



Winnebago County

Health Department



IPLAN 2025 - 2030







March 18, 2025



Building A Stronger, Safer, Healthier Community

SHARE. SUBMIT.
SHAPE

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EXECUTIVE SUMMARY

This Illinois Project for Local Assessment of Needs (IPLAN) 2025 has been completed by the Winnebago County Health Department (WCHD) using the MAPP (Mobilizing for Action through Planning and Partnership) 2.0 framework. This community health assessment and community health improvement plan provides strategic direction for improving the health of Winnebago County and guides WCHD's work.

WCHD convened a Community Partner Steering Committee and an Internal Steering Committee to provide guidance and oversight throughout the IPLAN process. These steering committees were intentional in their decision to use the revised MAPP 2.0 framework to build and strengthen partnerships, develop effective strategies to address health inequities, and empower the community through this community-driven approach. The Power Primer Supplement of MAPP 2.0 aimed to address the impact of power imbalances on health inequities and resultant health disparities.

Our community's story on what impacts health in Winnebago County is told through the three (3) MAPP 2.0 assessments: Community Partner Assessment, Community Status Assessment, and Community Context Assessment. This story is the basis for identifying priorities and plans to improve the health of the community.

Identifying the three (3) top priorities was not an easy task and required community participants to make hard choices from among many important health issues including social determinants of health. The prioritization process reaffirmed the focus on long entrenched issues that have been prioritized in past versions of IPLAN including 2020 and 2023:

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

Because these are entrenched issues, workgroups exist to address each priority. These current workgroups will be reviewing the strategies organized by Policy, Systems, and Environment and engaging community partners with the power to address these priorities. WCHD cannot do this work alone and needs the support of partners, residents, and government.

We thank the community for sharing their thoughts, challenges, and hopes to help shape a healthier community and for entrusting us with this work.

ABBREVIATIONS

ACS – American Community Survey
AHRQ - Agency for Healthcare Research and Quality
CBO - Community Based Organizations
CHA - Community Health Assessment
CHIP - Community Health Improvement Plan
CCA - Community Context Assessment
CFNIL - Community Foundation of Northern Illinois
CHI - Community Health Improvement
CHNA - Community Health Needs Assessment
CMHSS - Community Mental Health Support System
CPA - Community Partner Assessment
CSA - Community Status Assessment
CSS - Community Support System
DCFS - Department of Children and Family Services
EHI - Environmental Health Improvement
EMS - Emergency Medical Services
ESSI - Equity and Safe Sleep for Infants
FBO - Faith Based Organization
FPL - Federal Poverty Level
FQHC - Federally Qualified Health Center
GED - General Education and Development High School Equivalency
HP - Health Protection
HPW - Health Promotion and Wellness
HRE - Health Research and Evaluation
IDPH - Illinois Department of Public Health
ILPQC - Illinois Perinatal Quality Collaborative
IPLAN - Illinois Project for Local Assessment of Needs
ISBE - Illinois State Board of Education
ISC - Internal Steering Committee
LBW - Low Birth Weight
LPHS - Local Public Health System
LPHSA - Local Public Health System Assessment
MAPP 2.0 – Mobilizing for Action through Planning and Partnerships 2.0

MAT/MAR – Medication-Assisted Treatment/
Medication-Assisted Recovery
MIECHV - Maternal Infant Early Childhood Home Visiting
MOUs - Memorandums of Understanding
MPE - Medicaid Presumptive Eligibility
NACCHO - National Association of County and City Health Officials
NAMI - National Alliance on Mental Health
NPHPS - National Public Health Performance Standards
OSF - OSF St. Anthony Healthcare
PHEP - Public Health Emergency Preparedness
PHS - Personal Health Services
PSC - Partner Steering Committee
RHCC - Regional Hospital Coordinating Center
ROE - Regional Office of Education
RPS 205 - Rockford Public Schools District 205
SDoH - Social Determinants of Health
SHIP - State of Illinois' Health Improvement Plan
SMI - Severe Mental Illness
SMM - Severe Maternal Morbidity
SUD - Substance Use Disorder
UIC - University of Illinois Chicago
UICOMR - University of Illinois College of Medicine Rockford
UW Health - University of Wisconsin Health
WCCMHB - Winnebago County Community Mental Health Board
WCHD - Winnebago County Health Department
WIC - Women, Infants, and Children
YSN - Youth Services Network
ZCTA – Zip Code Tabulation Area, U.S. Census



