health professions and program roles. WCHD has four main Centers that were each represented on the internal steering committee: Health Protection (HP), Health Promotion and Wellness (HPW), Environmental Health Improvement (EHI), and Personal Health Services (PHS).

IPLAN Internal Steering Committee Membership

- A. Angel Abraham, HP, Epidemiologist
- B. Mike Blaser, HP, Coordinator II, Ryan White/HOPWA
- C. Virginia Lee, HP, DIS II
- D. Leia Nebergall, HPW, WIC Nutritionist
- E. Erich Von Gillern, HPW, Prevention Specialist
- F. Michael Wood, EHI, Inspector I
- G. Elizabeth Jackson, PHS, PHN II
- H. Victoria Osiecki, EHI, Inspector I
- I. Jeannie Alonzo, PHS, Case Management
- J. Peter Lopatin, MBA, Administration, Director Data and Quality
- K. Sandra Martell, RN, DNP, Administration, Public Health Administrator

The IPLAN Internal Steering Committee's purpose was to 1) Facilitate the MAPP process to complete the IPLAN, and 2) Engage community partners and members to participate.

The Committee met for the first time in March 2019 and then met on a monthly basis until February 2020. The Data and Quality Director scheduled and facilitated the meetings. The Committee was involved in most of the Assessment planning activities and was a key support to the Forces of Change Assessment and Local Public Health System Assessment efforts. The Committee did not convene during the COVID-19 pandemic as internal meetings were generally cancelled due to the public health response or handled via online sessions using Zoom to continue the process.

IPLAN Partner Steering Committee

To strengthen opportunities for alignment among various stakeholder groups and achieve greater efficiencies in the collection, dissemination and ongoing use of data, the WCHD Public Health Administrator met with a variety of organizations during the January-May 2019 time period to explore the potential for an external Partner Steering Committee to help guide the IPLAN process.

This approach was well received resulting in the formation of the IPLAN Partner Steering Committee. This steering committee first convened in June 2019.

Partner Steering Committee Members:

1. Boone County Health Department
2. Mercyhealth System
3. SwedishAmerican Health System
4. OSF Healthcare
5. Rockford Regional Health Council
6. R1 Regional Planning Council
7. Transform Rockford
8. City of Rockford
9. United Way of Rock River Valley
10. University of Illinois College of Medicine Rockford – Division of Health Policy and Social Science Research (UICOMR-HPSSR)
11. Winnebago County Health Department

Throughout the duration of the project, most agencies had changes in the staff who served as representatives to the group. Participation in the Partner Steering Committee was also impacted by COVID-19 since most agencies engaged in some portion of the response.

Community Health Collaborative

Within the Partner Steering Committee, it was agreed that this group would form the Boone-Winnebago Community Health Collaborative (Collaborative) and continue the MAPP/IPLAN process under this framework.

To help ensure close coordination and streamline communication, a “Backbone Group”, consisting of Rockford Regional Health Council, Transform Rockford, and WCHD was formed to organize and plan larger committee meetings, events and assessment activities. Over the course of the effort, R1 Regional Planning Council replaced Transform Rockford on this group.

The Collaborative adopted the logo below with which to forward group initiatives and represent that larger group support and efforts.



Phase Two – Visioning

The second phase of the IPLAN process involves the alignment of purpose, vision, and goals for the steering committees. This phase also includes the determination of the process that would be used to complete the community health assessment.

The overall purpose and process to complete the IPLAN were outlined as follows:

Purpose - The Vision provides focus, purpose and direction to the MAPP process.

Process - Members of the Partner Steering Committee met June – November 2019 during which time the partner organizations shared their mission and vision statements, identified core values and discussed how the Collaborative would operate.

The Collaborative developed a draft Charter (Appendix B) that encompassed the following:

Mission - To improve the health and well-being of our communities through collaboration, innovation, and promotion of data-driven, evidence-based practices.

Vision - Boone and Winnebago Counties are healthy, thriving, diverse and safe communities in which the physical, mental, social, and spiritual well-being of its members is supported and celebrated.

Core Values -

- Accountability
- Advocacy
- Collaborative
- Compassionate
- Expertise
- Healing
- Health Equity
- Innovative
- Outcome Informed
- Transformative
- Trauma Informed

Goals -

- Develop and implement a regional community health strategic plan for Boone and Winnebago Counties that meets the mandated requirements of the health systems and local health departments for certification in the State of Illinois.
- Design, implement, and oversee an open, accessible community health dashboard that provides timely updates on the implementation of strategies, outcomes, and impacts on key indicators of the community health strategic plan.
- Develop, implement, and oversee a regional Health Information Exchange (HIE) to support the community health strategic plan.

Guiding Principles -

Principle 1: Trusting relationships among partners to develop a shared community health assessment and improvement plan.

Principle 2: Strengths-based approach to building the capacity of the region to address health priorities and challenges.

Principle 3: Community-driven process guided by MAPP (Mobilizing for Action through Planning and Partnerships).

Principle 4: The five (5) Conditions of Collective Impact will serve as the framework for community engagement.

Principle 5: The Steering Committee provides governance and oversight of the Community Health Improvement Collaborative.

Principle 6: Consensus decision-making strategies to achieve agreement in support of the goals.

The Steering Committee members were expected to commit resources which may be in-kind in alignment with their organizational mission to the Collaborative to achieve the mutually agreed upon goals. Other organizations were openly invited to participate as members to support the Collaborative.

Through these efforts, the Collaborative discussed opportunities and challenges relative to forming a cohesive group that would help prepare the Community Health Assessment for the WCHD and support the health systems' needs in their Community Health Needs Assessment processes.

As part of the Visioning, the Winnebago County Board of Health (WCBOH) reviewed and refreshed the 2025 Strategic Plan (Appendix E) that was approved on April 16, 2019. The WCBOH also supported the work of the WCHD as the backbone organization and partner in the Community Health Collaborative.

Phase Three – Four MAPP Assessments

The MAPP process includes four (4) specific structured assessments. The four MAPP assessments provide important information for improving community health. Their value is increased when the findings are considered as a whole. WCHD conducted all four assessments July 2019 through May 2020. Each assessment was a stand-alone exercise lead by a member organization of the Community Health Collaborative that provided important input from various stakeholders and sources that guided the MAPP process.

The **Community Health Status Assessment** (CHSA) identifies priority community health and quality of life issues. It looks at questions such as “how healthy are our residents?” and “what does the health status of our community look like?”

The **Forces of Change Assessment** (FOCA) focuses on identifying forces such as legislation, technology, social factors that affect the ways in which the community and its public health system operate. It looks at questions such as “what is occurring or might occur that affects the health of our community?” and “what specific threats or opportunities are generated by these events?”

The **Local Public Health System Assessment** (LPHSA) focuses on the organizations and entities that contribute to the public’s health. The LPHSA asks “what are the components, activities, competencies, and capacities of our local public health system?” and “how are the Essential Services being provided to our community?”

The **Community Themes and Strengths** assessment provides an understanding of the issues that residents feel are important by focusing on questions such as “what is important in our community?” and “what assets do we have that can be used to improve community health?”

Community Health Status Assessment

The Community Health Status Assessment (CHSA) is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents of Winnebago County. As part of the Collaborative effort, data for Boone County was also collected as appropriate. The information allows stakeholders to identify issues of greatest concern and to make decisions regarding commitment of resources to improve community health and wellness. The University of Illinois College of Medicine Rockford – Division of Health Policy and Social Science Research lead this assessment for the Community Health Collaborative.

Methodology

Information for this study was based largely on the data collected using open data sets available through the U.S. Census Bureau, Illinois Department of Public Health, U.S. Department of Health and Human Services, and the National Center for Health Statistics. With the (UICOMR-HPSSR) leading the assessment, a data work group within the Collaborative reviewed the data and provided additional direction.

Data was gathered related to the following categories:

- Demographics and Socioeconomic status
- Maternal and Child Health

- Mental Health and Behavioral Risks
- Injury, Illness and Death and Chronic Disease
- Environmental, Housing and Transportation

This combined information was developed into the Winnebago County CHSA data book. Some of the key summary points of data are represented below while the full data book is available online.

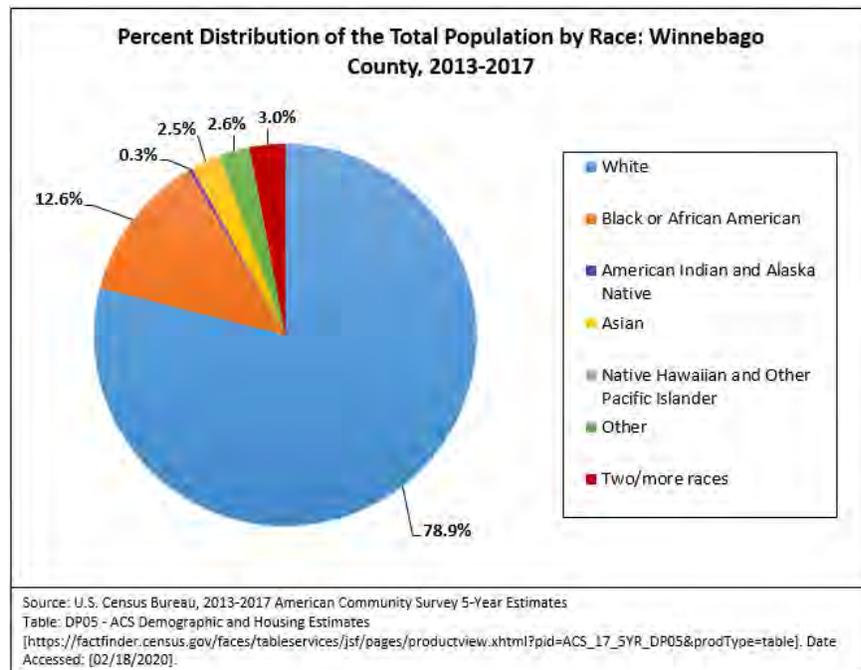
Demographics and Socioeconomics



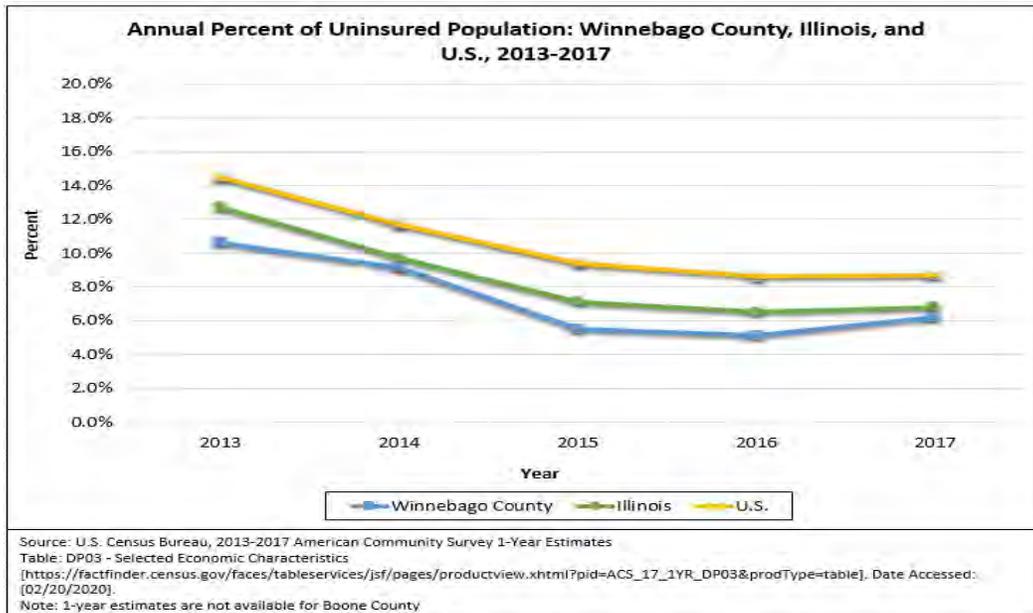
Overall, the population of Winnebago County has declined by 4.6% from a high of 296,283 in 2008 to an estimated 282,572 in 2019. As noted by the R1 Regional Planning Council White Paper on Population Trends, this reflects outmigration from the County and may be driven by job losses, property value declines, property tax increases, increases in crime, and other factors.

Population loss was largest among younger populations – those under 25 and those in the 25 to 44 year-old range. The 65 and over (65+) population has increased, as older individuals are more likely to age in place.

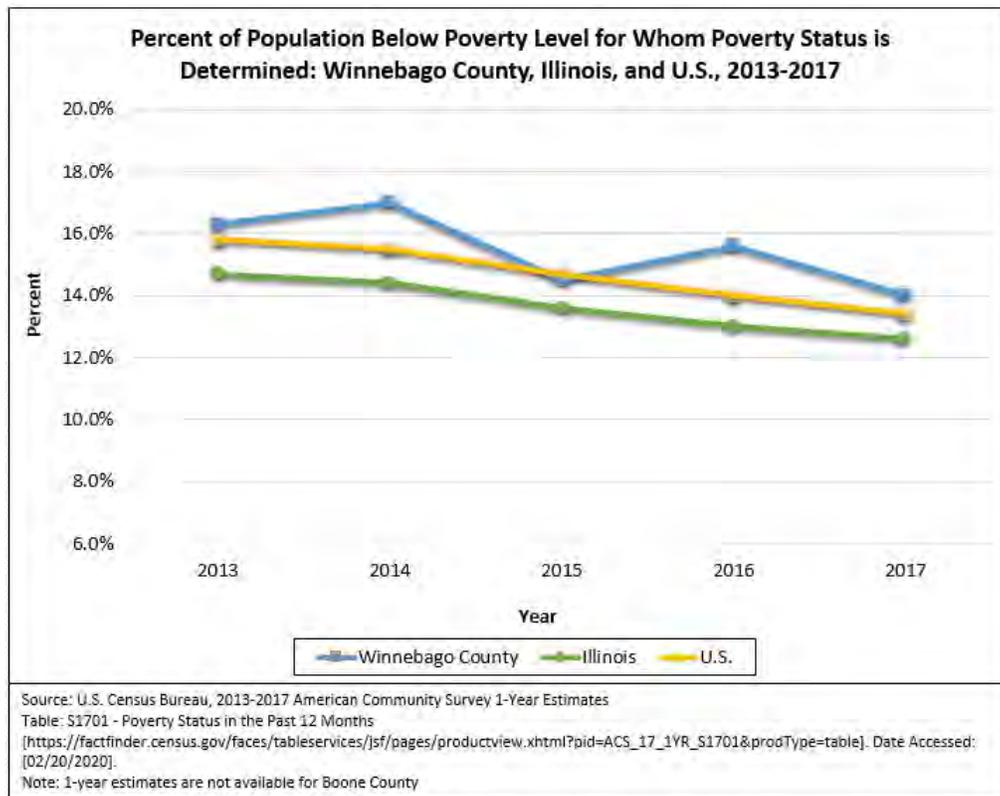
Winnebago County remains primarily white (78.9%) while Black/African Americans make up 12.6% of the population. The Hispanic/Latino population accounts for 12.2%.



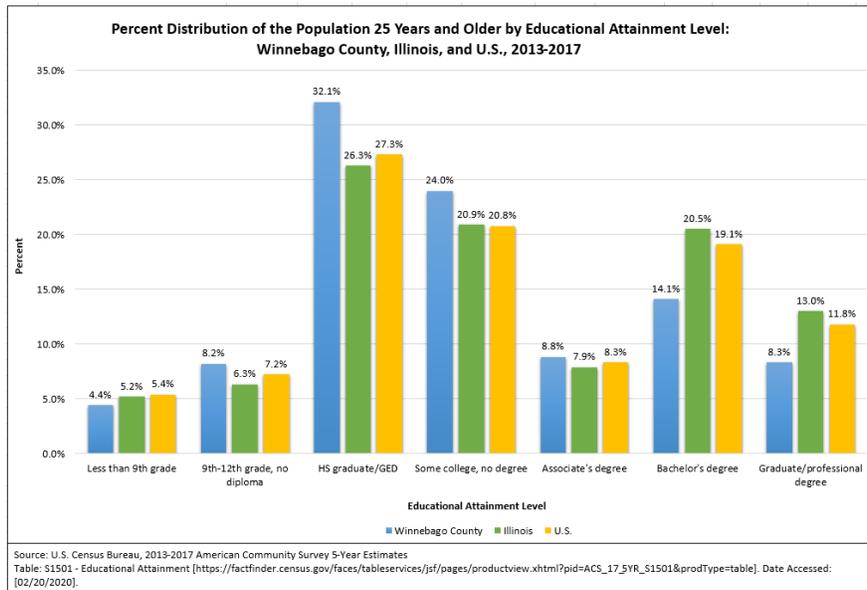
The enactment and implementation of the Affordable Care Act has contributed to a significant decrease in the uninsured population in Winnebago County. Overall, the uninsured percentage of the population in Winnebago is below that of Illinois and national rates, but increased in 2017.



Poverty rates in Winnebago County remain slightly above the rates for Illinois and the U.S. as a whole.



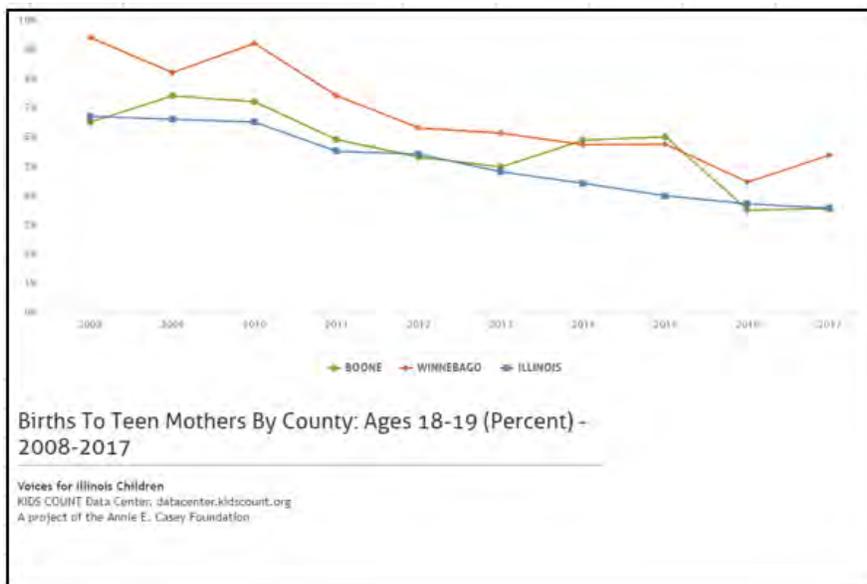
Education levels in Winnebago County show a higher percentage of those with only a High School or lower than do Illinois and the U.S. Achievement of a Bachelor’s degree or above is below the rates for Illinois and the U.S.



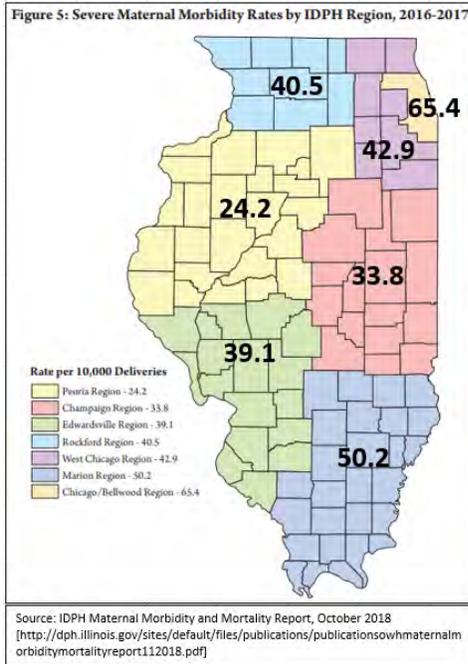
Maternal and Child Health

Winnebago County births have declined by 7.0% from 3,758 in 2010 to 3,496 in 2018. This is a lower rate of decline than seen overall in Illinois (12.2%).

Overall births to teen mothers declined since 2010, but Winnebago County’s rate increased in 2017 and has remained consistently above the Illinois rate over this time period.



Severe Maternal Morbidity in the IDPH Rockford Region (Region 1), including Winnebago County, was 40.5/10,000 deliveries. This compares to 51.4 for the State of Illinois. The State has an initiative to address the high rate of Maternal Morbidity among the minority population and this is a priority noted in the IPLAN2023.



The Infant Mortality Rate, defined as deaths among children under 1 year per 1,000 live births, increased from 6.7 in 2016 to 10.0 in 2017. The rolling 5-year averages show a decline for Illinois from 6.5 to 6.2 while Winnebago County increased from 6.5 to 7.0

Infant Mortality Rates, 5-Year Moving Averages		
Years	Winnebago County	Illinois
2010-2014	6.5	6.5
2011-2015	6.0	6.3
2012-2016	6.2	6.3
2013-2017	7.0	6.2

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center; Illinois Department of Public Health
[\[http://www.dph.illinois.gov/sites/default/files/IMR%205-year%20avg%202010-2017.pdf\]](http://www.dph.illinois.gov/sites/default/files/IMR%205-year%20avg%202010-2017.pdf)

The Infant Mortality Rate by Race/Ethnicity shows a significant variance over the 2011-2017 time period.

Race/Ethnicity	Winnebago County
White	5.0
Black	13.0
Hispanic	4.0

Source: Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute. County Health Rankings and Roadmaps 2019. [https://www.countyhealthrankings.org/app/Illinois/2019/rankings/Winnebago/county/outcomes/overall/snapshot]

Overall, the child mortality rate for Winnebago County is above the Illinois rate. The disparity is of particular note for Black children.

Location	Rate Per 100,000
Illinois	52.0
Winnebago County	70.0
White	63.0
Black	125.0
Hispanic	45.0

Source: Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute. County Health Rankings and Roadmaps 2019. [https://www.countyhealthrankings.org/app/Illinois/2019/rankings/Winnebago/county/outcomes/overall/snapshot]

Mental Health and Substance Abuse

In 2014, there were 280 drug-related emergency room (ER) visits in Winnebago, 18 in Boone, and 7,913 visits throughout Illinois. This represents an upward trend in drug-related ER visits in Winnebago and Illinois since 2010.

Characteristic	2010			2011			2012			2013			2014		
	Winnebago County	Boone County	Illinois												
Total # Drug-Related ER Visits	190	18	5,815	240	20	6,665	258	12	7,174	277	28	7,307	280	18	7,913

Source: Illinois Department of Public Health (IDPH) Discharge Data via Iquery. (2014). ER Visit Drug Related Boone, Winnebago, Illinois, 2010-2014. [https://iquery.illinois.gov/dataquery/Default.aspx]

^aER Visit Drug-Related^a is an emergency room (ER) visit due to drug use in which principal diagnoses are related to drug use (excluding alcohol).

In 2014, Winnebago County had 2,480 hospitalizations for non-medical drug abuse, in Boone there were 220, and in Illinois there were 127,255. This represents an increase in Boone County and a decrease throughout Illinois since 2010.

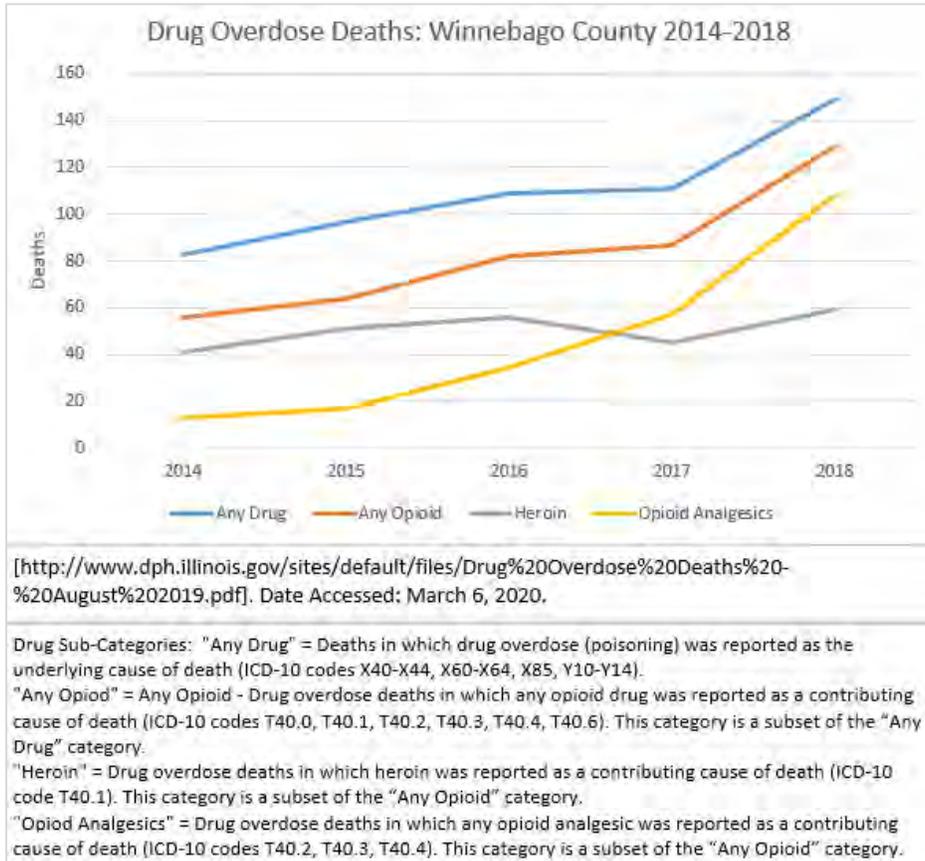
Characteristic	2010			2011			2012			2013			2014		
	Winnebago County	Boone County	Illinois												
Total # Inpatient Drug Abuse	2,542	179	140,109	2,394	154	142,540	2,207	194	134,012	2,280	224	115,802	2,480	220	127,255

Source: Illinois Department of Public Health (IDPH) Discharge Data via Iquery. (2014). Inpatient Drug Abuse, Boone, Winnebago, Illinois, 2010-2014. [https://iquery.illinois.gov/dataquery/Default.aspx]

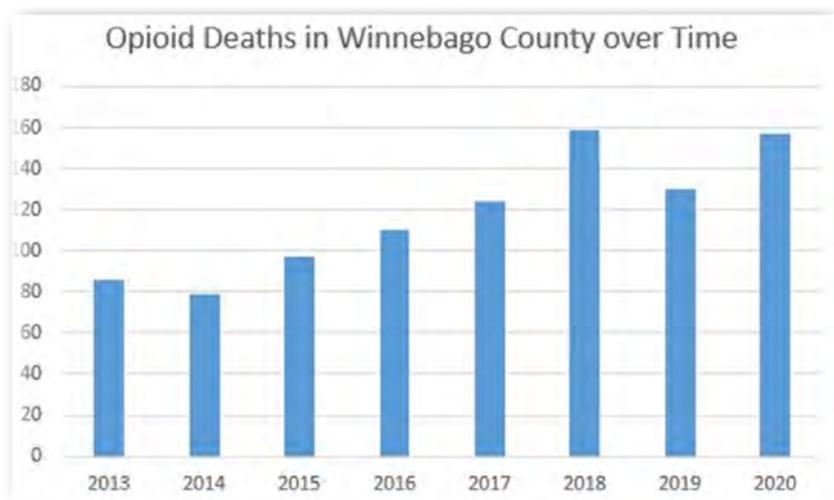
Note: The number of hospitalizations for non-medical drug abuse.

^aIQuery category is "inpatient drug abuse", the number of hospitalizations for non-medical drug abuse.

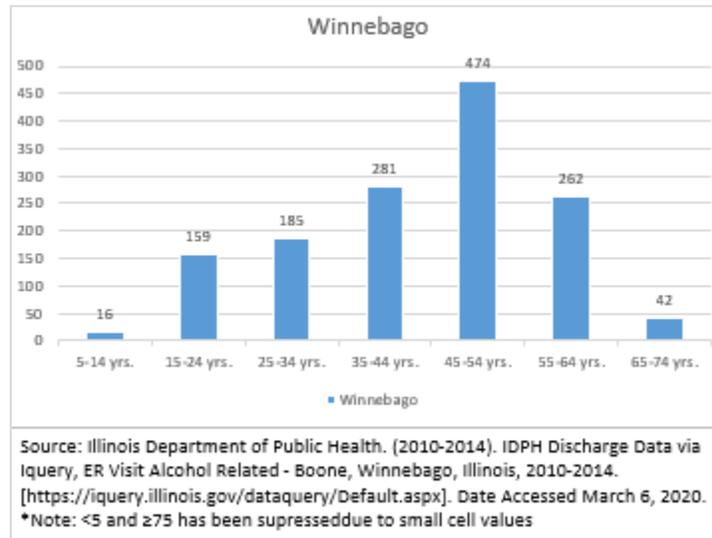
In 2018 in Winnebago County there were 149 deaths due to any drug. There were 129 deaths due to any opioid. There were 59 deaths due to heroin. There were 108 deaths due to opioid analgesics.



Based upon data from the Coroner’s Office, deaths due to Opioid use have continued to increase in Winnebago County.



In Winnebago County there were 1,439 alcohol-related emergency room visits. Individuals aged 45-54 years were the demographic with the most alcohol related ER visits.



Overall mortality rates for alcohol-impaired driving deaths, injury mortality, firearm mortality and the homicide rate for Winnebago County is higher than for the State of Illinois.

The full Community Health Status Assessment data book can be found at https://www.wchd.org/images/IPLAN2023/CHSA_DataBook.pdf

Forces of Change Assessment

The Forces of Change Assessment (FOCA) is an analysis of positive and negative external forces that affect the promotion and protection of the public's health. The FOCA is designed to answer the questions "what is occurring or might occur that affects the health of our community or the local public health system?" and what specific threats or opportunities are generated by these occurrences?". These forces are then used when considering the feasibility of implementing county health priorities.

The FOCA identifies trends, factors or events:

Trends – Patterns over time, such as population gain or loss; Trends may be local or national

Factors – Characteristics or features of the local community, such as the ethnic or racial demographics, major industries or transportation features, or aspects such as urban vs. rural

Events – One-time instances, such as a hospital opening or closing, a natural disaster or the passage of significant new legislation

Methodology

The Collaborative Partner Steering Committee determined that a broad range of community voices was integral to the FOCA, and the approach reflected that commitment.

The emphasis on offering general public community sessions was a new approach to conducting the FOCA. As a result, the FOCA was designed with three major components:

- Stakeholder/Agency sessions
- Governmental session
- Community Conversations

A FOCA Working Group was established with representatives of R1 Regional Planning Council, Transform Rockford, Rockford Regional Health Council and the Winnebago County Health Department. This group focused on convening the Community Conversations

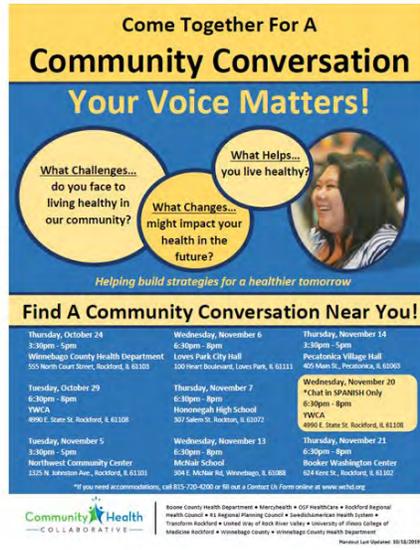
- Defining "community voices" for the FOCA
- Identifying potential locations throughout Winnebago County for multiple sessions
- Determining agenda, facilitation model, and volunteer support
- Helping to identify stakeholder agencies for dedicated sessions
- Developing community outreach and promotional strategy

The FOCA Working Group determined that offering a series of nine (9) Community Conversations throughout the City of Rockford as well as communities across the County would create opportunities to capture the community voice regarding the Forces of Change.

Community Conversations

As noted above, the FOCA Working Group identified populations and locations for the Community Conversation sessions to seek input from a variety of communities throughout Winnebago County (e.g., urban, rural, suburban). They were scheduled in multiple locations and times of day.

Location	Date	Time
Winnebago County Health Department, Rockford	10/24/19	3:30 - 5:00 pm
YWCA, Rockford	10/29/19	6:30 – 8:00 pm
Northwest Community Center, Rockford	11/5/19	3:30 – 5:00 pm
Loves Park City Hall, Loves Park	11/6/19	6:30 – 8:00 pm
Hononegah High School, Rockton	11/7/19	6:30 – 8:00 pm
McNair School, Winnebago	11/13/19	6:30 – 8:00 pm
Pecatonica Village Hall, Pecatonica	11/14/19	3:30 – 5:00 pm
YWCA Spanish Session, Rockford	11/20/19	6:30 – 8:00 pm
Booker Washington Center, Rockford	11/21/19	6:30 – 8:00 pm



Volunteer support to help with the community sessions was provided by:

- University of Illinois College of Medicine, Rockford
- UIC College of Pharmacy, Rockford
- Transform Rockford
- Rockford Regional Health Council
- Winnebago County Health Department

Outreach and promotion for the Community Conversation sessions included:

- Notification of local media
- Facebook postings on Winnebago County Health Department and sharing across Collaborative members' sites
- Announcement on Collaborative partners' pages and newsletters
- Television story on WREX evening news on November 15, 2019
- Posters and Flyers (English and Spanish)

Community Conversation sessions were facilitated by Winnebago County Health Department staff. Spanish-language sessions were held to encourage community participation by the LatinX community.

Attendance at Community Conversations was highly varied; if this approach is used in future MAPP exercises it is recommended those sessions be aligned with other community or organizational activities, and not offered on a standalone basis.

Stakeholder Agency Sessions

In addition to the Community Conversations for the general public, there were two Agency Stakeholder sessions held on November 12 and 14, 2019. The Rockford Regional Health Council facilitated these two sessions. Invitations were sent to public and private organizational leaders to encourage their participation. Transform Rockford staff facilitated these sessions.

Governmental Sessions

Winnebago County Board of Health - A FOCA session was conducted with the Winnebago County Board of Health at their January 2020 meeting and was facilitated by WCHD.

Winnebago County Board - A FOCA session was conducted with the Winnebago County Board of Health at their February 2020 Board meeting.

Winnebago County Health Department - A FOCA session was conducted with the Winnebago County Health Department staff during their December 2019 meeting.

The same general format was followed at all FOCA sessions. The concept of FOCA was introduced by the facilitator and then participants were asked to participate in a brainstorming exercise to identify events, trends and factors in eight categories:

- Environmental/Transportation
- Political/Legal
- Social/Cultural/Ethical
- Healthcare
- Communications and Media
- Education
- Business Trends/Economy/Employment
- Science and Technology

Comments were captured on flipcharts and, during most sessions, participants were invited to identify those ideas that they viewed as a priority or critical issue.

Results of each session were captured on flipcharts and then transcribed. Notes from all sessions were combined and grouped within the eight categories (see Appendices).

Force of Change Assessment Findings

The FOCA sessions produced rich and detailed comments from participants. While there was a diversity of comments in each session, there were broad themes that emerged across the sessions in these eight (8) categories.

EDUCATION

- Adequacy/Need for Resources

- Preparation of Students
- Culture/Climate of Schools
- Technology
- Costs
- Workforce Development

COMMUNICATIONS AND SOCIAL MEDIA

- Pervasiveness of Social Media
- Social Implications
- How to Evaluate/Assess Accuracy of Information
- Technological Aspects
- Equity
- Impact on More Traditional Communications

SOCIAL/CULTURAL/ETHICAL

- Potential Impact of introducing Casino Gaming to the Region
- Legalization of Recreational Cannabis
- Domestic Violence/Suicide/Criminal Justice
- Changing Demographics/Cultural/Ethical
- Changes in Communication/Media/Social Skills
- Ongoing Health Equity/Health Disparities
- Community Engagement

POLITICAL/LEGAL

- Elections/Government & Governance and Resultant Changes in Leadership Direction
- Perceptions of Criminal Justice System Disparities and Impact on Communities of Color
- Cannabis Legalization
- Census Impact and Resultant Redistricting
- Balance of Personal Freedom/Social Changes

ENVIRONMENTAL/TRANSPORTATION

- Limited Access to Needed Services Due to Limited Public Transportation
- Technology and Environmental Impacts
- Economic Impacts
- Climate Change/Impact on Quality of Life/Health

HEALTHCARE

- Cost of Care
- Access to Care & Disparities
- Local Health Systems/Networks
- Mental Health/Behavioral
- New Services/Technologies

- Changing Socioeconomic & Demographic/Impact
- Health Coverage/Health Reform
- Environmental Health

SCIENCE and TECHNOLOGY

- Innovations and Advancements
- Attitude/Belief/Social Impacts
- Education/Preparation for Technology & Science
- Equity/Disparities
- Environmental Considerations
- Healthcare
- Cybercrime/Safety

ECONOMY, EMPLOYMENT & BUSINESS TRENDS

- Employment Trends/Jobs
- Education/Training
- Equity/Disparity

Throughout each FOCA session, participants actively engaged in the discussion and shared ideas, perceptions and concerns. There were a series of themes that crossed categories and sessions that provide insight to the perspective of the participants. These common themes provide a series of key insights from the FOCA process. They are presented below:

COMMON THEMES – ACROSS CATAGORIES

- Lack of mental health resources is a critical concern which will impact the community moving forward
- Disparities within the communities will continue to impact access to services, programs, economics, and health outcomes
- Social media’s pervasiveness has changed social interactions, communications, and access to information and will continue to change how we communicate and access information
- Marijuana legalization may have an unequal impact on communities within Winnebago County
- Anticipated casino and airport growth will help to drive local economy
- Rapid expansion and changes in technology will impact employers, workers and communities
- Improving collaboration and alignment of education and business is seen as a need
- Impact of climate change and alternative energy developments will become increasingly a priority.

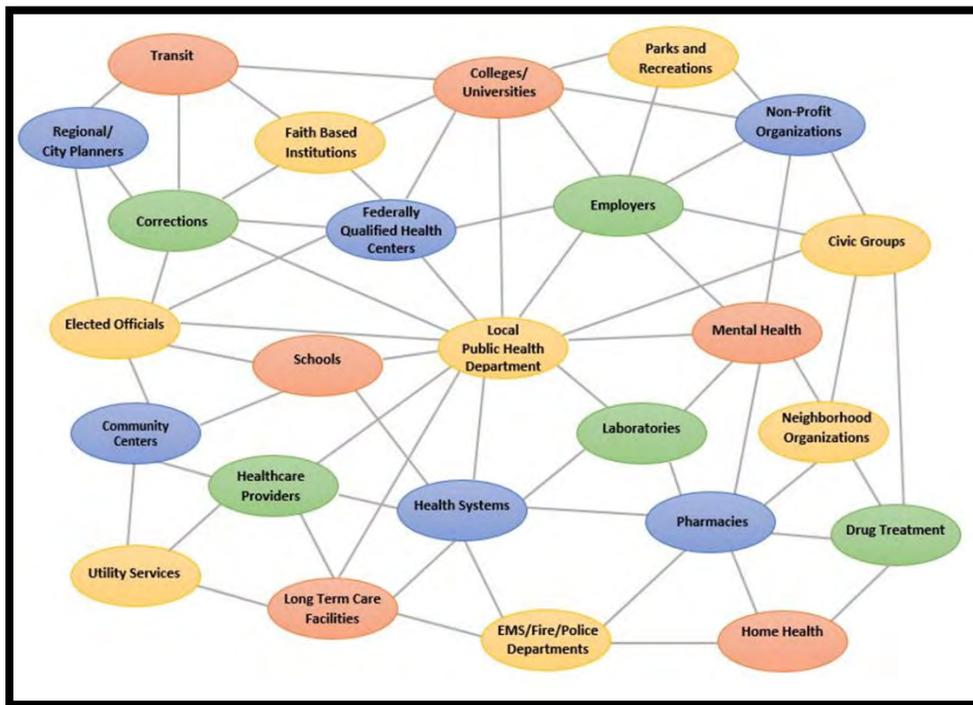
See Appendix C for FOCA Report

Local Public Health System Assessment

The primary purpose of the Local Public Health System Assessment (LPHSA) is to promote continuous improvement among all the public health system partners that can result in better outcomes for the overall system and community. Local health departments and their public health system partners can use the assessment results as a working tool to:

- Better understand current system functioning and performance
- Identify and prioritize areas of strength, weakness, and opportunities for improvement
- Articulate the value that quality improvement initiatives will bring to the public health system
- Develop an initial work plan with specific quality improvement strategies to achieve goals
- Begin taking action for achieving performance and quality improvement in one or more targeted areas
- Reassess the progress of improvement efforts at regular intervals

The local public health system is represented below.



This assessment is designed to facilitate communication and sharing among and within programs, partners, and organizations and is based on a common understanding of how a high-performing and effective public health system can operate. This shared framework will help build commitment and focus for setting priorities and improving public health system performance. Outcomes for performance include delivery of all ten (10) Essential Public Health Services at optimal levels.