INTRODUCTION

The Winnebago County Health Department (WCHD), as the state certified local health department, is required under [Administrative Code](#) to conduct a community health assessment (CHA) and develop a community health improvement plan (CHIP) every five (5) years with participation from partners and residents. In Illinois, this process is referred to as the Illinois Project for Local Assessment of Needs (IPLAN). Since 1999, WCHD has identified and prioritized health issues with the community through the IPLAN process. The health priorities from prior planning cycles are highlighted in Table 1. Over the years, some of the health priorities identified in the IPLAN process have changed while Maternal and Child Health has been identified as a priority for over 20 years. IPLAN 2025-2030 identified Maternal and Child Health, Violence, and Mental/Behavioral Health as the three health priorities in Winnebago County as shown in Table 1. These three (3) priorities have been persistent over the last three (3) cycles, highlighting the impact of intractable, systemic upstream conditions.

In response to feedback from residents about public health challenges, WCHD incorporated health equity and social determinants of health (SDoH) into the IPLAN process for the three health priorities, recognizing the significant impact on community well-being as identified in the community health assessment (CHA). These determinants include economic stability, housing, access to care, environment, education, and food security.

Table 1: Winnebago County Health Priorities By Planning Cycle

1999-2004	2005-2010	2011-2015	2016-2020	2021-2023*	2025-2030
Maternal Child Health	Maternal Child Health	Maternal Child Health	Maternal Child Health	Maternal Child Health	Maternal Child Health
Crime and Violence Prevention	Access to Medical Care	Access to Care	Violence	Violence	Violence
Black Male Health	Minority Health Disparities	Health Equity	Mental/ Behavioral Health	Mental/ Behavioral Health	Mental/ Behavioral Health
Cardiovascular Disease	Chronic Disease	Chronic Disease	Chronic Disease	---	---
Childhood Immunizations	Infectious Disease	---	---	---	---

**The 2023 IPLAN was intended to be completed on a three-year cycle by the prior Community Health Collaborative. With changes in healthcare systems, healthcare partners completed their Community Health Needs Assessments independently and Winnebago County Health Department returned to the five (5) year cycle as required by certified local health departments in Illinois under [Administrative Code](#).*

MODEL

WCHD used the Mobilizing for Action through Planning and Partnerships 2.0 (MAPP 2.0) process for the IPLAN 2025 – 2030. MAPP 2.0 is a community-driven strategic planning framework developed by the National Association of City and County Health Officials (NACCHO) to identify community health priorities and develop strategies to improve community health in partnership with the community. The goal of MAPP 2.0 is to achieve health equity by identifying urgent health issues and aligning resources to those issues effectively.

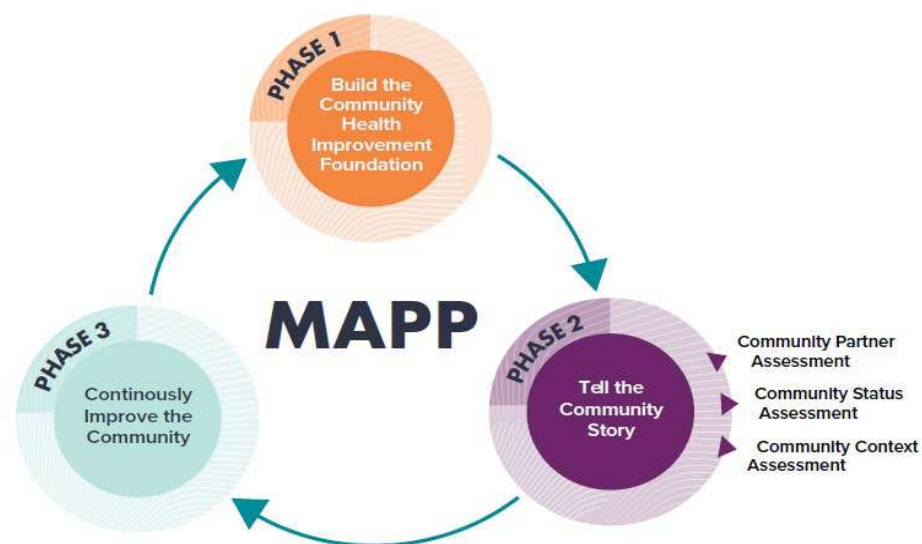
There are three (3) phases of the MAPP 2.0 process as indicated in Figure 1.

Phase 1: Build the Community Health Improvement Foundation

Phase 2: Tell the Community Story Using the Three (3) Health Assessments

Phase 3: Continuously Improve the Community

Figure 1: MAPP 2.0 Framework



The following are the MAPP 2.0 foundational principles:

- Equity
- Flexible
- Continuous
- Community Power
- Inclusion
- Trusted Relationships
- Data and Community Informed Action
- Strategic Collaboration and Alignment
- Full Spectrum Actions

MAPP 2.0 practices encourage communities to: Center Goals to Achieve Health Equity, Start Where You Are, Build Whole Community Partnerships, Tell the Community Story, Mobilize Community Action and Transform Systems.

PHASE 1

BUILD COMMUNITY HEALTH IMPROVEMENT FOUNDATION

The IPLAN process used two (2) steering committees to ensure a high level of input and engagement. An Internal Steering Committee (ISC) consisting of WCHD employees was utilized as well as a community-based Partner Steering Committee (PSC). These groups met separately and jointly to provide input and direction, ensuring a range of ideas were considered (Appendix A.1).

IPLAN Internal Steering Committee

In January 2023, 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 appointment by the Public Health Administrator to ensure a broad representation of public health professions and program roles. WCHD has five (5) main Centers that were each represented on the ISC: Health Protection (HP), Health Promotion and Wellness (HPW), Environmental Health Improvement (EHI), Personal Health Services (PHS), and Public Health Emergency Preparedness (PHEP).

IPLAN Internal Steering Committee Members

- Becky Alsing, HPW, Technician
- Abbey Anderson, Administration, Data and Quality Epidemiologist
- Nancy Carrasquillo, PHS, Coordinator
- Nino Cross, HP, Case Manager
- Sheila Elliott, PHEP, Assistant Director
- Cynthia Hall, Administration, Director of Strategic Initiatives
- Ryan Kerch, EHI, Supervisor
- Abby Kittler, Administration, Data and Quality Epidemiologist
- Amanda Lawrence, EHI, Inspector
- Sandra Martell, Administration, Public Health Administrator
- Patrick Ngum, Administration, Director Data and Quality
- Trish Paesani, HP, Case Manager
- Katiana Rodriguez, Administration, CHI Coordinator
- Robert Ryder, Administration, CHI Coordinator
- Justina Wallace, EHI, Inspector

The IPLAN ISC's purpose was to facilitate the MAPP 2.0 process to complete the IPLAN, and engage community partners and community members to participate.

The ISC met for the first time in January 2023 and then met on a monthly basis until December 2024. The Director of Data and Quality scheduled and facilitated the meetings. The ISC was involved in most of the assessment planning activities and was a key support to the implementation of the three (3) MAPP 2.0 assessments: Community Partner Assessment (CPA), Community Status Assessment (CSA) and Community Context Assessment (CCA).

In addition to the IPLAN ISC, WCHD engaged its Strategic Plan workgroups, formed from all levels of staff within the health department to address the goals of the [Strategic Plan](#). The following Strategic Plan workgroups were actively engaged throughout the MAPP 2.0/IPLAN process:

- **Assessors** (Assess the health status of the population)
 - Reviewed primary and secondary data on health assessments including the CCA, CPA and CSA.
- **Assurance** (Assure development and implementation of plans to address health priorities)
 - Reviewed strategies/activities to address IPLAN health priorities by aligning WCHD's grants with IPLAN strategies/activities.
- **Organizers** (Organize internally to support strategic initiatives)
 - Assisted in IPLAN Community Townhall Meetings as table facilitators and presented on Social Determinants of Health at WCHD's November 2024 All Staff meeting.
- **Collaborators** (Engage with community partners to address health priorities)
 - Promoted the launch of the CPA and CCA, and updated and expanded the community partner contact list.
- **Reporters** (Inform community on public health initiatives and impact)
 - Developed key IPLAN messages to engage community residents and partners in IPLAN activities.