Methodology

With direction from the Community Health Collaborative Partner Steering Committee, the decision was made to conduct a one-day session for Collaborative members and the community organizations and

agencies that represent the Local Public Health System. This session was held on January 15, 2020 at Klehm Arboretum and was facilitated by the Winnebago County Health Department. The following organizations participated in the session:

- Alpine Academy
- Aunt Martha's
- Boone County Health Department
- Children's Home & Aid
- City of Rockford Head Start
- Community Foundation of Northern Illinois
- Crusader Clinic
- Easter Seals
- Goodwill
- Harlem School District #122
- Illinois Department of Public Health
- Medina Nursing Center
- NAMI Northern Illinois
- OSF Health System
- OSF Lifeline
- Pecatonica Community School District
- Prairie State Legal
- R1 Regional Planning
- RAMP
- Rockford Regional Health Council
- Rockford Rescue Mission
- Rock Valley College
- Rockford Sexual Assault Counseling
- Rockford Public Schools
- Rockford Fire Department
- Rosecrance
- South Beloit
- Stepping Stones
- SwedishAmerican Health System
- University of Illinois College of Medicine
- University of Illinois Extension Education
- Youth Services Network
- Winnebago County Board
- Winnebago County Medical Society
- Winnebago County Sheriff's Office
- Winnebago County State's Attorney
- Winnebago County Health Department

In order to conduct the National Association of County and City Health Officials (NACCHO) standard LPHSA survey with the agency and community groups, the PollEverywhere application was selected.

This tool allowed participants to respond in real-time using a downloaded application, text or web-based survey instrument (see Appendix for session handout). The session was facilitated by Winnebago County Health Department staff, and participants were led through each of the 10 Essential Services one-by-one. Each Essential Service had specific survey questions. Participants were asked to rate how well the Service was being carried out at the community/system level. The table below shows the possible responses and ratings.

LPHSA Response Options	
5 Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met
4 Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met
3 Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met
2 Minimal Activity (1-25%)	Greater than 0%, but no more than 25% of the activity described within the question is met
1 No Activity (0%)	0% or no activity at all

Responses were tabulated and shared with participants; table-top discussions focusing on strengths, weaknesses as well as short- and long-term opportunities for improvement were then held before moving on to the next Essential Service (see Appendix C for SWOT materials).

In addition to the Collaborative/Agency session, a separate LPHSA exercise was conducted with Winnebago County Health Department staff on January 30, 2020. The structure for this was modified and employees were asked to complete the PollEverywhere survey prior to attending the meeting. During the meeting, the results were shared for each of the 10 Essential Services and then tabletop discussions were held to discuss strengths, weaknesses and opportunities.

Results were summarized and presented to the Community Health Collaborative Partner Steering Committee on February 12, 2020.

Prioritization Questionnaire

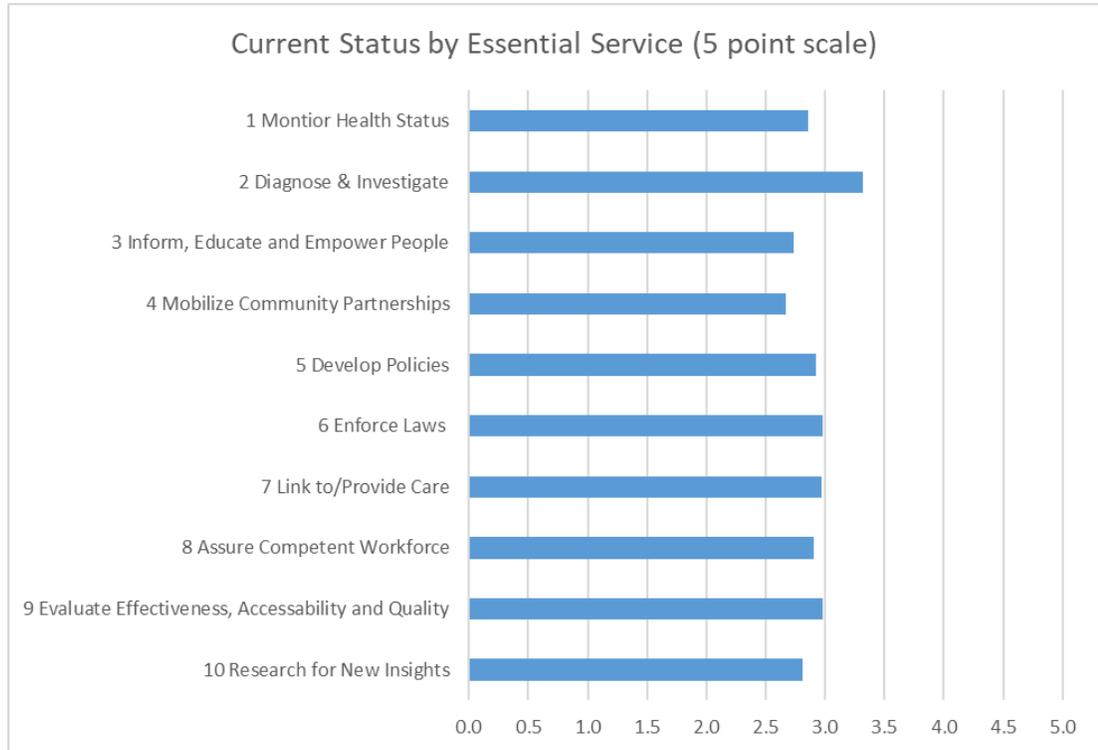
In addition to the questionnaire regarding current performance on the Essential Services, a Prioritization Questionnaire was also used with both groups. This allowed participants to rate each of the standards on a scale of 1-10, where 10 is the highest priority. Combining performance ratings with prioritization levels helps the Collaborative and the community determine performance improvement opportunities for the future.

LPHSA Findings

Collaborative and Community Session (January 15, 2020)

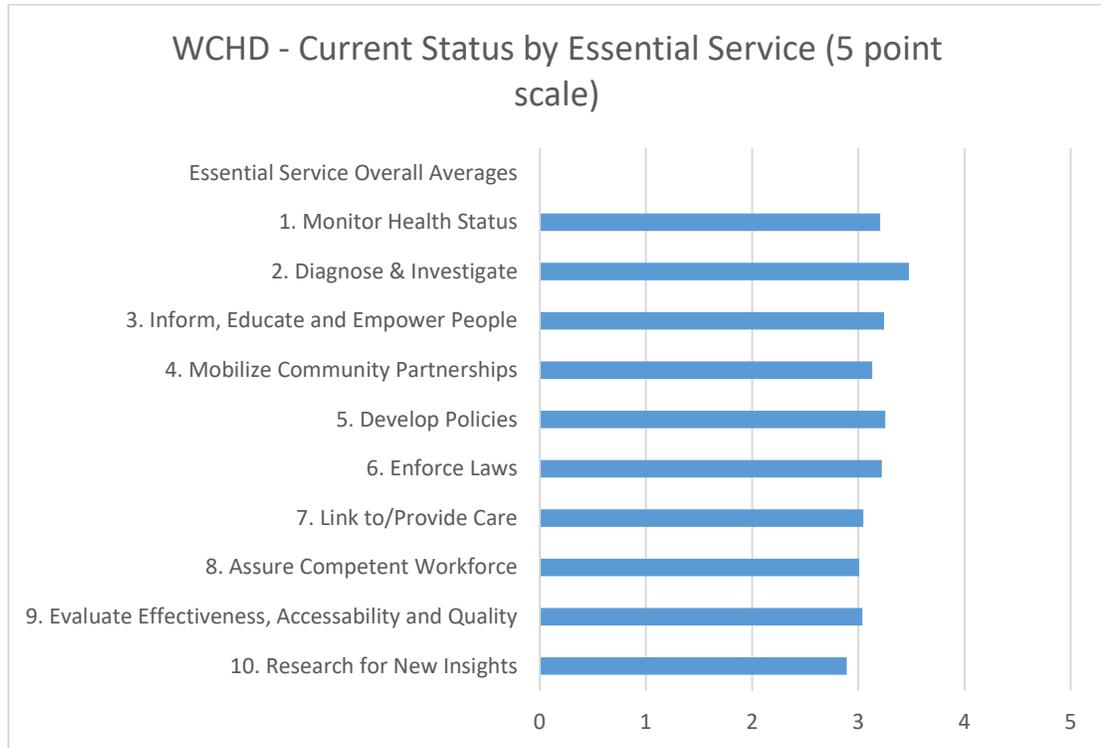
All Essential Services and their subdomains were rated on a 5-point scale mentioned above.

Overall performance ratings by Essential Service showed that Diagnose and Investigate (#2), Enforce Laws (#6) and Evaluate Effectiveness (#9) were scored as the highest priority.



Winnebago County Health Department Session (January 30, 2020)

Overall, WCHD staff rated current performance highest for Essential Service #2, Diagnose and Investigate. Develop Policies (#5) and Inform & Educate (#3) were next highest rated.



Essential Services Prioritization Results

Comparing the results of the Community LPHSA on performance and priority level with the WCHD ratings of the same factors, there were generally similar ratings for performance and ranking, but overall the health department staff scored higher based on their perceptions.

Model Standards by Essential Services	Assessed Performance Level (5 Point Scale)		Priority Level (10point scale)	
	Community	Internal	Community	Internal
1.1 Community Health Assessment	3.01	3.26	8.06	8.77
1.2 Current Technology	2.76	3.13	7.72	9.26
1.3 Registries	2.81	3.23	7.72	8.74
2.1 Identification/Surveillance	3.05	3.46	8.73	9.76
2.2 Emergency Response	3.28	3.53	9.29	9.83
2.3 Laboratories	3.63	3.44	8.58	9.36
3.1 Health Education/Promotion	2.75	3.20	8.56	9.39
3.2 Health Communication	2.61	3.18	8.11	9.17
3.3 Risk Communication	2.86	3.35	8.18	8.89

4.1 Constituency Development	2.73	3.04	7.67	8.74
4.2 Community Partnerships	2.61	3.22	8.2	9.39
5.1 Governmental Presence	2.98	3.29	6.82	8.24
5.2 Policy Development	2.77	3.10	7.5	8.81
5.3 CHIP/Strategic Planning	2.69	3.13	7.44	8.39
5.4 Emergency Plan	3.26	3.49	8.95	9.80
6.1 Review Laws	3.07	3.32	8.06	9.27
6.2 Improve Laws	2.88	2.98	8.11	9.15
6.3 Enforce Laws	3.00	3.35	8.49	9.47
7.1 Personal Health Service Needs	3.02	3.06	8.94	9.45
7.2 Assure Linkage	2.91	3.04	8.85	9.23
8.1 Workforce Assessment	2.61	2.85	7.58	8.69
8.2 Workforce Standards	3.31	3.38	7.79	9.11
8.3 Continuing Education	2.92	2.88	7.92	9.51
8.4 Leadership Development	2.79	2.92	7.42	8.93
9.1 Evaluation of Population Health	2.92	2.96	7.81	8.92
9.2 Evaluation of Personal Health	3.12	3.06	7.71	9.03
9.3 Evaluation of LPHS	2.89	3.09	8.23	9.16
10.1 Foster Innovation	2.80	2.79	7.59	7.73
10.2 Academic Linkages	2.87	2.97	8.02	8.76
10.3 Research Capacity	2.77	2.92	7.45	8.50
Average Overall Score	2.92	3.15	8.05	9.05

SWOT Discussions

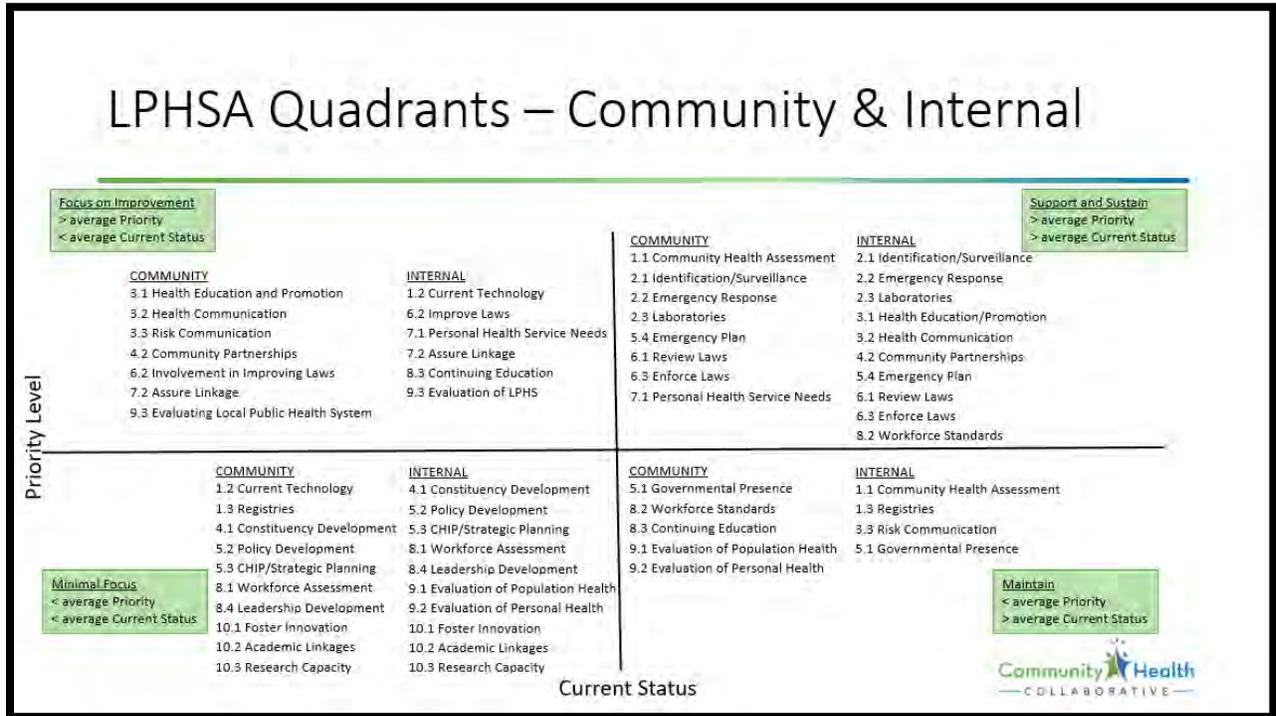
Throughout the LPHSA sessions, each table discussed the Essential Services and identified strengths, weaknesses and opportunities for improvement. A summary of those discussions follows:

LOCAL PUBLIC HEALTH ASSESSMENT SUMMARY			
Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities
ES 1 - Monitor Health			
-Good tools to collect data -Strong relationships among agencies -Sharing information	-Timeliness/Out-dated data -Difficult to combine -No clear plan or guidelines	-Create shared data source/dashboard -Increase alignment of data collection and applications -Expand collaboration	-More data sharing with public -Improve health/data literacy -More fully develop strategies for improvement
ES 2 Diagnose & Investigate			
-Good coordination -Organizations are aware -Good training opportunities	-Community members do not have a good understanding -Challenges to coordinate fully -Need for greater engagement	-Continue use of coalition approach for training -Increase networking & community information sharing Opportunity for larger health systems and organizations to train smaller organizations & agencies	-Improved maintenance of existing resources and plans -More communication with community to educate around preparedness
ES 3 Inform, Educate and Empower			
-Good education/training -Agencies and health systems effective at communicating -Expertise in the community	-Challenges communicating to general public Health literacy and general awareness is low -Sharing information among partners "system of care" VS "caring system"	-Increase strategic collaboration and coordination of communications -Create central repository for information -Improve use of technology for communications that engage with the community at large	-Focus on prevention before emergency/outbreaks occur -Increase community and individual engagement/awareness -Improve communications and use of technology/social media
ES 4 Mobilize Community Partnerships			
-Existing efforts to collaborate on health issues -Agencies willing to partner -Existing relationships among agencies -211 Crisis line - resource	-Agencies have different priorities -Communications between agencies and community need to improve -Need to be more inclusive & broaden input opportunities	-Opportunity to create shared goal/increase input & participation -Create effective structure and align resources	-Improvement alignment of goals and resources -Develop comprehensive mechanism for communication -Expand partnerships & engagements -Evaluate effectiveness and impact
ES 5 Develop Policies			
-Organizations develop plans -Healthcare organizations communicate their own plans internally -Healthcare organizations can work together in response to emergency	-Policies and plans do not align or coordinate across agencies -Limited resources to implement plans -Overall LPHS not part of process; lack of coordination	-Develop vision of what a healthy community is/engage with community -Improve coordination and alignment with all parts of the LPHS -Increase input in development of processes; less of a top-down approach	-Consider neighborhood and community approaches -Establish interim goals to improve engagement and focus -Establish community database/dashboard

LOCAL PUBLIC HEALTH ASSESSMENT SUMMARY			
Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities
ES 6 Enforce Laws & Regulations			
-System in place for enforcement -Code helps do the job well -Working together	-Need more funding and resource support -Lack of clarity and understanding -Resistance to enforcement	-Improve education and outreach to community -Increase buy-in & engagement	-Improve overall advocacy from LPHS -Dedicate resources -Improve systems to communicate with public/check status
ES 7 - Link to/Provide Care			
-Extensive resources currently in the community -Willingness to refer and connect those in need -United Way 211 system is a good resource	-Lack of coordination/continuity across agencies -Insufficient resources - services and access -Barriers to referrals -Lack of education and outreach to community	-Improve transportation accessibility to services -Improve communications across agencies and with public -Expand services	-Develop centralized database -Leverage existing systems to improve coordination -Expand provider capacity for medical and mental health, especially for Medicaid recipients -Reduce stigma of needing assistance
ES 8 - Assure Competent Workforce			
-Training is available -Some organizations provide financial support for training/certifications -Educational opportunities at high school and college level	-Funding, reimbursement and support is too limited -High turnover/low pay -Limited opportunities for growth -Workforce does not reflect the community	-Expand relationships with schools to improve internship opportunities -Increase resources for training and professional development -Increase leadership training and development	-Expand/improve training regarding cultural diversity, health disparities -Wage increases for front-line workers -Overall expansion of resources & training
ES 9 - Evaluation			
-Multiple agencies use evaluation tools -Effective way to identify gaps in services/needs -Interest in feedback and results	-Multiple challenges moving from survey data to action steps -Regardless of findings, resources not available to make changes -Need for surveys and assessments to be more accessible/easy to complete	-Improve sharing of results with community -Opportunity for greater coordination among health systems -Evaluations can be a tool to educate leaders and decision-makers	None Identified
ES 10 - Research			
-Collaboration between health systems and Schools of Medicine, Nursing, etc -Good opportunities for students to engage with community -Recognized value & need for coordination and collaboration	-Lack of clarity and awareness of how data and research is shared -Academic and agency/LPHS needs for research not aligned -Need for greater focus on population health	-Increase opportunities to collaborate on research -Improve data sharing between organizations -Strengthen communications within LPHS to identify best practices	-Develop centralized system for sharing research -Establish greater research capacity for population-based research -Improve capacity for feedback from stakeholders

Opportunities for Improvement

Based upon the combined Ratings and Prioritization exercises, results of these surveys were plotted on a matrix to help identify areas of opportunity. The chart below shows the matrix combining both surveys from the two LPHSA sessions.



The Focus on Improvement quadrant (upper left) shows those standards where the Collaborative/Community respondents and the WCHD respondents rated those elements as Above Average Priority and Below Average Performance. Both groups identified the same three items as Focus on Improvement:

- 6.2 Improve Laws
- 7.2 Assure Linkage (Personal Health)
- 9.3 Evaluation of Local Public Health System

In the Support and Sustain quadrant (upper right), Ratings and Priority both Above Average, both groups identified the same elements:

- 2.1 Education/Surveillance
- 2.2 Emergency Response
- 2.3 Laboratories
- 5.4 Emergency Plan
- 6.1 Review Laws
- 6.3 Enforce Laws

It was recommended that these factors in particular be considered as focal areas in the next stages of the Community Health Collaborative’s efforts as they were identified by both LPHSA sessions:

- 6.2 Improve Laws
- 7.2 Assure Linkage (Personal Health)
- 9.3 Evaluation of Local Public Health System

In light of the COVID-19 pandemic and the challenges it placed upon the entire Local Public Health System in terms of resources, communication, community education and outreach and health services, this assessment should be viewed as a priority.

See Appendix C for full LPHSA report.

Community Themes and Strengths

The purpose of this assessment is to collect contextual information about Winnebago County residents’ perspective of well-being. Within the Collaborative, Rockford Regional Health Council took the leadership role for this assessment and contracted with R1 Regional Planning Council to conduct and analyze the survey. WCHD was closely involved with the development of the survey instrument but implementation of the survey itself was done through the Rockford Regional Health Council.

The report includes an overview of the general demographics of the region and the survey samples as well as a detailed analysis of the survey findings. The report’s target area includes the Rockford Region, comprised of Winnebago and Boone Counties.

The COVID-19 pandemic directly impacted the fielding of the 2020 Healthy Community Survey and it was necessary to modify how the survey was distributed due to limitations on schools and public events. As a result of the pandemic, staff members who were expected to assist in survey distribution and collection were re-deployed as part of the WCHD surge plan in response to COVID-19; “Pop-Up Events” had to be cancelled due to the Governor’s shelter-in-place order; overall receptivity to responding to the survey was diminished. To mitigate some of these issues there was increased promotion via social media, incentivizing respondents with \$5.00 gift cards.

The 2020 Healthy Community Survey had a mixed methodology design that included a random sample survey sent by email and a paper survey that sampled multiple populations:

- Schools (3rd grade classrooms): Harlem School District and Belvidere School District
- Public Housing Providers: Rockford Housing Authority, Winnebago County Housing Authority and Zion Development
- “Pop-Up Event” Locations: Crusader Clinic (four (4) sites in Winnebago County), Northern Illinois Food Bank’s Mobile Food Pantry and KFACT
- Distribution via Facebook.

Paper surveys were distributed to the following sites.

Schools (3 rd Grade Classrooms)	Public Housing Providers	“Pop-Up Event” Locations
Harlem School District	Rockford Housing Authority	Crusader Clinic (4 sites in Winnebago County)
Belvidere School District	Winnebago County Housing Authority	Northern Illinois Food Bank's Mobile Food Pantry in Winnebago County
	Zion Development	KFACT

There was a total of 1,677 survey responses.

Overall findings

Across multiple survey questions there was a perceived disparity among race in terms of access, quality, health care options and perceptions of care. There was a negative correlation between level of education and health outcome.

Throughout the survey there was a general negative correlation of education level with health outcomes.

Chronic health conditions that were noted among respondents with the highest frequency:

- High blood pressure, hypertension (20%)
- High cholesterol (15%)
- Arthritis or rheumatism (14%)
- Obesity (12%)
- Chronic back pain/disc disorders (10%)

These reported chronic conditions were similarly reflected in the Community Health Status Assessment (CHSA) data.

The report is structured with dedicated chapters on demographics, community assets and resources, access and utilization of health care, health care literacy, chronic conditions and behavioral/mental health.

See Appendix C for the Executive Summary and Survey Instrument of the Healthy Community Survey report.

Phase Four – Identify Strategic Issues

Strategic Issues are critical challenges to be addressed, as well as significant opportunities to be leveraged, in order for a community to achieve its vision. After the completion of the MAPP Assessments, the next phase (Phase 4) in the process is identification of Strategic Issues. Phase 4 was completed through a series of meetings of the Backbone Group with input from the Collaborative. These discussions took place during Q3 and Q4 of 2020. The COVID-19 pandemic impacted the timing and format for discussion of this Phase.

Results from each of the four MAPP assessments were reviewed and discussed to identify common themes and issues that influenced the community’s overall health. Data from the Assessments was considered and reviewed to support the inclusion of each issue. Keeping the Vision and Mission of the Collaborative in mind, the following Strategic Issues were identified as best reflecting the areas of interest and concern:

- Disinvested and Vulnerable Neighborhoods
- Maternal and Early Childhood Care
- Mental Health System Capacity
- Violence, Crime and Public Safety
- Specific Morbidities
- Education and Employment
- Health Literacy and Trust

As noted in the figure below, there was significant alignment of the priority issues with WCHD’s prior IPLAN (2020 IPLAN Priorities). Moving forward into IPLAN 2023 these three (3) priorities, Maternal and Child Health, Violence Prevention and Mental/Behavioral Health will continue as Priority areas for WCHD’s Community Health Assessment.



In order to better understand the potential impact of the remaining four Strategic Issues (Disinvested and Vulnerable Neighborhoods; Specific Morbidities; Education and Employment; and Health Literacy and Trust), WCHD facilitated sessions to prioritize those items within the three IPLAN priorities.

Sessions were conducted to present the Strategic Issues and gather input regarding prioritization of them as a key portion of the MAPP process. Sessions were held with the following groups:

- Regional School Superintendents for Boone and Winnebago County June 4, 2021

- Winnebago County Board June 28, 2021
- Winnebago County Board of Health July 27, 2021

In each session, an overview of the MAPP process was provided and the seven (7) Strategic Issues were presented with supporting data. A Prioritization Matrix model was used to help rank each Strategic Issue in relation to the others. A Raw Total and Relative Ranking was calculated for each of the 2023 Priorities and an overall Average was prepared. The Overall Average Ranking for each is presented below:

IPLAN Strategic Prioritization – Maternal Child Health Relative Ranking Summary

Strategy/ Group	School Superintendents	Winnebago County Board	Winnebago County Board of Health	Averaged Ranking
Disinvested & Vulnerable Neighborhoods	11%	16%	37%	21%
Specific Morbidities	1%	3%	1%	2%
Education & Employment	44%	76%	49%	56%
Health Literacy & Trust	44%	5%	12%	20%
	100%	100%	100%	100%

10 = a lot more important
 5 = a little more important
 1 = equal importance
 1/5 = a little less important
 1/10 = a lot less important



IPLAN Strategic Prioritization – Violence Relative Ranking Summary

Strategy/ Group	School Superintendents	Winnebago County Board	Winnebago County Board of Health	Averaged Ranking
Disinvested & Vulnerable Neighborhoods	47%	36%	40%	41%
Specific Morbidities	1%	3%	1%	2%
Education & Employment	26%	59%	40%	42%
Health Literacy & Trust	26%	3%	19%	16%
	100%	100%	100%	100%

10 = a lot more important
 5 = a little more important
 1 = equal importance
 1/5 = a little less important
 1/10 = a lot less important



IPLAN Strategic Prioritization – Mental/Behavioral Health Relative Ranking Summary

Strategy/ Group	School Superintendents	Winnebago County Board	Winnebago County Board of Health	Averaged Ranking
Disinvested & Vulnerable Neighborhoods	18%	7%	24%	16%
Specific Morbidities	4%	4%	2%	3%
Education & Employment	16%	69%	54%	46%
Health Literacy & Trust	61%	20%	20%	34%
	100%	100%	100%	100%

10 = a lot more important
 5 = a little more important
 1 = equal importance
 1/5 = a little less important
 1/10 = a lot less important



For each of the priorities, Education and Employment was ranked as the most important strategic issue to consider. Disinvested and Vulnerable Neighborhoods was ranked 2nd for Maternal and Child Health and for Violence Prevention. Health Literacy and Trust was ranked 2nd highest for Mental/Behavioral Health.

See Appendix D for Prioritization Exercise presentation.

Phase Five – Formulate Goals and Strategies

The Community Health Improvement Plan (CHIP) is developed to address the health priorities identified through the Community Health Assessment (Phases 1-4 of the MAPP process). With input from the Collaborative, key stakeholders and the community, the CHIP outlines the goals and strategies that will be implemented by the WCHD and its community partners over the next three (3) years to improve the health of Winnebago County. The plan is population-based and prevention focused with an emphasis on health equity throughout the plan. The development and assurance of implementation of the CHIP to address the health priorities is integrated into the overarching WCHD Strategic Plan as part of the departments focus on Core Public Health.

After reviewing the findings from the MAPP Assessments and the Strategic Prioritization exercises, the following three health priorities identified for the CHIP 2023 are:

-  Maternal and Child Health
-  Mental/Behavioral Health
-  Violence Prevention

Issues of Education and Employment, Vulnerable and Disinvested Neighborhoods, Health Literacy and Trust and Specific Morbidities are areas of emphasis in the development of goals, strategies and actions for these health priorities. Since these three priority areas are being continued from the IPLAN2020 efforts, they already have community groups that will continue to meet. As has been noted throughout the IPLAN, the COVID-19 pandemic also impacted the efforts of these community initiatives.



Maternal and Child Health

Goal 1: Enhance the development of family infrastructure that supports the optimal development of children in all families, especially families experiencing the negative social determinants of health.

Issues and Trends

The average infant mortality rate in Winnebago County increased to 7.0 (2013-2017) from 6.5 (2010-2014). Over these same periods, the Illinois rates declined from 6.5 to 6.2. The infant mortality rate by race indicates significant disparity for the Black/African American community at 13.0 as compared to 5.0 for White and 4.0 for Hispanic populations. Based on the Kotelchuck Prenatal Care Index, which measures the adequacy of the number of prenatal visits received compared to the expected number of visits, Winnebago County participants score higher overall than the statewide Illinois rates. The Winnebago County rates in 2019 and 2020 ranged between 77.8%-94.1% (Intermediate to Adequate) while the State of Illinois rates were between 62.2%-76.8% (Intermediate).

Low birthweight infants have increased in Winnebago County from 8.7% to 9.9% in 2018 while the rates increased by a smaller amount for Illinois 8.3% to 8.6%.

The Forces of Change Assessment found concerns regarding geographic disparities relative to access to care, resource allocation by health systems on an “east/west” divide with the Rock River as a point of reference, transportation challenges and changes in family structure. Issues relating to access to care, perceptions of resource availability and health literacy and trust were also identified in the Healthy Community Survey results.

Teen births declined in Winnebago County over the 2010-2017 period from 4.4% to 1.3%. This reduction meets the IPLAN2020 Objective of reducing the teen pregnancy rate by 10%



Objectives

O1: By 2023, reduce the rate of African American/Black infant deaths by 20%

Strategies and Activities

- Increase access to early diagnosis of pregnancy and entry into care
- Advocate for policies to support development of a holistic, culturally competent and comprehensive system of prenatal care
- Strengthen referral system to ensure pregnant women are identified and connected to systems of prenatal care as early as possible
- Identify strategies to increase educational achievement levels and improve employment opportunities to support targeted population
- Develop community-wide public information campaigns to stress importance of early and ongoing prenatal care and support mothers throughout their pregnancy
- Further identify and decrease barriers to prenatal care
- Advocate for policies to support evidence-based home visiting and case management for at-risk families





- Prioritize programming funded through the American Rescue Plan to address and mitigate environmental infrastructure disparities in low-income housing, such as presence of lead in homes
- Continue work to advance Winnebago County as a trauma-informed community that acknowledges and addresses trauma including institutional racism as a contributing factor in poor infant outcomes.

O2: Reduce the rate of maternal mortality among African American/Black women

Strategies and Activities

- Advocate for policies to support development of a holistic, culturally competent and comprehensive system of prenatal care that can enhance health literacy and trust among targeted population.
- Increase access to culturally competent prenatal and postnatal care in Black/African American communities.
- Enhance coordination with provider organizations to increase overall availability of culturally competent care.
- Expand WIC (Women, Infants, and Children) nutrition education program in Black/African American communities.
- Seek opportunities for additional funding through national maternal health and mortality initiatives.
- Increase access to mental health services for pregnant/parenting women.
- Continue work to advance Winnebago County as a trauma-informed community that acknowledges and addresses trauma including institutional racism as a contributing factor to maternal stress and poor maternal outcomes.

O3: Reduce the percentage of low birthweight babies born to mothers less than 20 years of age by 10%

Strategies and Activities

- Increase access to age-appropriate contraceptive and prenatal care services.
- Improve pre-conception health status of adolescents.
- Decrease unhealthy/risky behaviors among adolescents.
- Advocate for policies that support comprehensive, fact-based reproductive health education to adolescents.
- Advocate for educational programming that supports high school graduation rates, post-secondary education, and vocational career training.
- Increase access to employment opportunities for adolescents.
- Continue work to advance Winnebago County as a trauma-informed community that acknowledges and addresses trauma as a contributing factor to sexual-risk taking behavior in adolescents.

O4: Reduce the percentage of low birthweight Black/African American infants by 10%

Strategies and Activities





- Increase access to culturally competent prenatal care in Black/African American communities
- Increase community support for healthy pregnancy behaviors and outcomes
- Expand WIC (Women, Infants, and Children) nutrition education program in targeted communities
- Increase access to pregnancy testing for early diagnosis and referral to care
- Coordinate with provider organizations to increase availability of culturally competent care
- Advocate for educational program and supports to increase graduation rates among African American/Black parents.
- Engage fathers to support the healthy growth and development of their infants.
- Continue work to advance Winnebago County as a trauma-informed community that acknowledges and addresses trauma including institutional racism as a contributing factor to maternal stress and poor maternal outcomes.





Mental/Behavioral Health

Goal 2: Support the development and growth of the Winnebago County Community Mental Health Board to address issues relating to access, provider resources, and culturally competent care to address mental health conditions and maximize the functioning, adaptability and potential of the individual, the family and the community.

Issues and Trends

In March 2020, the Winnebago County Opioid Response Team through its healthcare partners released Opioid Stewardship guidelines for prescribers and the public to implement best practices to prevent and manage potential opioid addiction and abuse. The Drug Overdose Prevention Program (DOPP) continued to train individuals on the administration of naloxone/Narcan including providing the medication through remote and curbside pickup throughout the pandemic. Despite these efforts, 157 deaths occurred due to opioid overdose in Winnebago County exceeding the deaths in 2020.

In 2020 Winnebago County residents voted to approve funding through a dedicated sales tax for the establishment and operation of a newly formed Winnebago County Community Mental Health Board (WCCMHB). The purpose of this board is to plan, implement, and monitor a system of mental health and addiction services for Winnebago County residents suffering from serious mental illness and addictions.

The WCCMHB has awarded funds for the 2021-2022 period totaling \$8.8 million to cover priority areas of mental health treatment, case management, crisis response services, and family and community support.

As noted within the CHSA, there has been an increase in opioid overdose deaths in recent years.

Objectives:

- O1:** By 2023, increase access to services that support the positive social emotional development of the pediatric population
- O2:** By 2023, decrease the rate of deaths from opiate overdose by 10%
- O3:** By 2023, decrease the rate of suicide in Winnebago County by 10%

Strategies and Actions

- Decrease the rate of suicide through early identification and intervention.
- Decrease the stigmatization of mental health illness through normalization of care process to address trust.
- Promote awareness in the community of risk factors and warning signs of substance use, suicide, and mental health conditions of anxiety and depression.
- Integrate principles of healthy lifestyle behaviors to support positive mental health.
- Support community-wide public information campaigns on risk factors and warning signs of suicide and the associated risk factors,
- Increase participation of providers trained in MAT (Medication Assisted Therapy) for opioid addiction.





- Continue and expand WCHD capacity for naloxone training and distribution.
- Support the DOPP initiatives through WCHD and community partners.
- Advocate for policies that support substance abuse prevention education in schools
- Develop systems for alternative pain management strategies.
- Advocate for educational programming that support high school graduation rates.
- Increase access to employment opportunities for individuals impacted by mental/behavioral health.
- Continue work to advance Winnebago County as a trauma-informed community that acknowledges and addresses trauma as a contributing factor to substance use/addiction and mental health issues.





Violence Prevention

Goal 3: Decrease the incidence of personal, family, and community violence with targeted focus on areas suffering from unequal rates of violent acts

Issues and Trends

Violence continues to have an overall negative impact on the health of Winnebago County residents.

The homicide rate, opioid overdose deaths, violent crime all have increased in Winnebago County.

The reduction of violence as a public health issue relies on the mobilization and alignment of community partnerships to address the risk factors for collective impact. This issue also provides an opportunity for the community at large to develop policies affecting neighborhoods, schools, housing, employment and the justice system

Objectives:

O1: By 2023, reduce the homicide rate by a minimum of 5%.

O2: By 2023, reduce the incidence of firearm related deaths by a minimum of 5%.

Strategies and Actions

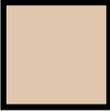
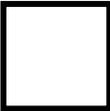
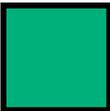
- Improve awareness of risk factors for violence from individual/family, social/peer, and community perspectives as outlined by the Centers for Disease Control and Prevention.
- Continue to support collaboration with community partners and agencies such as Transform Rockford, Rockford Regional Health Council, Alignment Rockford/Rockford Public Schools, Rockford Police Department, Rockford Housing Authority, and Winnebago County Sheriff to strengthen community assets and leverage resources,
- Continue to coordinate through the Violence Reduction/Prevention Workgroup to align resources and broaden community support with targeted efforts, such as Judicial Practices, Employment Practices, Film Festival, and Healthcare Provider workgroups.
- Address vulnerable and disinvested neighborhoods through local agencies and programs, such as United Way Strong Neighborhoods, blight reduction initiatives, Illinois Housing Development Agency (IDHA), Rockford REGROW Grants, to strengthen communities and address underlying socioeconomic challenges.
- Partner with Illinois Collaboration on Youth (ICOY) on needs assessment and training to reduce violence.
- Continue work to advance Winnebago County as a trauma-informed community that acknowledges and addresses trauma as a contributing factor to violence.
- Advocate for evidence-based home visiting initiatives for early childhood to support healthy family relationships.
- Advocate for policies to provide early childhood development opportunities such as 0-3 early intervention and pre-K schooling.
- Address environmental health risk factors associated with housing in disinvested neighborhoods, including lead exposure and mitigation, unsafe and abandoned properties, and water quality.



Phase Six – Action Cycle

The WCHD will establish defined metrics to monitor progress during this IPLAN cycle. These metrics will be used to establish action plans and to communicate with the public and stakeholder organizations regarding the status of initiatives. WCHD Leadership and the Winnebago County Board of Health will work with Community Health Collaborative member organizations to use these metrics to encourage engagement across the community in addressing the priority health needs of Winnebago County.

Community Health Improvement Plan

Priority	Goal	Objective	Monitoring Metric Resources
 <p>Maternal and Child Health</p>	<p>Goal 1: Enhance the development of family infrastructure that supports the optimal development of children in all families, especially families experiencing the negative social determinants of health.</p>	<p>O1: by 2023, reduce the rate of African American/Black infant deaths by 20%</p>	<p>Illinois Department of Public Health Maternal Morbidity and Mortality reporting; County Health Rankings</p>
		<p>O2: Reduce the rate of maternal mortality among African American/Black women</p>	<p>Illinois Department of Public Health Maternal Morbidity and Mortality Reporting</p>
		<p>O3: Reduce the percentage of low birthweight babies born to mothers less than 20 years of age by 10%</p>	<p>Illinois Department of Public Health Birth Characteristics by Resident County; County Health Rankings</p>
		<p>O4: Reduce the percentage of low birthweight Black/African American infants by 10%</p>	<p>County Health Rankings</p>
 <p>Mental/Behavioral Health</p>	<p>Goal 2: Support the development and growth of the Winnebago County Community Mental Health Board to address issues relating to access, provider resources, and culturally competent care to address mental health conditions and maximize the functioning, adaptability and potential of the individual, the family and the community.</p>	<p>O1: By 2023, increase access to services that support the positive social emotional development of the pediatric population</p>	<p>Winnebago County Community Mental Health Board reporting; Illinois Department of Public Health Discharge Data</p>
		<p>O2: By 2023, decrease the rate of deaths from opiate overdose by 10%</p>	<p>Winnebago County Coroner’s Office; Winnebago County Opioid Response team</p>
		<p>O3: By 2023, decrease the rate of suicide in Winnebago County by 10%</p>	<p>National Center for Health Statistics; Illinois Department of Public Health</p>
 <p>Violence Prevention</p>	<p>Goal 3: Decrease the incidence of personal, family, and community violence with targeted focus on areas suffering from unequal rates of violent acts</p>	<p>O1: Reduce the homicide rate by a minimum of 5% by 2023</p>	<p>County Health Rankings</p>
		<p>O2: Reduce the incidence of fire-arm related deaths by a minimum of 5% by 2023</p>	<p>County Health Rankings; FBI Crime Statistics reporting</p>

Appendices

- A. IPLAN Internal Steering Committee
- B. IPLAN Collaborative Partner Steering Committee
- C. MAPP Assessments
- D. Strategic Issue Prioritization
- E. Strategic Plan 2025



Appendix A

IPLAN Internal Steering Committee



A. IPLAN Internal Steering Committee Charter



Winnebago County Health Department

Purpose and Structure of IPLAN Steering Committee
4.26.2019

Vision
As an Illinois state certified local health department seeking national accreditation, Winnebago County Health Department is required to conduct a Community Health Assessment and develop a Community Health Improvement Plan for Winnebago County known as IPLAN (Illinois Plan for Local Assessment of Needs). The MAPP (Mobilizing Action through Planning and Partnerships) will be used to complete the IPLAN. WCHD will establish a Steering Committee comprised of staff from various public health disciplines and centers to facilitate the MAPP process.

Mission
The IPLAN Steering Committee (IPLANSC) will provide oversight to the development of the IPLAN and engage the community throughout the process under the leadership and direction of the Data and Quality Coordinator.

Committee Purpose

- Facilitate the MAPP process to complete the IPLAN
- Engage community partners and members to participate.

Committee Structure

- Committee members will be recommended by the Center Director OR appointed by the Public Health Administrator. To be eligible, staff must:
 - Be currently employed at WCHD
 - Have been employed for at least two years at the WCHD
 - Work a minimum of 20 hours per week
 - Be in a support or professional staff role
 - Demonstrate effective communication skills.
- Members will be representative of the public health professions and centers of the WCHD.
- Time commitment is anticipated to be four (4) hours per week to ensure participation and minimize disruption to routine work.