IPLAN Partner Steering Committee

The IPLAN 2025 Partner Steering Committee (PSC) was built on WCHD's previous IPLAN partners and expanded through ongoing engagement efforts with community agencies and organizations. Its primary role was to guide the IPLAN process by ensuring the engagement of partners across all sectors of the Local Public Health System, strengthening alignment among various stakeholder groups, and enhancing efficiencies in the collection, dissemination, and ongoing use of data. The committee, convened by the WCHD Public Health Administrator, held its first meeting in January 2023.

IPLAN Partner Steering Committee Members

- | | |
|--|---|
| • Alignment Rockford | • Rockford Regional Health Council |
| • City of Rockford | • Rosecrance Behavioral Health |
| • Crusader Community Health | • Transform Rockford |
| • Illinois Department of Health and Human Services | • UI Health Mile Square Health Center – L.P. Johnson Rockford |
| • Illinois Department of Public Health | • United Way of Rock River Valley |
| • Mercyhealth | • University of Illinois, Division of Health Research and Evaluation, Department of Family and Community Medicine |
| • Oak Street Health | • UW Health |
| • OSF Healthcare | • Winnebago County Community Mental Health Board (WCCMHB) |
| • R1 Regional Planning | |
| • Boone-Winnebago County Regional Office of Education #4 | |
| • Rockford Public Schools District 205 | |

During the project, most agencies changed their staff representatives in the IPLAN PSC due to turnover, role changes, or organizational restructuring.

Community Health Improvement Visioning

In January 2023, under the leadership of WCHD's Public Health Administrator, the IPLAN 2025 Partner Steering Committee (PSC) convened to plan for the implementation of the IPLAN 2025. The discussion focused on aligning the purpose, vision, goals, and roles of the IPLAN Steering Committees (Appendix A.1).

In addition to reviewing the MAPP model, the group discussed key changes from MAPP to MAPP 2.0, which was scheduled for full release by NACCHO in the summer of 2023. The January meeting primarily included partners from Winnebago County's health systems, particularly Federally Qualified Health Centers (FQHCs), which are required to conduct a Community Health Needs Assessment (CHNA).

In November 2023, the IPLAN Steering Committees (ISC and PSC) convened community partner organizations, agencies, and community members for a Community Partner Workshop. The purpose of the workshop was to engage additional partners from Winnebago County's Local Public Health System in IPLAN 2025. During the workshop, WCHD provided an overview of the newly revised MAPP 2.0 framework, highlighting its focus on equity and reaffirming the vision of a healthier future for Winnebago County (Appendix B.1i).

The workshop brought together over 50 partner organizations and agencies to collaboratively reaffirm a vision for a healthier Winnebago County. Emphasizing community power sharing, the event fostered alignment of mission, vision, and goals among organizations within the Local Public Health System, reinforcing a shared commitment to improving health outcomes. The workshop also engaged partner organizations to assist in completion of the Community Partner Assessment (CPA) which was shared after the kick-off meeting.

PHASE 2

TELL THE COMMUNITY STORY

Winnebago County residents were engaged in developing a comprehensive Community Health Assessment (CHA) focused on identifying the top population health priorities and health inequities including their root causes. The process utilized the three key MAPP 2.0 assessments, conducted by WCHD from February 2023 to June 2024. Upon identifying cross-cutting themes from these assessments, the findings were analyzed as a whole. Each activity was a stand-alone effort led by WCHD in collaboration with community partner organizations.

Three Key MAPP 2.0 Assessments:

1. The **Community Partner Assessment (CPA)** seeks to strengthen community partnerships for Community Health Improvement (CHI) by defining partner roles, assessing capacities, and enhancing engagement. It evaluates MAPP partners' skills, maps existing organizations, and identifies gaps in health equity efforts. The CPA also highlights opportunities to expand partnerships and improve community power-sharing.
2. The **Community Status Assessment (CSA)** is a community driven quantitative assessment that seeks to evaluate the overall well-being of the community by analyzing key health, socio-economic, environmental, and quality-of-life outcomes. It identifies populations experiencing inequities across these areas and examines the systemic factors influencing disparities. The assessment provides insights to inform data-driven strategies for improving community health and equity.
3. The **Community Context Assessment (CCA)** is a community driven qualitative assessment that seeks to identify the strengths, resources, and assets that support community health and well-being. It examines historical and current forces of change shaping political, economic, and social conditions. The assessment also explores physical and cultural assets across neighborhoods and highlights existing community-driven solutions to improve health outcomes.

Community Partner Assessment

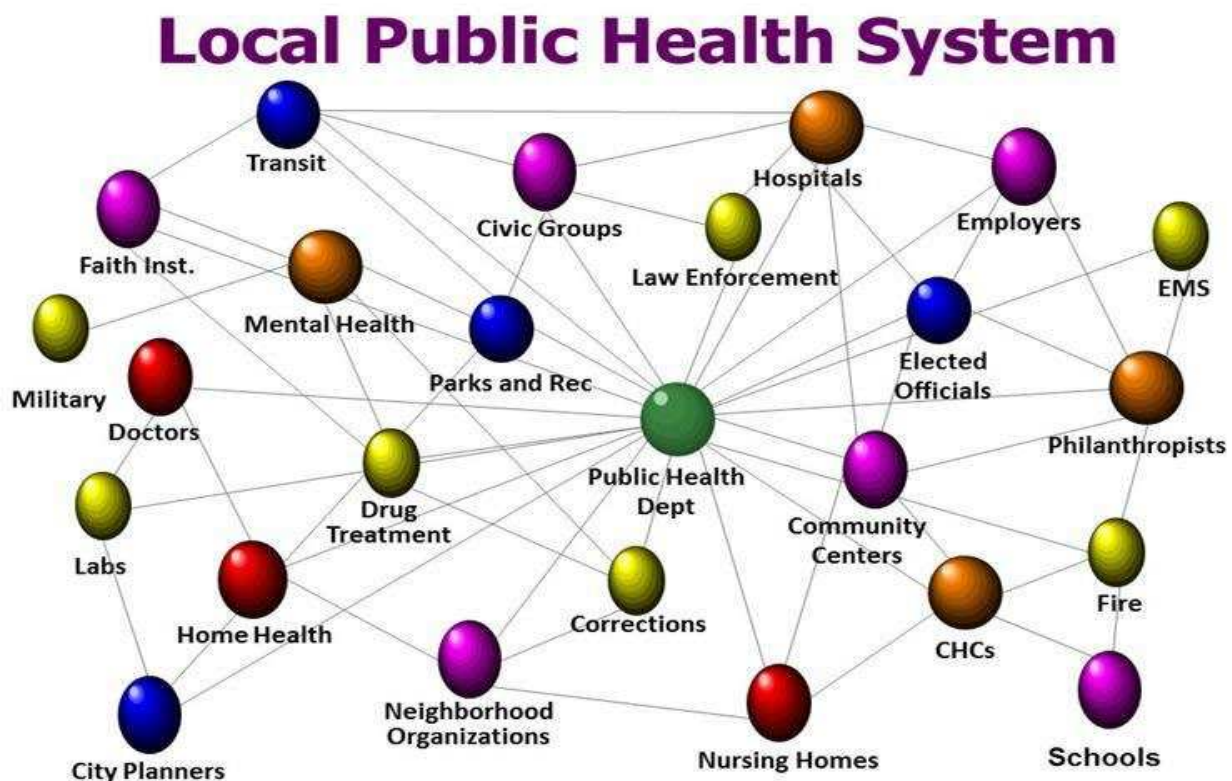
With MAPP 2.0, the CPA replaced the Local Public Health System Assessment (LPHSA) from the prior version of MAPP. The assessment process allows community partners in a Local Public Health System (LPHS) to critically look at their individual systems, processes, and capacities and their collective capacity as a network to address health inequities.

With MAPP 2.0, the CPA seeks to:

- Describe why community partnerships are critical to CHI and how to build or strengthen relationships with community partners and organizations.
- Name the specific roles of each community partner to support LPHS and engage communities experiencing inequities produced by systems.
- Assess each partner's capacities, skills, and strengths to improve community health, health equity, and advance the CHIP.
- Document the landscape of community partners, including grassroots and community power building organizations, summarize the collective strengths, and outline opportunities for improvement.
- Identify others to involve in the process moving forward, along with ways to improve community partnerships, engagement, and community power-building.