Committee Work-Flow Process

- The Committee will meet on a routine basis.
- The Data and Quality Coordinator/designate will be responsible for: scheduling the meetings; developing agendas and work plan, distributing agendas, documents and meeting minutes; etc.
- Special meetings for projects may be scheduled, providing members are given at least a two (2)-business day notice with clearance from their respective supervisor.

IPLAN Steering Committee Purpose and Structure Page 1 of 1

Meeting Agenda Example

Meetings were held on the following dates and times:

- March 6, 2019
- April 26, 2019
- May 24, 2019
- June 28, 2019
- July 24, 2019
- August 25, 2019
- October 11, 2019
- November 22, 2019
- December 27, 2019
- February 28, 2020

Below is an example agenda from the meeting on May 24, 2019



Winnebago County
Health Department



IPLAN 2020 Internal Steering Committee

Date: May 24, 2019
Time: 3:00 – 4:00 pm, Room 115
Attendees: Angel Abraham (HP), Mike Blaser (HP), Libby Jackson, RN (PHS), Virginia Lee (HP), Peter Lopatin (Data and Quality), Leia Nebergall (HPW), Victoria Osiecki (EHI), Becky Rydell, RN (PHS), Erich Von Gillern (HPW), Michael Wood (EHI)

Agenda Item	Discussion	Action	Responsible Party
1. Welcome and Introduction – Peter Lopatin			
2. Local Public Health System Assessment			S. Martell
a. Review of IPLAN 2015 – Wellness Focused Winnebago			
b. Review of 10 Essential Services			
c. Strategic Plan Collaborators			
3. External Steering Committee Update			
4. Draft Timeline			
5. Next Steps			

Next Meeting: June 28, 2019

FOCA Whiteboard Exercise with Internal Group (July 2019)

IPLAN2023 Internal Steering Committee – FOCA Exercise – 7/26/19

Team members were assigned to review IPLAN FOCA examples & report on categories/topics and approach from other health departments.

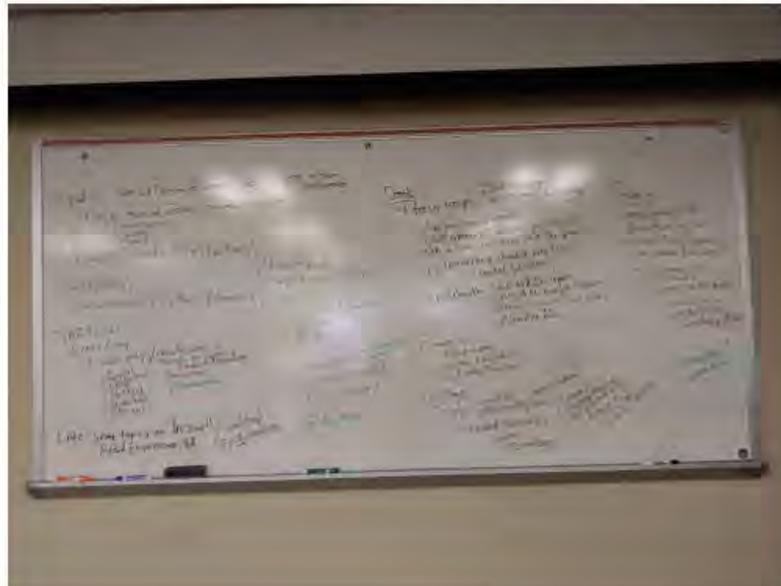
Categories/Topics for FOCA

Majority of health plans used the following general categories for the FOCA exercise:

- Socio-economic
- Legal
- Political
- Scientific
- Ethical
- Environmental
- Technology

Approach/Methodology

Based upon IPLAN descriptions, it was common to use a large meeting to brainstorm around the categories for forces, trends, events & factors (as described in MAPP framework). Some communities rotated groups through each of the categories & then used a variety of prioritization approaches after the initial brainstorming exercises. [SurveyMonkey](#) was used by at least one department (DuPage) to help rank & prioritize topics within each category.





Appendix B

IPLAN Collaborative Partner Steering Committee



B. IPLAN Collaborative Partner Steering Committee Community Health Collaborative Charter



Boone-Winnebago Community Health Collaborative (BHC)

Mission:
It is the mission of the Community Health Collaborative to improve the health and well-being of our communities through collaboration, innovation, and promotion of data-driven, evidence-based practices.

Vision:
Boone and Winnebago Counties are healthy, thriving, diverse and safe communities in which the physical, mental, social, and spiritual well-being of its members is supported and celebrated.

Core Values:

Accountability	Expertise	Outcome Informed
Advocacy	Healing	Transformative
Collaborative	Health Equity	Trauma Informed
Compassionate	Innovative	

Goals:

- Development and implementation of a regional community health strategic plan for Boone and Winnebago Counties that meets the mandated requirements of the health systems and local health departments for certification in the state of Illinois.
- Design, implementation, and oversight of an open, accessible community health dashboard that provides timely updates on the implementation of strategies, outcomes, and impact on key indicators of the community health strategic plan.
- Development, implementation, and oversight of a regional Health Information Exchange (HIE) to support the community health strategic plan.

Guiding Principles:

Principle 1: Trusting relationships among partners to develop a shared community health assessment and improvement plan.

Principle 2: Strengths-based approach to building the capacity of the region to address health priorities and challenges.

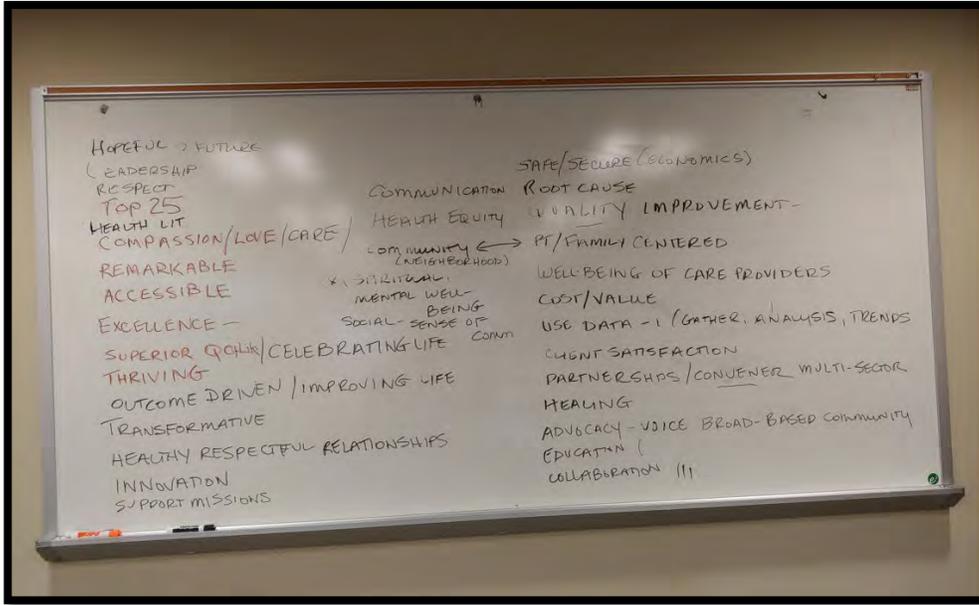
Principle 3: Community-driven process guided by MAPP (Mobilizing for Action through Planning and Partnerships).

Principle 4: The 5 Conditions of Collective Impact will serve as the framework for community engagement.

Principle 5: The Steering Committee provides governance and oversight of the Community Health Improvement Collaborative.

Principle 6: Consensus decision-making strategies to achieve agreement in support of the goals.

Whiteboard IPLAN Visioning Exercise



Community Health Collaborative Timeline





Community Health Collaborative Partner Steering Committee Meeting Agenda

  **IPLAN 2023 External Steering Committee**

Date: June 12, 2019; 1:30 – 3:00 pm

Location: 555 North Court, Room 115; Rockford, IL

Agencies Represented: Boone County Health Department; MercyHealth; OSF-St. Anthony; R1 Regional Planning; Rockford Regional Health Council; SwedishAmerican Health System; Transform Rockford; United Way of the Rock River Valley; University of Illinois, Health Sciences – Rockford

Winnebago County Health Department Staff: Peter Lopatin, Sandra Martell

Agenda Item	Discussion	Action	Responsible Party
1. Introductions			S. Martell
2. Goals of Regional Planning Process			All
3. Mobilizing for Action through Planning and Partnerships Evidence-based Model			All
4. Review of Assessments and Proposed Agency Leads			All
5. Timeline			S. Martell/P. Lopatin
6. Next Steps <ul style="list-style-type: none"> a. Meeting Schedule b. Branding 			
7. Additions			

Next Meeting: To Be Determined

  **IPLAN Partner Steering Committee**

Date: July 17, 2019; 2:00 – 3:00 pm

Location: 555 North Court, Room 115; Rockford, IL

Agencies Represented: Boone County Health Department; MercyHealth; OSF-St. Anthony; R1 Regional Planning; Rockford Regional Health Council; SwedishAmerican Health System; Transform Rockford; United Way of the Rock River Valley; University of Illinois, Health Sciences – Rockford

Winnebago County Health Department Staff: Peter Lopatin, Sandra Martell

Agenda Item	Discussion	Action	Responsible Party
1. Introductions			P. Lopatin
2. Community Health Status Assessment Update <ul style="list-style-type: none"> • Demographics & Socio-Economic Status • Health Resource Availability • Injury, Illness, & Death • Quality of Life • Mental Health • Maternal Child Health • Behavioral Risk Factors • Infectious Disease • Environmental Factors 			S. Martell/Dr. Khare
3. Forces of Change Assessment Update			Jason Holcomb
4. Community Themes & Strengths Assessment Update			P. Lopatin
5. Visioning <ul style="list-style-type: none"> • Review of shared vision statements • Next Steps 			All
6. Community Dashboard <ul style="list-style-type: none"> • Scheduling Vendor demonstrations 			P. Lopatin
7. Next Steps			

Next Meeting: To Be Determined





 **Health Department** 

IPLAN Partner Steering Committee

Date: August 7, 2019; 2:00 – 3:00 pm

Location: 555 North Court, Room 115; Rockford, IL

Agencies Represented: Boone County Health Department; [MercyHealth](#); OSF-St. Anthony; [R1 Regional Planning](#); Rockford Regional Health Council; SwedishAmerican Health System; Transform Rockford; United Way of the Rock River Valley; University of Illinois, Health Sciences – Rockford

Winnebago County Health Department Staff: Peter Lopatin, Sandra Martell

Agenda Item	Discussion	Action	Responsible Party
1. Introductions			P. Lopatin
2. Community Health Status Assessment Update <ul style="list-style-type: none"> Demographics & Socio-Economic Status Health Resource Availability COMPdata/hospital data availability 			P. Lopatin
3. Forces of Change Assessment Update			P. Lopatin/J. Holcomb
4. Community Themes & Strengths Assessment Update			S. Ernst/P. Lopatin
5. Visioning <ul style="list-style-type: none"> Review of shared vision statements Next Steps 			All
6. Next Steps			

Next Meeting: 8/28/19

 **Health Department** 

Community Assessment & Improvement Collaborative Partner Steering Committee

Date: August 28, 2019; 2:00 – 3:00 pm

Location: 555 North Court, Room 115; Rockford, IL

Agencies Represented: Boone County Health Department; [MercyHealth](#); OSF-St. Anthony; [R1 Regional Planning](#); Rockford Regional Health Council; SwedishAmerican Health System; Transform Rockford; United Way of the Rock River Valley; University of Illinois, Health Sciences – Rockford; Winnebago County

Winnebago County Health Department Staff: Peter Lopatin, Sandra Martell

Agenda Item	Discussion	Action	Responsible Party
1. Introductions			P. Lopatin
2. Overview of Organizational Structure			B. Cook Kendall/S. Martell
3. Community Assessment & Improvement Collaborative: Mission, Vision, Values			ALL
4. Community Health Status Assessment Update			Dr. M. Khare/P. Lopatin
5. Forces of Change Assessment Update			J. Holcomb/D. Northcott
6. Community Themes & Strengths Assessment/Health Community Study Update			S. Ernst
7. Local Public Health Assessment Update			P. Lopatin
8. Next Steps			All
9. Additions			All

Next Meeting: TBD








**Community Assessment & Improvement Collaborative
Partner Steering Committee**

Date: September 18, 2019; 2:00 – 3:30 pm

Location: 555 North Court, Room 115; Rockford, IL

Agencies Represented: Boone County Health Department; [MercyHealth](#); OSF-St. Anthony; R1 Regional Planning; Rockford Regional Health Council; SwedishAmerican Health System; Transform Rockford; United Way of the Rock River Valley; University of Illinois, Health Sciences – Rockford; Winnebago County

Winnebago County Health Department Staff: Peter Lopatin, Sandra Martell

Agenda Item	Discussion	Action	Responsible Party
1. Introductions			P. Lopatin
2. Community Assessment & Improvement Collaborative: Branding Update			S. Martell
3. Community Health Status Assessment Update <ul style="list-style-type: none"> • Data Set Review • Status 			Dr. M. Khare/P. Lopatin
4. Forces of Change Assessment Update <ul style="list-style-type: none"> • Tentative Schedule & Locations • Planned agenda • Resources 			J. Holcomb/D. Northcott
5. Community Themes & Strengths Assessment/Health Community Study Update			B. Cook Kendall/S. Ernst
6. Local Public Health Assessment Update			P. Lopatin
7. Next Steps			All
8. Additions			All

Next Meeting: October 9, 2019




**Community Assessment & Improvement Collaborative
Partner Steering Committee**

Date: October 9, 2019; 2:00 – 3:30 pm

Location: 555 North Court, Room 115; Rockford, IL

Agencies Represented: Boone County Health Department; [MercyHealth](#); OSF-St. Anthony; R1 Regional Planning; Rockford Regional Health Council; SwedishAmerican Health System; Transform Rockford; United Way of the Rock River Valley; University of Illinois, Health Sciences – Rockford; Winnebago County

Winnebago County Health Department Staff: Peter Lopatin, Sandra Martell

Agenda Item	Discussion	Action	Responsible Party
1. Introductions			P. Lopatin
2. Community Assessment & Improvement Collaborative: <ul style="list-style-type: none"> • Charter and Governance Structure • Dashboard - NACCHO/NAS 			S. Martell/ B. Cook Kendall
3. Community Health Status Assessment Update			Dr. M. Khare/P. Lopatin
4. Forces of Change Assessment Update <ul style="list-style-type: none"> • Schedule & Locations • Group FOCA Exercise 			P. Lopatin/J. Holcomb
5. Community Themes & Strengths Assessment/Health Community Study Update			B. Cook Kendall
6. Collaborative LOGO Review & Discussion			S. Martell
7. Next Steps			All
8. Additions			All

Next Meeting: October 30, 2019



 **Community Health Collaborative
Partner Steering Committee**

Date: October 30, 2019; 2:00 – 3:30 pm

Location: 555 North Court, Room 115; Rockford, IL

Agencies Represented: Boone County Health Department; MercyHealth; OSF-St. Anthony; R1 Regional Planning; Rockford Regional Health Council; SwedishAmerican Health System; Transform Rockford; United Way of the Rock River Valley; University of Illinois, Health Sciences – Rockford; Winnebago County

Winnebago County Health Department Staff: Peter Lopatin, Sandra Martell

Agenda Item	Discussion	Action	Responsible Party
1. Introductions			P. Lopatin
2. Community Assessment & Improvement Collaborative: <ul style="list-style-type: none"> NACCHO/NAS demonstration Charter and Governance Structure Collaborative Logo 			S. Martell/ B. Cook Kendall
3. Community Health Status Assessment Update <ul style="list-style-type: none"> Tables Drafted for Demographics, Education, Health Resources, Injury/Illness Next Data Review – November 13 			Dr. M. Khare/P. Lopatin
4. Forces of Change Assessment Update <ul style="list-style-type: none"> Schedule & Volunteers Promotion Agency Sessions 			P. Lopatin/J. Holcomb
5. Community Themes & Strengths Assessment/Health Community Study Update			B. Cook Kendall/S. Ernst
6. Local Public Health Assessment Update <ul style="list-style-type: none"> Approach Logistics (Potential Dates & Location) 			S. Martell/B. Cook Kendall
7. Next Steps			All
8. Additions			All

Next Meeting: November 20, 2019

 **Community Health Collaborative
Partner Steering Committee**

Date: November 20, 2019; 2:00 – 3:30 pm

Location: 555 North Court, Room 115; Rockford, IL

Agencies Represented: Boone County Health Department; MercyHealth; OSF-St. Anthony; R1 Regional Planning; Rockford Regional Health Council; SwedishAmerican Health System; Transform Rockford; United Way of the Rock River Valley; University of Illinois, Health Sciences – Rockford; Winnebago County

Winnebago County Health Department Staff: Peter Lopatin, Sandra Martell

Agenda Item	Discussion	Action	Responsible Party
1. Introductions			P. Lopatin
2. Community Assessment & Improvement Collaborative: <ul style="list-style-type: none"> Charter & Governance Update 			S. Martell/ B. Cook Kendall
3. Community Health Status Assessment Update <ul style="list-style-type: none"> Data Tables Review Session 11/26/19 			M. Khare/P. Lopatin
4. Forces of Change Assessment Update <ul style="list-style-type: none"> Community Conversations Agency Sessions 			P. Lopatin/J. Holcomb
5. Community Themes & Strengths Assessment/Health Community Study Update			S. Ernst
6. Local Public Health Assessment Update <ul style="list-style-type: none"> January 15, 2020 at Klehm 			S. Martell/B. Cook Kendall
7. Next Steps			All
8. Additions			All

Next Meeting: December 11, 2019





Community Health Collaborative
Partner Steering Committee

Date: December 10, 2019; 2:00 – 3:30 pm

Location: 555 North Court, Room 115; Rockford, IL

Agencies Represented: Boone County Health Department; MercyHealth; OSF-St. Anthony; R1 Regional Planning; Rockford Regional Health Council; SwedishAmerican Health System; Transform Rockford; United Way of the Rock River Valley; University of Illinois, Health Sciences – Rockford; Winnebago County

Winnebago County Health Department Staff: Peter Lopatin, Sandra Martell

Agenda Item	Discussion	Action	Responsible Party
1. Introductions			P. Lopatin
2. Community Health Status Assessment Update <ul style="list-style-type: none"> Data Tables Review Sessions Timeline 			M. Khare/P. Lopatin
3. Forces of Change Assessment Update <ul style="list-style-type: none"> Preliminary Summary Upcoming sessions 			P. Lopatin/J. Holcomb
4. Community Themes & Strengths Assessment/Health Community Study Update <ul style="list-style-type: none"> Survey & Analysis Timeline Approval of Survey Instrument Rollout to community and schools Promotion and Community Outreach Analysis & Report 			B. Cook Kendall/S. Ernst
5. Local Public Health Assessment Update <ul style="list-style-type: none"> January 15, 2020 			S. Martell/B. Cook Kendall
6. Community Assessment & Improvement Collaborative: <ul style="list-style-type: none"> Update Schedule for next meeting(s) 			P. Lopatin
7. Additions			All

Next Meeting: TBD



Community Health Collaborative
Partner Steering Committee

Date: January 8, 2020; 2:00 – 3:30 pm

Location: 555 North Court, Room 115; Rockford, IL

Agencies Represented: Boone County Health Department; MercyHealth; OSF-St. Anthony; R1 Regional Planning; Rockford Regional Health Council; SwedishAmerican Health System; Transform Rockford; United Way of the Rock River Valley; University of Illinois, Health Sciences – Rockford; Winnebago County

Winnebago County Health Department Staff: Peter Lopatin, Sandra Martell

Agenda Item	Discussion	Action	Responsible Party
1. Introductions			P. Lopatin
2. Community Health Status Assessment Update			M. Khare/P. Lopatin
3. Forces of Change Assessment Update <ul style="list-style-type: none"> Preliminary Summary Winnebago County Board 1/9/2020 			P. Lopatin/J. Holcomb
4. Community Themes & Strengths Assessment/Health Community Study Update <ul style="list-style-type: none"> Survey & Analysis Timeline Rollout to community and schools Analysis & Report Timeline 			B. Cook Kendall/S. Ernst
5. Local Public Health Assessment Update <ul style="list-style-type: none"> January 15, 2020 			S. Martell/B. Cook Kendall
6. Community Assessment & Improvement Collaborative: <ul style="list-style-type: none"> Update Schedule for next meeting(s) 			P. Lopatin
7. Additions			All

Next Meeting: TBD






**Community Health Collaborative
Partner Steering Committee**

Date: February 12, 2020; 2:00 – 3:30 pm

Location: 555 North Court, Room 115; Rockford, IL

Agencies Represented: Boone County Health Department; MercyHealth; OSF-St. Anthony; R1 Regional Planning; Rockford Regional Health Council; SwedishAmerican Health System; Transform Rockford; United Way of the Rock River Valley; University of Illinois, Health Sciences – Rockford; Winnebago County

Winnebago County Health Department Staff: Peter Lopatin, Sandra Martell

Agenda Item	Discussion	Action	Responsible Party
1. Introductions			P. Lopatin
2. Healthy Community Study/Community Themes & Strengths Assessment Update <ul style="list-style-type: none"> • Final Survey Instrument (paper and online/English & Spanish) • Communications Plan • Timeline <ul style="list-style-type: none"> o Rollout school districts o Rollout to Housing Authorities o Random Sample Rollout • Opportunities for "pop-up" or site specific surveys • Analysis & Report Timeline 		B. Cook Kendall/ D. Northcott	
3. Local Public Health Assessment Update <ul style="list-style-type: none"> • Initial Summary of Findings 			S. Martell
4. Community Health Status Assessment Update			P. Lopatin/R. Lyons
5. Forces of Change Assessment Update			P. Lopatin
6. Community Health Collaborative: <ul style="list-style-type: none"> • Dashboard/Potential Vendor scheduling • New Business/Next Steps 			P. Lopatin
7. Additions			All

Next Meeting: March 4, 2020



**Community Health Collaborative
Partner Steering Committee**

Date: March 4, 2020; 2:00 – 3:30 pm

Location: 555 North Court, Room 115; Rockford, IL

Agencies Represented: Boone County Health Department; MercyHealth; OSF-St. Anthony; R1 Regional Planning; Rockford Regional Health Council; SwedishAmerican Health System; Transform Rockford; United Way of the Rock River Valley; University of Illinois, Health Sciences – Rockford; Winnebago County

Winnebago County Health Department Staff: Peter Lopatin, Sandra Martell

Agenda Item	Discussion	Action	Responsible Party
1. Introductions			P. Lopatin
2. Community Health Collaborative Approach to Analyzing & Synthesizing Results of 4 MAPP Assessments <ul style="list-style-type: none"> • Best use of Partner Steering Committee time & resources • Tools/techniques for synthesizing studies • Timeline & milestones 		S. Martell/All	
3. Community Health Collaborative - Planning for Dashboard: <ul style="list-style-type: none"> • Defining goals • Identifying functionality/requirements/scope • Discuss timeline & milestones 			S. Martell
4. New Business/Next Steps			All
5. Additions			All

Next Meeting: March 25, 2020



Community Health Needs Assessment Presentation to Board of Health 7/16/2019

Community Health Needs Assessment/Community Health Assessment
 Proposing A Regional Approach

WCHD
 Winnebago County Health Department
Serving Our Whole Community

Date: July 16, 2019
 Presentation To: Winnebago County Board of Health

Definition of Public Health

Public health is what we do collectively to ensure conditions in which people can be healthy.

Institute of Medicine, 1988

Community Health Assessment

<p>Community Health Needs Assessment (CHNA)</p> <ul style="list-style-type: none"> • Conducted by hospitals to meet charitable care requirements • IRS Section 501 (c)(3) and Revenue Ruling 69-545 • Required every 3 years 	<p>Community Health Assessment (CHA)</p> <ul style="list-style-type: none"> • Conducted by local health departments to meet requirements for certification and national accreditation • Illinois Code for Local Health Department Section 600 • IPLAN = Illinois Plan for Local Assessment of Needs • Required every 5 years
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Requirements

<p>CHNA</p> <ul style="list-style-type: none"> • Define the community it serves • Assess health needs of the community • Input from public health • Document the CHNA in a written report 	<p>CHA</p> <ul style="list-style-type: none"> • Evaluation of community health indicators that describes the health of the population including but not limited to natality, mortality, morbidity, and risk factors for illness • Assessment of organizational capacity • Results in setting of priority health needs
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Requirements

<p>CHNA</p> <ul style="list-style-type: none"> • Make CHNA available to the public • Adoption of implementation plan to address needs • Adoption by the governance structure 	<p>CHA</p> <ul style="list-style-type: none"> • Community participation • Establishment of goals and objectives (Health Improvement Plan = CHIP) • Includes review of SHIP (State Health Improvement Plan) • Adoption by the Board of Health
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Making the Case for Regional Approach

- Coordinated
- Collaborative/synergistic
- Efficient
- Respectful of community
- Strengths based
- Others?



Mobilizing for Action through Planning and Partnership (MAPP)



- A **community-wide strategic planning process** for improving the health of the community.
- A method to **help communities prioritize** public health issues, identify resources for addressing them, and take action.



The MAPP Paradigm Shift

FROM	TO
Operational planning	Strategic Planning
Focus on the agency	Focus on community & entire public health system
Needs assessment	Emphasis on assets and resources
Medically oriented model	Broad definition of health
Agency knows all	Everyone knows something



Public Health System





Community Themes and Strengths

- Answers the questions
 - What is **important** to our community?
 - What **assets** do we have that can be used to improve community health.
- Methods
 - Community meetings/town hall
 - Community dialogues/conversations
 - Focus groups
 - Walking or windshield survey
 - Photovoice
 - Surveys
 - Key informant interviews



Local Public Health System



- | | |
|---|------------------------------------|
| 1. Monitor Health of the Community | 6. Enforce Laws and Regulations |
| 2. Diagnose & Investigate Health Problems | 7. Link to/Provide Health Services |
| 3. Inform, Educate and Empower People | 8. Assure a Competent Workforce |
| 4. Mobilize Community Partnerships | 9. Evaluate Quality |
| 5. Develop Policies | 10. Research for New Insights |

- Answers the questions
 - What are the **components, activities, competencies, and capacities** of our local public health system?
 - How are the **essential services** being provided to our community?
- Method
 - National Public Health Performance Standards/NPHPS (Version 3.0)



Community Health Status Assessment

- Answers the questions
 - How **healthy** are our residents?
 - What does the **health status of our community** look like?
- Methods
 - American Community Survey
 - County Health Rankings
 - Census Data
 - Community Indicators Consortium (CIC) Project Database
 - Healthy People
 - Behavioral Risk Factor Surveillance
 - Quality of Life Survey



Forces of Change

- Answers the questions
 - What is **occurring or might occur** that affects the health of our community or local public health system?
 - What specific **threats (challenges) or opportunities** are generated by these occurrences.
- Methods
 - Brainstorming
 - SWOT/SWOC
 - Visioning



Proposed Community Partner Co-Leads

- Community Assessment
 - University of Illinois College of Medicine – Health Policy and Social Sciences Research/School of Public Health
 - Health Systems – MercyHealth, OSF Healthcare, SwedishAmerican Health System
- Local Public Health System Assessment
 - Rockford Regional Health Council
 - R1 Regional Planning

Proposed Community Partner Co-Leads

- Forces of Change
 - Transform Rockford
 - City of Rockford
 - Winnebago County
- Community Themes and Strengths
 - Rockford Regional Health Council
 - University of Illinois College of Medicine – Health Policy and Social Sciences Research/School of Public Health
 - R1 Regional Planning

Goals of the CHNA/CHA/CHIP

- Development of Goals, Strategies, and Action Plan that can be implemented and updated by the community partners.
- Provide for ongoing engagement and communication with the community regarding the health priorities.
 - Local examples:
 - Impact DuPage <https://www.impactdupage.org/>
 - Kane Health Counts <http://www.kanehealthcounts.org/>
 - Kendall County <http://www.kendallhealth.org/>
 - Other examples:
 - CAN Community Advancement Network <http://canatx.org/dashboard/>
 - Alberta Health Services <https://www.healthiertogogether.ca/prevention-data/alberta-community-health-dashboard/>
 - Yolo County <https://www.yolocounty.org/residents/community-indicator-dashboard>

 Winnebago County Health Department

Goals of the CHNA/CHA/CHIP

- Dynamic, interactive community dashboard.
- Implementation of local community health information network (CHIN)/health information exchange (HIE).



 Winnebago County Health Department



WCHD

Winnebago County Health Department

Serving Our Whole Community

Sandra Martell, RN, DNP
 Public Health Administrator
 Phone: 815.720.4200
 Email: smartell@winncohealth.com

www.wchd.org

 @WinnCoHealth

 @WinnebagoCountyHealth

 Winncohealth

Appendix C

C. MAPP ASSESSMENTS

C. MAPP ASSESSMENTS

Community Health Status Assessment

- Data Analysis Workgroup Meetings:

The Data Analysis Workgroup meet on the following dates:

- November 16, 2019
- December 10, 2019
- December 12, 2019

Below is an example agenda from the meeting on November 16, 2019.



**Community Health Collaborative
Data Analysis Workgroup**

Date: November 26, 2019; 10:00 am – 12:00 pm

Location: 555 North Court, Room 115; Rockford, IL

Agencies Represented: Boone County Health Department; MercyHealth; OSF-St. Anthony; R1 Regional Planning; Rockford Regional Health Council; SwedishAmerican Health System; Transform Rockford; United Way of the Rock River Valley; University of Illinois, Health Sciences – Rockford; Winnebago County

Winnebago County Health Department Staff: Peter Lopatin, Sandra Martell, Angel Abraham

Agenda Item	Discussion	Action	Responsible Party
1. Introductions			P. Lopatin
2. Community Health Status Assessment Update <ul style="list-style-type: none"> • Health Resources • Maternal/Child Health • Housing/Transportation • Injury • Behavioral Risk 			M. Khare/A. Abraham
3. Next Steps <ul style="list-style-type: none"> • Schedule Next Review Session 			All
4. Additions			All

Next Meeting: TBD

Link to Community Health Status Assessment Data Book:
https://www.wchd.org/images/IPLAN2023/CHSA_DataBook.pdf

Forces of Change Assessment

- FOCA Workgroup Meetings

The FOCA Workgroup meet on the following dates:

- September 10, 2019
- October 7, 2019
- October 15, 2019

Below is an example agenda from the meeting on September 10, 2019.



Winnebago County
Health Department

Community Assessment &
Improvement Collaborative
FOCA Workgroup

Date: September 30, 2019; 10 – 11 a.m.

Location: 555 North Court, Room 115; Rockford, IL

Agencies Represented: R1 Regional Planning; Rockford Regional Health Council; Transform Rockford; Winnebago County

Winnebago County Health Department Staff: Peter Lopatin, Sandra Martell

Agenda Item	Discussion	Action	Responsible Party
1. Confirm FOCA Sessions Schedule <ul style="list-style-type: none"> • Determine location for Agency sessions 			P. Lopatin
2. FOCA Session Sign-up <ul style="list-style-type: none"> • Community • Agency 			P. Lopatin
3. Review draft FOCA Materials <ul style="list-style-type: none"> • Agency Invitation • Community Flyer • Session H/O • Facilitator Guide 			All
4. Next Steps			
5. Additions			

Next Meeting: TBD

• Community Conversations FOCA Session Handout Spanish

COMUNIDAD DE SALUD COLABORATIVA

¿QUÉ ES?
Es una asociación de organizaciones de atención médica y de área en los condados de Boone y Winneshago que trabajan juntas para mejorar la salud y el bienestar de nuestras comunidades a través de la colaboración, la innovación y la promoción de prácticas basadas en datos y basadas en evidencia.

¿PARA QUÉ?
Al trabajar juntos, los socios comparten recursos y datos para identificar y abordar de manera más efectiva las necesidades de salud en la comunidad y los objetivos generales de salud para los próximos años.

¿CÓMO?
La asociación está trabajando en conjunto para llevar a cabo una Evaluación de salud comunitaria para identificar recursos, necesidades y oportunidades para mejorar la salud general de todos los residentes de los condados de Boone y Winneshago.

EVALUACIÓN DE SALUD COMUNITARIA

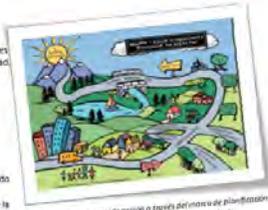
¿QUÉ ES?
Es un proceso para medir los impactos que los recursos locales o las influencias tienen en la salud de los residentes, y para identificar las necesidades de salud en la comunidad.

¿POR QUÉ SE HACE?
Para mejorar la salud y el bienestar de nuestras comunidades trabajando juntos para abordar las prioridades de salud identificadas a través de prácticas basadas en datos y basadas en evidencia.

¿CÓMO?
Manteniendo conversaciones con la comunidad, realizando encuestas y revisando informes para recopilar datos, evaluar los impactos en la salud, obtener comentarios de la comunidad y priorizar los objetivos de salud.

Miembros colaborativos

- Departamento de Salud del Condado de Boone
- Mercyhealth
- OSF HealthCare
- Consejo Regional de Salud de Rockford
- #1 Consejo de Planificación Regional
- Sistema de salud sueco-americano
- Transform Rockford
- Camino Unido del Valle del Río Rock
- Facultad de medicina de la Universidad de Illinois en Rockford
- Condado de Winneshago



Mapa de la evaluación de salud comunitaria a través del mapeo de planificación y asociaciones (MAP) al final para llevar a cabo la evaluación de salud comunitaria.

Handout Last Updated: 10/22/2019

EVALUACIÓN DE LAS FUERZAS DE CAMBIO: CONVERSACIÓN COMUNITARIA

¿QUÉ ES?
Son miembros de la comunidad se unen para hablar sobre lo que está sucediendo actualmente o ocurrirá en un futuro cercano que afectará la salud.

¿POR QUÉ SE HACE?
Para apoyar a los socios de la comunidad en el desarrollo de prioridades y estrategias en el mejoramiento de la calidad de vida y la salud.

¿CÓMO?
El (los) grupo (s) discutirán qué elementos o cambios relacionados con los temas enumerados a continuación y como estos afectarían o podrían afectar la salud. Al final de la **conversación**, los grupos priorizarán qué elementos tienen más probabilidades de tener el mayor impacto.

TEMAS

- Ambiental / Transporte
- Político / Legal
- Social / Cultural / Ético
- Atención médica (médica, conductual, dental)
- Comunicaciones y medios
- Educación
- Tendencias empresariales / economía / empleo
- Ciencia y Tecnología

EJEMPLOS DE FUERZAS QUE IMPACTAN LA SALUD (ELEMENTOS / CAMBIOS):

- Tendencias en el crecimiento de la población o la economía en general.
- Características de la comunidad.
- Eventos importantes que podrían afectarnos localmente, como la apertura o cierre de un hospital o un desastre natural.





FOCA Agency (Key Informant) Invitation

Dear Community Partner,

The Community Health Collaborative is conducting the Forces of Change Assessment (FOCA).

We are pleased to invite your agency/organization to participate in the Community Health Collaborative's Forces of Change Assessment (FOCA). The Community Health Collaborative has been formed to represent Winnebago and Boone County organizations that are working together to improve the health and well-being of our communities through collaboration, innovation, and promotion of data-driven, evidence-based practices.

The FOCA is used to help identify what forces are happening, or are likely to happen, that have the potential to impact the overall quality of life and health of our community.

As a key stakeholder in the community, your participation, perspective and input is valuable.

Sessions for key stakeholders will be held at the UIC Health Sciences Campus Rockford, 11601 Parkview Avenue, in Room S-235 on the following dates:

- Tuesday, November 12 from 3:30 – 5:00 pm
- Thursday, November 14 from 8:30 – 10:00 am

We would appreciate you or a representative from your organization attending informing us of which of these dates you plan to attend. Please RSVP to Gary Jahnke, Rockford Regional Health Council, at 815.395.5702, email gary@rockfordhealth.org, by Friday, November 8.

Thank you in advance for your commitment and willingness to participate as a key informant in this process.

Thank you.

Becky Cook Kendall
Executive Director
ROCKFORD REGIONAL HEALTH COUNCIL
1601 Parkview Avenue | Rockford, IL 61107
P: 815.395.5701
becky@rockfordhealth.org | www.rockfordhealth.org



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Winnebago County Health Department
555 N. Court St., Rockford, IL 61103
Main Line: (815) 720-4000
Website: www.wchd.org



A Nationally Accredited Health Department Since 2017



Attachment: Community Health Collaborative FOCA

- FOCA Agency Sessions Invitation List

Collaborative Participating Organizations	
Winnebago County	Swedish American Health System
United Way of Rock River Valley	R1 Regional Planning
Mercyhealth System	Transform Rockford
OSF Saint Anthony Health	Rockford Regional Health Council
	UIC Rockford
Invitee Agency/Organizations	
Community Foundation	Next Rockford
Regional Office of Education	Arts Council
City of Rockford	Ignite Rockford
Winnebago County Board	First Responders (Chiefs' Association?)
City of South Beloit	Rockford Urban Ministries
City of Loves Park	Catholic Diocese
Village of Durand	Great Neighborhoods
Village of Machesney Park	Rockford University
Village of Rockton	Rock Valley College
Village of Roscoe	Rockford Housing Authority
Village of Winnebago	Park District
Village of Cherry Valley	Sustain Rockford
Cherry Valley Township	Rockford Mass Transit
Harlem Township	Winnebago County Bar Association
Laona Township	CJCC
Owen Township	Alignment Rockford
Pecatonica Township	IDPH
Seward Township	Crusader Clinic
Shirland Township	Aunt Martha's
Burritt Township	Rosecrance
NICNE	Americorps
Chamber of Commerce	University of Illinois Cooperative Extension
One Body Collaboratives	Rockford Public School District
Project First Rate	Harlem Public School District
YWCA	African, Arab, Asian American Voice
RAMP	Angelic Organics Learning Center
NAMI	I Bike Rockford
Coalition of Latino Leaders	

- FOCA Agency (Key Informant) Handout Final

COMMUNITY HEALTH COLLABORATIVE

WHAT:
A partnership of healthcare and area agencies in Boone and Winnebago Counties that are working together to improve the health and well-being of our communities through collaboration, innovation, and promotion of data-driven, evidence-based practices.

WHY:
By working together, partners share resources and data to more effectively identify and address health needs in the community and the overall health goals for the coming years.

HOW:
The partnership is working together to conduct a Community Health Assessment to identify resources, needs, and opportunities to improve the overall health for all Boone and Winnebago County residents.

Collaborative Members

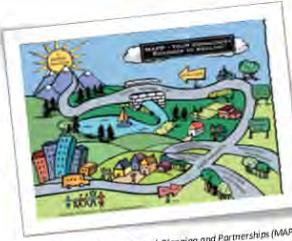
- United Way of Rock River Valley
- Mercyhealth
- OSF Healthcare
- SwedishAmerican Health System
- Rockford Regional Health Council
- R1 Regional Planning Council
- Transform Rockford
- University of Illinois College of Medicine at Rockford
- Boone County Health Department
- Winnebago County
- Winnebago County Health Department

COMMUNITY HEALTH ASSESSMENT

WHAT:
A process for measuring the impacts that local resources or influences have on resident's health and for identifying health needs in the community.

WHY:
To improve the health and well-being of our communities by working together to address the identified health priorities through data-driven, evidence-based practices.

HOW:
Hold community conversations, conduct surveys, and review reports to collect data, assess impacts on health, get feedback from the community, and prioritizing health goals.



Mobilizing for Action through Planning and Partnerships (MAPP) framework used to conduct the Community Health Assessment.

FORCES OF CHANGE ASSESSMENT: COMMUNITY CONVERSATION

WHAT:
Community members are coming together to talk about what is happening now or may happen in the future that will impact health.

WHY:
To help the healthcare partners develop community priorities and strategies to improve overall quality of life and health.

HOW:
A topic will be identified by the group leader and the group will discuss what elements or changes related to the topic will/or could impact health. At the end of the discussion, group members will use stickers to prioritize which elements are most likely to have the greatest impact.

STORY

Most recently, the Forces of Change Assessment helped clarify and prioritize our community needs surrounding mental/behavioral health, maternal health and violence.

This led to the formation of community-based work groups that explore solutions and seek common ground for improving the quality of life in Winnebago County.

TOPICS:

- Environmental/Transportation
- Political/Legal
- Social/Cultural/Ethical
- Healthcare (medical, behavioral, dental)
- Communications and Media
- Educational
- Business Trends/Economy/Employment
- Science and Technology

EXAMPLES OF FORCES (ELEMENTS/CHANGES):

- Trends in population growth or overall economy
- Characteristics of the community
- Significant events that could impact us locally, such as a hospital opening or closing or a natural disaster.



• Winnebago County Board Invitation



January 21, 2020

Dear Winnebago County Commissioner,

The Community Health Collaborative of Boone and Winnebago Counties (Community Health Collaborative) is working to improve the health and well-being of our communities through collaboration, innovation, and promotion of data-driven, evidence-based practices. The Community Health Collaborative is excited to invite you to participate in the Forces of Change Assessment (FOCA)

The FOCA is one data source that is part of the comprehensive community health assessment that will be used by the Community Health Collaborative to develop a community health improvement plan for the region. As an elected official, you have a unique and important perspective.

The FOCA aims to identify all the forces and associated opportunities that will impact health in the present and the future. Forces to be considered include: Environmental; Political; Social/Cultural; Healthcare; Communications/Media; Education; Business Trends/Economy; and Science/Technology.

The FOCA will be held:

Date: February 13, 2020
 Time: 5:15 pm – 6:00 pm – Immediately before the regular Winnebago County Board meeting.
 Location: Winnebago County Board
 Dinner will be provided.

Please confirm your attendance and any dietary restrictions to Peter Lopatin at PLopatin@wchd.org or 815.720.4029.

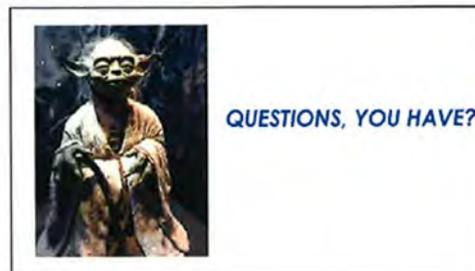
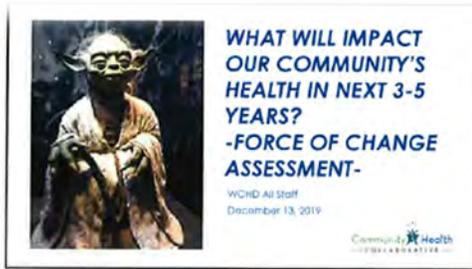
With best regards,



Sandra Martell RN, DNP
 Public Health Administrator
 Winnebago County Health Department

Collaborative Members: Boone County Health Department • Mercyhealth • OSF HealthCare •
 Rockford Regional Health Council • R1 Regional Planning Council • SwedishAmerican Health System • Transform Rockford •
 United Way of Rock River Valley • University of Illinois College of Medicine Rockford • Winnebago County •
 Winnebago County Health Department

- FOCA WCHD All Staff Presentation (Star Wars Theme)



- FOCA Final Report

Community Health Collaborative Forces of Change Assessment – Final Report

Date: 4/24/2020



Table of Contents

- ▶ Executive Summary
- ▶ Forces of Change Assessment
- ▶ Methodology
- ▶ Findings
- ▶ Appendix
 - Flyers for promotion of Community Conversations
 - Community Conversation Handout
 - Participating Organizations in Agency/Key Informant Sessions



Boone County Health Department • [Mercyhealth](#) • OSF HealthCare • Rockford Regional Health Council • R1 Regional Planning Council • [SwedishAmerican](#) Health System • Transform Rockford • United Way of Rock River Valley • University of Illinois College of Medicine Rockford • Winnebago County • Winnebago County Health Department

Forces of Change Assessment

The Forces of Change Assessment (FOCA) is one of the four assessments within the Mobilizing for Action through Planning and Partnerships (MAPP) process. The Community Health Collaborative oversaw this assessment as part of its overall commitment to meeting its Mission and Vision.

The FOCA's purpose is to help identify forces that can affect, now or in the future, the community and local public health system. As one of the four MAPP assessments, its focus is forward-looking and can help the Collaborative better understand and anticipate the community's needs.

A FOCA is designed to understand two key questions:

- What is occurring that could have an impact?
- What threats or opportunities are generated by these factors or events?

In looking at the Forces of Change, the FOCA identifies trends, factors or events:

- Trends – trends are patterns over time, such as population gain or loss; these may be local or national
- Factors – factors are characteristics or features of the local community, such as the ethnic or racial demographics, major industries or transportation features, or aspects such as urban vs. rural
- Events – events are defined as one-time instances, such as a hospital opening or closing, a natural disaster or the passage of significant new legislation

FOCA Methodology

The Collaborative Partner Steering Committee determined that a broad range of community voices was integral to the FOCA, and the approach reflected that commitment. The emphasis on offering general public community sessions was a new approach to conducting the FOCA. In addition to Community Conversations, there were also two Stakeholder Agency/Key Informant Sessions, and sessions with the Winnebago County Board of Health and the Winnebago County Board.

A FOCA Working Group was established with representatives of R1 Regional Planning, Transform Rockford, Rockford Regional Health Council and the Winnebago County Health Department. This group was charged with:

- Defining “community voices” for the FOCA
- Identifying potential locations throughout Winnebago County for multiple sessions
- Determining agenda, facilitation model, and volunteer support
- Help to identify stakeholder agencies for dedicated sessions
- Develop community outreach and promotional strategy

The Working Group determined that offering a series of 9 Community Conversations throughout the City of Rockford as well as communities across the County would create opportunities to capture the community voice regarding the Forces of Change.

Community Conversations

The Community Conversation sessions were scheduled as noted below:

Location	Date	Time
Winnebago County Health Department, Rockford	10/24/19	3:30 - 5:00 pm
YWCA, Rockford	10/29/19	6:30 – 8:00 pm
Northwest Community Center, Rockford	11/5/19	3:30 – 5:00 pm
Loves Park City Hall, Loves Park	11/6/19	6:30 – 8:00 pm
Hononegah High School, Rockton	11/7/19	6:30 – 8:00 pm
McNair School, Winnebago	11/13/19	6:30 – 8:00 pm
Pecatonica Village Hall, Pecatonica	11/14/19	3:30 – 5:00 pm
YWCA Spanish Session, Rockford	11/20/19	6:30 – 8:00 pm
Booker Washington Center, Rockford	11/21/19	6:30 – 8:00 pm

Volunteer support to help with the community sessions was provided by:

- UIC Medical College, Rockford
- UIC School of Pharmacy, Rockford
- Transform Rockford
- Rockford Regional Health Council
- Winnebago County Health Department

Outreach and promotion for the Community Conversation sessions included:

- Notification of local media
- Facebook postings on Winnebago County Health Department and sharing across Collaborative members’ sites
- Announcement on Collaborative partners’ pages and newsletters
- Television story on WREX evening news on 11/5/19
- Posters and Flyers (English and Spanish)

Community Conversation sessions were facilitated by Winnebago County Health Department staff.

Attendance at Community Conversations was highly varied; if this approach is used in future MAPP exercises it is recommended those sessions be aligned with other community or organizational activities, and not offered on a standalone basis.

Stakeholder Agency/Key Informant Sessions

In addition to the Community Conversations for the general public, there were two Agency Stakeholder sessions held on November 12 and 14, 2019. The Rockford Regional Health Council hosted these two sessions. Invitations were sent to public and private organizational leaders to encourage their participation. These sessions were facilitated by Transform Rockford staff.

Governmental Sessions

Winnebago County Board of Health

A FOCA exercise was conducted with the Winnebago County Board of Health at their January 2020 meeting.

Winnebago County Board

A FOCA exercise was conducted with the Winnebago County Board of Health at their February 2020 meeting.

Winnebago County Health Department staff

A FOCA exercise was conducted with the Winnebago County Health Department staff during their December 2019 meeting.

The same general format was followed at all FOCA sessions. The concept of FOCA was introduced by the facilitator and then participants were asked to participate in a brainstorming exercise to identify events, trends and factors in eight categories:

- Environmental/Transportation
- Political/Legal
- Social/Cultural/Ethical
- Healthcare
- Communications and Media
- Education
- Business Trends/Economy/Employment
- Science and Technology

Comments were captured on flipcharts and, during most sessions, participants were invited to identify those ideas that they viewed as a priority or critical issue.

Results of each session were captured on flipcharts and then transcribed. Notes from all sessions were combined and grouped within the eight categories

Force of Change Assessment Findings

The FOCA sessions produced rich and detailed comments from participants. While there was a broad diversity of comments in each session, there were broad themes that emerged across the sessions in these eight categories. Those themes and comments are summarized below.

EDUCATION

Adequacy/ Need for Resources

- Focus on need for training in trades and apprenticeship opportunities must increase
- Need to address funding, class size going forward
- Improve collaboration and career pathways to achieve greater alignment
- Provide medical, behavioral, dental and nutritional services

Preparation of Students

- Lack of stability in homes negatively impact students' readiness to learn
- Opportunities for schools to provide more "life skills" to students
- Overall quality of schools leads to low graduation rates & lack of preparedness for post-secondary work/education
- Opportunities to improve career planning, awareness of trades vs college

Culture/Climate of Schools

- Racial and cultural diversity impacts school environments
- Racial/ethnic composition of teachers does not align with the student population
- Social/Emotional education, including bullying, can be improved

Technology

- Increasing use and availability of technology, including cellphones, is impacting learning environment

Costs

- Concern about high costs of education relative to wages, salaries, debt and stress

Workforce Development

- Importance of increasing opportunities for vocational/trade skills and education
- Online learning can increase flexibility for student and adult learners
- Need to ensure a skilled workforce for jobs of today and tomorrow
- Focus on aligning education and career opportunities

COMMUNICATIONS AND SOCIAL MEDIA

Pervasiveness of Social Media & How We Communicate

- Less face-to-face interaction & impact on social skills
- More information readily available, but can be overwhelming

Social Implications

- Allows for bullying, body shaming
- May increase isolation, reduced social interactions

How Evaluate/Assess Accuracy of Information

- Overwhelming amount of information from multiple sources
- Difficult to evaluate or distinguish
- Contributes to anti-science, anti-expert views
- Can allow for greater diversity of voices and viewpoints

Technological Aspects

- Speed of change increasing

Equity

- Concerns about digital divide in access and understanding of new technologies by age, income, race
- Changing sense of privacy among youth
- Loss of traditional print media and local coverage may have unequal impacts

Impact on more traditional communications

- Loss of local news coverage and decrease in local newspapers
- Digital communities are becoming the front door to engaging face-to-face
- Digital media replacing traditional coverage, increase in podcasts, blogs, etc.

SOCIAL/CULTURAL/ETHICAL**Potential Impact of Casino**

- May have negative impact on low income and at-risk populations
- Location of casino and associated development will impact communities
- Potential impact on addiction/substance abuse, domestic violence and sex trafficking

Legalization of Cannabis

- Concerns that there may be disparate impact on different communities
- Concern over federal-state differences in treatment of cannabis

Domestic Violence/Suicide/Criminal Justice

- Implications of social media on bullying and mental health in community
- General concerns about rates of domestic violence
- Need for improvement in juvenile justice and rehabilitative programs

Demographics/Cultural/Ethical

- Increasing levels of diversity in our communities
- Decreased sense of community
- Growing immigrant population and need for services
- Family structure and living conditions changing

Changes in Communication/Media/Social Skills

- Increases in social media impact social skills
- Greater use of social media and technology by local business
- Youth exposed to greater amounts of social media

Health Equity/Disparity

- Elderly at risk of aging alone with no resources, no family
- Equity concerns based on health, race, age, economics
- Disparity of resources in regard to East/West divide
- Racial and ethnic disparities in treatment & access

Community Engagement

- Increased isolation in communities
- Social services and religious organizations not fully engaged with their communities

POLITICAL/LEGAL**Elections/Government & Governance**

- Local, state and national elections may have a substantial impact on health and related legislation/regulation
- Potential for significant changes in healthcare coverage
- Potential Medicare for All or similar legislation
- Concerns about mental health human and financial resources
- Potential for Winnebago to approve funding for mental health resources
- Potential positive impact of casinos & gaming on community/economy

Criminal Justice

- Need for criminal justice reform/de-incarceration/diversion programs
- Important to ensure all have access to legal assistance and resources
- Perception that gun violence is declining but still too high

Cannabis Legalization

- Lack of clarity regarding impact of legalization
- Expungement and need for community resources is supported

Census

- Potential loss of Congressional seats may impact State and region

Balance of Personal Freedom/Social Changes

- Perceptions regarding end of life care & rights of individuals
- Potential for conflict regarding resource allocation based on age, demographics, intergenerational concerns
- Differing positions on immigration, rights, racism

ENVIRONMENTAL/TRANSPORTATION**Access to Services**

- Need for increased bus routes and improved access
- Senior lack access to public transportation
- Limitations of public transportation impact access to jobs and healthcare
- Potential for improved rail service from Rockford
- Low income population unable to access community resources due to limitations of transportation
- Need for improved transportation infrastructure
- Opportunities to improve bike paths, sidewalks

Technology

- Growth of alternative energy sources
- Increase in electric vehicles/low emission vehicles/self-driving cars
- Increases in solar power & renewables

Economic Impacts

- Growth of airport creates economic opportunities for region
- Development of I-90 will have impact on communities
- East-West divide in terms of growth and opportunities
- Growth of drones, online shopping, Uber/Lyft impact local businesses

Climate Change/Impact on Quality of Life/Health

- Global climate change is a significant problem
- Landfills present challenges to quality of life
- Demographics and socioeconomics can impact neighborhood design and livability
- Water quality, increased flooding and pollution is a concern

HEALTHCARE**Cost of Care**

- Overall perceptions of increasing costs for all services
- Prescription costs identified as significant challenge

Access to Care & Disparities

- Increasing availability of and access to telehealth
- Not all providers are readily accessible by public transportation
- Difference in access to care for rural/urban residents
- Dental access & availability is a challenge
- Transportation to providers can be a challenge
- Need for greater coverage for vision, hearing, dental services

Local Health Systems/Networks

- Healthcare competition and opportunities for mergers/acquisitions
- Significant investments by local provider organizations
- Increasing availability of higher level of services in community

Mental Health/Behavioral

- Need for improved and expanded mental health services and funding
- Concern regarding youth suicide rates and access to services
- Trauma informed communities and resilience

New Services/Technologies

- Growth of telehealth
- Increase in use of robotics
- Growth of electronic medical records

Changing Socioeconomic & Demographic/Impact

- Aging population and concerns regarding access, resources, quality of care
- Potential for isolation of elderly and possible solutions
- Anti-science/Anti-vaccination attitude

Health Coverage/Health Reform

- Potential for single payer insurance/Medicare for all
- Concern regarding uninsurable populations, those with pre-existing conditions.
- Increased managed care in region; complexity/limited choice
- Fragmented systems of care

Environmental Health/Chronic

- New growing burden of chronic disease and new strains
- Potential for outbreaks/emerging diseases/pandemics

SCIENCE and TECHNOLOGY

Innovations and Advancements

- Rapid changes in technology driving change
- Energy infrastructure changing with improved battery technology and solar power
- Increasing use of artificial intelligence, robotics, smart technology

Attitude/Belief/Social Impacts

- Increased "anti-science" and anti-vaccination movements
- Increased technology at home & delivery options changing shopping/purchasing behaviors
- Social skills impacted by increased interaction with technology
- Privacy concerns regarding technology

Education/Preparation for Technology & Science

- How best use technology for education and training
- Need to teach skills for jobs of the future
- Automation may have negative impact on entry-level jobs

Equity/Disparities

- Distribution and availability of technology varies for schools, communities, and by age/income status
- Access to driver's education in schools is limited and can impact opportunities for jobs and further education

Environmental Considerations

- GMO use increasing
- Increases in food-borne outbreaks/need for safety
- Opportunities to address environmental change

Healthcare

- Increased technology in healthcare will have broad impacts on costs, care delivery, patient compliance and quality
- Expansion of genetics, genome projects
- Increasing use of telemedicine can help with access to care for behavioral health, individuals with limited access
- Costs of medications increasing, reliance of supply chain on foreign manufacturers

Cybercrime/Safety

- Increased concerns regarding hacking, identity theft, scams
- Privacy and safety concerns with increased use of technology

ECONOMY/EMPLOYMENT & BUSINESS TRENDS

Employment Trends/Jobs

- Expansion and growth at airport
- Demographic changes impact on benefits & pensions
- Challenges in balancing need for high skill/technology jobs and workforce
- Increases in automation & online services impact on local employment
- Casino likely to have positive impact on local jobs and economy
- Continued need to support downtown business and improve alignment
- Potential impact of increasing minimum wage in terms of job creation and wage compression
- Impact of Amazon likely to create job opportunities

Education/Training

- Opportunities for more training and alignment of education with work requirements
- Need to address skills gap for students, disenfranchised, unemployed

Equity/Disparity

- Consider balance of social service benefits and low wage jobs
- Employment background checks may limit opportunities based on past mistakes
- Need to work multiple jobs due to low pay impacts many
- Increase in "job-hopping" attributable to low wages, employer hiring & management, and changes in work attitudes
- Gig economy and increases in e-commerce/online business have impact on employers and workers
- Changing demographics of delayed retirements, multiple generations in workforce and immigration impact work environment

Throughout the FOCA sessions participants actively engaged in the discussion and shared ideas, perceptions and concerns. There were a series of themes that crossed categories and sessions that provide insight to the perspective of the participants. These common themes provide a series of key insights from the FOCA process. They are presented below:

COMMON THEMES – ACROSS CATAGORIES

- Lack of mental health resources is a critical concern
- Disparities within our communities have an important impact on access to services and programs
- Social media's pervasiveness has changed how we interact, communicate and access information
- Marijuana legalization may have an unequal impact on communities within Winnebago County
- Anticipated Casino and airport growth will help to drive local economy
- Rapid expansion and changes in technology impact employers, workers and communities
- Improving collaboration and alignment of education and business is seen as a need
- Impact of climate change and alternative energy developments are a priority

FOCA Appendices

Flyers for Community Conversations (English and Spanish)

Come Together For A Community Conversation Your Voice Matters!

What Challenges...
do you face to living healthy in our community?

What Changes...
might impact your health in the future?

What Helps...
you live healthy?

Helping build strategies for a healthier tomorrow

Find A Community Conversation Near You!

<p>Thursday, October 24 3:30pm - 5pm Winnebago County Health Department 555 North Court Street, Rockford, IL 61103</p>	<p>Wednesday, November 6 6:30pm - 8pm Loves Park City Hall 100 Heart Boulevard, Loves Park, IL 61111</p>	<p>Thursday, November 14 3:30pm - 5pm Pecatonica Village Hall 403 Main St., Pecatonica, IL 61060</p>
<p>Tuesday, October 29 6:30pm - 8pm YWCA 4990 E. State St. Rockford, IL 61108</p>	<p>Wednesday, November 7 6:30pm - 8pm Homonogah High School 307 Salem St. Rockton, IL 61072</p>	<p>Wednesday, November 20 *Chat in SPANISH Only 6:30pm - 8pm YWCA 4990 E. State St. Rockford, IL 61108</p>
<p>Tuesday, November 5 3:30pm - 5pm Northwest Community Center 1325 N. Johnston Ave., Rockford, IL 61101</p>	<p>Wednesday, November 13 6:30pm - 8pm McNair School 304 E. McNair Rd., Winnebago, IL 61088</p>	<p>Thursday, November 21 6:30pm - 8pm Booker Washington Center 624 Kent St., Rockford, IL 61102</p>

*If you need accommodations, call 815-720-4200 or fill out a Contact Us Form online at www.wchd.org

Boone County Health Department • MercyHealth • OSF HealthCare • Rockford Regional Health Council • R1 Regional Planning Council • SwedishAmerican Health System • Transform Rockford • United Way of Rock River Valley • University of Illinois College of Transform Rockford • United Way of Rock River Valley • University of Illinois College of

Reunámonos Para Tener Una Conversación Comunitaria ¡Tu Voz, Cuenta!

¿Qué retos
enfrenta el vivir de manera saludable en la comunidad?

¿Qué le ayuda
a vivir de una manera más saludable?

¿Qué cambios
podrían impactar su salud en el futuro?

Ayudando a construir estrategias para un mañana mas saludable

¡Encuentre una conversación comunitaria cerca a usted!

<p>Jueves, 24 de Octubre 3:30pm - 5pm Departamento de Salud del Condado de Winnebago, 555 North Court Street, Rockford, IL 61103</p>	<p>Miércoles, 6 de Noviembre 6:30pm - 8pm Loves Park City Hall 100 Heart Boulevard, Loves Park, IL 61111</p>	<p>Jueves, 14 de Noviembre 3:30pm - 5pm Salón de Aldea Pecatonica 405 Main St., Pecatonica, IL 61063</p>
<p>Martes, 29 de Octubre 6:30pm - 8pm YWCA 4990 E. State St. Rockford, IL 61108</p>	<p>Jueves, 7 de Noviembre 6:30pm - 8pm Escuela Secundaria Homonogah 307 Salem St. Rockton, IL 61072</p>	<p>Miércoles, 20 de Noviembre *Charla solo en ESPAÑOL 6:30pm - 8pm YWCA 4990 E. State St. Rockford, IL 61108</p>
<p>Martes, 5 de Noviembre 3:30pm - 5pm Centro Comunitario Northwest 1325 N. Johnston Ave., Rockford, IL 61101</p>	<p>Miércoles, 13 de Noviembre 6:30pm - 8pm Escuela McNair 304 E. McNair Rd., Winnebago, IL 61088</p>	<p>Jueves, 21 de Noviembre 6:30pm - 8pm Centro Booker Washington 624 Kent St., Rockford, IL 61102</p>

*Si necesita alguna acomodación, favor llamar al 815-720-4200 o llenar un formulario de contacto en www.wchd.org

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Community Conversation Handout

COMMUNITY HEALTH COLLABORATIVE

WHAT:
A partnership of healthcare and area organizations in Boone and Winnebago Counties that are working together to improve the health and well-being of our communities through collaboration, innovation, and promotion of data-driven, evidence-based practices.

WHY:
By working together, partners share resources and data to more effectively identify and address health needs in the community and the overall health goals for the coming years.

HOW:
The partnership is working together to conduct a Community Health Assessment to identify resources, needs, and opportunities to improve the overall health for all Boone and Winnebago County residents.

COMMUNITY HEALTH ASSESSMENT

WHAT:
A process for measuring the impacts that local resources or influences have on resident's health and for identifying health needs in the community.

WHY:
To improve the health and well-being of our communities by working together to address the identified health priorities through data-driven, evidence-based practices.

HOW:
Hold community conversations, conduct surveys, and review reports to collect data, assess impacts on health, get feedback from the community, and prioritizing health goals.

Collaborative Members

- Boone County Health Department
- MercyHealth
- OSF Healthcare
- Rockford Regional Health Council
- R1 Regional Planning Council
- SwedishAmerican Health System
- Transform Rockford
- United Way of Rock River Valley
- University of Illinois College of Medicine at Rockford
- Winnebago County
- Winnebago County Health Department

Mobilizing for Action through Planning and Partnerships (MAPPI) framework used to conduct the Community Health Assessment.

Handout Last Updated: 10/22/2018

FORCES OF CHANGE ASSESSMENT: COMMUNITY CONVERSATION

WHAT:
Community members coming together to talk about what is currently happening or happening in the near future that will impact health.

WHY:
To support the community partners in developing priorities and strategies to improve the quality of life and health.

HOW:
The group(s) will discuss what elements or changes related to the topics listed below will/or could impact health. At the end of the discussion, group(s) will prioritize which elements are most likely to have the greatest impact.

TOPICS:

- Environmental/Transportation
- Political/Legal
- Social/Cultural/Ethical
- Healthcare (medical, behavioral, dental)
- Communications and Media
- Educational
- Business Trends/Economy/Employment
- Science and Technology

EXAMPLES OF FORCES (ELEMENTS/CHANGES):

- Trends in population growth or overall economy
- Characteristics of the community
- Significant events that could impact us locally, such as a hospital opening or closing or a natural disaster.

Agency/Key Informant Participating Organizations

November 12, 2020

- Boone County Health Department
- Crusader Community Health
- Illinois Department of Public Health
- Lifescape Community Services, Inc.
- Rockford Acromatic Products
- Rock Valley College
- SwedishAmerican Health System
- YWCA Northwestern Illinois
- Rockford Regional Health Council
- Transform Rockford
- Winnebago County Health Department

November 14, 2020

- Alignment Rockford
- 17th Judicial Circuit, Winnebago County
- Molina Healthcare
- Northwest Community Center
- OSF Healthcare
- Remedies Renewing Lives
- Rosecrance
- Rockford Fire Department
- Rockford Public Schools, District 205
- State Representative West's office
- TASC
- The Workforce Connection
- Van Matre Encompass Health
- Rockford Regional Health Council
- Transform Rockford
- Winnebago County Health Department

Local Public Health System Assessment

- LPHSA Invitation



Community Health
— COLLABORATIVE —

Hello!

The Community Health Collaborative of Boone and Winnebago Counties is excited to invite you to participate in the Local Public Health System Assessment (LPHSA). The LPHSA is one data source that is part of the comprehensive community health assessment that will be used by the Community Health Collaborative to develop a community health improvement plan for the region.

The public health system is comprised of organizations and agencies both public and private that contribute to the delivery of essential public health services. Your input will provide invaluable insight into the question *"How well is the local public health system performing in providing the Ten Essential Public Health Services."*

The LPHSA will be held:

Date: January 15, 2020
Time: 8:00 am – 4:00 pm
Location: Klehm Arboretum & Botanic Garden
 Continental breakfast and lunch will be provided.

We hope you will consider attending and/or sending a representative to this opportunity to contribute to the assessment and plan to improve our public health system's performance.

Please confirm your attendance and any dietary restrictions to Carly Neblock at cneblock@wchd.org or phone 815-720-4375 by January 8, 2020.

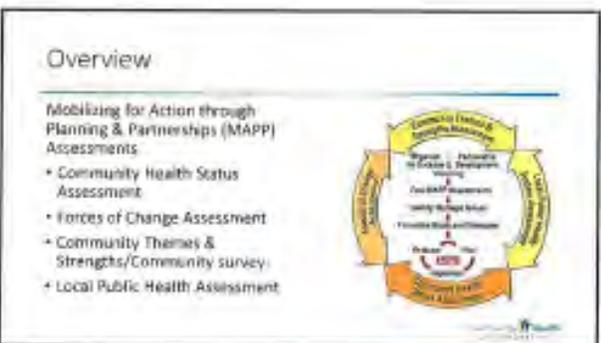
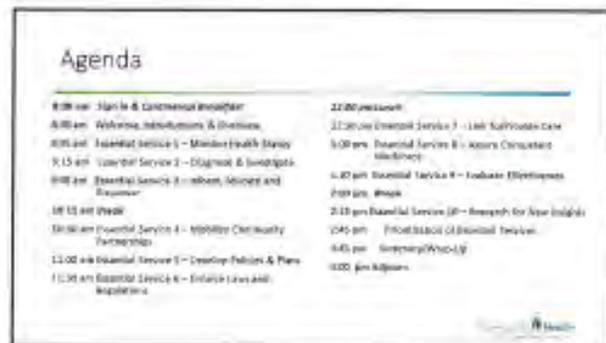
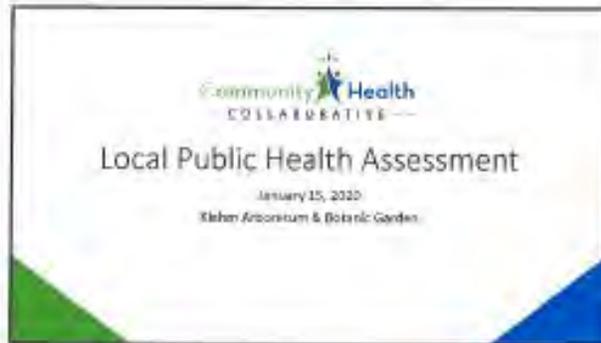
With best regards,



Sandra Martell RN, DNP
 Winnebago County Health Department

Collaborative Members: Boone County Health Department • Mercyhealth • OSF HealthCare •
 Rockford Regional Health Council • R1 Regional Planning Council • SwedishAmerican Health System • Transform Rockford •
 United Way of Rock River Valley • University of Illinois College of Medicine Rockford • Winnebago County •
 Winnebago County Health Department

- LPHSA PowerPoint for session – 1/14/2020





Today's Process

- Review each of the 10 Essential Services of the Local Public Health System (LPHS).
- Assess the current state of the LPHS by using your cell phones, tablet, or computer to share your responses.
 - App
 - Browser
 - Texting
- Discuss Strengths, Weaknesses & Opportunities for each Essential Services.
- Prioritize the Essential Services for Action.

Instructions

- App
- Web/guest wifi
- Text

Which superpower would you like to have?

Mind reading
 Invisibility
 Teleportation
 Flying
 I already have a superpower!

The glass is

Half full **A**
 Half Empty **B**
 Refillable **C**

Response Options

LPHSA Response Options	
District Activity (75-200k)	Orange: 75-100k (100k and under) and 100k-200k (200k and over)
Supervisor Activity (10-75k)	Green: 10-25k (25k and under) and 25k-75k (75k and over)
Business Activity (10-50k)	Yellow: 10-25k (25k and under) and 25k-50k (50k and over)
Mixed Activity (1-10k)	Blue: 1-10k (10k and over)
No Activity (0)	Red: 0 (0 and over)

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

*What is going on in our community?
Do we know how healthy we are?*

Model Standard 1.1: Population-Based Community Health Assessment

The LPHS completed a detailed community health assessment (CHA) to allow an overall look at the community's health. A CHA identifies and describes factors that affect the health of a population and pinpoints the factors that determine the availability of resources in the community. Data included in the CHA are accurate, reliable and interpreted according to the evidence-base for public health practice.

- Are you aware of the CHA (Healthy Community Study/IPLAN)?
- Did you participate in the CHA (Healthy Community Study/IPLAN)?
- What data is included in the CHA?
- Is the CHA accessible to the general public?
- How is the CHA used to inform health policy and planning decisions?

1.1.1 At what level does the LPHS conduct regular CHAs?

No Activity
Minimal
Moderate
Significant
Optimal

1.1.2 At what level does the LPHS update the CHA with current information continuously?

No Activity
Minimal
Moderate
Significant
Optimal

1.1.3 At what level does the LPHS promote the use of the CHA among community members and partners?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data

The LPHS provides the public with a clear picture of the current health of the community. Health problems are looked at over time and trends related to age, gender, race, ethnicity, and geographic distribution. Data are shown in clear ways, while the confidential health information of individuals is protected.

- What technology is available to LPHS partners to support health profile databases?
- How does the LPHS use technology to support community health assessment databases?
- At what level within the community are the data available?
- How does the LPHS use geographic information systems (GIS)?

1.2.1 At what level does the LPHS use the best available technology and methods to display data on the public's health?

No Activity
Minimal
Moderate
Significant
Optimal

1.2.2 At what level does the LPHS analyze health data, including geographic information, to see where health problems exist?

No Activity
Minimal
Moderate
Significant
Optimal

1.2.3 At what level does the LPHS use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 1.3: Maintaining Population Health Registries

- The LPHS collect data on health-related events for use in population health registries. These registries allow more understanding of major health concerns, such as birth defects and cancer, and tracking of some healthcare delivery sources, such as vaccination.
- Which population health registries are contributed to and/or maintained within the LPHS?
- What partners contribute to and/or maintain population health registries?
- How often are they data used?
- What established processes are there for reporting health events to the registries? Are they followed?

1.3.1 At what level does the LPHS collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries?

No Activity
Minimal
Moderate
Significant
Optimal

1.3.2 At what level does the LPHS use information from population health registries in CHAs or other analyses?

No Activity
Minimal
Moderate
Significant
Optimal

Discuss our Local Public Health System – Essential Service 1

- Strengths
- Weaknesses
- Short-term Opportunities
- Long-term Opportunities

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

Model Standard 2.1: Identifying and Monitoring Health Threats

The LPHS conducts surveillance to search for outbreaks of disease, disasters, and emergencies, and other emerging threats to public health. The best available science and technologies are used to understand the problems, determine the most appropriate solutions, and prepare for and respond to identified public health threats.

- What is the timeframe for submitting reportable disease information to the LPHS?
- What data sets are included in the surveillance system?
- How well is this surveillance system integrated with national and/or state surveillance systems?
- How does the LPHS use the surveillance system to monitor changes in the occurrence of health problems and hazards?

2.1.1 At what level does the LPHS participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats?

No Activity
Minimal
Moderate
Significant
Optimal

2.1.2 At what level does the LPHS provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?

No Activity
Minimal
Moderate
Significant
Optimal

2.1.3 At what level does the LPHS ensure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?

No Activity
Minimal
Moderate
Significant
Optimal

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

The LPHS stays ready to handle possible threats to the public health. At a threat, disaster—such as an outbreak of a communicable disease, a natural disaster, or a biological, chemical, nuclear, or other environmental event—a team of LPHS personnel work closely together to collect and understand information. Many partners support the response. In a public health emergency, a jurisdictional Emergency Response Coordinator leads LPHS partners in local investigation and response:

- How does the Emergency Response Coordinator coordinate emergency activities within the LPHS?
- How does the LPHS receive and handle information from emergency personnel?
- How are LPHS personnel prepared to respond to potential communicable disease?
- How does the LPHS work with public health emergency response incidents for critical events and special events for their counties?

2.2.1 At what level does the LPHS maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?

No Activity
Minimal
Moderate
Significant
Optimal

2.2.2 At what level does the LPHS develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?

No Activity
Minimal
Moderate
Significant
Optimal

2.2.3 At what level does the LPHS designate a jurisdictional Emergency Response Coordinator?

No Activity
Minimal
Moderate
Significant
Optimal

2.2.4 At what level does the LPHS Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?

No Activity
Minimal
Moderate
Significant
Optimal

2.2.5 At what level does the LPHS identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?

No Activity
Minimal
Moderate
Significant
Optimal

Discuss our Local Public Health System – Essential Service 2

- Strengths
- Weaknesses
- Short-term Opportunities
- Long-term Opportunities

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

WINNEBAGO COUNTY HEALTH DEPARTMENT COMMUNITY PROMOTION/POPULATION BOARD

Model Standard 3.1: Health Education and Promotion

The LPHS designs and puts in place health promotion and health education activities to foster environments that support health. These promotional and educational activities are coordinated throughout the LPHS. The LPHS plans for different reading abilities, language skills, and access to materials.

- Do you provide information on community health to the general public, policymakers, and public and private stakeholders?
- How do your organizations work together to plan, conduct, and improve health education and promotion activities?
- How do LPHS entities work with community advocates and local media outlets?
- How do organizations in the LPHS design campaigns for populations with higher risk of negative health outcomes?
- How are health education programs and campaigns evaluated?

3.1.1 At what level does the LPHS provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?

No Activity
Minimal
Moderate
Significant
Optimal

3.1.2 At what level does the LPHS coordinate health promotion and health education activities at the individual, interpersonal, community and societal levels?

No Activity
Minimal
Moderate
Significant
Optimal

3.1.3 At what level does the LPHS engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 3.2: Health Communication

The LPHS uses health communication strategies to contribute to health living, and healthy environments. Strategies include increasing awareness of risks to health; ways to reduce health risks factors and increase health protective factors; providing healthy behaviors; advocating organizational and community changes; and building a culture where health is valued. The LPHS uses a variety of outreach strategies, methods, and groups to disseminate health messages.

- How do organizations work collaboratively to link communities (LPHS)?
- What policies or procedures are in place to coordinate responses and announcements related to public health issues?
- How are different sections of the population identified (by gender, income, gender, public health messages, or various activities)?
- How does the LPHS coordinate with local media?

3.2.1 At what level does the LPHS develop health communication plans for media and public relations and for sharing information among LPHS organizations?

No Activity
Minimal
Moderate
Significant
Optimal

3.2.2 At what level does the LPHS use relationships with different media providers (e.g., print, radio, television, the internet) to share health information, matching the message with the target audience?

No Activity
Minimal
Moderate
Significant
Optimal

3.2.3 At what level does the LPHS identify and train spokespersons on public health issues?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 3.3: Risk Communication

The LPHS uses health risk communication strategies to allow individuals, groups, organizations, or an entire community to make optimal decisions about their health and well-being in emergency events. The LPHS recognizes a designated Public Information Officer (PIO) for emergency public information and warnings. The LPHS organization works together to identify potential risks that may affect the community and develop plans to communicate relevant information about those risks.

- Who is involved in the event of the LPHS emergency communication plan?
- How do multiple agency coordinate?
- Do the plans include all levels of public health response, and how do they?
- How do the plans and communication, including general population, about possible health risks (LPHS) or other emergency?
- What agency or individuals are plan to use in local communication response?
- What type of health and emergency communication strategy is used? (LPHS)

3.3.1 At what level does the LPHS develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?

No Activity
Minimal
Moderate
Significant
Optimal

2.2.6 At what level does the LPHS evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.)?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 2.3: Laboratory Support for Investigating Health Threats

The LPHS has the ability to produce timely and accurate laboratory results for public health concerns.

- How does the LPHS use laboratory services to support time-sensitive investigations of public health threats, hazards, and emergencies?
- What current guidelines or protocols are in place for the handling of laboratory samples?

2.3.1 At what level does the LPHS have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?

No Activity
Minimal
Moderate
Significant
Optimal

2.3.2 At what level does the LPHS maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?

No Activity
Minimal
Moderate
Significant
Optimal

2.3.3 At what level does the LPHS use only licensed or credentialed laboratories?

No Activity
Minimal
Moderate
Significant
Optimal

2.3.4 At what level does the LPHS maintain a written list of rules related to laboratories, for handling samples (including collecting, labeling, transporting, delivering), determining who is in charge of the samples at what point, and reporting results?

No Activity
Minimal
Moderate
Significant
Optimal

3.3.2 At what level does the LPHS make sure resources are available for a rapid emergency communication response?

No Activity
Minimal
Moderate
Significant
Optimal

3.3.3 At what level does the LPHS provide risk communication training for employees and volunteers?

No Activity
Minimal
Moderate
Significant
Optimal

Discuss our Local Public Health System – Essential Service 3

- Strengths
- Weaknesses
- Short-term Opportunities
- Long-term Opportunities

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

How do we best engage people in local health issues?

Model Standard 4.1: Constituency Development

The LPHS actively identifies and involves community partners – the individuals and organizations with opportunities to contribute to the health of communities. Stakeholders may include health, transportation, housing, environmental, and non-health-related educational community members. The LPHS manages the process of mobilization.

- How is awareness regarding the importance of public health issues developed within the community at large?
- What organizations are active parts of the LPHS?
- How are community members engaged to improve health?
- What is the LPHS's process for identifying key constituents at risk?
- How does the LPHS maintain a current directory of public health issues?

4.1.1 At what level does the LPHS maintain a complete and current directory of community organizations?

No Activity
Minimal
Moderate
Significant
Optimal

4.1.2 At what level does the LPHS follow an established process for identifying key constituents related to overall public health interests and particular health concerns?

No Activity
Minimal
Moderate
Significant
Optimal

4.1.3 At what level does the LPHS encourage constituents to participate in activities to improve community health?

No Activity
Minimal
Moderate
Significant
Optimal

4.1.4 At what level does the LPHS create forums for communication of public health issues?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 4.2: Community Partnerships

The LPHS encourages individuals and groups to work together so that community health may be improved. Public, private, and voluntary groups strategically align their interests to attain a common purpose. By sharing responsibilities, resources, and rewards, community partnerships allow each member to share its expertise with others and strengthen the LPHS as a whole.

- What types of partnerships exist in the community to maximize public health improvement activities?
- In what types of activities does the LPHS engage?
- How does the LPHS review the effectiveness of community partnerships and strategic alliances?

4.2.1 At what level does the LPHS establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?

No Activity
Minimal
Moderate
Significant
Optimal

4.2.2 At what level does the LPHS establish a broad-based community health improvement committee?

No Activity
Minimal
Moderate
Significant
Optimal

5.1.3 At what level does the LPHS ensure that the local health department has enough resources to do its part in providing essential public health services?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 5.2: Public Health Policy Development

The LPHS develops policies that will prevent, protect, or promote the public health. The LPHS has the ability to make informed decisions and respond based on community member input. The LPHS educates the community about policies to improve public health and serves as a resource to elected officials who establish and evaluate public health policies.

- How does the local LPHS alert policymakers and the general public of public health threats from current and/or proposed policies?
- How does the LPHS contribute to the development of public health policies?
- How does the LPHS engage communities in identifying public health issues?
- How does the LPHS support prevention and protection policies related to health promotion within the community?

5.2.1 At what level does the LPHS contribute to public health policies by engaging in activities that inform the policy development process?

No Activity
Minimal
Moderate
Significant
Optimal

5.2.2 At what level does the LPHS alert policymakers and the community of the possible public health effects (both intended and unintended) from current and/or proposed policies?

No Activity
Minimal
Moderate
Significant
Optimal

5.2.3 At what level does the LPHS review existing policies at least every three to five years?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 5.3: Community Health Improvement Process and Strategic Planning

The LPHS seeks to improve community health by focusing on risk from public health, such as environmental health, food safety, tobacco, infectious, occupational, housing, mental health equity, and other concerns that affect public health. The LPHS leads a community effort to improve community health by gathering information on health problems, identifying community strengths and weaknesses, setting goals, and increasing overall awareness of and interest in improving the health of the community.

- What assessment and planning tools are used by the LPHS?
- What evidence-based interventions are used to address the most preventable health problems?
- How does the LPHS develop strategies to address community health problems?
- How are the individuals or organizations successfully implementing the strategies recognized?

4.2.3 At what level does the LPHS assess how well community partnerships and strategic alliances are working to improve community health?