The LPHS is defined as the collective efforts of public, private, and voluntary entities as well as individuals and informal associations that contribute to the public's health within a jurisdiction. The LPHS includes community-based organizations (CBOs), first responders such as EMS and law enforcement, faith-based organizations, healthcare systems, educational institutions, public transit providers, local levels of government, corrections, mental health providers, funding organizations, and others. It is often depicted and referred to as the "Jelly Bean" diagram as represented in Figure 2.

Figure 2: Local Public Health System



Methodology

With guidance from WCHD's Public Health Administrator and IPLAN Steering Committees (ISC and PSC), community partners were invited from all sectors of the Local Public Health System to attend the Community Partner Workshop under the theme *"Use Your Superpower and Share Your Experience"* as indicated on the invitation (Appendix B-1ia). The Collaborators Strategic Plan Workgroup sent nearly 350 invitations and followed up to ensure participants considered registering for the event.

The Community Partner Workshop was held on November 29, 2023. The workshop was facilitated by WCHD and brought together 59 community partners from over 40 organizations to discuss IPLAN requirements, provide an overview of the MAPP 2.0 process, and the role of the CPA in laying a foundation for unpacking power.

WCHD modified an exercise contained in the Power Primer developed by Human Impact Partners for MAPP 2.0 to address the impact of power imbalances on health inequities. An overview of types of power was presented to provide context for the partners to assess their power and influence. [Poll Everywhere](#) was used to implement the power primer survey as it provided real time responses. The ISC and Organizers Strategic Plan Workgroup facilitated discussions at each table. The discussion on unpacking power gave community partners the opportunity to assess power as an individual and as an organization or agency. Poll Everywhere was used in collecting responses. See Appendix B-1ib for the Community Partner Workshop presentation and results of the Poll Everywhere exercise.

The Community Partner Workshop session was attended by community partners from the following organizations:

- Alignment Rockford
- Arab Chamber of Commerce
- City of Rockford
- City of Rockford, Health and Human Services Department
- City of South Beloit
- Community Foundation of Northern Illinois
- Crusader Community Health
- EDDR (Education, Design, Development & Research Corporation of Rockford)
- Illinois 17th Circuit Court
- LULAC of Rockford
- Mercyhealth
- NAMI Northern Illinois
- Northwestern Illinois Area Agency on Aging
- OSF Saint Anthony Medical Center
- RAMP
- Remedies Renewing Lives
- Region 1 Planning Council
- Regional Hospital Coordinating Center (RHCC)
- Rockford Apartment Association
- Rockford Area Habitat for Humanity
- Rockford Housing Authority
- Rockford Public Library
- Rockford Rescue Mission
- Rosecrance
- Rockford Public Schools District 205
- Saint Anthony College of Nursing
- Stepping Stones of Rockford, Inc
- The Workforce Connection
- University of Illinois at Chicago College of Pharmacy at Rockford
- University of Illinois College of Medicine Rockford
- UW Health
- Winnebago County
- Winnebago County CASA
- Winnebago County Health Department
- Winnebago County Juvenile Probation
- YWCA Northwestern Illinois



The Community Partner Workshop also kicked off the CPA with participants being sent the assessment after the workshop. The importance of the CPA in aligning community partners for collective impact was discussed at the workshop, and attendees were encouraged to complete the CPA upon its release in December 2023.

Internally, WCHD's Leadership worked with staff at the November 30, 2023 All Staff meeting to discuss forms of power and carried out the power primer exercise adapted from the MAPP 2.0 Power Primer resource (Appendix B-1iia).

The CPA survey instrument was adapted from NACCHO's MAPP 2.0 guide with input from the IPLAN Steering Committees (ISC and PSC). Key sections of the CPA included demographics of populations served by different organizations, organization's area(s) of focus, organizational commitment to health equity, organizational accountability, organizational ability to collect and analyze data, community engagement and community advocacy. Appendix B-2 details the assessment tool adapted from NACCHO's MAPP 2.0 guide. Questions were reviewed and streamlined to focus on key areas that aligned with the vision of IPLAN 2025 and to keep the survey engaging and reduce the time needed to complete the survey.