No Activity
Minimal
Moderate
Significant
Optimal

Discuss our Local Public Health System – Essential Service 4

- Strengths
- Weaknesses
- Short-term Opportunities
- Long-term Opportunities

Essential Service 5: Develop Policies and Plans That Support Individual and Community Health Efforts

Model Standard 5.1: Governmental Presence at Local Level

The LPHS includes a local health department. The LPHS works with the community to make sure a strong local health department is doing its part in providing 10 Essential Public Health Services. The local health department is accredited through the Public Health Accreditation Board's (PHAB) voluntary, national public health accreditation program. Members of the LPHS work together to support the work of the local health department and ensure adequate resources are available to support the essential public health services.

- How is the local health department supported to maintain its PHAB accreditation?
- How does the local health department meet its local (or) regional accreditation standards (PHAB)?
- How does the local health department work with the state health department and other state partners to ensure the provision of public health services?

5.1.1 At what level does the LPHS support the work of the local health department (or other governmental local public health entity) to make sure the 10 Essential Public Health Services are provided?

No Activity
Minimal
Moderate
Significant
Optimal

5.1.2 At what level does the LPHS see that the local health department is accredited through the PHAB's voluntary, national public health department accreditation program?

No Activity
Minimal
Moderate
Significant
Optimal

5.1.3 At what level does the LPHS ensure that the local health department has enough resources to do its part in providing essential public health services?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 5.2: Public Health Policy Development

The LPHS develops policies that prevent, control, or eliminate the public health. The LPHS has the ability to guide informed decisions and informed by community member input. The LPHS educates the community about policies to improve public health and serves as a resource for elected officials who establish and evaluate public health policies.

- How does the local LPHS alter policies related to the general public or public health? (respond from current and/or proposed policies?)
- How does the LPHS contribute to the development of public health policies?
- How does the LPHS engage community in identifying and evaluating issues?
- How does the LPHS support prevention and control of infectious diseases for health insurance within the community?

5.2.1 At what level does the LPHS contribute to public health policies by engaging in activities that inform the policy development process?

No Activity
Minimal
Moderate
Significant
Optimal

5.2.2 At what level does the LPHS alert policymakers and the community of the possible public health effects (both intended and unintended) from current and/or proposed policies?

No Activity
Minimal
Moderate
Significant
Optimal

5.2.3 At what level does the LPHS review existing policies at least every three to five years?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 5.3: Community Health Improvement Process, and Strategic Planning

The LPHS seeks to improve community health by looking at it from perspectives such as environmental health, healthcare access, education, housing, and local health equity, and other concerns that affect public health. The LPHS leads a community-wide effort to improve community health by gathering information on health problems, identifying community strengths and weaknesses, setting goals, and increasing overall awareness of and interest in improving the health of the community.

- What assessment and planning tools are used by the LPHS?
- What resources are involved in assessment and improvement planning process?
- How does the LPHS engage stakeholders to address community health policies?
- How are the individuals or organizations successfully for implementing the strategic strategies?

5.3.1 At what level does the LPHS establish a CHIP, with broad-based diverse participation, that uses information from the CHA, including the perceptions of community members?

No Activity
Minimal
Moderate
Significant
Optimal

5.3.2 At what level does the LPHS develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?

No Activity
Minimal
Moderate
Significant
Optimal

5.3.3 At what level does the LPHS connect organizational strategic plans with the CHIP?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 5.4: Planning for Public Health Emergencies

The LPHS adopts an emergency preparedness and response plan that describes what each organization in the system should be ready to do in a public health emergency. The plan describes community interventions necessary to prepare, mitigate, respond, and recover from all types of emergencies, including both natural and intentional disasters.

- Which LPHS organizations participate in a task force or coalition of community partners to develop and maintain local and/or regional emergency preparedness and response plans?
- Does the LPHS have an All-Hazards Emergency Preparedness and Response Plan? (When is included?)
- How does the LPHS use the plan?

5.4.1 At what level does the LPHS support a workgroup to develop and maintain emergency preparedness and response plans?

No Activity
Minimal
Moderate
Significant
Optimal

5.4.2 At what level does the LPHS develop an emergency preparedness and response plan that defines when it would be used, who would do what, what standard operating procedures would be put in place, and what alert/evacuation protocols would be followed?

No Activity
Minimal
Moderate
Significant
Optimal

5.4.3 At what level does the LPHS test the plan through regular drills and revise the plan as needed, at least every two years?

No Activity
Minimal
Moderate
Significant
Optimal

Discuss our Local Public Health System – Essential Service 5

- Strengths
- Weaknesses
- Short-term Opportunities
- Long-term Opportunities

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

When we enforce health regulations we protect the community, prevent illness, and save lives.

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

The LPHS reviews existing laws, regulations, and ordinances related to public health, including laws that prevent health problems, promote and protect public health. The LPHS also looks at challenges involved in compliance, community engagement/awareness, and whether there is a need to update laws, regulations, or ordinances.

- How do LPHS organizations stay up-to-date regarding federal, state and local laws, regulations, and ordinances that protect public health?
- How are laws, regulations, and ordinances reviewed by the LPHS to ensure appropriate compliance?

6.1.1 At what level does the LPHS identify public health issues that can be addressed through laws, regulations, or ordinances?

No Activity
Minimal
Moderate
Significant
Optimal

6.1.2 At what level does the LPHS stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health on the federal, state, and local levels?

No Activity
Minimal
Moderate
Significant
Optimal

6.1.3 At what level does the LPHS review existing public health laws, regulations, and ordinances at least once every three to five years?

No Activity
Minimal
Moderate
Significant
Optimal

6.1.4 At what level does the LPHS have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?

No Activity
Minimal
Moderate
Significant
Optimal

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

The LPHS works to change existing laws, regulations, or ordinances – or to create new ones – when they have determined that changes or additions would better prevent health problems or protect or promote public health. To accomplish this, members of the LPHS work together to identify issues, participate in efforts to change or create laws, regulations, or ordinances; provide technical assistance; and evaluate the effects.

- Are there examples of identified local public health issues that are not adequately addressed through existing laws, regulations, and ordinances?
- How often do LPHS organizations provide technical guidance or support to legislative, regulatory, or advisory groups drafting proposed language?
- How often do LPHS organizations participate in developing or modifying these in your 3-5 years?

6.2.1 At what level does the LPHS identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?

No Activity
Minimal
Moderate
Significant
Optimal

6.2.2 At what level does the LPHS participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health?

No Activity
Minimal
Moderate
Significant
Optimal

6.2.3 At what level does the LPHS provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 6.3: Enforcing Laws, Regulations, and Ordinances

The LPHS ensure that public health laws, regulations, and ordinances are followed. The LPHS assist other governmental agencies as well as assist law enforcement in enforcing public health-related requirements within its community, sectors or geographic areas that enforcement is mandated within the law.

- Does the LPHS provide education for the individual and organizations that are required to comply with laws, regulations, and ordinances?
- How is the local health department responsible for enforcement to ensure compliance with laws within the state of public health emergencies?
- How has the LPHS assisted in compliance of activities and responses in the community (i.e. school, food establishments, day care facilities)?
- Is enforcement of ordinances on public health (i.e. regulations and ordinances) required with other public health services (e.g. health education, communication, immunization, health assessment, planning)?

6.3.1 At what level does the LPHS identify organizations that have the authority to enforce public health laws, regulations, and ordinances?

No Activity
Minimal
Moderate
Significant
Optimal

6.3.2 At what level does the LPHS ensure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?

No Activity
Minimal
Moderate
Significant
Optimal

6.3.3 At what level does the LPHS ensure that all enforcement activities related to public health codes are done within the law?

No Activity
Minimal
Moderate
Significant
Optimal

6.3.4 At what level does the LPHS educate individuals and organizations about relevant laws, regulations, and ordinances?

No Activity
Minimal
Moderate
Significant
Optimal

6.3.5 At what level does the LPHS evaluate how well local organizations comply with public health laws?

No Activity
Minimal
Moderate
Significant
Optimal

Discuss our Local Public Health System –
Essential Service 6

- Strengths
- Weaknesses
- Short-term Opportunities
- Long-term Opportunities

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

Link people in the community to needed personal health services when needed?

Model Standard 7.1: Identifying Personal Health Service Needs of the Population

The LPHS identifies the personal health service needs of the community and identifies barriers to receiving those services. The LPHS has defined roles and responsibilities for the local health departments and other partners (e.g. health care systems, federally qualified health centers, mental health providers, etc.) to oversee the realization and availability of services:

- What does the LPHS do to understand which personal health services are most in need by populations who may experience barriers to care?
- How does the LPHS identify populations that experience barriers to care?
- Does the LPHS have an understanding of the population of need for emergency services to care?
- How do LPHS coordinate a comprehensive assessment of personal health services to the community?

7.1.1 At what level does the LPHS identify groups of people in the community who have trouble accessing or connecting to personal health services?

No Activity
Minimal
Moderate
Significant
Optimal

7.1.2 At what level does the LPHS identify all personal health service needs and unmet needs throughout the community?

No Activity
Minimal
Moderate
Significant
Optimal

7.1.3 At what level does the LPHS defines partner roles and responsibilities to respond to the unmet needs of the community?

No Activity
Minimal
Moderate
Significant
Optimal

7.1.4 At what level does the LPHS understand the reasons that people do not get the care they need?

No Activity
Minimal
Moderate
Significant
Optimal

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

The LPHS partners work together to meet the diverse needs of all populations. Partners ensure that personal health benefits are available to those and know where to refer people for personal health services. The LPHS provides working relations as follows: public health, primary care, and public mental health, social support services, including non-traditional partners such as housing, transportation, and advocacy groups.

- How does the LPHS link people to existing personal health services?
- How does the LPHS ensure support to avoid unique needs populations in various personal health services?
- What programs does the LPHS have to provide eligible individuals who qualify benefit programs such as Medicaid, Affordable Care Act, prescription benefit programs (PBA), etc.?
- How does the LPHS coordinate among multiple providers to address services to care?

7.2.1 At what level does the LPHS connect or link people to organizations that can provide the personal health services they may need?

No Activity
Minimal
Moderate
Significant
Optimal

7.2.2 At what level does the LPHS help people access personal health services in a way that takes into account the unique needs of different populations?

No Activity
Minimal
Moderate
Significant
Optimal

7.2.3 At what level does the LPHS help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?

No Activity
Minimal
Moderate
Significant
Optimal

7.2.4 At what level does the LPHS coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?

No Activity
Minimal
Moderate
Significant
Optimal

Discuss our Local Public Health System – Element 7

- Strengths
- Weaknesses
- Short-term Opportunities
- Long-term Opportunities

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

Model Standard 8.1: Workforce Assessment, Planning, and Development

The LPHS assesses the local public health workforce (all who provide the 10 Essential Public Health Services for the community. This assessment looks at knowledge, skills, and abilities that are needed and the numbers and types of positions that the LPHS would have to have to prevent health problems and protect and promote health in the community.

- What types of workforce assessment have been done in the community?
- Have gaps in both numbers, skills, and knowledge of the workforce been identified?
- Have plans been developed to address gaps and plan for the future?
- Does the LPHS share the results of assessments and/or plans with other organizations?

8.1.1 At what level does the LPHS complete a workforce assessment, a process to track the numbers and types of LPHS jobs—both public and private sector—and the associated knowledge, skills, and abilities required of the jobs?

No Activity
Minimal
Moderate
Significant
Optimal

8.1.2 At what level does the LPHS review the information from the workforce assessment and use it to identify and address gaps in the LPHS workforce?

No Activity
Minimal
Moderate
Significant
Optimal

8.1.3 At what level does the LPHS provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 8.2: Public Health Workforce Standards

The LPHS maintains standards to ensure that the workforce is qualified to do their jobs with the appropriate certifications, licensure, and education as required by law, local, state, or federal guidance. Personnel systems ensure that the workforce is hired based on their qualifications and public health competencies.

- Are requirements (guidelines, licensure, and certifications) for positions in LPHS organizations clearly identified within job descriptions and postings?
- Do most organizations within the LPHS base their annual performance evaluations?
- Are policies/procedures in place to ensure that the workforce comply with requirements?

8.2.1 At what level does the LPHS ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements?

No Activity
Minimal
Moderate
Significant
Optimal

8.2.2 At what level does the LPHS develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the 10 Essential Public Health Services?

No Activity
Minimal
Moderate
Significant
Optimal

8.2.3 At what level does the LPHS base the hiring and performance review of members of the public health workforce in public health competencies?

No Activity
Minimal
Moderate
Significant
Optimal

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

The LPHS encourages lifelong learning for the local public health workforce through formal and informal opportunities in education and training, supervision, professional growth and member career healthcare workers. The workforce has the opportunity to work with students and research partners to strengthen the LPHS. The LPHS seeks to work with its addressing health inequities through culturally competent, respectful care that recognizes and addresses the social determinants of health.

- What opportunities are available for interaction between the LPHS workforce and faculty from academic and research institutions?
- Do LPHS organizations dedicate resources to develop and maintain learning opportunities?
- Are incentives available to encourage life-long learning in the LPHS workforce?
- Does the LPHS assess the need for education and training opportunities?
- What types of workforce development opportunities are available?

8.3.1 At what level does the LPHS identify education and training needs and encourage the public health workforce to participate in available education and training?

No Activity
Minimal
Moderate
Significant
Optimal

8.3.2 At what level does the LPHS provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services?

No Activity
Minimal
Moderate
Significant
Optimal

8.3.3 At what level does the LPHS develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases?

No Activity
Minimal
Moderate
Significant
Optimal

8.3.4 At what level does the LPHS create and support collaborations between organizations within the LPHS for training and education?

No Activity
Minimal
Moderate
Significant
Optimal

8.3.5 At what level does the LPHS continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 8.4: Public Health Leadership Development

Leadership within the LPHS is demonstrated by organizations and personnel committed to improving the health of the community. Leaders work to coordinate, develop, and evaluate a shared vision of community health, find ways to address the vision, and ensure that local public health services are delivered. The LPHS encourages the development of leaders who represent the diversity of the community and ensure accountability.

- How many staff for the LPHS and community organizations are trained and hold roles for the community?
- How does the LPHS recruit and retain leaders who represent the diversity of the community?
- How does the LPHS coordinate, commission, assess, and improve reporting initiatives and opportunities for collaboration?
- How does the LPHS provide leadership opportunities, mentoring, and professional development for leaders?

8.4.1 At what level does the LPHS provide access to formal and informal leadership development opportunities for employees at all organizational levels?

No Activity
Minimal
Moderate
Significant
Optimal

8.4.2 At what level does the LPHS create a shared vision of community health and the LPHS, welcoming all leaders and community members to work together?

No Activity
Minimal
Moderate
Significant
Optimal

8.4.3 At what level does the LPHS ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?

No Activity
Minimal
Moderate
Significant
Optimal

8.4.4 At what level does the LPHS provide opportunities for the development of leaders who represent the diversity of the community?

No Activity
Minimal
Moderate
Significant
Optimal

Discuss our Local Public Health System – Essential Service 8:

- Strengths
- Weaknesses
- Short-term Opportunities
- Long-term Opportunities

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

Are we meeting the needs of the population we serve?
Are we meeting the gaps right?
Are doing the right thing?

Model Standard 9.1: Evaluating Population-Based Health Services

The LPHS evaluates population-based health services, which are focused on disease prevention and health promotion for the entire community. The LPHS uses nationally recognized resources to set goals for their work and identify best practices for services. The LPHS uses data to evaluate whether population-based services are meeting the needs of the community and the satisfaction of those being served. Changes are made based on the evaluation.

- How often are population-based health services evaluated and when is included in the evaluation?
- How does the LPHS determine community satisfaction with population-based health services?
- Are the results of the evaluation of population-based services used?
- How does the LPHS measure access, quality, and effectiveness of population-based services?

9.1.1 At what level does the LPHS evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved?

No Activity
Minimal
Moderate
Significant
Optimal

9.1.2 At what level does the LPHS assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury?

No Activity
Minimal
Moderate
Significant
Optimal

9.1.3 At what level does the LPHS identify gaps in the provision of population-based health services?

No Activity
Minimal
Moderate
Significant
Optimal

9.1.4 At what level does the LPHS use evaluation findings to improve plans, processes, and services?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 9.2: Evaluating Personal Health Services

The LPHS routinely evaluates the accessibility, quality, and effectiveness of personal health services. These services range from preventive care such as mammograms to hospital inpatient care at the end of life. The LPHS ensures that services meet the needs of the community. Satisfaction by the community with personal health services is also assessed. Results from the evaluations are used to improve services and program delivery.

- How is information technology used by the LPHS to ensure quality of personal health services?
- Which personal health services do the community evaluate against established clinical standards (e.g., the Joint Commission, CMS, or state and national effectiveness) (Patient Assessment Strategy)?
- How often are accessibility, quality, and effectiveness of personal health services evaluated?
- How are the results of the evaluations (personal health services) used?

9.2.1 At what level does the LPHS evaluate the accessibility, quality, and effectiveness of personal health services?

No Activity
Minimal
Moderate
Significant
Optimal

9.2.2 At what level does the LPHS compare the quality of personal health services to established guidelines?

No Activity
Minimal
Moderate
Significant
Optimal

9.2.3 At what level does the LPHS measure user satisfaction with personal health services?

No Activity
Minimal
Moderate
Significant
Optimal

9.2.4 At what level does the LPHS use technology, like the internet or electronic health records, to improve quality of care?

No Activity
Minimal
Moderate
Significant
Optimal

9.2.5 At what level does the LPHS use evaluation findings to improve services and program delivery?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 9.3: Evaluating the Local Public Health System

The LPHS evaluates itself to see how well it is working as a whole. Representatives from professional care in the 10 Essential Public Health Services conduct a systemic evaluation using standards such as the following. Results of the evaluation are considered in the community health assessment process.

- Have all agencies, organizations, or entities that contribute to the delivery of the 10 Essential Services been included in part of the LPHS?
- Is a comprehensive evaluation such as this conducted every 2 to 5 years?
- Are the agencies each engaged in the LPHS process?
- Have you identified any system or any of the problems or issues that are associated with the delivery of the 10 Essential Services?
- How do you track the assessment and other data you use to plan and improve or enhance the LPHS?
- Were results of the evaluation used to guide community health improvement?

9.3.1 At what level does the LPHS identify all public, private, and voluntary organizations that contribute to the delivery of the 10 Essential Public Health Services?

No Activity
Minimal
Moderate
Significant
Optimal

10.1.1 At what level does the LPHS provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?

No Activity
Minimal
Moderate
Significant
Optimal

10.1.2 At what level does the LPHS suggest ideas about what currently needs to be studied in public health to organizations that conduct research?

No Activity
Minimal
Moderate
Significant
Optimal

10.1.3 At what level does the LPHS keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?

No Activity
Minimal
Moderate
Significant
Optimal

10.1.4 At what level does the LPHS encourage community participation in research, including deciding what will be studied, conducting research, and sharing results?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 10.2: Linking with Institutions of Higher Learning

The LPHS establishes relationships with colleges, universities, and other research organizations. They share information and best practices and establish formal and informal arrangements to work together. Community-based participatory research includes community members and those organizations representing community members. The LPHS partners with one or more institutions to co-sponsor continuing education.

- Do any of the LPHS organizations have relationships with institutions of higher learning and/or research organizations?
- How does the LPHS encourage collaboration between academic and practice communities?
- Does any LPHS organization partner to conduct research on public health?

10.2.1 At what level does the LPHS develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?

No Activity
Minimal
Moderate
Significant
Optimal

9.3.2 At what level does the LPHS evaluate how well LPHS activities meet community needs at least every 5 years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services

No Activity
Minimal
Moderate
Significant
Optimal

9.3.3 At what level does the LPHS assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?

No Activity
Minimal
Moderate
Significant
Optimal

9.3.4 At what level does the LPHS use results from the evaluation process to improve the LPHS?

No Activity
Minimal
Moderate
Significant
Optimal

Discuss our Local Public Health System – Element 9

- Strengths
- Weaknesses
- Short-term Opportunities
- Long-term Opportunities

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

How are we doing, including research in public health jobs?

Model Standard 10.1: Fostering Innovation

LPHS organizations try new and creative ways to improve public health practices. In both academic and practice settings such as universities and local health departments, new approaches are studied to see how well they work.

- During the past 2 years, have LPHS organizations proposed one or more public health issues for community research?
- How do LPHS organizations encourage community participation in the developing or conducting research?
- How do LPHS organizations encourage and support staff to develop new solutions to health problems?
- How do LPHS organizations evaluate innovation and share results?
- How do LPHS organizations identify and stay current with best practices?

10.2.2 At what level does the LPHS partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research?

No Activity
Minimal
Moderate
Significant
Optimal

10.2.3 At what level does the LPHS encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?

No Activity
Minimal
Moderate
Significant
Optimal

Model Standard 10.3: Capacity to Initiate or Participate in Research

The LPHS participates in research to improve the performance of the LPHS. Topics include how well the system provides the 40 Essential Services, the impacts of the health determinants, and health services.

- Does the LPHS have access to support for research?
- + Does the LPHS share its findings from research?
- + What types of expertise, experience, and resources are available to support research?
- + How does the LPHS evaluate its research activities?

10.3.1 At what level does the LPHS collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?

No Activity
Minimal
Moderate
Significant
Optimal

10.3.2 At what level does the LPHS support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?

No Activity
Minimal
Moderate
Significant
Optimal

10.3.3 At what level does the LPHS share findings with public health colleagues and the community broadly, through journals, Web sites, community meetings, etc.?

No Activity
Minimal
Moderate
Significant
Optimal

10.3.4 At what level does the LPHS evaluate public health systems research efforts throughout all stages of work from planning to effect on local public health practice?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discuss our Local Public Health System – Essential Service 10

- Strengths
- Weaknesses
- Short-term Opportunities
- Long-term Opportunities

Prioritization of Essential Services

- How do you rate the importance of the Essential Services and the Model Standards?
- On a scale of 1-10, with 10= highest, how would you rate the following items for their importance to the Local Public Health System?

Essential Service #1 - Monitor health status to identify community health problems. Please rank 1-10, 1.1 - Population-Based Community Health Assessment

Essential Service #1 - Monitor health status to identify community health problems. Please rank 1-10, 1.2 - Current Technology to Manage and Communicate Population Health Data

Essential Service #1 - Monitor health status to identify community health problems. Please rank 1-10, 1.3 - Maintaining Population Health Registries

Essential Service #2 - Diagnose and investigate health problems and health hazards. Please rank 1-10, 2.1 - Identifying and Monitoring Health Threats

1 2 3 4 5 6 7 8 9 10

Essential Service #2 - Diagnose and investigate health problems and health hazards. Please rank 1-10, 2.2 - Investigating and Responding to Public Health Threats and Emergencies

1 2 3 4 5 6 7 8 9 10

Essential Service #2 - Diagnose and investigate health problems and health hazards. Please rank 1-10, 2.3 - Laboratory Support for Investigating Health Threats

1 2 3 4 5 6 7 8 9 10

Essential Service #3 - Inform, educate, and empower people about health issues. Please rank 1-10, 3.1 - Health Education and Promotion

1 2 3 4 5 6 7 8 9 10

Essential Service #3 - Inform, educate, and empower people about health issues. Please rank 1-10, 3.2 - Health Communication

1 2 3 4 5 6 7 8 9 10

Essential Service #3 - Inform, educate, and empower people about health issues. Please rank 1-10, 3.3 - Risk Communication

1 2 3 4 5 6 7 8 9 10

Essential Service #4 - Mobilize community partnerships to identify and solve health problems. Please rank 1-10, 4.1 - Constituency Development

10	
9	
8	
7	
6	
5	
4	
3	
2	
1	

Essential Service #4 - Mobilize community partnerships to identify and solve health problems. Please rank 1-10, 4.2 - Community Partnerships

10	
9	
8	
7	
6	
5	
4	
3	
2	
1	

Essential Service #5 -Develop policies and plans that support individual and community health efforts . Please rank 1-10, 5.1 - Governmental Presence at the Local Level

10	
9	
8	
7	
6	
5	
4	
3	
2	
1	

Essential Service #5 -Develop policies and plans that support individual and community health efforts . Please rank 1-10, 5.2 - Public Health Policy Development

10	
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7	
6	
5	
4	
3	
2	
1	

Essential Service #5 -Develop policies and plans that support individual and community health efforts . Please rank 1-10, 5.3 - Community Health Improvement Process and Strategic Planning

10	
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8	
7	
6	
5	
4	
3	
2	
1	

Essential Service #5 -Develop policies and plans that support individual and community health efforts . Please rank 1-10, 5.4 - Plan for Public Health Emergencies

10	
9	
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7	
6	
5	
4	
3	
2	
1	

Essential Service #6 -Enforce laws and regulations that protect health and ensure safety . Please rank 1-10, 6.1 - Reviewing and Evaluating Laws, Regulations, and Ordinances

10
9
8
7
6
5
4
3
2
1

Essential Service #6 -Enforce laws and regulations that protect health and ensure safety . Please rank 1-10, 6.2 - Involvement in Improving Laws, Regulations, and Ordinances

10
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6
5
4
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1

Essential Service #6 -Enforce laws and regulations that protect health and ensure safety . Please rank 1-10, 6.3 - Enforcing Laws, Regulations, and Ordinances

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2
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Essential Service #7 - Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable, Please rank 1-10, 7.1 - Identifying Personal Health Service Needs of Populations

10
9
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2
1

Essential Service #7 - Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable. Please rank 1-10, 7.2 - Ensuring People are Linked to Personal Health Services

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6
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4
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2
1

Essential Service #8 - Assure a competent public health and personal healthcare workforce. Please rank 1-10, 8.1 - Workforce Assessment, Planning, and Development

10
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8
7
6
5
4
3
2
1

Essential Service #8 - Assure a competent public health and personal healthcare workforce. Please rank 1-10, 8.2 - Public Health Workforce Standards

10
9
8
7
6
5
4
3
2
1

Essential Service #8 - Assure a competent public health and personal healthcare workforce. Please rank 1-10, 8.3 - Life-Long Learning through Continuing Education, Training, and Mentoring

10
9
8
7
6
5
4
3
2
1

Essential Service #8 - Assure a competent public health and personal healthcare workforce. Please rank 1-10, 8.4 - Public Health Leadership Development

10
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8
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6
5
4
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2
1

Essential Service #9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services. Please rank 1-10, 9.1 - Evaluating Population-based Health Services

10
9
8
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5
4
3
2
1

Essential Service #9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services. Please rank 1-10, 9.2 - Evaluating Personal Health Services

10
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8
7
6
5
4
3
2
1

Essential Service #9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services. Please rank 1-10, 9.3 - Evaluating the Local Public Health System

10
9
8
7
6
5
4
3
2
1

Essential Service #10 - Research for new insights and innovative solutions to health problems. Please rank 1-10, 10.1 - Fostering Innovation



Essential Service #10 - Research for new insights and innovative solutions to health problems. Please rank 1-10, 10.2 - Linking with Institutions of Higher Learning and/or Research



Essential Service #10 - Research for new insights and innovative solutions to health problems. Please rank 1-10, 10.3 - Capacity to Initiate or Participate in Research



Summary

- Next Steps
- Questions

Thank you!



- LPHSA Final Report

Community Health Collaborative Local Public Health System Assessment – Final Report

Date: 5/14/2020



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1. Local Public Health System Assessment
2. Methodology
3. Findings
4. Appendices
 1. Invitation to Participate in LPHSA
 2. February 12, 2020 Presentation of findings to Community Health Collaborative Partner Steering Committee
 3. Essential Service SWOT Worksheets



Boone County Health Department • [Mercyhealth](#) • OSF HealthCare • Rockford Regional Health Council • R1 Regional Planning Council • [SwedishAmerican](#) Health System • Transform Rockford • United Way of Rock River Valley • University of Illinois College of Medicine Rockford • Winnebago County • Winnebago County Health Department

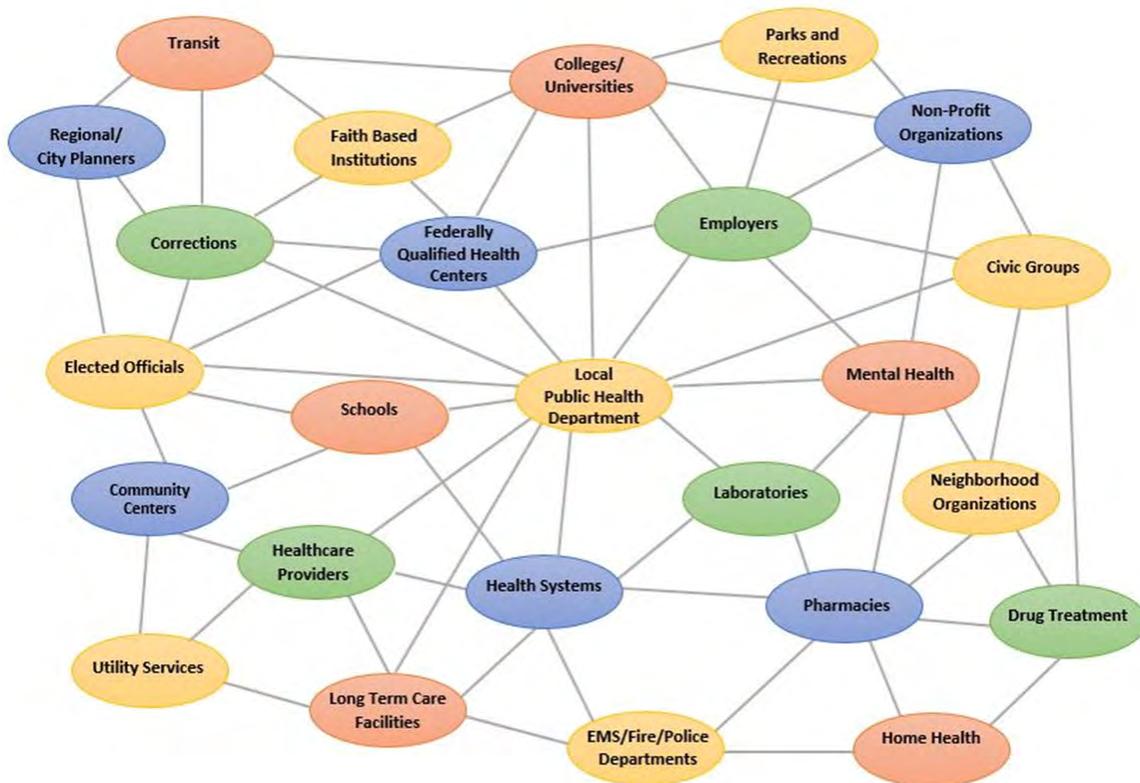
Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) is one of the four assessments within the Mobilizing for Action through Planning and Partnerships (MAPP) process. The Community Health Collaborative oversaw this assessment as part of its overall commitment to meeting its Mission and Vision.

The primary purpose of the LPHSA is to promote continuous improvement among all the public health system partners that can result in improved outcomes for the overall system and community. Local health departments and their public health system partners can use the assessment results as a working tool to:

- Better understand current system functioning and performance
- Identify and prioritize areas of strength, weakness, and opportunities for improvement
- Articulate the value that quality improvement initiatives will bring to the public health system
- Develop an initial work plan with specific quality improvement strategies to achieve goals
- Begin taking action for achieving performance and quality improvement in one or more targeted areas
- Reassess the progress of improvement efforts at regular intervals

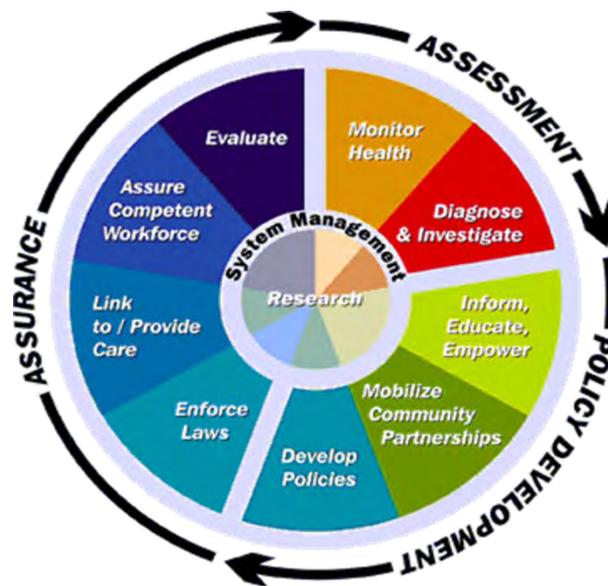
The local public health system is represented below.



This assessment is designed to facilitate communication and sharing among and within programs, partners, and organizations and is based on a common understanding of how a high-performing and effective public health system can operate. This shared framework will help build commitment and focus for setting priorities and improving public health system performance. Outcomes for performance include delivery of all ten Essential Public Health Services at optimal levels.

The ten Essential Public Health Services are:

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



Methodology

This assessment was a comprehensive look at the Local Public Health System from the perspective of the Community Health Collaborative members, community partner organizations and agencies, as well as the local public health department’s professional staff.

With direction from the Community Health Collaborative Partner Steering Committee, the decision was made to conduct a one-day session for Collaborative members and the community organizations and agencies that represent the Local Public Health System. This session was held on January 15, 2020 at Klehm Arboretum. The following organizations participated in the session:

-
- Alpine Academy
 - Aunt Martha's
 - Boone County Health Department
 - Children's Home & Aid
 - City of Rockford Head Start
 - Community Foundation of Northern Illinois
 - Crusader Clinic
 - Easter Seals
 - Goodwill
 - Harlem School District #122
 - Illinois Department of Public Health
 - Medina Nursing Center
 - NAMI Northern Illinois
 - OSF Health System
 - OSF Lifeline
 - Pecatonica Community School District
 - Prairie State Legal
 - R1 Regional Planning
 - RAMP
 - Rockford Regional Health Council
 - Rockford Rescue Mission
 - Rock Valley College
 - Rockford Sexual Assault Counseling
 - Rockford Public Schools
 - Rockford Fire Department
 - Rosecrance
 - South Beloit
 - Stepping Stones
 - SwedishAmerican Health System
 - University of Illinois College of Medicine
 - University of Illinois Extension Education
 - Youth Services Network
 - Winnebago County Board
 - Winnebago County Medical Society
 - Winnebago County Sheriff's Office
 - Winnebago County State's Attorney
 - Winnebago County Health Department

In order to conduct the National Association of County and City Health Officials (NACCHO) standard LPHSA survey with the agency and community groups, the PollEverywhere application was selected. This tool allowed for participants to respond in real-time using a downloaded application, text or web-based survey instrument (see Appendix for session handout). The session was facilitated by Winnebago County Health Department staff, and participants were led through each of the 10 Essential Services one-by-one. Each Essential Service had specific

survey questions. Participants were asked to rate how well the Service was being carried out at the community/system level. The table below shows the possible responses and ratings.

LPHSA Response Options	
5 Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met
4 Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met
3 Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met
2 Minimal Activity (1-25%)	Greater than 0%, but no more than 25% of the activity described within the question is met
1 No Activity (0%)	0% or no activity at all

Responses were tabulated and shared with participants; table-top discussions focusing on strengths, weaknesses as well as short- and long-term opportunities for improvement were then held before moving on to the next Essential Service (see Appendix x for SWOT materials).

In addition to the Collaborative/Agency session, a separate LPHSA exercise was conducted with Winnebago County Health Department staff on January 30, 2020. The structure for this was modified and employees were asked to complete the PollEverywhere survey prior to attending the meeting. During the meeting the results were shared for each of the 10 Essential Services and then tabletop discussions were held to discuss strengths, weaknesses and opportunities.

Results were summarized and presented to the Community Health Collaborative Partner Steering Committee on February 12, 2020 (see Appendix for LPHSA presentation).

Prioritization Questionnaire

In addition to the questionnaire regarding current performance on the Essential Services, a Prioritization Questionnaire was also used with both groups. This allowed participants to rate each of the standards on a scale of 1-10, where 10 is the highest priority. Combining performance ratings with prioritization levels helps the Collaborative and the community determine performance improvement opportunities for the future.

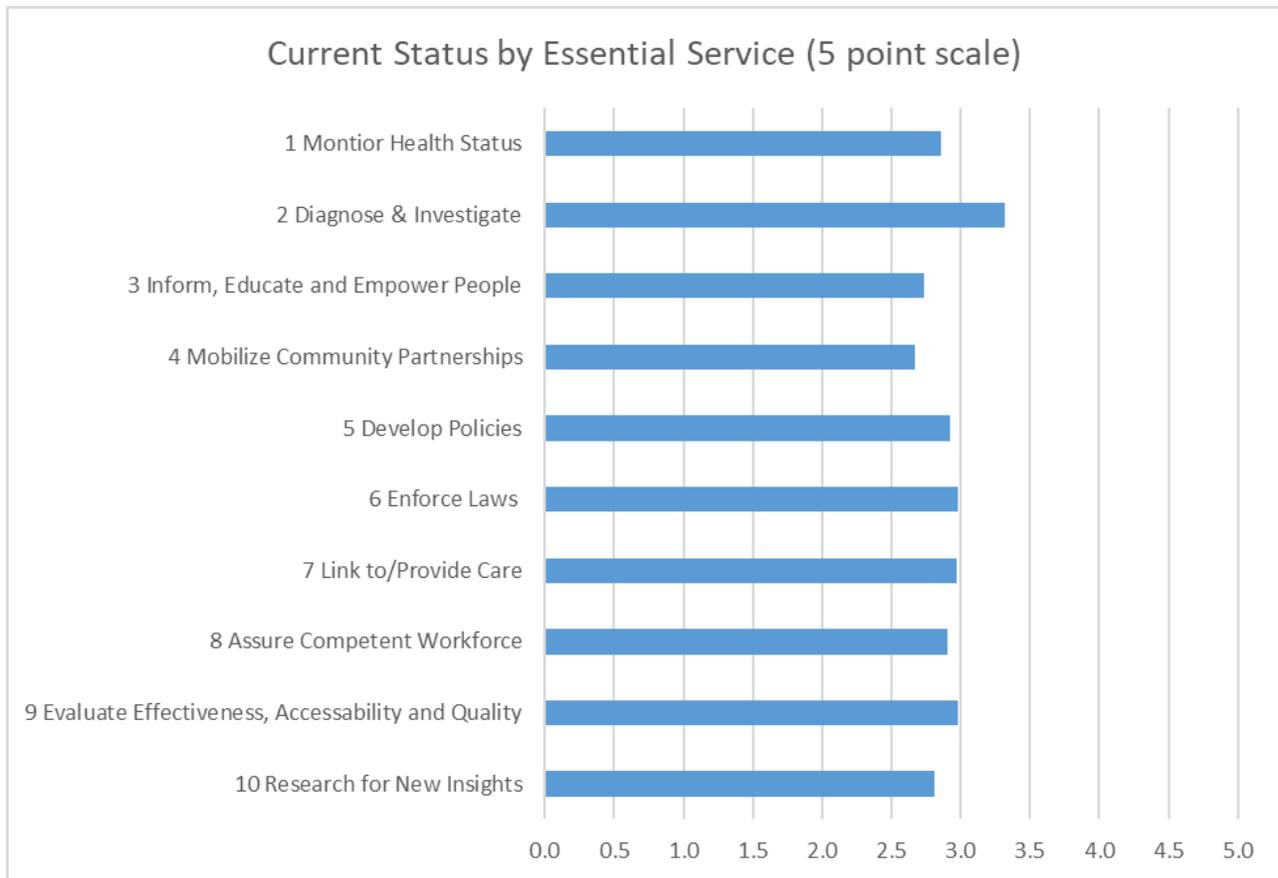
LPHSA Findings

Collaborative and Community Session (January 15, 2020)

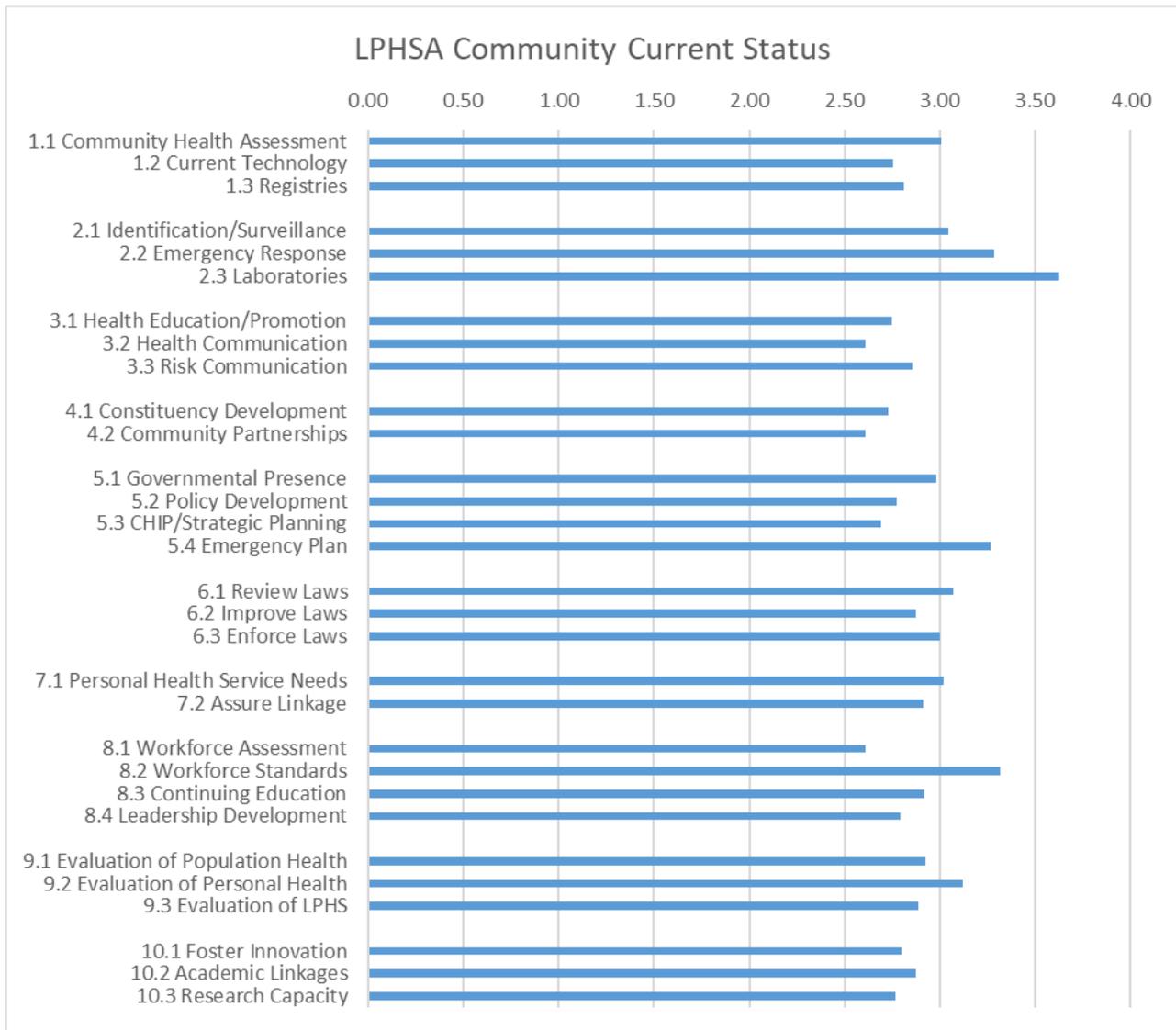
Essential Services Survey Results

All Essential Services and their subdomains were rated on a 5-point scale mentioned above.

Overall performance ratings by Essential Service showed that Diagnose and Investigate (#2), Enforce Laws (#6) and Evaluate Effectiveness (#9) scored highest.

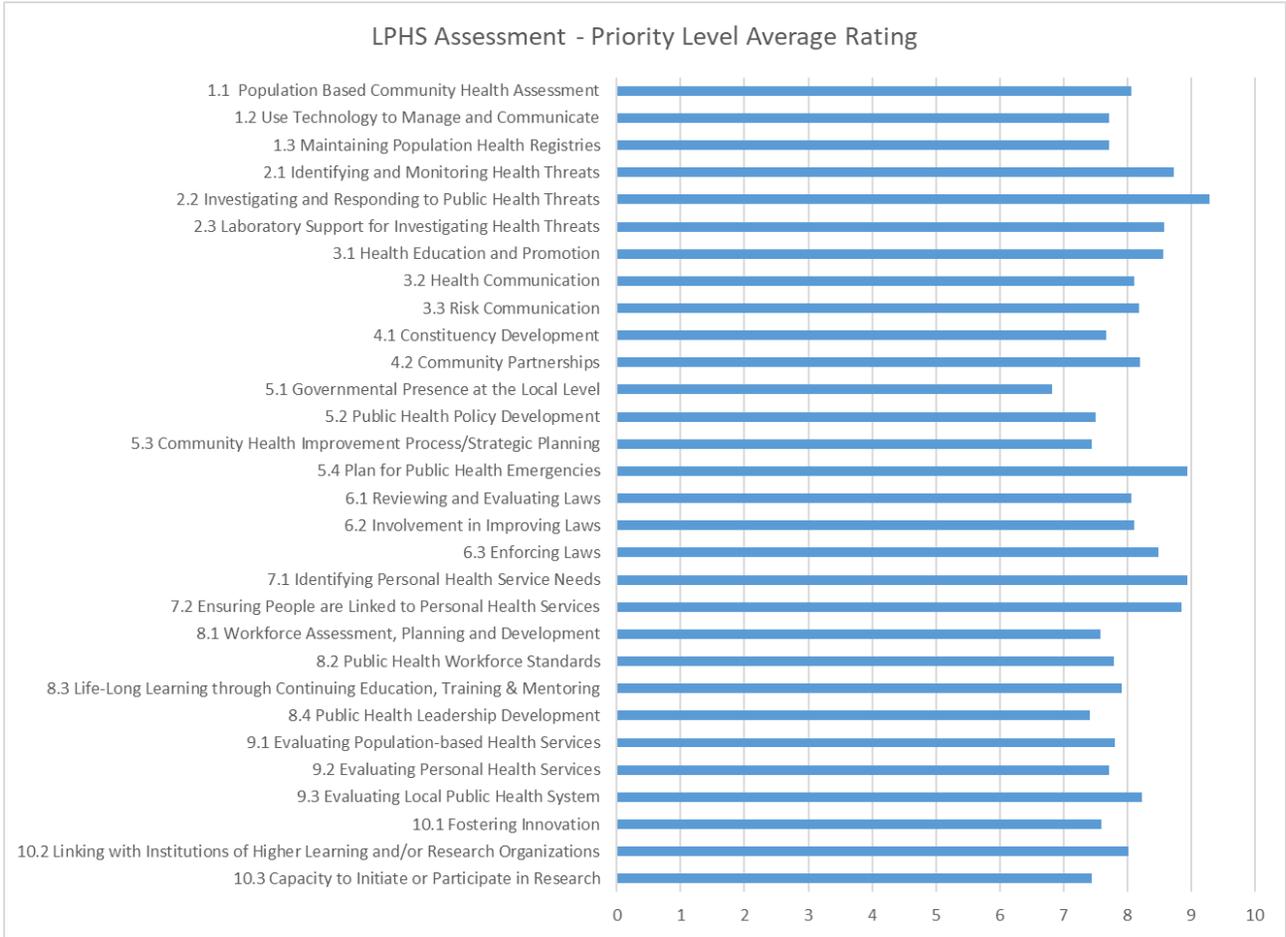


Within the Essential Services, perceived performance on each of the subdomains within the Essential Service were also rated.



Source: LPHS Assessment WORKING VERSION Executive Summary_PollEverywhere_download_01.21.2020

Essential Services Prioritization Results



SWOT Discussions

As noted above, throughout the session, each table discussed the Essential Services and identified strengths, weaknesses and opportunities for improvement. A summary of those discussions is presented in the tables below.

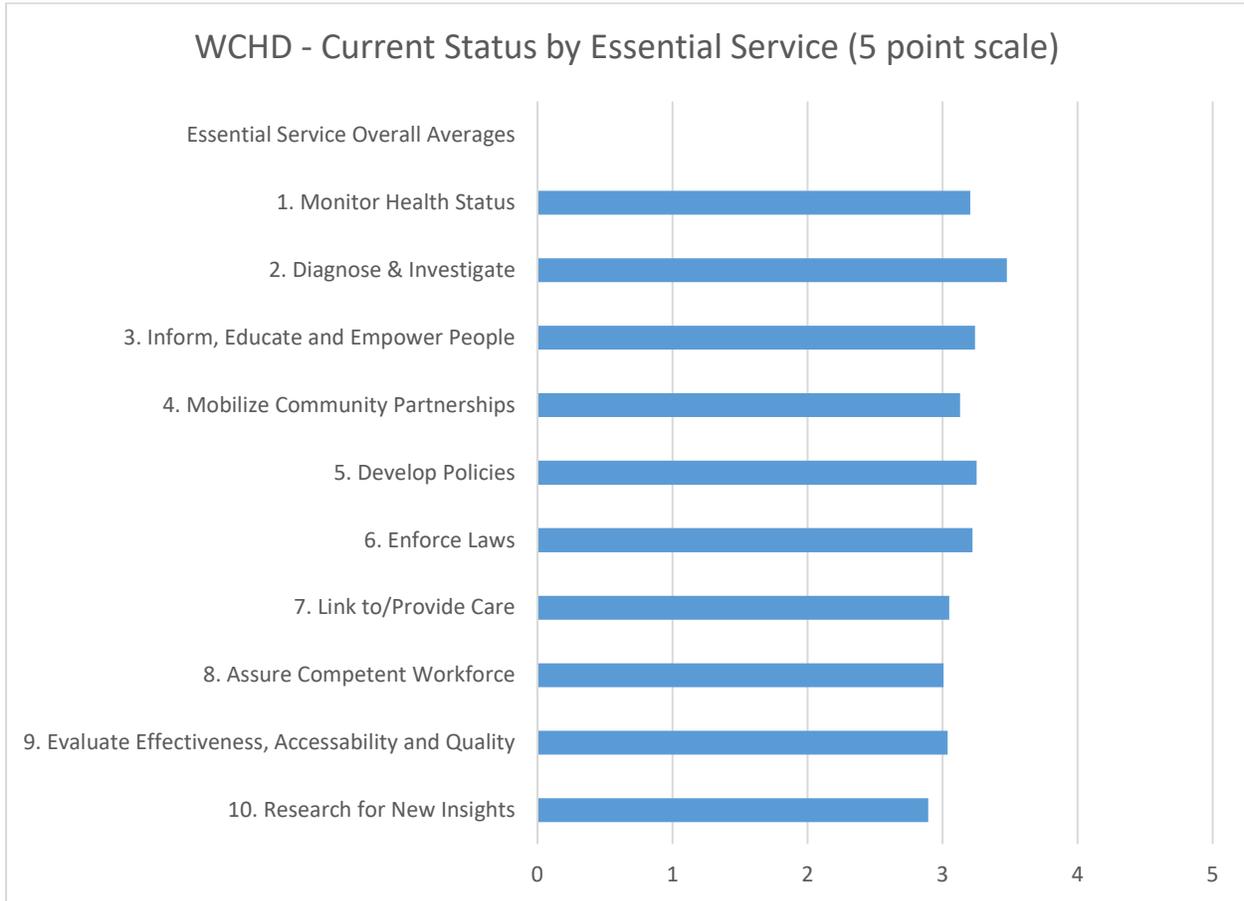
LOCAL PUBLIC HEALTH ASSESSMENT SUMMARY			
Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities
ES 1 - Monitor Health			
-Good tools to collect data -Strong relationships among agencies -Sharing information	-Timeliness/Out-dated data -Difficult to combine -No clear plan or guidelines	-Create shared data source/dashboard -Increase alignment of data collection and applications -Expand collaboration	-More data sharing with public -Improve health/data literacy -More fully develop strategies for improvement
ES 2 Diagnose & Investigate			
-Good coordination -Organizations are aware -Good training opportunities	-Community members do not have a good understanding -Challenges to coordinate fully -Need for greater engagement	-Continue use of coalition approach for training -Increase networking & community information sharing Opportunity for larger health systems and organizations to train smaller organizations & agencies	-Improved maintenance of existing resources and plans -More communication with community to educate around preparedness
ES 3 Inform, Educate and Empower			
-Good education/training -Agencies and health systems effective at communicating -Expertise in the community	-Challenges communicating to general public Health literacy and general awareness is low -Sharing information among partners "system of care" VS "caring system"	-Increase strategic collaboration and coordination of communications -Create central repository for information -Improve use of technology for communications that engage with the community at large	-Focus on prevention before emergency/outbreaks occur -Increase community and individual engagement/awareness -Improve communications and use of technology/social media
ES 4 Mobilize Community Partnerships			
-Existing efforts to collaborate on health issues -Agencies willing to partner -Existing relationships among agencies -211 Crisis line - resource	-Agencies have different priorities -Communications between agencies and community need to improve -Need to be more inclusive & broaden input opportunities	-Opportunity to create shared goal/increase input & participation -Create effective structure and align resources	-Improvement alignment of goals and resources -Develop comprehensive mechanism for communication -Expand partnerships & engagements -Evaluate effectiveness and impact
ES 5 Develop Policies			
-Organizations develop plans -Healthcare organizations communicate their own plans internally -Healthcare organizations can work together in response to emergency	-Policies and plans do not align or coordinate across agencies -Limited resources to implement plans -Overall LPHS not part of process; lack of coordination	-Develop vision of what a healthy community is/engage with community -Improve coordination and alignment with all parts of the LPHS -Increase input in development of processes; less of a top-down approach	-Consider neighborhood and community approaches -Establish interim goals to improve engagement and focus -Establish community database/dashboard

LOCAL PUBLIC HEALTH ASSESSMENT SUMMARY			
Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities
ES 6 Enforce Laws & Regulations			
-System in place for enforcement -Code helps do the job well -Working together	-Need more funding and resource support -Lack of clarity and understanding -Resistance to enforcement	-Improve education and outreach to community -Increase buy-in & engagement	-Improve overall advocacy from LPHS -Dedicate resources -Improve systems to communicate with public/check status
ES 7 - Link to/Provide Care			
-Extensive resources currently in the community -Willingness to refer and connect those in need -United Way 211 system is a good resource	-Lack of coordination/continuity across agencies -Insufficient resources - services and access -Barriers to referrals -Lack of education and outreach to community	-Improve transportation accessibility to services -Improve communications across agencies and with public -Expand services	-Develop centralized database -Leverage existing systems to improve coordination -Expand provider capacity for medical and mental health, especially for Medicaid recipients -Reduce stigma of needing assistance
ES 8 - Assure Competent Workforce			
-Training is available -Some organizations provide financial support for training/certifications -Educational opportunities at high school and college level	-Funding, reimbursement and support is too limited -High turnover/low pay -Limited opportunities for growth -Workforce does not reflect the community	-Expand relationships with schools to improve internship opportunities -Increase resources for training and professional development -Increase leadership training and development	-Expand/improve training regarding cultural diversity, health disparities -Wage increases for front-line workers -Overall expansion of resources & training
ES 9 - Evaluation			
-Multiple agencies use evaluation tools -Effective way to identify gaps in services/needs -Interest in feedback and results	-Multiple challenges moving from survey data to action steps -Regardless of findings, resources not available to make changes -Need for surveys and assessments to be more accessible/easy to complete	-Improve sharing of results with community -Opportunity for greater coordination among health systems -Evaluations can be a tool to educate leaders and decision-makers	None Identified
ES 10 - Research			
-Collaboration between health systems and Schools of Medicine, Nursing, etc -Good opportunities for students to engage with community -Recognized value & need for coordination and collaboration	-Lack of clarity and awareness of how data and research is shared -Academic and agency/LPHS needs for research not aligned -Need for greater focus on population health	-Increase opportunities to collaborate on research -Improve data sharing between organizations -Strengthen communications within LPHS to identify best practices	-Develop centralized system for sharing research -Establish greater research capacity for population-based research -Improve capacity for feedback from stakeholders

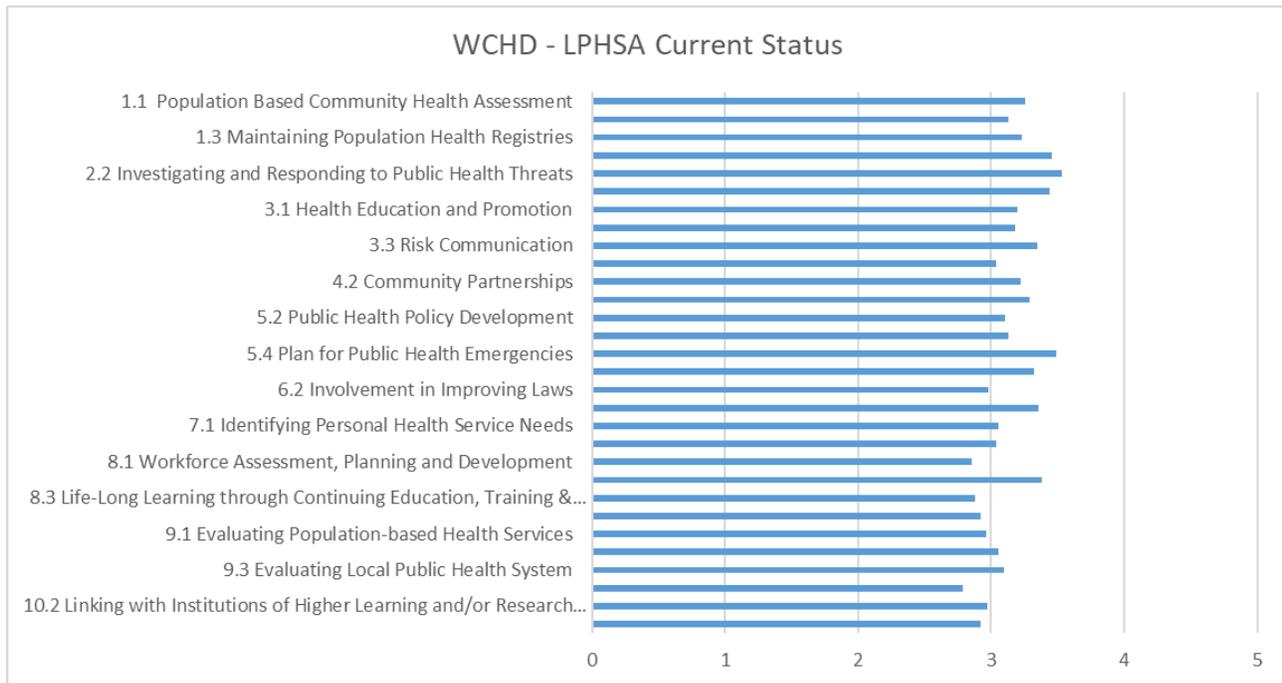
Winnebago County Health Department Session (January 30, 2020)

Essential Services Survey Results

Overall, WCHD staff rated current performance highest for Essential Service #2, Diagnose and Investigate. Develop Policies (#5) and Inform & Educate (#3) were next highest rated.



Health Department staff also rated perceived performance on each of the standards within the Essential Service.



Essential Services Prioritization Results

Comparing the results of the Community LPHSA on performance and priority level with the WCHD ratings of the same factors, there were generally similar ratings for performance and ranking, but overall the health department staff scored higher based on their perceptions.

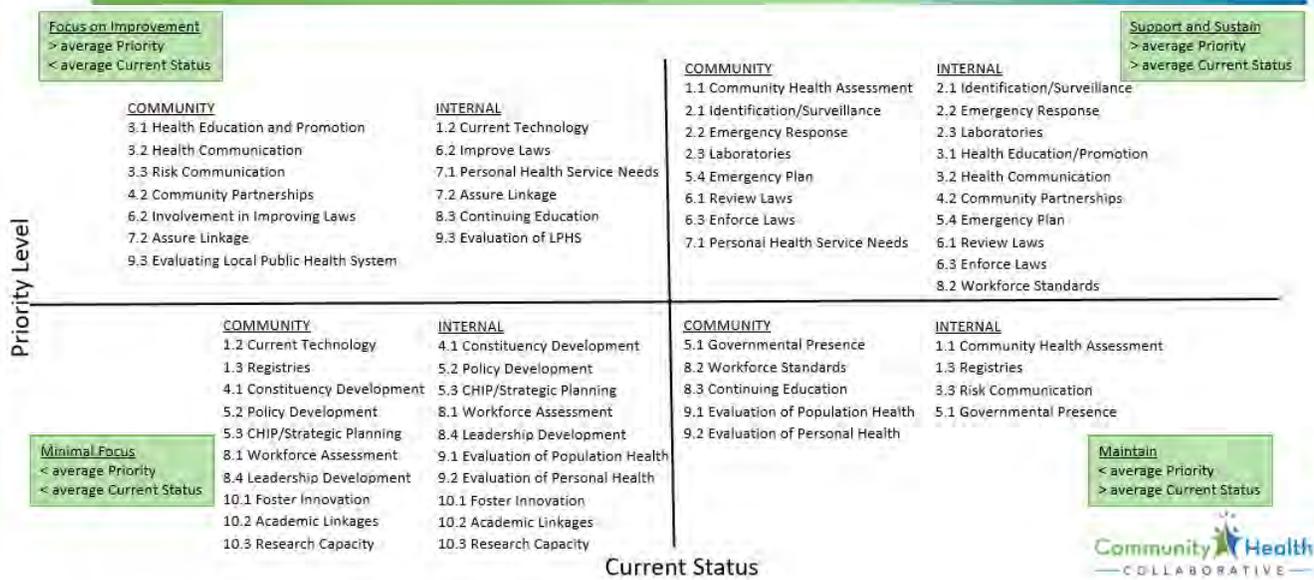
Model Standards by Essential Services	Assessed Performance Level (5 Point Scale)		Priority Level (10 point scale)	
	Community	Internal	Community	Internal
1.1 Community Health Assessment	3.01	3.26	8.06	8.77
1.2 Current Technology	2.76	3.13	7.72	9.26
1.3 Registries	2.81	3.23	7.72	8.74
2.1 Identification/Surveillance	3.05	3.46	8.73	9.76
2.2 Emergency Response	3.28	3.53	9.29	9.83
2.3 Laboratories	3.63	3.44	8.58	9.36
3.1 Health Education/Promotion	2.75	3.20	8.56	9.39
3.2 Health Communication	2.61	3.18	8.11	9.17
3.3 Risk Communication	2.86	3.35	8.18	8.89
4.1 Constituency Development	2.73	3.04	7.67	8.74
4.2 Community Partnerships	2.61	3.22	8.2	9.39
5.1 Governmental Presence	2.98	3.29	6.82	8.24

5.2 Policy Development	2.77	3.10	7.5	8.81
5.3 CHIP/Strategic Planning	2.69	3.13	7.44	8.39
5.4 Emergency Plan	3.26	3.49	8.95	9.80
6.1 Review Laws	3.07	3.32	8.06	9.27
6.2 Improve Laws	2.88	2.98	8.11	9.15
6.3 Enforce Laws	3.00	3.35	8.49	9.47
7.1 Personal Health Service Needs	3.02	3.06	8.94	9.45
7.2 Assure Linkage	2.91	3.04	8.85	9.23
8.1 Workforce Assessment	2.61	2.85	7.58	8.69
8.2 Workforce Standards	3.31	3.38	7.79	9.11
8.3 Continuing Education	2.92	2.88	7.92	9.51
8.4 Leadership Development	2.79	2.92	7.42	8.93
9.1 Evaluation of Population Health	2.92	2.96	7.81	8.92
9.2 Evaluation of Personal Health	3.12	3.06	7.71	9.03
9.3 Evaluation of LPHS	2.89	3.09	8.23	9.16
10.1 Foster Innovation	2.80	2.79	7.59	7.73
10.2 Academic Linkages	2.87	2.97	8.02	8.76
10.3 Research Capacity	2.77	2.92	7.45	8.50
Average Overall Score	2.92	3.15	8.05	9.05

Opportunities for Improvement

Based upon the combined Ratings and Prioritization exercises, results of these surveys were plotted on a matrix to help identify areas of opportunity. The chart below shows the matrix combining both surveys from the two LPHSA sessions.

LPHSA Quadrants – Community & Internal



The Focus on Improvement quadrant (upper left) shows those standards where the Collaborative/Community respondents and the WCHD respondents rated those elements as Above Average Priority and Below Average Performance. Both groups identified the same three items as Focus on Improvement:

- 6.2 Improve Laws
- 7.2 Assure Linkage (Personal Health)
- 9.3 Evaluation of Local Public Health System

In the Support and Sustain quadrant (upper right), Ratings and Priority both Above Average, both groups identified the same elements:

- 2.1 Education/Surveillance
- 2.2 Emergency Response
- 2.3 Laboratories
- 5.4 Emergency Plan
- 6.1 Review Laws
- 6.3 Enforce Laws

It is recommended that these factors in particular be considered as focal areas in the next stages of the Community Health Collaborative’s efforts.

LHPSA Appendices

- LPHSA Partner/Agency Session Invitation



Hello!

The Community Health Collaborative of Boone and Winnebago Counties is excited to invite you to participate in the Local Public Health System Assessment (LPHSA). The LPHSA is one data source that is part of the comprehensive community health assessment that will be used by the Community Health Collaborative to develop a community health improvement plan for the region.

The public health system is comprised of organizations and agencies both public and private that contribute to the delivery of essential public health services. Your input will provide invaluable insight into the question *"How well is the local public health system performing in providing the Ten Essential Public Health Services."*

The LPHSA will be held:

Date: January 15, 2020
Time: 8:00 am – 4:00 pm
Location: Klehm Arboretum & Botanic Garden
 Continental breakfast and lunch will be provided.

We hope you will consider attending and/or sending a representative to this opportunity to contribute to the assessment and plan to improve our public health system's performance.

Please confirm your attendance and any dietary restrictions to Carly Neblock at cneblock@wchd.org or phone 815-720-4375 by January 8, 2020.

With best regards,

Sandra Martell RN, DNP
 Winnebago County Health Department

Collaborative Members: Boone County Health Department • Mercyhealth • OSF HealthCare • Rockford Regional Health Council • R1 Regional Planning Council • SwedishAmerican Health System • Transform Rockford • United Way of Rock River Valley • University of Illinois College of Medicine Rockford • Winnebago County • Winnebago County Health Department

- LPHSA Summary Presentation, February 12, 2020

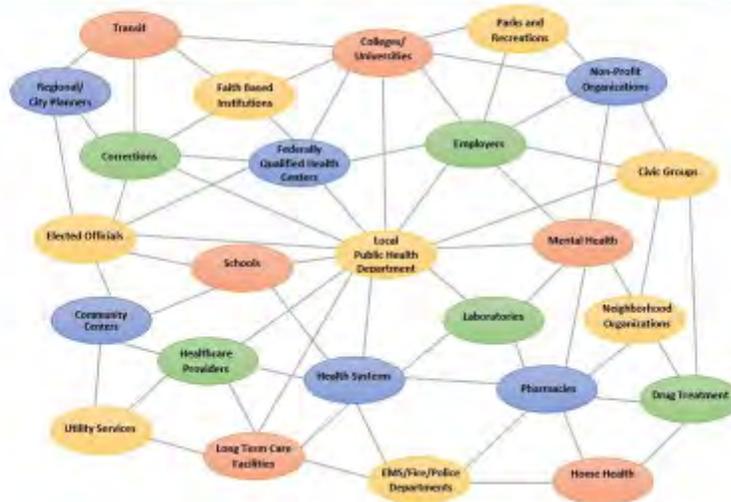
Local Public Health System Assessment



Essential Services of the Public Health System



Local Public Health System (LPHS)



Community Assessment Process

- Invitations to Winnebago County organizations to participate in review and discussion of the 10 Essential Services of the Local Public Health System (LPHS)
- 38 organizations attended session on January 15, 2020
- Evaluated current status of the LPHS across the 10 Essential Services
- Table Top Discussion of Strengths, Weaknesses & Opportunities for each Essential Service
- Rated the Priority Level for Essential Services



Response Options for Current Status

LPHSA Response Options	
5 Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met
4 Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met
3 Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met
2 Minimal Activity (1-25%)	Greater than 0%, but no more than 25% of the activity described within the question is met
1 No Activity (0%)	0% or no activity at all

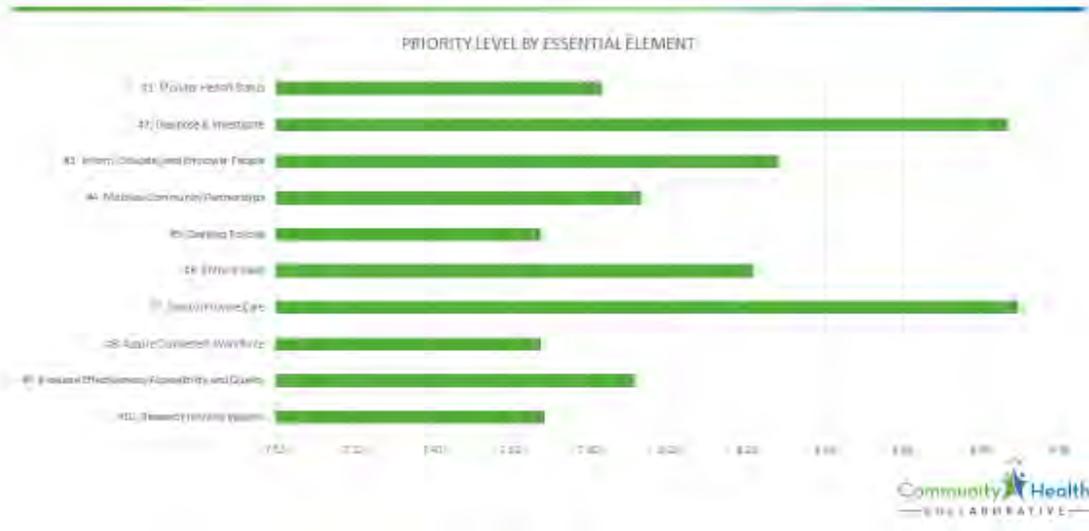


Participating Organizations

- Winnebago County Sheriff's Office
- Rockford Fire Department
- The Literacy Council
- Medina Nursing Center
- Winnebago County State's Attorney
- NAMI Northern Illinois
- Youth Services Network
- Illinois Department of Public Health
- Rosecrance
- DSF
- DSF Lifeline
- State's Attorney Office
- Aunt Martha's
- Community Foundation Northern IL
- Rockford Sexual Assault Counseling
- Easter Seals
- Rockford Public Schools
- South Beloit
- Winnebago County Medical Society
- Boone County Health Department
- R1 Regional Planning
- Rockford Regional Health Council
- Children's Home & Aid
- RAMP
- Crusader Clinic
- Prairie State Legal
- Rockford Rescue Mission
- City of Rockford Head Start
- Winnebago County Board
- Stepping Stones
- Alpine Academy
- Goodwill
- SwedishAmerican Health System
- Harlem School District #122
- Pecatonica Community School District
- Rock Valley College
- University of Illinois College of Medicine
- University of Illinois Extension Education



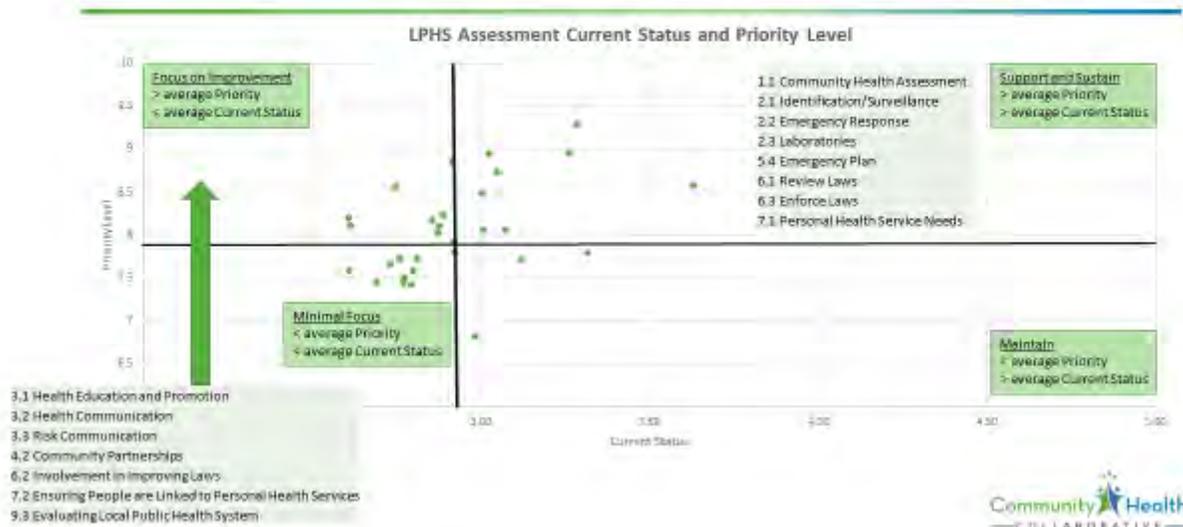
Prioritization of Essential Services



Current Status Summary



Focus for Improvement



Changes in LPHSA from IPLAN2020 (2016)

- Two standards, 3.2 Health Communications & 4.2 Community Partnerships were also identified for "Focus on Improvement" in the prior IPLAN
- Other standards in prior IPLAN, identified for "Focus On Improvement" (Quadrant A) were 10.1 Foster Innovation and 5.4 Emergency Plan
 - This year 5.4 Emergency Plan has moved up to "Support and Sustain"
 - 10.1 Foster Innovation was rated in the "Minimal Focus" quadrant at a below average score on both factors

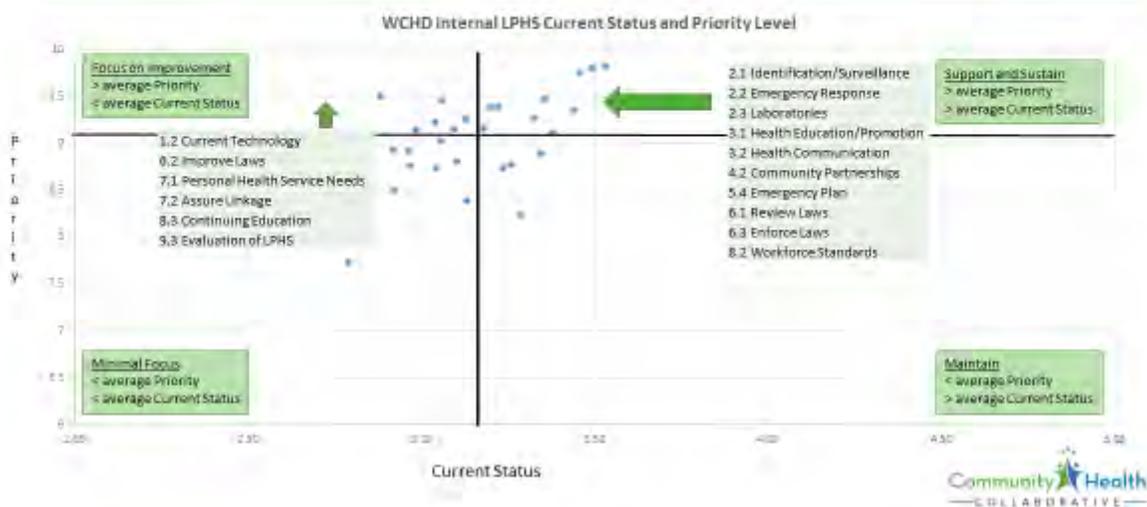


WCHD Internal LPHS Assessment

- Conducted internal assessment on January 30, 2020
- Completed same assessment and prioritization exercises with all staff
- Used PollEverywhere application & survey



Internal Assessment – Focus for Improvement



Community & Internal LPHSA

- On average, both Assessments rated Current Status within 0.25 points of each other, for Priority Level, the Internal Assessment averaged 1 point higher
- Both Assessments identified these elements in "Support and Sustain" quadrant
 - 2.1 Identification/Surveillance
 - 2.2 Emergency Response
 - 2.3 Laboratories
 - 5.4 Emergency Plan
 - 6.1 Review Laws
 - 6.3 Enforce Laws
- "Focus on Improvement" only showed 3 common elements
 - 6.2 Improve Laws
 - 7.2 Assure Linkage (personal health)
 - 9.3 Evaluation of Local Public Health System
- Three standards were identified as "Focus on Improvement" in the Community assessment, but were identified as "Sustain & Support" in the Internal Assessment
 - 3.1 Health Education/Promotion
 - 3.2 Health Communication
 - 4.2 Community Partnerships



- LPHSA Session Handout

COMMUNITY HEALTH COLLABORATIVE



WHAT:

A partnership of healthcare and area organizations in Boone and Winnebago Counties that are working together to improve the health and well-being of our communities through collaboration, innovation, and promotion of data-driven, evidence-based practices.

WHY:

By working together, partners share resources and data to more effectively identify and address health needs in the community and the overall health goals for the coming years.

HOW:

The partnership is working together to conduct a Community Health Assessment to identify resources, needs, and opportunities to improve the overall health for all Boone and Winnebago County residents.

Collaborative Members

- Boone County Health Department
- Mercyhealth
- OSF Healthcare
- Rockford Regional Health Council
- R1 Regional Planning Council
- SwedishAmerican Health System
- Transform Rockford
- United Way of Rock River Valley
- University of Illinois College of Medicine at Rockford
- Winnebago County
- Winnebago County Health Department

COMMUNITY HEALTH ASSESSMENT

WHAT:

A process for measuring the impacts that local resources or influences have on resident's health and for identifying health needs in the community.

WHY:

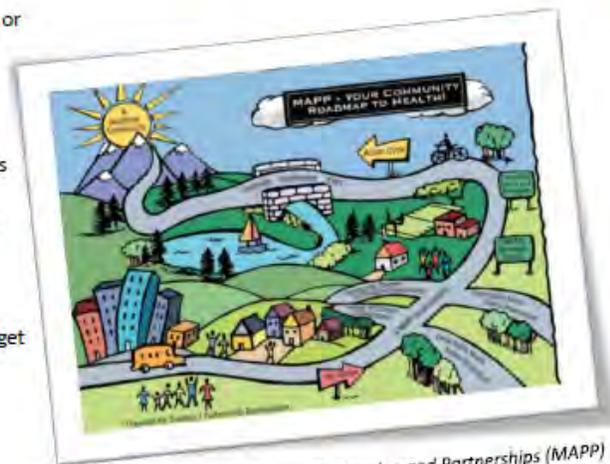
To improve the health and well-being of our communities by working together to address the identified health priorities through data-driven, evidence-based practices.

HOW:

Hold community conversations, conduct surveys, and review reports to collect data, assess impacts on health, get feedback from the community, and prioritizing health goals.

ASSESSMENTS:

1. Community Health Status
2. Local Public Health System
3. Forces of Change
4. Community Themes and Strengths



Mobilizing for Action through Planning and Partnerships (MAPP) framework used to conduct the Community Health Assessment.

Handout Last Updated:
12/26/2019

LOCAL PUBLIC HEALTH ASSESSMENT



THE 10 ESSENTIAL PUBLIC HEALTH SERVICES:

The 10 Essential Services were developed by the Core Public Health Functions Steering Committee convened by the Department of Health and Human Services to describe all of the public health activities that should be undertaken in all communities. All public health responsibilities (whether conducted by the local public health department or other organizations within the community) can be categorized into one of the services.



These 10 Essential Services, as seen in the “public health wheel” to the left and as listed below, are the framework used in the local public health system assessment tool. These are the services that we will discuss in more detail and assess how well we are performing and providing to our community. Please take a minute to review these.

THE LOCAL PUBLIC HEALTH SYSTEM:

There are many different organizations and entities that contribute to a local public health system’s delivery of the 10 essential services. To get a better sense of the local public health system, think about the following questions:

- Which Of The 10 Essential Services Does Your Agency Or Organization Help Provide For The Community?
- Who Else In The Community Helps In Providing Or Conducting These 10 Essential Services?

Your organization and many others, are our public health system partners and collectively we deliver the 10 essential services to our community. It is crucial that we have a broad representation of public health system partners involved in the performance assessment process at the 2020 Local Public Health Assessment.

Your participation in this unique public health system assessment is invaluable. Together we will determine how well we are delivering these essential services to the residents of our community.

10 ESSENTIAL PUBLIC HEALTH SERVICES

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

Handout Last Updated:
12/26/2019

• LPHS SWOT TABLE-TOP ESSENTIAL SERVICES DISCUSSION NOTES

LOCAL PUBLIC HEALTH ASSESSMENT			
Essential Public Health Service #1: Monitor Health			
Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities
Reporting communicable diseases, flu rates, collaborating with multiple organizations to get data	Displaying the data to the public Data can be difficult to find updated/current can be 3 years+ old before we receive it. Time consuming to update the information. Red tape to get the soical aspect of health(law enforcement, HIPPA)	Continue Collabortaing with other org.	Standardization of survey questions Social determinants(reading level) reporting system to create a full picture of health. Community dash board to grant access to health info.
	Standardization of questions asked on surveys.	measure % of students that are involved in an extra curricular - survey	Plan for retention in invlovement. Create committee within schools. IYS Trauma training for coaches, etc.
	Student involvement in community - need for positive involvement.		
Lot of data collection tools Relationships developed between agencies -unofficial contacts call directly	no one shares how is data disseminated duplication of services need more communication/collaborations need more awareness of what each agency does.	Create database - of agencies of one central place to compile data	A system of care
at transormational time-looking more at opportunity to educate & advocate for our population. Partnerships More excited about results of study this year= more robust. 1st time all systems are doing it together.	Still don't link together we ask people to define priority.But the time it takes is too long.	Strengthen dissemination This process will help us understand weakness how can we use the data book to determine what's current? More robust this time we are ceasing an opportunity to help better shape the utilization of data WCHD going to 3 Yr. instead of 5 yr. plan Staying on consistent cycle to speak on same page.	
Hospitals individual health focus Having so many players Collectively as a group we all collect inf. & data Health dept. available for some Hospitals more visible healthcare partner. Hospitals have a lot of data collected.	Hospital involvement in disaster response/ lack of representation in major role Healthcare owned by larger systems. As collective group inf. is not shared enough. Hospitals could share more data.	Dashboard Opportunity promotion of local public health system"public health" promoted as place for overall health of individuals & families & communities .Broad spectrum of health.	Dashboard Advocate of 1 organization be data gate keeper & input.
Ability to assess *Collaborate & Varied group. Technology to collect the datae & distribute. Ind.agencies are doing their part to collect data.	Ind. Agencies face barriers to distribute the data effectively. More co ordination opportunities for, Lack of resources, Need for therapists- mental, speech, occupational state report collection happening, county report & collection not happening, i.e. immunization submitting to state but not to county diff. school systems	continued opportunities to come together with other community organizations. Tab on website w/ org. data. Health Dept. collecting comm. Data to distribute to comm. More data sharing.	"Health report" a 1 a School report in real estate may be by zipcode? Broken down.
Surveillance of disease. Education on vaping, heroin over dose, CD, LT facilities.	Have not seen data. We need input from providers use for grants. We don't know how the data is being used for essential health services.	Improve the communication of the data gathers & those who need data.	Create task force. Dedicate more time on looking at the plan to design our strategies. Create sub-groups to address each of the issues.
Hospitals/Clinics LHD Emergency Trauma Care Trust in system	Does not hear from LPHS Difficult to find (0 longer print driven) Inability to attract providers (schools, Crimes) Reactive mistrust , Fact/Fiction Robust- system of care.		
Cold & flu season Communicable diseases Rockvalley clinic Highschool Campus clinics Technology/Social media	More kids should be vaccinated from flu 25% of the people actually read information that is available	More flu vaccines made available More inf. on things flu related More campus clinics	
Good job collecting, stats. sharing	Why does it take so long for data to reflect curnet stats?(Data takes to long to be published) Accessible (Meaning,understandable, quality Education level) Some areas of county dont have access to Health services. Elderly & Imprverished.	Making data Accessible-----Home visiting for elderly Advocate agency for elderly.	

LOCAL PUBLIC HEALTH ASSESSMENT			
Essential Public Health Service #2: Diagnose and Investigate			
Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities
Health Department command center	Community training of how to handle emergency situations	Tips or recommendations passed to new homeowners/ tenants for emergency preparedness	Continuity of care (relaying information to PCP)
Coordination between hospitals and emergency responders - between cities	Emergency preparedness items set aside at community level	Support for survivors of overdoses	Ongoing surveillance and updating of plans
Workplace drills for employee preparedness	Media response	Want to be informed about whats going on. Rewards for doing what you are suppose to do	Better maintenance of existing databases
Good system of reporting Region 1 is successful	Is the community aware of the systems that are in place?	Need points of contact for people (consumer)	More communication with community to educate on preparedness on an individual
Schools have active shooter drills	Suicides/overdoes	Continued use of coalition to train, drill, and help all entities to think about current plans and how to address	Connection of dots of resources
Information coming from sources that we know and trust	Don't think about people who don't have access to phones or unable to communicate/understand	Increased networking and community information database	
Response is good	Don't know who would respond to major issue	Sharing of resources and training opportunities	
All agencies are well coordinated with FEMA	Consumer has no concept of community/public health	opportunity for larger health system to train smaller orgs and show they fit in the emergency response web	
Training and northern coalition that provides training. Mercy coordinates training and drills	Challenge of bringin all LPHS entities together	Do college students have to be vaccinated	
Response plans are written and put into place	Learning by other systems has veeb slow but have been awokened to crisi management plans	Emergency APP / text number to notify of disasters	
Drills are based on hospitals evaluations and past occurrences	Entities like nursing homes still don't have all pieces in place in plans		
Having to look at variety of disaster plans vs years ago	Difficult to express services available		
Disaster training at every level in a major health system	Proctols are in place but communication isn't strong		
Individual agencies are doing their part	Refreshers are necessary		
When it comes to ER prep. Mercy Health command center we gather for drills	Community does not know of work, organization of dealing with an ER		
OSF SAH ER response	We need to educate community		
Systems comes together	Capacity is not local		
Communicable disease	Lack of training		
RVC active shooter training	Communicable disease		
EMS arrives promptly after 911 call	Prepardness for outbreaks or disasters		
	Notifications of disasters/outbreaks		

LOCAL PUBLIC HEALTH ASSESSMENT			
Essential Public Health Service #3: Inform, Educate, Empower			
Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities
Risk training (awareness)	Who offers training across the LPHS	Identify training opportunities for LPHS	Get everyone on board about what the LPHS (Funders and Comm.) Everyone is a part
Staff knowledge on topic is great	Not enough classes/facilitations on emergencies	Groups going out to discuss ER plan	Better opportunities for education (active shooter classes)
WCHD Incident command training	During a real active emergency, no way to be 100% prepared	More drills	Attempt to get more people engaged
Stop the bleed training	Too many workers deny/waive getting shots	Have a coordinated community message	Certs. For emergency preparedness
Access to media	More competition vs collaboration	More strategic collab. When trendy topics come up	Engagement of community
Superintendent reprt training	No vice reporter	More variety topics to focus on (so not all focusing on vaping, marijuana.)	Use more social media and agency website
Planning	Qualified individuals for maintaining social media No practice of risk drill	Create a central dispository for information	Implement a training
As individual organizations we do well	Need more communication as collective	TV, newspaper, radio been around and all peopl don't get info: Look outside box (face to face, scial media, presentation)	Emergency communication plan b/w orgs- no tech/ lack of access to electricity
Drills	Limited resources	Technology is changing, how can we get info out in fun way (storytelling, case studies from other community, human stories)	Reevaluating how to educate in different systems
Phone/ ER Alerts	Need frequent tips	Find resources that would be knowledgeable about comm. Strategy for populations	Designate health issues to empower people to look out.
WCHD helpful in idetifying mealsles case, providing guidelines and "keeping a lid on it.	We need to connect dots, what organizatiois are doing to plan for ER prep	Coordinate communications	Technology training (Facebook, Amazon)
Large health systems good at using media	Lack of training	Have partners push each others messages	Distributiohn at individual level
Agencies getting better about putting info out	Accuracy and information		Ways to market info (Want to know needs to be developed)
Trend/data topics: collaboration, training	Public perception		Different forms of communication and literacy levels.
Many opporinunities to communicate notices on phone: weather/ amber alerts	Accurate info- misinfo		How fast can people learn it, see it, know it.
Great job of identifying issues	Trend/data topics- over saturation, compassion/ information fatigue		Focus on prevention of emergency issues vs when outbreaks occur
Resources exist	Moore coordinated ER communication plan- what if no access to electronics		Help promote resources amongst partners better.
Free webinars for community on health topics by UIC, hospitals	Language barrier to recieveing info		
Experts in community	Social media limiting		
Organizations can target based on expertise	All info not factual		
Health dept. picks up other groups not targeted by healthcare systems.	Education/ Literacy levels		
Health alerts.	Public unaware unless severe risk		
	Local events promoting health not well publicized		
	Community input of what they would like to attend		
	Materials need to be at level everyone can understand		
	Intervening at an earlier point during a disaster		
	Social barriers to deucation in schools and faith based organizations		
	Improve communication		
	Emergency broadcasting sytem- is there specific scenario planning for public health crisis		
	Are there ID "go to" people. Are systems connected at those pts of contact		
	Is the system committed to shared resources?		
	System of care vs caring system		
	Some organization work really well, others do not have communications plan.		
	Health alerts/communications not coordinated as well betwn healthcare systems and health dept as was in past due to divides and personell changes		
	Partners don't push each others messages out.		

LOCAL PUBLIC HEALTH ASSESSMENT			
Essential Public Health Service #4: Mobilize Community Partnerships			
Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities
Awareness and effort to collaborate on health issues within the community.	Priorities of individual organizations make it difficult to collaborate	Create one shared goal	Companies having a general email/phone number to contact that isn't employee dependent
The unofficial collaborations agencies working together, no recognition, there to get the job done.	Maintaining a contact list of organizations in the community	Identify real life opportunities to make an impact	Collaborating with other organizations about who to keep in contact with
Strong partners in the area (Health Council X2)	Money and time to correct issues	One "big" meeting per month	Evaluate effectiveness of initiatives and programs after a change has been made
Strong Federally Qualified Health Centers -Crusader	We don't partner to make an impact	Define roles of systems where critical, coming together of backbone organize and focus	Match the goals to the resources
Recently defined collaboration with health council and Public Health, critical first step	"Illusion of progress"	Landscape is changing and health systems are seeing more social detriments of health - offering opportunity for alignments	External forces will bring regional providers together collectively vs individually to policy voice
Little competition among hospitals and Rockford Regional Health Council	More activity based, less results based	State level policy execution	Legislative opportunity to align community health and public health with clearly defined roles
Regional Planning Council helps develop and submit applications	Too many committees doing the same thing	DHS - 120,000 person backlog in medicaid decisions. Absolutely committed to getting through those	RI planning as research partner for survey - researchers who know Winnebago and Boone County
Transform Rockford more "transformational" than in the past, conduits	Overlap, need to talk with one another before making our yearly calendar	Form committee or task force to develop ideas to get more ideas to determine	Program champions should be incorporated into leadership.
Interest in partnerships to help the community by the community	Health systems don't have rational interest in public health, stuck operationally	Need a group to "Lead" focused issues and bring others in (overarching committee and have members push it out)	Change in healthcare community organizations
Lots of committees	Need for communication amongst groups and in community	Identify key people to report out on what is happening in the committee	Sustainability with partnership
Passionate and knowledgeable organizations	Structure of how we form partnerships (issue focused communication is harder)	More clear goals/objectives that already meet	Intranet for social health services network to include :emergency plan, trainings, data, meeting minutes from committees, network, increases reach of information to smaller communities
211 resource line, crisis line =211	Committees need to be talking	Sub groups, remember connection we have made in the past. Share information.	Make a goal for connecting agencies
Communicable Disease alerts, Communication from WCHD		211 needs to be updated	Create forum for communication of public health issues
Willingness to talk	More communication with communities outside of Rockford	CEO's to meet rotation of medical expertise	Development of clinical center excellence
Assessments that have been organized for community partners to come in	Barriers to distributing information, i.e. information to go into the schools		Forming a permanent public health committee
Many partnerships exist in the community	Communication needs improvement	Expand opportunity to participate on partnerships. (Burnout of participants)	Open assessment up to more sectors
	Our community is large so communication is a challenge	Encourage constituents to participate	More consistent assessment. Arrangements such as this one
	Lack of collaboration between hospitals		Coordinated reporting to the community LPHS
	Decision making authority		Create forums for public health issues
	Difficult to work with populations who are impacted		
	What is best for the community is not always considered		
	Reaching out should be more broad		
	Assessments not done often enough, lack of frequency		
	Websites/Content		
	Greater diversity to include larger community members		

LOCAL PUBLIC HEALTH ASSESSMENT			
Essential Public Health Service #5: Develop Policies			
Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities
<ul style="list-style-type: none"> Organizations do well at developing policies and plans for multiple situations 	<ul style="list-style-type: none"> Policies and plans are known within organizations but not the community level Not knowing causes distrust within the community 	<ul style="list-style-type: none"> Outreach with community members for feedback 	<ul style="list-style-type: none"> Communication within community Follow through with policies after creating them Funding requirements aligning with community goals
<ul style="list-style-type: none"> similar to emergency preparedness - do not see weakness good job evaluating situations with acute care may not be aware, but everyone has a role (key players) 	<ul style="list-style-type: none"> prioritizing potential threats how systems are evaluated 	<ul style="list-style-type: none"> identify gaps within long-term care implementing earlier intervention at a younger age improve identification of threats - risk factors 	<ul style="list-style-type: none"> proactive prevention programs improve youth engagement - avoid isolation
<ul style="list-style-type: none"> some agencies are req'd to have and do emergency plans 	<ul style="list-style-type: none"> not all agencies req'd to have emergency prep plans a lot of health related policy is federal. How much we impact the political football more deregulation is backward willful ignorance federally funded meals are expensive as compared to fast food 	<ul style="list-style-type: none"> educate, educate, educate develop vision of what healthy community is <ul style="list-style-type: none"> good people trying to do good for community build a concept of healthy community framework what should we say yes too? 	<ul style="list-style-type: none"> work of RPS and alignment RCD where they applied early development (instrument and mapping - they tried to correlate census trends and other health related data neighborhood approach makes into more actionable
<ul style="list-style-type: none"> Individual health providers do well with own providers/staff on communication 	<ul style="list-style-type: none"> committees/task forces loose interested members dot to lack of communication community takes for granted responsibilities of Health Department and also shift blame for not doing reality of coordination of all systems interacting with WCHD working together is very challenging and individual groups have their on tentacles health systems are not operated locally due to corporate located somewhere else 	<ul style="list-style-type: none"> Educate community on "Health Providers" vs "Health Department" understand roles of Public Health Have leaders at large organizations put a process in place to move policy requests and resources more quickly on decision making for community issues Have more stakeholders (community members) more involved in policy development 	<ul style="list-style-type: none"> Use of incremental Goals and reporting to community about accomplishments to keep interested and motivation going Leaders who are keeping members accountable keep committee members engaged
<ul style="list-style-type: none"> individual agencies have their own polices agency policies are easy to create plans for county wide emergencies policies impact funding - investment from public officials education policy makers 	<ul style="list-style-type: none"> individual agencies have their own policies <ul style="list-style-type: none"> inconsistencies policies impact funding we are assuming there's a "plan" but we are not sure limited resources to fulfill policies 	<ul style="list-style-type: none"> coordinating policies - i.e. communication policies, disaster emergency policies appropriate personnel are helping make the policies <ul style="list-style-type: none"> have the people who will be performing tasks help create policies continue educate policy makers and public officials <ul style="list-style-type: none"> coordinating messages supporting other agencies 	<ul style="list-style-type: none"> community database - up-to- date identifying someone to manage it move involvement of staff who will implement polices check in on claims made in advertisements
<ul style="list-style-type: none"> coalitions communicate well our hospitals are able to work together to respond to ER communication between hospitals re care of pt. with i.e. drug use and TX EMR have helped 	<ul style="list-style-type: none"> need more communication and collaboration 	<ul style="list-style-type: none"> LPHS aid in policy, re: LPHD diverse participation development of strategy to achieve objectives connect dots support work groups for ER response ER protocols testing plan 	<ul style="list-style-type: none"> improve the perspective on ER prep / planning Do the right thing not only follow regulation
<ul style="list-style-type: none"> lots of polices- educational systems 	<ul style="list-style-type: none"> operational plans not always tied to strategic plan funding for implantation of SP/IP understand - just getting by to "react" 	<ul style="list-style-type: none"> Health Systems alignment with Winnebago County Sheriff / Courts / Public Health - etc. 	
<ul style="list-style-type: none"> change in-car smoking laws integrated mobile service Remedies Rosecrance 	<ul style="list-style-type: none"> Not be proactive as a community Opioid Crisis lack of Narcan trainings Lack of support for addiction lack of resources for Mental Health Politics 	<ul style="list-style-type: none"> More Narcan Trainings More Mental Health Resources Being more proactive in addressing community issues 	
<ul style="list-style-type: none"> First Responders have plans 	<ul style="list-style-type: none"> LPHS not at table in planning 	<ul style="list-style-type: none"> How updated are our plans? 	<ul style="list-style-type: none"> Connectivity to bring LPHS together to plan for larger events to the Community Bring Vulnerable Populations to the Table in Planning More involvement of Faith Organizations

LOCAL PUBLIC HEALTH ASSESSMENT			
Essential Public Health Service #6: Enforce Laws			
Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities
Enforcement of public health laws	Challenges in getting ordinances/laws updated/changed	Community education	Better advocacy from LPHS
Attempt to enforce	Regulations dilemma individual rights	Use technology data sorting	Need to know how to improve regulations
Code helps to do the job well, provides health	Ordinances need updating	Review	Get to know what the regulation is
There is a system in place to enforce laws and regulations in health care	Need to review	Ring doorbell for public safety	Dedicated resources to maintain records and follow through
Laws and regulations help to keep the community safer and healthier	Lack future planning in county (5yr, 10yr, capital)	More education for providers about public health laws & what WCHD does with code violators	Internal systems wintin in organizations to check statuses
Actively engaged investigators	Education of public	Open forums, town hall meetings	
Evaluating, educating, enforcing, and taking the lead	Education is needed	Staff meetings with speakers bureau	
Trust	Enforcements of regulations	Continue lobbying & spreading awareness	
Person (resource) was helpful in getting organization into compliance- quick call back	Silos unsure what city & county are doing	Collective impact	
Working together	Lack of documentation to support code enforcement	More education of where to find current laws & policies for both organizations & the public	
Assume our systems comply with certain standards	Not knowing the consequences of not enforcing	Get buy-in from the community members (how policies & laws can effect/impact their lives)	
Systems are always working toward next level of accreditation	Follow-up of agencies and resources to make sure they are enforcing laws and regulations		
Glad the health department is inspecting and protecting vaping- Enforcement	Businesses don't lean favorably on some of the laws		
Having expertise from local health department and state's attorney to know laws	Uncertainty about enforcement with marijuana (DUI, public housing, smell)		
Expertise	Some policies are hard to enforce		
Monitors contracts- audits	Not understanding of public healths laws & enforcement		
More often & more accountability	Various levels & styles of monitoring (wide range of possible results, very subjective, depends on who is monitoring)		
Evaluations	Always more funding & resources are needed		
Organizational support from other agencies who advocate for the services & programs provided	Support from government officials		

LOCAL PUBLIC HEALTH ASSESSMENT			
Essential Public Health Service #7: Link To/Provide Care			
Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities
Families who assist.	Difficult to determine who needs	Re-entry	Centralized database.
Everyone is willing to assist and refer.	People who will help.	Tax breaks	MH tax to increase opportunities for services.
Doc- has programs.	Lack of services and access.	Follow-up on referrals and developing relationships.	Connecting more with kids who are entering secondary education.
Chamber of Commerce	Lack of resources.	Look at demographics when determining next steps/where services are offered.	Break negative stigma of needing assistance - medical, mental.
When you are able to link to services, there is cooperation and willingness to help serve.	Lack of case management.	Behavioral health counselors at sites inside of Crusader.	Time consuming to follow-up, unless it becomes a priority within the organizations and time is allowed for the follow-up.
Having a contact person.	Not knowing what is available to link people to.	A navigator for services.	Web-based resource center with OTD info + providers.
We have Crusader, which connects with a lot of agencies.	Unknown eligibility criteria.	More outreach.	Connecting people with available resources, making them known.
Anyone can access care at clinics, such as Crusader.	Can't get a referral without access.	Esther Duflo (Nobel Prize Winner) for social interventions--vaccination in Pakistan/India. Offering families lentils to encourage immunization, resulting in children in those villages to be more likely to be immunized. What kind of incentives for long term + short term? How do we get by in + get patients to do services? Incentive to get to the next agencies. Earn for them to come--takes to long--instant gratification.	Finding doctors/dentists who could serve patients with medical cards, a certain quota/percent of their patients.
Elementary level has a lot of resources.	Fear to get a referral.	County-wide transportation world/not flexible. (Uber better?)	Share information that is available to the public (advertise); refer.
Informal relationship	Changeover of staff.	Accessibility at bus stops -- some are in grass.	Mental health services.
A lot of resources + most of the organizations know the resources.	Lack of centralized database.	Educational pieces to inform community about the resources that are available.	Fill gaps for secondary education in schools for kids -> attendance.
Empowering them by teaching and showing; time.	Duplication	Libraries, pharmacies, grocery stores.	Medical-legal partnership.
United Way 211 systems + current database keeps it updated.	Availability of services.	Recruit and retain specialists in the area.	Schools & hospitals
County experts at organizations who ca	Restricted services based on insurance and political forces.	Provide higher/competitive wages.	Existing systems that can facilitate partnerships; utilizing these systems better.
Hospitals offer public services to help individuals get signed up.	Accessibility/location of services.	One third of child care dollars subsidized are going unused -> a capacity issue -> standard. Work on this to improve childcare barrier + access.	
Health community aware of barriers to assist.	Transportation issues.	Broaden the perspective of an "emergency".	
Adding community based healthcare in schools.	From the school system perspective, families still don't get linked to services because of lack of communication between agencies.	Small delegations meet with community liasons. Educate available services to partner with local public health system.	
Crusader downtown; more locations; easy access.	Language barriers.	Improve communication between agencies.	
Skype counseling to provide access in all areas.	Are we referring appropriately for mental health + services are limited.	Educating public about services available.	
College level classes in high schools.	More social workers in secondary education.	Policy of rescheduling missed appointments to address follow-up issue/weakness. Coordinated social service referral system.	

LOCAL PUBLIC HEALTH ASSESSMENT			
Essential Public Health Service #7: Link To/Provide Care			
Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities
Food Pantry	take services from the government if they are undocumented.		
Northern Illinois Food Bank	The formal coordinator.		
LiHeap	Relationship with agencies + all clients being referred.		
Catholic Charities	The agencies who just check off the box to say they made a referral.		
Rescue Mission	Certain agencies don't know what other case managers can help them with.		
Carpenter's Place	Follow through to see if person got through process or to see if they got		
Remedies	Need to individually advocate for people		
Carrie Lynn Children's Center	Not always use acronym - What is familiar to us might not be familiar to them, especially if new to the area.		
Lifescape	Communication + overlap between		
Coordinated intake improvement.	Maintaining experience.		
Hospital mergers.	If agency does call, doesn't mean all the time.		
Crusader- clinic available to public.	Staff at local organizations don't know community resources.	ADDITIONAL WEAKNESSES	
Crusader offers behavioral health counselors.	Lack of outreach to inform community of local resources.	Accessibility	
Local health department is good at connecting to services once identified.	Lack of education of local community organizations.	Governmental changes.	
Working toward education/educating more.	Shortage of resources: OT, mental health. Have to see primary, no specialized care.	People falling between the cracks.	
There are a ton of resources available, but they just need to be connected.	Transportation, pecto, hospitals, etc. on east side of town.	Loss of coordination.	
	Not meeting all demographic needs.	Access to new hospital.	
	Lack of insurance coverage for mental	Transportation barriers.	
	Lacking dental, eyes, need to seek specialization in Chicago.	Language barriers with Rockford becoming more diverse.	
	System isn't always a system -> if patient is picked up.	Safety/security in Rockford.	
	Same coverage, but how you get it is	Politics	
	Transportation	Communication barriers.	
	Availability	School - lost in process.	
	Transportation	There are some that don't know what's available.	
	Buy-in from clients.	Identifying is the weakness.	
	System wide understanding of why follow-up might be limited/difficult. Has gotten a bit better.	No screening, legal perspective is that screening needs to be built into regular care.	
	All agencies working together.	Often individuals are working during the normal hours of operation of many agencies.	
	Transportation availability.	Disabled population struggling with mobility.	

Community Themes and Strengths Assessment

- Community Themes and Strengths Healthy Community Executive Summary



EXECUTIVE SUMMARY

This document provides an overview of the findings from the 2020 Healthy Community Survey commissioned by the Rockford Regional Health Council, in conjunction with the Community Health Collaborative, and conducted by Region 1 Planning Council. The report includes an overview of the general demographics of the region and the survey sample as well as a detailed analysis of the survey findings related to the Rockford Regional Health Council's Key Focus Areas. The complete 2020 Healthy Community Study is available at www.rockfordhealth.org. The report's target area includes the Rockford Region, comprised of Winnebago and Boone Counties.

ROCKFORD REGIONAL HEALTH COUNCIL

The Rockford Regional Health Council (RRHC), (formerly known as the Rockford Health Council) was founded in 1982 as the Rockford Council for Affordable Health Care, a 501(c)(3) nonprofit organization whose purpose is to promote better health for the residents of North Central Illinois. The mission of the RRHC is to improve community health in our region, through data gathering and analysis, education, and advocacy. The Rockford Regional Health Council's vision is to be a catalyst for collaboration to assure a healthy community with access and quality care for all.

In support of this mission and vision, the RRHC is tasked by its members with the following key activities:

- Provide a community forum where members address health issues through multi-sector collaboration.
- Coordinate the Healthy Community Study to define the community's needs and priorities.
- Support its priorities with well-defined goals and measurable outcomes.
- Have a realistic financial plan for long-term financial stability.

RRHC also spotlights the importance of social and economic factors that influence health and works with partners throughout the community to identify health inequities wherever they exist, promoting improved health outcomes for all.

2020 HEALTHY COMMUNITY SURVEY

The 2020 Healthy Community Survey received 1,677 responses from all of the survey samples combined. The survey had a mixed methodology design that included a random sample survey sent by email and a paper survey distribution that sampled the following:

Figure ES1: Paper Survey Distribution Sites

Schools (3rd Grade Classrooms)	Public Housing Providers	“Pop-Up Event” Locations
Harlem School District	Rockford Housing Authority	Crusader Clinic (4 sites in Winnebago County)
Belvidere School District	Winnebago County Housing Authority	Northern Illinois Food Bank’s Mobile Food Pantry in Winnebago County
	Zion Development	KFACT

The survey was also distributed via Facebook when the survey design plan was interrupted by the COVID-19 pandemic, which precluded us from continuing to conduct the remaining in-person “pop-up events” as scheduled. This is discussed in more detail in Section 1’s Introduction and in Appendix B- Methodology.

REGION 1 PLANNING COUNCIL

Region 1 Planning Council (RPC) is a special-purpose, regional government agency providing cross-jurisdictional, government-to-government collaborative planning services across Northern Illinois. The regional planning model provides an efficient means for promoting a well-informed, comprehensive dialogue that holistically addresses regional issues by fulfilling the needs of government entities for long-range planning, securing and managing grant funding, and analyzing and providing data in support of regional projects and initiatives.

Region 1 Planning Council (RPC) responded to a Request for Proposals (RFP) published by the Rockford Regional Health Council and was ultimately selected to serve as the research partner for the project. The research partner’s role was to conduct the Rockford Regional Health Council’s 2020 Healthy Community Survey (HCS) as part of the overall 2020 Healthy Community Study and, due to its reputation for exceptional analytical and community planning, RPC has convening authority in Northern Illinois and the capacity to collect and analyze large amounts of information. In addition to being a core function of the Rockford Regional Health Council, this project was aligned with RPC’s strategic direction, in that it advances an improved community understanding of health data and goals, which will improve the community’s planning capacity in other areas and facilitate more cohesive and collaborative community planning and development.

STRENGTHS

- Although we would like to see more Hispanic participation in future surveys, in the majority of health indicators, their scores were similar to those of white respondents, indicating less disparity between these two ethnic groups than in others, such as black or multiracial respondents.
- Only about 10% of adults categorize themselves as obese
- Over half of all people reported no limitations in their daily activities due to mental or physical health problems.

- Nearly 70% of people had seen a doctor for a checkup within the last 12 months
- Nearly 60% of people had seen a dentist within the last year
- 80-90% of respondents reported that they were able to get medical care (score of **4** or **5**) when they needed it
- 75% of people in the region reported never having a problem getting their prescriptions because they couldn't afford it
- 80% of people say they can get medical information easily
- Three out of 4 people trust the information they get from their healthcare providers
- In the last 12 months, 85% of people in the region said that they never had to reduce the size of their meals or skip meals due to food insecurity
- Nearly 20% of people did not know if they had mental health/substance abuse insurance or not
- Only half of people in the region reported being able to access mental health/substance abuse care
- Blacks and Hispanics report being able to access medical care less easily than whites
- One in 10 people in the region said that being unable to find a provider that takes Medicaid prevented them from getting needed healthcare
- Blacks in the region have more trouble understanding medical information than any other single race or ethnicity (multiracial people reported the highest rates)
- About 60% of black residents in the region do not trust the health/medical information they receive from their provider
- A total of 13% of people under the age of 18 in the region have been told they have asthma at some point in their lives.
- Nearly half of adults age 45–64 have been diagnosed with chronic digestive or stomach disorders (such as GERD, reflux or Crohn's Disease)
- The survey was also available in Spanish as part of an effort to increase the response rate of Hispanic individuals in the community, and the data was integrated with data from the other surveys. However, Hispanic response rates were still low across all manner of survey collection

WEAKNESSES

- The survey was dramatically impacted by COVID-19. This reduced our survey responses from designated locations in the community, and we had to strategically adapt the survey design to increase participation
- White respondents were more likely to be able to access care (84%) compared to their minority counterparts
- White respondents rated their health more favorably than black respondents when asked to assess their own general health status
- Nearly half of all respondents rated themselves as **overweight**
- About 30% of people said they do not have dental insurance and almost half say they do not have mental health/substance abuse coverage.

OVERALL FINDINGS

Understanding local context and history, it was anticipated that the residents of the region identifying as white in the Report Area would have more access to and options for healthcare. The results of the data analysis reinforced this expectation: there is a racial divide in the report area in terms of access, quality, options, and opinion of care. Looking at the data in aggregate, even accounting for the survey population demographics, the white population clearly has greater access to and options for care.

One of the most consistent trends we saw throughout the survey was the correlation of education level with adverse health outcomes. The relationship was generally inverse, meaning that lower levels of education were associated with higher levels of disease or poor outcomes, but in many of the relationships, the level of correlation was different in those with an associate's degree or higher than the level of correlation in those with some college, but no degree or less. Income had a similar correlation in most areas, most likely because income is correlated with education. For the purposes of this report, we focused on education since education has been proven to result in people getting higher paying jobs.

CHRONIC DISEASE

According to the CDC, chronic disease is defined as, "Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention

or limit activities of daily living or both." The chronic conditions and diseases most prevalent in our community were determined through the survey to be as follows:

- ▶ **High blood pressure, hypertension (20%)**
Demographic trends include:
 - Men
 - Whites and Asians
 - Adults age 45 and older, especially those age 45 - 64
- ▶ **High cholesterol (15%)**
Demographic trends include:
 - Men
 - Whites and Asians; Hispanics more than blacks
 - Adults age 45 and older, especially those age 45 - 64
- ▶ **Arthritis or rheumatism (14%)**
Demographic trends include:
 - Men
 - Asians > Whites > Blacks >
 - Hispanics
 - Adults age 45 and older
- ▶ **Obesity (12%)**
Demographic trends include:
 - Whites & Hispanics
 - Men & Women
 - Adults age 45 - 64
- ▶ **Chronic back pain/disc disorders (10%)**
Demographic trends include:
 - Men
 - Asians & whites
 - Adults age 45 – 64 years of age

BEHAVIORAL HEALTH

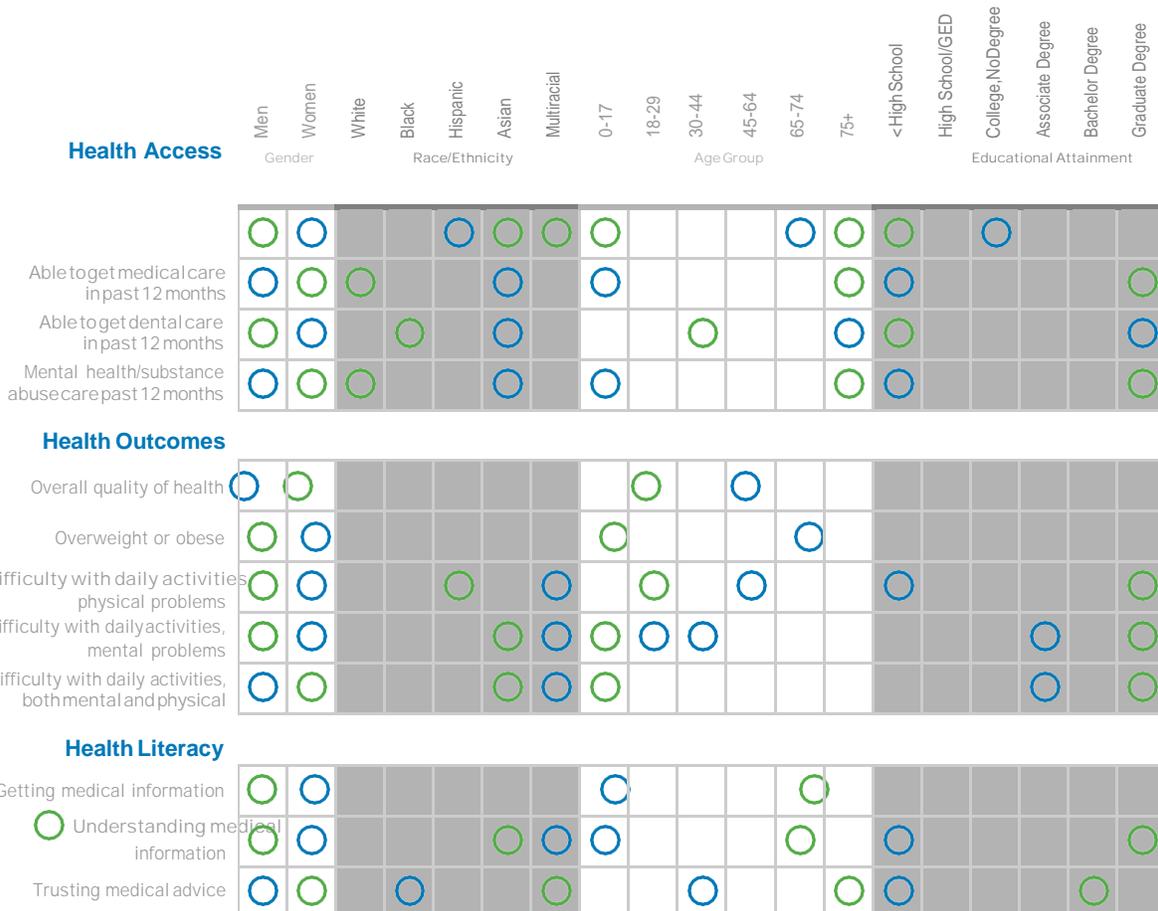
Approximately 60% of survey respondents answered the survey questions about mental and behavioral health. We observed that the self-reported zip codes reported by respondents who answered these questions were varied, indicating that there is not a clear tie between neighborhood, and willingness to discuss mental or behavioral health concerns. However, self-reported drug and alcohol use were higher in 61104, 61102 and 61115—all communities known to have lower median household incomes and lower levels of education.

This suggests that there may be a relationship between behavioral health and one of the characteristics prevalent in all of these areas.

Interestingly, there was a trend in skipping certain questions; white respondents selected *prefer not to answer* far less frequently on questions related to substance use than all other racial groups. Additionally, those with less than a high school degree and women reported prescription drug use more often.

Figure ES2: Summary Table: Comparison of Findings Between Demographic Groups

This chart shows the demographic group with the highest and lowest performing scores in each of the survey items listed below. Blue indicates lowest performing score and green indicates best performing score. Where two or more groups within a demographic category share the highest or lowest score, both are filled in.



7-13. Not including you, how many other people in each age group live in your home? *(Enter number of people in each group)*

- | | | | |
|-----------|--------------|-----------|--------------|
| 7. _____ | Ages 0 – 12 | 11. _____ | Ages 45 – 64 |
| 8. _____ | Ages 13 – 17 | 12. _____ | Ages 65 – 74 |
| 9. _____ | Ages 18 – 29 | 13. _____ | Ages 75+ |
| 10. _____ | Ages 30 – 44 | | |

14. What is your total annual household income (from all sources)?

- | | |
|---|--|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> \$35,001 - \$50,000 |
| <input type="radio"/> \$10,001 - \$15,000 | <input type="radio"/> \$50,001 - \$75,000 |
| <input type="radio"/> \$15,001 - \$20,000 | <input type="radio"/> \$75,001 - \$100,000 |
| <input type="radio"/> \$20,001 - \$25,000 | <input type="radio"/> \$100,001 or more |
| <input type="radio"/> \$25,001 - \$35,000 | <input type="radio"/> Don't know/not sure |

15. The employment status of the adults in my home is: *(Mark all that apply)*

- | <u>You</u> | <u>Other Adult</u> | |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Self-employed, full time |
| <input type="checkbox"/> | <input type="checkbox"/> | Work a full-time job only |
| <input type="checkbox"/> | <input type="checkbox"/> | Work a part-time job only |
| <input type="checkbox"/> | <input type="checkbox"/> | Work two or more jobs |
| <input type="checkbox"/> | <input type="checkbox"/> | Work seasonally or part of the year |
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployed, looking for work |
| <input type="checkbox"/> | <input type="checkbox"/> | A homemaker |
| <input type="checkbox"/> | <input type="checkbox"/> | A student |
| <input type="checkbox"/> | <input type="checkbox"/> | Retired |
| <input type="checkbox"/> | <input type="checkbox"/> | Disabled |
| <input type="checkbox"/> | <input type="checkbox"/> | Not employed, not looking for work |
| <input type="checkbox"/> | <input type="checkbox"/> | Other <i>(please specify)</i> _____ |

16. Do you own or rent your home?

- Own
 Rent
 Stay there without paying rent
 Homeless
 Other *(Please write in):* _____

COMMUNITY ASSETS, ISSUES & CONCERNS

17. Which community assets are most important to you? *(Mark all that apply)*

- Activities for seniors
- Activities for teens
- Duplication of programs, agencies
- Help coping with death
- Job training, retraining
- Substance Abuse/Mental health services
- Services for people or families in crisis
- Services for developmental disabilities
- Special education for children
- Support for caregivers, elderly, disabled
- Programs to create a safe, healthy, clean environment
- Other *(please write-in):* _____

18. Which community issues and concerns are important to you? *(Mark all that apply)*

- Child abuse
- Obesity
- Gangs, delinquency, youth violence
- Substance abuse
- Violence, guns
- Need for affordable housing
- Neighborhood safety
- Domestic violence
- School graduation rates
- Teen pregnancy
- Homelessness
- Economic discrimination
- Crime
- Racial discrimination
- Unhealthy environment (i.e. poor air quality)
- Mental health
- Literacy, ability to read
- Other *(please write-in):* _____

19. Which 3 things should we work on to make the Rockford Region one of the Top 25 communities in the U.S.? *(Mark Exactly 3)*

- Access to healthcare
- Police, Fire and Emergency services
- Clean environment
- Better schools
- Arts and culture
- Walkable, bikeable communities
- Parks and recreation
- Good jobs and healthy economy
- Reduce bullying
- Faith based services
- Public transportation
- Lower violent crime and safer neighborhoods
- Affordable housing
- Science, Technology, Engineering, and Math (STEM) education
- Early childhood services
- Services for seniors
- Health related education
- Homelessness services
- Other *(please write-in):* _____

Circle one number for each question

20. Overall, how would you rate the community as a place to walk? Would you say it is...?

1.....2.....3.....4.....5
 | | | | |
 Terrible Okay Very Nice

21. Overall, how would you rate the community as a place to ride a bike? Would you say it is...?

1.....2.....3.....4.....5
 | | | | |
 Terrible Okay Very Nice

22. In general, would you say that the people you know in the community are...?
 1.....2.....3.....4.....5
 | | | | |
 Terrible Okay Very Nice

23. How do you buy your fresh fruits and vegetables? *(Mark all that apply)*
- Drive my own/my family's car
 - Walk
 - Ride the bus/public transit
 - Get a ride from someone
 - I have them delivered
 - I don't buy fresh fruits & vegetables
 - Ride my bike
 - Taxi/Uber
 - Community garden
 - Other: *(please describe)*

HEALTH CARE ACCESS

24. Is there a certain person or place that you usually go to for health care? *(Mark the one that best applies)*
- A doctor's office or private clinic
 - The county health department
 - Crusader Clinic
 - Veteran's Affairs (VA) Hospital or clinic
 - Urgent/immediate care/Emergency Room
 - Hospital emergency room
 - Retail clinic (Walgreens, Wal-Mart, etc.)
 - Virtual healthcare provider
 - No, I don't have a regular doctor or clinic
 - Other *(please write-in):* _____

25. Do you have insurance that pays all or some of your health care costs? *(Mark one for each column)*

	<u>Medical</u>	<u>Dental</u>	<u>Mental Health/ Substance Abuse</u>
Yes, I have insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No, I do not have insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not Sure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I Don't Need/Want Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF YOU ANSWERED: NO, NOT SURE, OR DON'T NEED/WANT INSURANCE, skip to Question 26

25(a) IF YES, what kind of insurance do you have? (Mark all that apply)

	<u>Medical</u>	<u>Dental</u>	<u>Mental Health/ Substance Abuse</u>
Private medical plan through work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private medical – individual plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid (Public Aid)/ Family Care / All Kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Plan and Family Care/All Kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare with supplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military (Veteran’s Affairs (VA) / TRICARE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I Don’t Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please write-in)	_____	_____	_____

26. In the past 12 months, have you been able to get medical, dental, and/or mental health/substance abuse care? (Circle one for each question)

Medical Care 1.....2.....3.....4.....5
 | | | | |
 I could not get care I could sometimes get care/ Not sure Yes, I could get care

Not Applicable/Did Not Need/Want Care

Dental Care 1.....2.....3.....4.....5
 | | | | |
 I could not get care I could sometimes get care/ Not sure Yes, I could get care

Not Applicable/Did Not Need/Want Care

Mental Health
or Substance
Abuse Care 1.....2.....3.....4.....5
 | | | | |
 I could not get care I could sometimes get care/ Not sure Yes, I could get care

Not Applicable/Did Not Need/Want Care

- IF YOU MARKED 3, 4, OR 5 ON any question above, continue to Question 27.
- IF YOU DID NOT MARK 3, 4, OR 5, skip Question 27 and go to Question 28.

➤ 27. IF YOU SAID YOU COULD NOT GET CARE (IF YOU MARKED 3, 4, OR 5 ON Question 26) ...

➤ Why couldn't you get medical, dental, and/or mental health care?
(Mark all that apply in each column)

	<u>Medical</u>	<u>Dental</u>	<u>Mental Health/ Substance Abuse</u>
Could not afford it, cost of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor/dentist/provider would not take public aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could not afford deductible or co-pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could not find a doctor/dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could not find a specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long wait for appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did not have child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language barrier, no interpreter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discriminated against by provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please write-in): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. During the past 12 months, have you been unable to get or fill a prescription because you could not afford it?
(Circle one number)

1.....2.....3.....4.....5
 | | | | |
 I could not get care I could sometimes get care/ Not sure Yes, I could get care
 Not Applicable/Did Not Need/Want Care

CORE HEALTH AND HEALTH CARE LITERACY

29. In general, how would you describe your health? (Circle one number)

1.....2.....3.....4.....5
 | | | | |
 Poor Okay Excellent

30. In general, how would you describe your weight?

Underweight About the right weight Overweight Obese Prefer not to say

31. Do you have difficulty with any of the following because of health problems? (Mark all that apply)

Walking or climbing stairs Exercising
 Dressing or bathing Keeping a job
 Concentrating or making decisions

32. In the last 30 days, did physical or mental health/substance abuse problems make it hard to participate in your normal daily activities? *(Mark all that apply)*

	<u>Physical Health</u>	<u>Mental Health</u>
Yes, my daily activities were hard because of my...	<input type="checkbox"/>	<input type="checkbox"/>
No, I had no problem with my daily activities because of my...	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>

33. About how long has it been since you saw a doctor for a checkup?

- Less than 12 months ago
 1 – 2 Years
 3 – 5 Years
 6 Years or more
 Never, I don't have checkups
 Not sure / Don't remember

34. About how long has it been since you saw a dentist for a checkup?

- Less than 12 months ago
 1 – 2 Years
 3 – 5 Years
 6 Years or more
 Never, I don't have checkups
 Not Sure / Don't remember

35. Do you have a hard time getting medical information?

- Yes
 No
 Not Sure

36. Do you have a hard time understanding medical information?

- Yes
 No
 Not Sure

37. Do you trust the medical advice and information that you get from doctors, nurses and dentists?

- Yes
 No
 Not Sure

38. Do you have children between the ages of 18-26 that are covered by your health insurance? *(Please include all children, including older children that don't live with you)*

- Yes
 No
 If yes, how many children? _____

39. Have you or anyone in your household had any public assistance in the past year, like TANF (Cash Assistance), Township Assistance, Public Aid, LIHEAP, Medical Card (Medicaid or Public Aid), Supplemental Security Income (SSI), Disability, or any other types of aid? *(Do not include SNAP, Medicare or Social Security)*

- Yes
 No
 Not sure

CHRONIC CONDITIONS AND DISEASE

45. In the past 30 days, did you smoke cigarettes, cigars, cigarillos or any other tobacco products?

- (a) Yes (b) No, never (c) Prefer not to answer

If answer is "No, never" or "Prefer not to answer", skip to Question 46

➤ 45(a). In the past 30 days, on how many days did you smoke tobacco products?

- 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days
 20 to 29 days All 30 days Don't know

➤ 45(b). Over the past 30 days, on the days you smoked, how much did you smoke per day?

- 1 per day 2 - 5 per day 6 - 10 (1/2 pack) per day
 11 - 20 (1 pack) per day 1 - 2 packs per day Not Sure

46. In the past 30 days, did you use smokeless tobacco, like chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus?

- Yes No, never Prefer not to answer

If answer is "No, never" or "Prefer not to answer", skip to Question 47

➤ 46 (a). In the past 30 days, on how many days did you use smokeless tobacco?

- 0 days 1 or 2 days 3 to 5 days 6 to 9 days
 10 to 19 days 20 to 29 days All 30 days

47. In the past 30 days, have you used any electronic vapor products, also known as e-cigarettes, vapes, vape pens, or mods? This includes JUUL, Vuse, MarkTen, and Blu products.

- Yes No, never Prefer not to answer

If answer is "No, never" or "Prefer not to answer", skip to Question 48

➤ 47(a). In the past 30 days, on how many days did you use electronic vapor products?

- 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days
 20 to 29 days All 30 days Don't know

➤ 47(b). What strength(s) of nicotine do you currently vape with?

- No nicotine 1-6 mg nicotine/mL 7-12 mg/mL
 13-18 mg/mL over 18 mg/mL Not Sure

➤ 47(c) If you used pre-filled cartridges or disposable e-cigarettes (like JUUL, or BLU), about how many do you use per week?

CONFIDENTIALITY STATEMENT

Your answers will be kept confidential. That means that research staff have access to information about who took a given survey, but this information is not available to anyone outside the team. RRHC will never associate a person's personal information with their survey answers in any reporting. When survey results are reported, individual answers are combined together and presented as a group. We will also never associate comments submitted on surveys with your personal information.

48. Do you drink alcohol?

- Yes
 No, never
 Prefer not to answer

If answer is "No, never" or "Prefer not to answer", skip to Question 49

➤ 48(a). If yes, how much do you drink in a day? (1 drink = 1 beer, glass of wine, or shot)

- 1 drink per day or less
 2-3 drinks per day
 4-5 drinks per day
 More than 5 drinks per day
 Prefer not to answer

➤ 48(b). How often do you drink?

- Once a month or less
 2-3 times per month
 Once a week
 A few times a week, but not daily
 Daily
 Prefer not to answer

49. Within the last 12 months, have you used any of the following drugs? ***(Mark all that apply)***

- | | |
|---|---|
| <input type="checkbox"/> Marijuana or other products containing THC | <input type="checkbox"/> Barbiturates |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> LSD or other hallucinogens |
| <input type="checkbox"/> Prescription Opioids (not used as prescribed) | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Cocaine or Crack | <input type="checkbox"/> Other (please describe): _____ |
| <input type="checkbox"/> Heroin | |
| <input type="checkbox"/> Withdrawal-relieving products such as methadone or Suboxone® | |



50-66. Has anyone in your household been told by a doctor or dentist that they have any of the following conditions or diseases? (Write the number of persons in each age group)

Disease, Condition, or Diagnosis		0-17	18-44	45-64	65+
50.	Alzheimer's, dementia, or severe memory impairment				
51.	Arthritis or rheumatism				
52.	Asthma				
53.	Cancer or malignant neoplasms				
54.	Chronic back pain or disc disorders				
55.	Chronic bronchitis, emphysema, COPD, or other respiratory problem				
56.	Chronic digestive or stomach disorders (such as GERD, reflux or Crohn's Disease)				
57.	Heart or cardiovascular disease				
58.	High blood pressure, hypertension				
59.	High cholesterol				
60.	Kidney disease				
61.	Liver disease				
62.	Obesity				
63.	Oral health disease, gum disease				
64.	Osteoporosis				
65.	Stroke				
66.	Other:				

67 - 78. Has anyone in your household been told by a doctor, therapist, or psychiatrist that they have any of these mental health conditions? (Mark number of persons in each age group)

Disease, Conditions, or Diagnosis		0-17	18-44	45-64	65+
67.	Addiction or substance-abuse (alcohol, drugs, gambling)				
68.	Anxiety				
69.	Attention Deficit Disorder or ADHD				
70.	Autism Spectrum Disorder				
71.	Bipolar Disorder (Manic- Depressive)				
72.	Depression or depressive disorders				
73.	Eating disorder (Anorexia, Bulimia)				
74.	Obsessive-Compulsive Disorder (OCD)				
75.	Post-Traumatic Stress Disorder (PTSD)				
76.	Schizophrenia and other psychoses				
77.	Suicidal or self-harming impulses				
78.	Other:				

Thank you for your time!



Appendix D

D. Strategic Issue Prioritization

D. Strategic Issue Prioritization

Community Health Issues Ranking Survey

Community Health Collaborative Strategic Issues

Introduction

this survey is best taken on a computer rather than a mobile device

Thank you for taking this survey. There will be seven pages that give some background on each of the 7 Strategic Issues and allow input on each. Keep in mind that each Strategic Issue connects to the others and to various other cross-cutting factors; feel free to include those ideas in your responses. Answer with whatever information you currently have.

Strategic issues:

- 1) Disinvested and Vulnerable Neighborhoods
- 2) Mental Health System Capacity
- 3) Education and Employment
- 4) Maternity and Early Childhood Care
- 5) Crime, Violence, and Public Safety
- 6) Specific Morbidities
- 7) Health Literacy and Trust

Cross cutting issues include (but are not limited to)

- 1) Social and economic factors including systemic and interpersonal racism
- 2) Lack of access to/quality of care
- 3) Data gaps
- 4) Healthy behaviors
- 5) Language access
- 6) Physical environment
- 7) Workforce development

Please complete the following questions on behalf of your organization!

Disinvested and Vulnerable Neighborhoods

Strategic issue 1/7: Disinvested and Vulnerable Neighborhoods

Disinvested and Vulnerable Neighborhoods are neighborhoods that have high percentages of residents living in poverty, that have poor health outcomes, and that experience negative “social-determinant” health factors such as economic instability, lack of access to clinics, or systemic and interpersonal racism.

As with each of these strategic issues, this is connected to the cross cutting factors from the intro page and to the other strategic issues. Some particularly to consider in this case are economic and social factors including systemic and interpersonal racism, access to care, data gaps, physical environment, public safety and violence, and workforce development. Neighborhood disinvestment also is a foundational cause of most of the other strategic issues, including Education and Employment, Maternity and Early Childhood Care, Crime, Violence, and Public Safety, and Specific Morbidities.

Key data points

- 57.7% of the population has low food access, which is lower than Illinois (61.7%) but higher than the US (52.0%)
- The poverty rate is 14.9% compared to 13.1% for Illinois and 14.1% for the US.
- Rockford has 9 Racially/Ethnically Concentrated Areas of Poverty (R/ECAP) neighborhoods; these are federally-designated neighborhoods with >50% of a racial or ethnic minority and 3x the poverty rate of the MSA (which would equate to 35.1% for Rockford). These 9 neighborhoods also contain most of the federally-subsidized and public housing.
- Income inequality is 0.483 (where a measure of 1 is perfect equality of wealth), just higher than the national average

1. On the following scale, how do Disinvested and Vulnerable Neighborhoods impact 1) length of an individual's life, 2) quality of individual's life, and 3) community health outcomes? *

Large positive impact
Neutral impact
Large negative impact

Length of individual's life

Quality of individual's life

Community health

2. On the following scale, how much does addressing Disinvested and Vulnerable Neighborhoods align with your organization/agency's... *

Does not align well
Aligns very well

...mission?

...values?

3. What are some best practices to address this issue?

4. What are some opportunities in our community to address this issue? I.e. local programs, grants, collaborations etc (indicate if your organization/agency actively engages with this opportunity)

5. How involved do you/your organization want to be in this strategic area? *

- Co-Lead: participate in leadership team to implement strategies and actions
- Collaborate: Lead a work group to develop strategies and actions
- Involved: Join a work group or advisory body to inform strategies and actions
- Consult: Provide feedback or subject matter expertise
- Informed: Stay informed of the work in this area
- Other - Write In

6. Any other thoughts/clarifications?

Mental Health System Capacity

Strategic issue 2/7: Mental Health System Capacity

Mental Health System Capacity includes increasing the current system’s ability to meet demand, expanding services, and improving health outcomes.

As with each of these strategic issues, this is connected to the cross cutting factors from the intro page and to the other strategic issues. Some particularly to consider in this case are social and economic factors including systemic and interpersonal racism that impact trust in or access to these services, workforce development of qualified local providers, and physical environments. System capacity is also related to Neighborhood Disinvestment and impacts Maternity and Early Childhood Care, Morbidities, and Health Literacy and Trust.

Key data points

- From a mental health survey, 50% of respondents were not always able to access mental health care and just over 40% did not report having a health care plan (another survey reported lack of healthcare closer to 30%)
- The top 5 barriers to healthcare reported were not being able to afford deductible or co-pays, the overall cost of care, not having insurance, long wait times, or lack of a specialist.
- There are 167.0 providers/100,000 people, lower than Illinois (230/100,000) and the US (202/100,000)
- COVID-related mental health and substance abuse issues will become increasingly prevalent and people’s ability to access care has and will continue to decrease

7. On the following scale, how does Mental Health System Capacity impact 1) length of an individual’s life, 2) quality of individual’s life, and 3) community health outcomes? *

	Large positive impact	Neutral impact	Large negative impact
Length of individual’s life			
Quality of individual’s life			
Community health			

8. On the following scale, how much does addressing Mental Health System Capacity align with your organization/agency’s... *

	Does not align well	Aligns very well
...mission?		
...values?		

9. What are some best practices to address this issue?

10. What are some opportunities in our community to address this issue? I.e. local programs, grants, collaborations etc (indicate if your organization/agency actively engages with this opportunity)

11. How involved do you/your organization want to be in this strategic area? *

- Co-Lead: participate in leadership team to implement strategies and actions
- Collaborate: Lead a work group to develop strategies and actions
- Involved: Join a work group or advisory body to inform strategies and actions
- Consult: Provide feedback or subject matter expertise
- Informed: Stay informed of the work in this area
- Other - Write In

12. Any other thoughts/clarifications?

Education and Employment

Strategic issue 3/7: Education and Employment

Education and Employment, which correlate strongly to income and health outcomes, are impacted by school success. Success is influenced by home stability or instability, childhood mental health including the effects of bullying, high school graduation rates, and college or career readiness.

As with each of these strategic issues, this is connected to the cross cutting factors from the intro page and to the other strategic issues. Some particularly to consider in this case are food deserts and quality food access, access to care, social and economic factors including systemic and interpersonal racism, safety, physical environment of schools and neighborhoods, economic or social exclusion from higher education, and workforce development. Education and Employment are related to Neighborhood Disinvestment, Crime, Violence, and Public Safety, and Maternity and Early Childhood Care and impact Specific Morbidities, Health Literacy and Trust, and System Capacity.

Key data points

- 13.5% of respondents with less than high school rated their health as poor; this number decreases to only 2.3% for those with a graduate or professional degree
- Of those earning under \$20,000 - \$35,000, 18% report their health as a 1 or 2; of those earning \$35,000 - 50,000, only 6.1% report their health as a 1 or 2
- Children that experience instability are less likely to reach educational milestones or to graduate highschool
- Bullying, including through social media, decreases a child's ability to function in school
- The region's graduation rate is 74.8%, lower than both Illinois (85.7%) and the US (86.8%); within that, Black students graduate at rates 20 percentage points lower than white students.
- There is a lack of training (vocational, trade, etc) for current jobs and many employees have different jobs now than match their job skills
- Many students graduate without being prepared for college or employment

13. On the following scale, how do Education and Employment impact 1) length of an individual's life, 2) quality of individual's life, and 3) community health outcomes? *

	Large positive impact	Neutral impact	Large negative impact
--	-----------------------	----------------	-----------------------

Length of individual's life

Quality of individual's life

Community

14. On the following scale, how much does addressing Education and Employment align with your organization/agency's... *

	Does not align well	Aligns very well
--	---------------------	------------------

...mission?

...values?

15. What are some best practices to address this issue?

16. What are some opportunities in our community to address this issue? I.e. local programs, grants, collaborations etc (indicate if your organization/agency actively engages with this opportunity)

17. How involved do you/your organization want to be in this strategic area? *

- Co-Lead: participate in leadership team to implement strategies and actions
- Collaborate: Lead a work group to develop strategies and actions
- Involved: Join a work group or advisory body to inform strategies and actions
- Consult: Provide feedback or subject matter expertise
- Informed: Stay informed of the work in this area
- Other - Write In

18. Any other thoughts/clarifications?

Maternity and Early Childhood Care

Strategic issue 4/7: Maternity and Early Childhood Care

Maternity and Early Childhood Care begins with informed choice prior to conception, and continues with healthy behaviors during gestation, access to care and nutrition, early childhood development, family support, and ongoing childcare.

As with each of these strategic issues, this is connected to the cross cutting factors from the intro page and to the other strategic issues. Some particularly to consider in this case are access to food, data gaps, public safety, economic and social factors including systemic and interpersonal racism, education for healthy behaviors, and access to clinics. Maternity and Early Childhood Care is highly impacted by Neighborhood Disinvestment, System Capacity, and Crime, Violence, and Public Safety and has impacts on Specific Morbidities, Health Literacy and Trust, and Education and Employment for both mothers and children.

Key data points

- 5.8% of mothers in the region receive late or no prenatal care, which is higher than Illinois (5.4%) but much lower than the US (17.3%)
- 8.5% of babies are born with low birth weight, just higher than Illinois (8.4%) and the US (8.2%). However, the numbers are much higher for Black babies (13.6%), Asian/Pacific Islander babies (9.1%), and Hispanic/Latino babies (7.4%).
- The teen birth rate is 43.5/1000 women/girls age 14-19, higher than either Illinois (35.0) or the US (36.6)
- The infant mortality rate is 7.4/1000 live births, higher than Illinois (6.9) and the US (6.5). For Black children, the number is 16.7 in Winnebago County.

19. On the following scale, how does Maternity and Early Childhood Care impact 1) length of an individual's life, 2) quality of individual's life, and 3) community health outcomes? *

	Large positive impact	Neutral impact	Large negative impact
Length of individual's life	<input type="text"/>		
Quality of individual's life	<input type="text"/>		
Community health outcomes	<input type="text"/>		

20. On the following scale, how much does addressing Maternity and Early Childhood Care align with your organization/agency's... *

	Does not align well	Aligns very well
...mission?	<input type="text"/>	
...values?	<input type="text"/>	

21. What are some best practices to address this issue?

22. What are some opportunities in our community to address this issue? I.e. local programs, grants, collaborations etc (indicate if your organization/agency actively engages with this opportunity)

23. How involved do you/your organization want to be in this strategic area? *

- Co-Lead: participate in leadership team to implement strategies and actions
- Collaborate: Lead a work group to develop strategies and actions
- Involved: Join a work group or advisory body to inform strategies and actions
- Consult: Provide feedback or subject matter expertise
- Informed: Stay informed of the work in this area
- Other - Write In

24. Any other thoughts/clarifications?

Crime, Violence, and Public Safety

Strategic issue 5/7: Crime, Violence, and Public Safety

Crime, Violence, and Public Safety are major concerns in the region, with 24.8% of respondents indicating they perceived their neighborhood as having a lot of crime. Domestic violence, the justice system, the opioid epidemic and other substance abuse disorders, mental illnesses, and concentrated poverty both drive and are the outcome of increasing crime and violence.

As with each of these strategic issues, this is connected to the cross cutting factors from the intro page and to the other strategic issues. Some particularly to consider in this case are economic and social factors including systemic and interpersonal racism both within and outside the justice system, access to care for mental health and substance abuse disorders, data gaps, physical environments, lack of access to economic opportunities and workforce development, and black markets. Crime, Violence, and Public Safety is impacted by Neighborhood Disinvestment and affects Education and Employment, Specific Morbidities, Maternity and Early Childhood Care, and System Capacity.

Key data points

- The violent crime rate is 842.9/100,000 population – double that of Illinois (420.9) and US (416) rates; Winnebago Cty Is 963.2; Boone is 172.7
- Around 25% of respondents rated their neighborhoods as high crime
- 40% of 911 calls are DV related (EDI Data – City of Rockford Police Dept.) and 90% of homicide perpetrators had a history of witnessing DV in their childhood (EDI Data – City of Rockford Police Dept.)
- 15% of inmates in state prisons have a mental illness and 65% have a substance use disorder

28. What are some opportunities in our community to address this issue? I.e. local programs, grants, collaborations etc (indicate if your organization/agency actively engages with this opportunity)

29. How involved do you/your organization want to be in this strategic area? *

- Co-Lead: participate in leadership team to implement strategies and actions
- Collaborate: Lead a work group to develop strategies and actions
- Involved: Join a work group or advisory body to inform strategies and actions
- Consult: Provide feedback or subject matter expertise
- Informed: Stay informed of the work in this area
- Other - Write In

30. Any other thoughts/clarifications?

Specific Morbidities

25. On the following scale, how does Crime, Violence, and Public Safety impact 1) length of an individual's life, 2) quality of individual's life, and 3) community health outcomes? *

	Large positive impact	Neutral impact	Large negative impact
Length of individual's life	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Quality of individual's life	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Community health	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

26. On the following scale, how much does addressing Crime, Violence, and Public Safety align with your organization/agency's... *

	Does not align well	Aligns very well
...mission?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
...values?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

27. What are some best practices to address this issue?

28. What are some opportunities in our community to address this issue? I.e. local programs, grants, collaborations etc (indicate if your organization/agency actively engages with this opportunity)

29. How involved do you/your organization want to be in this strategic area? *

- Co-Lead: participate in leadership team to implement strategies and actions
- Collaborate: Lead a work group to develop strategies and actions
- Involved: Join a work group or advisory body to inform strategies and actions
- Consult: Provide feedback or subject matter expertise
- Informed: Stay informed of the work in this area
- Other - Write In

30. Any other thoughts/clarifications?

Specific Morbidities

Strategic issue 6/7: Specific Morbidities

Specific Morbidities are diseases and health impacts. Cancer, chronic lung disease, obesity, substance abuse, nephritis/nephrosis, accidents, Alzheimer's, and pneumonitis are common morbidities across the region and many are worsening.

As with each of these strategic issues, this is connected to the cross cutting factors from the intro page and to the other strategic issues. Some particularly to consider in this case are care access, economic and social factors including systemic and interpersonal racism, data gaps, physical environment, healthy behaviors, and education. Specific Morbidities are impacted by Neighborhood Disinvestment, Health Literacy and Trust, Crime, Violence, and Public Safety and Maternity and Early Childhood Care and affect Education and Employment, System Capacity, and Maternity and Early Childhood Care.

Key data points

- The age-adjusted death rate from *cancer and malignant neoplasms* (2017 data) is 179.0/100,000 population, higher than both Illinois 163.3 and the US 165.0
- The age-adjusted death rate from *chronic lower respiratory diseases* (2017 data): 50.8/100,000 population (Trend: Worsening overtime) which is higher than Illinois (37.6) and US (40.9)
- Tobacco Usage - Current Smokers (Percent of report area population) – 21.1%, higher than Illinois (18.4%) and the US (18.1%) - Survey Data: 26% of survey respondents indicated having smoked in the past 30 days
- 33.3% of adults report a BMI >30.0; only 9% of survey respondents categorized themselves as 'obese' when asked "In general, how would you describe your weight?"
- Motor vehicle, pedestrian, and unintentional injury rates are higher than in Illinois or the US
- In older people, pneumonitis and Alzheimer's rates are higher than in Illinois or the US

31. On the following scale, how does the current status of Specific Morbidities in our community impact 1) length of an individual's life, 2) quality of individual's life, and 3) community health outcomes? *

Large positive impact	Neutral impact	Large negative impact
--------------------------	----------------	--------------------------

Length of individual's life

Quality of individual's life

Community health outcomes

32. On the following scale, how much does addressing Specific Morbidities align with your organization/agency's... *

Does not align well	Aligns very well
---------------------	------------------

...mission?

...values?

33. What are some best practices to address this issue?

34. What are some opportunities in our community to address this issue? I.e. local programs, grants, collaborations etc (indicate if your organization/agency actively engages with this opportunity)

35. How involved do you/your organization want to be in this strategic area? *

- Co-Lead: participate in leadership team to implement strategies and actions
- Collaborate: Lead a work group to develop strategies and actions
- Involved: Join a work group or advisory body to inform strategies and actions
- Consult: Provide feedback or subject matter expertise
- Informed: Stay informed of the work in this area
- Other - Write In

36. Any other thoughts/clarifications?

Health Literacy and Trust

Strategic issue 7/7: Health Literacy and Trust

Health Literacy and Trust are vital for promoting healthy behaviors and accessing appropriate and timely treatment. However, there are many disparities in accessing, understanding, and trusting medical information. Black, Asian, and Hispanic people report far more difficulty with these areas than white people and only 1/3 of people who are obese describe themselves as such.

As with each of these strategic issues, this is connected to the cross cutting factors from the intro page and to the other strategic issues. Some particularly to consider in this case are healthy behaviors, data gaps, access and quality of care, social and economic factors including systemic and interpersonal racism and language access, physical environment, and public safety. Health Literacy and Trust is affected by Neighborhood Disinvestment, System Capacity, and Education and Employment and impacts Specific Morbidities, Crime, Violence, and Public Safety, and Maternity and Early Childhood Care.

Key data points

- Black and Hispanic people reported more difficulty accessing medical information than white people (8.7%, 8.2%, and 4.2% reporting difficulty respectively)
- Black people reported more trouble understanding medical information than Hispanic or white people (18.1%, 6.6%, and 8.3% reporting difficulty respectively)
- Black, Asian, and Hispanic people report not trusting medical information more than white people (34.1%, 30.0%, 27.9%, and 18.8% reporting a lack of trust respectively)
- Only a third of people who reported BMIs over 30.0 categorized themselves as obese

37. Copy of On the following scale, how does Health Literacy and Trust in our community impact 1) length of an individual's life, 2) quality of individual's life, and 3) community health outcomes? *

	Large positive impact	Neutral impact	Large negative impact
Length of individual's life			
Quality of individual's life			
Community health outcomes			

38. On the following scale, how much does addressing Health Literacy and Trust align with your organization/agency's... *

	Does not align well	Aligns very well
...mission?		
...values?		

39. What are some best practices to address this issue?

40. What are some opportunities in our community to address this issue? I.e. local programs, grants, collaborations etc (indicate if your organization/agency actively engages with this opportunity)

41. How involved do you/your organization want to be in this strategic area? *

- Co-Lead: participate in leadership team to implement strategies and actions
- Collaborate: Lead a work group to develop strategies and actions
- Involved: Join a work group or advisory body to inform strategies and actions
- Consult: Provide feedback or subject matter expertise
- Informed: Stay informed of the work in this area
- Other - Write In

42. Any other thoughts/clarifications?

Quick demographic survey

43. What demographic(s) does your organization/agency serve? (check all that apply and/or input your own) *

- Children/youth
- People with disabilities
- The elderly
- People with low income
- People in/recently out of the justice system
- The general public
- Other - write in

Other - Write In

44. Organization Information

Name of Organization

Contact Person

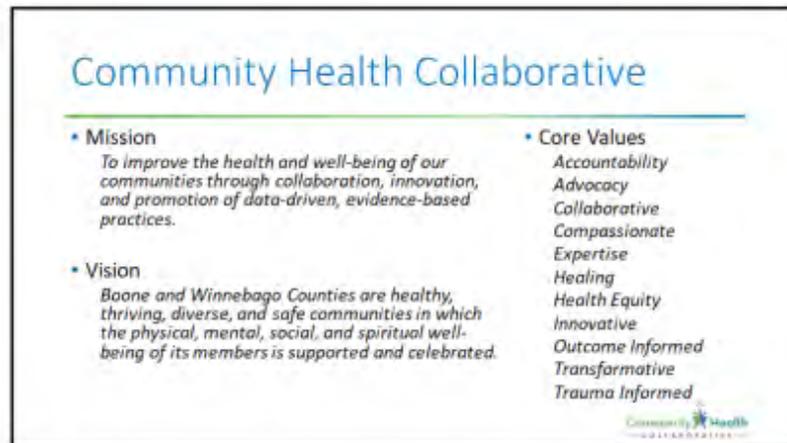
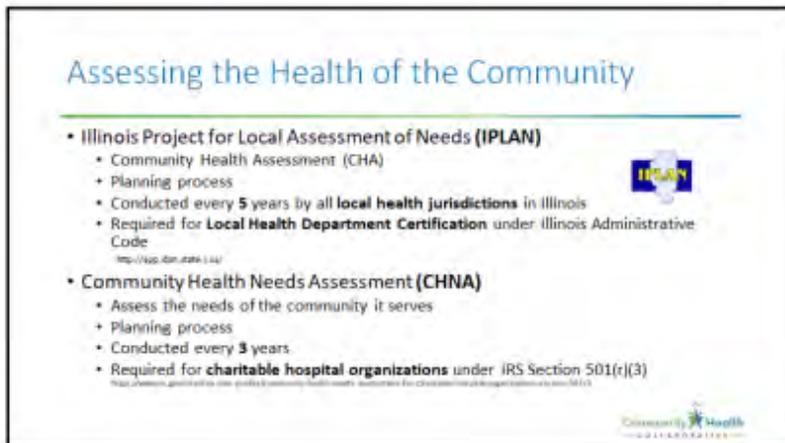
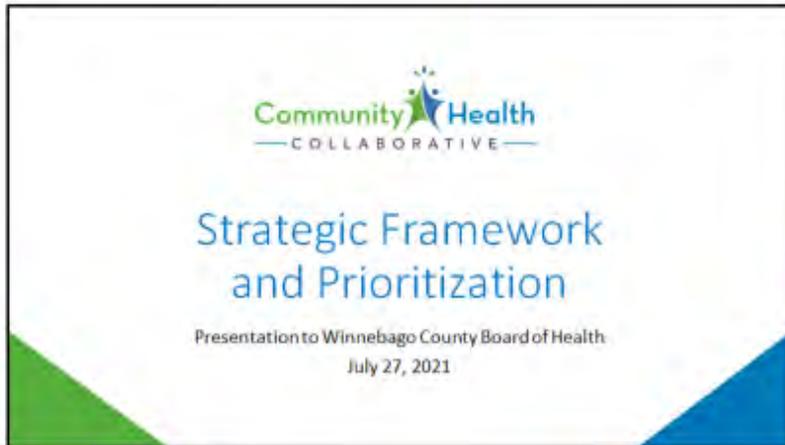
Email

Phone

Thank You!



- Strategic Framework and Prioritization to Winnebago County Board of Health



Steering Committee Member Organizations

- Boone County Health Department
- Mercyhealth
- OSF Healthcare
- Region 1 Planning Council
- Rockford Regional Health Council*
- SwedishAmerican Health System
- Transform Rockford
- United Way of Rock River Valley
- University of Illinois College of Medicine Rockford – Division of Health Policy and Social Science Research
- Winnebago County Health Department*

* Backbone Organizations



MAPP Framework

Mobilizing for Action through Planning and Partnerships (MAPP) Assessments

- Community Health Status Assessment
- Forces of Change Assessment
- Community Themes & Strengths/Community survey
- Local Public Health Assessment



Strategic Issue Identification

- MAPP Assessments were conducted Q3 2019 - Q2 2020
- During Q3 - Q4 2020 findings from MAPP Assessments was used to identify 7 overarching strategic groupings
- Q1 2021 Surveys to help identify highest impact and inform Rockford Regional Health Council Board of Directors



7 Overarching Strategic Issues

1. Disinvested and Vulnerable Neighborhoods
2. Maternity and Early Childhood Care
3. Mental Health System Capacity
4. Violence, Crime and Public Safety
5. Specific Morbidities
6. Education and Employment
7. Health Literacy and Trust

Issues are not ranked in order



Disinvested and Vulnerable Neighborhoods

- *Poverty rate* is higher than Illinois overall 14.9% vs 13.1%
- *Food deserts* impact access; 57.7% has low access compared to US average of 52.0%
- *Food insecurity rate* is 18.1% for children compared to 15.7% in Illinois
- *High lead levels* were detected in 4.2% of Medicaid-enrolled children compared to 3.4% in Illinois
- *Eviction rate* is 3.81% in Winnebago County compared to 1.58% in Illinois



Maternity and Early Childcare

- *Infant mortality rates* have increased and exceed the Illinois rate
- Rates for *Low Birth Weight and Very Low Birth Weight* exceed Illinois percentages
- Percent of *Low Birth Weight for Black births* is 2x the rate for Whites
- Children under 2 years old in Winnebago County have a higher frequency of *elevated lead levels* than Illinois
- *Teen births* while declining overall in Winnebago County, the rate remain higher than Illinois



Maternity and Early Childcare

- Rates of *substantiated child abuse and neglect* have risen and are more than 2x the Illinois rate
- *Child Mortality rate (<18 years old)* for Black children is over 2x that for White children
- Women delivering babies at Winnebago County hospitals have a *higher C-Section rate* than the overall rate in Illinois



Mental Health System Capacity

- There are *mental health provider shortages* in Winnebago County, 167.0/100K population as compared to Illinois 230/100K
- Winnebago County reports a *higher rate of Emergency Room Visits for mental health*
- Survey data reported *barriers to mental health care* include affordability, lack of insurance, long wait times for appointments and lack of providers
- Winnebago County reports higher rates of death due to *Intentional Self Harm* (suicide) than overall for Illinois – 15.7 vs 11.3 (per 100K population)



Violence, Crime and Public Safety

- *Crime index* is 3,543.1/100K population in Winnebago as compared to Illinois at 2,255.5/100K
- *Criminal homicide* rate is 11.3/100K compared to Illinois at 6.9/100K
- *Drug overdose* rates increased in Winnebago County over the past five years
- *Firearm mortality* rate is 12/100K compared to 10/100K in Illinois



Specific Morbidities

- Overall *Age-Adjusted Mortality Rate* is 413/100K in Winnebago County compared to 327/100K in Illinois
 - Black *Age-Adjusted Mortality Rate* is 1.5x the White Rate
- *Age-Adjusted Mortality Rate from Cancers and Malignant Neoplasms* is 179.0/100K compared to 163.3/100K in Illinois
- *Age-Adjusted Mortality Rate from Chronic Lower Respiratory Diseases* is 50.8/100K compared to 37.6/100K in Illinois



Specific Morbidities

- *Tobacco use* in Winnebago County is reported at 21.1% compared to 18.4% in Illinois
- 12.7% of Winnebago County residents have been diagnosed with asthma compared to 9.1% in Illinois
- ER Visits for asthma are highest within city of Rockford Zip codes



Education and Employment

- 13.5% of survey respondents with less than high school graduation rated their health as poor – as compared to 2.3% for those with graduate or professional degree
- Based on income, 18% of those earning \$20,000-35,000 report their health as poor – as compared to 6.1% for those earning \$35,000-50,000
- Fewer Winnebago County residents graduate from high school than Illinois residents
- Black students achieve a bachelor's degree or higher at lower rates than white students (11.5% vs 23.7%)



Health Literacy and Trust

- Community survey results show that *Black (8.7%) and Hispanic (8.2%)* respondents reported more *difficulty accessing medical information* than white respondents (4.2%)
- Black survey respondents reported more trouble understanding medical information (18.1%)* than Hispanic (6.6%) or White (8.3%) respondents
- Black, Asian and Hispanic respondents reported not trusting medical information (34.1%, 30.0%, 27.9% respectively) as compared to White respondents (18.8%)*




Review of IPLAN 2020 Priorities



- IPLAN for 2020 identified the following priority areas
 - Maternal and Child Health
 - Violence
 - Mental/Behavioral Health
- Concept of Trauma underlined the 2020 priorities
 - Winnebago County committed to become a Trauma Informed Community



Align Strategic Issues and IPLAN Priorities

STRATEGIC ISSUES

- Disinvested and Vulnerable Neighborhoods
- Maternity and Early Childhood Care
- Mental Health System Capacity
- Violence, Crime and Public Safety
- Specific Morbidities
- Education & Employment
- Health Literacy & Trust

➔

2020 IPLAN PRIORITIES

- Maternal Child Health
- Violence
- Mental/Behavioral Health
- Strategies to ensure health equity



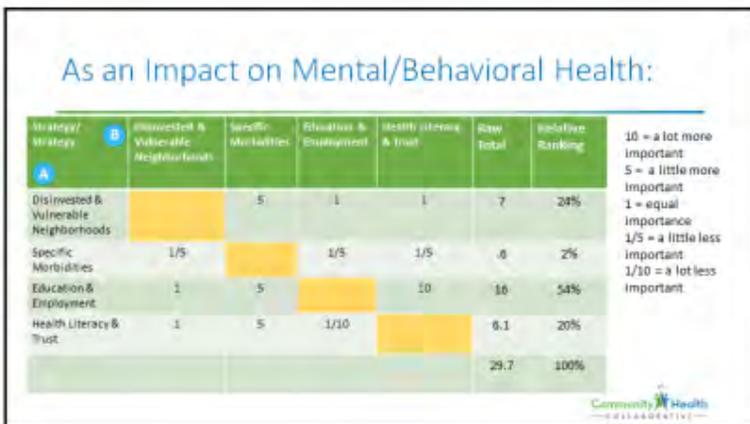
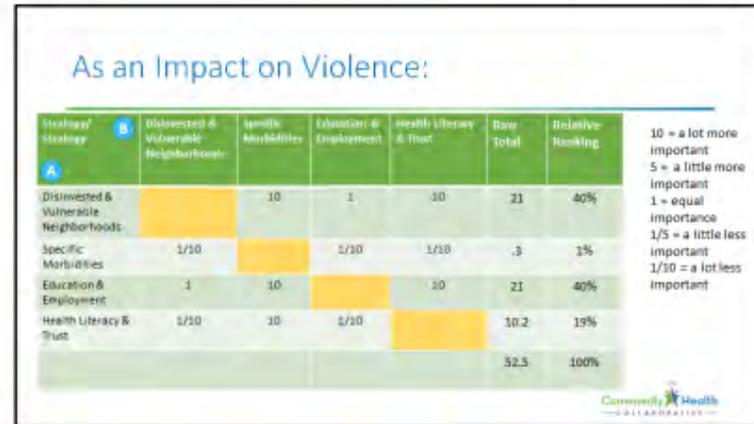
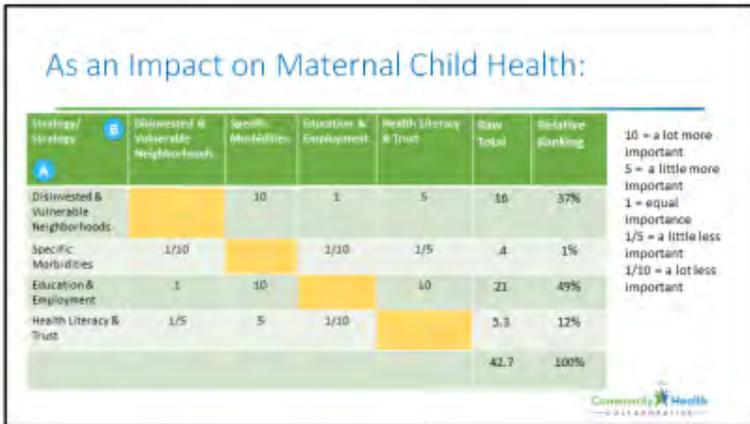
Prioritization Matrix Exercise: As an Impact on...

Priority A	Priority B	Community & Neighborhood	Healthcare	Education & Employment	Health Literacy & Trust	Violence	Maternal/Child Health
Community & Neighborhood	Healthcare	Community & Neighborhood	Healthcare	Education & Employment	Health Literacy & Trust	Violence	Maternal/Child Health
Healthcare	Community & Neighborhood	Community & Neighborhood	Healthcare	Education & Employment	Health Literacy & Trust	Violence	Maternal/Child Health
Education & Employment	Healthcare	Community & Neighborhood	Healthcare	Education & Employment	Health Literacy & Trust	Violence	Maternal/Child Health
Health Literacy & Trust	Community & Neighborhood	Community & Neighborhood	Healthcare	Education & Employment	Health Literacy & Trust	Violence	Maternal/Child Health
Violence	Community & Neighborhood	Community & Neighborhood	Healthcare	Education & Employment	Health Literacy & Trust	Violence	Maternal/Child Health
Maternal/Child Health	Community & Neighborhood	Community & Neighborhood	Healthcare	Education & Employment	Health Literacy & Trust	Violence	Maternal/Child Health

According to how each impacts _____, would you say that:

- A is a lot more important than B = 10
- A is a little more important than B = 5
- A is of equal importance to B = 1
- A is a little less important than B = 1/5
- A is a lot less important than B = 1/10





Next Steps

- Continue Stakeholder Engagement in Prioritization Process
- Compile results
- Develop Action Plans
- Share Results
- Implement
- Evaluate

Questions, Thoughts, Comments



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Appendix E

E. Strategic Plan 2025





E. Strategic Plan 2025

OUR VISION
Healthy people in a healthy community that promotes health equity

OUR MISSION
Prevent disease, promote health, and engage the community to ensure the health of Winnebago County

OUR VALUES
Responsiveness
Community Resource
Expertise
Collaboration

A Nationally Accredited Health Department
Since November 2017




2025 STRATEGIC PLAN

GOALS

1. Focus on Core Public Health

- Advocate for policies that promote population health
- Assess health status of the population
- Assure development and implementation of plans to address health priorities

2. Develop and Enhance Systems to Support Core Public Health

- Engage with community partners to address health priorities
- Organize internally to support strategic initiatives

3. Advance a Culture of Quality

- Maintain and ensure a workforce development plan to support public health competency
- Inform community on public health initiatives and impact
- Maintain or surpass national public health accreditation standards

Last Updated: 04/16/19