The CPA survey was conducted using the Qualtrics XM platform allowing the survey to be completed via computer, tablet, or mobile device and over multiple sessions. The CPA survey was open from December 1, 2023 to January 18, 2024 and made available through a QR code that was sent to community partners who had been invited and/or attended the Community Partner Workshop by the Collaborators Strategic Plan Work Group. In addition, the survey could be shared by community partners with other agencies with whom they work. In total, 93 responses were recorded from 69 community partner organizations/agencies.

Data Summary

Respondents to the CPA represented different organizational roles as indicated in Table 2. The largest group of respondents (38%) consisted of senior management or program leads, followed by leadership teams (25%) and administrative roles (20%). Fewer than 10% identified as community member or community leader. When a respondent identified as other, they were asked to provide additional detail. Other included activist, associate pastor, trauma coordinator, and recovery support specialist. Over half (52%) of the organizations that participated in the CPA were non-profits.

Table 2: Organizational Role of Respondents (n=93)

Organizational Role	Percentage
Senior management level/unit or program lead	37.6%
Leadership team	24.7%
Administrative staff	20.4%
Other	16.1%
Supervisor (not senior management)	11.8%
Community leader	7.5%
Community member	7.5%
Front line staff	5.4%

The top three (3) interests of organizations participating in the CHI process were building networks and relationships (55.9%), delivering programs efficiently while avoiding duplication (34.4%), and creating long-term, sustainable social change (33.3%). Other key interests included obtaining or providing client services (32.3%) and increasing communication among groups (26.9%).

When respondents were asked what languages were spoken at their organization, the majority (90%) of organizations spoke English, with 55% also speaking Spanish, and 10% providing American Sign Language. Fifteen (15%) percent of agencies indicated proficiency in at least one additional language. Other languages spoken included Arabic, French, French Creole (5% each), and Chinese, Tagalog, and Vietnamese (2% each).

Ten Essential Public Health Services

Organizations/partners contributions to the LPHS through the 10 Essential Public Health Services were also assessed. The highest partner involvement with an essential health service was in community engagement and partnerships (47%), while legal and regulatory authority had the lowest (9.7%). One-third (33%) of organizations participated in assessment, and 38% engaged in communication and education as indicated in Table 3.

Table 3: 10 Essential Public Health Services (n=73)

Essential Public Health Services	Percent
Community Engagement and Partnerships	47.3%
Communication and Education	37.6%
Assessment	33.3%
Workforce	30.1%
Access to Care	28.0%
Policies, Plans, Laws	25.8%
Evaluation and Research	23.7%
Organizational Infrastructure	20.4%
Investigation of Hazards	14.0%
Legal and Regulatory Authority	9.7%
No Response	21.5%
Unsure	16.1%
Other	4.3%

Community Assets

When organizations were asked to share the type of services provided to Winnebago County residents, education, human services and family well-being were among the top three (3) services provided. This is depicted in Figure 3 in the Word Cloud, a data visualization of the frequency with which words were included in a text file with the words most frequently mentioned appearing larger in the graphic display.

Figure 3: Word Cloud – Types of Services / Engagement (Assets)



Capacities To Support MAPP and Improve Community Health

Organizations were asked key questions to help determine the resources available to support the implementation of the MAPP 2.0 process for Winnebago County as follows:

- **Experience Participating in the Community Health Improvement Process**
Thirty-three percent (33%) of organizations had participated in the CHI process.
- **Utilize Data Access and Systems**
Eighty-four percent (84%) of organizations collected data to support organizations' initiatives, with surveys being the most common form of primary data collection.
- **Analyze Data through a Health Equity Lens**
Thirty-four percent (34%) of organizations analyzed data with a health equity lens.

Community Engagement

Respondents were asked what methods their organization used for community engagement. Key engagement methods included social media (51%), client satisfaction surveys (37%), community forums or events (34%), surveys (33%), presentation (30%), memorandums of understanding (MOUs) with community-based organizations (26%), and advocacy (23%).

Addressing Health Equity

The CPA asked organizations if there was at least one-person in the respondent's organization dedicated to addressing diversity, equity, and inclusion internally and externally in the community. Fewer than half of the organizations (46%) indicated having staff to address diversity, equity, and inclusion.

Approximately one third (34%) of organizations review data in their organizations using a health equity lens focused on addressing health disparities.

Barriers to health equity from the survey have been summarized in Table 4.

Table 4: Barriers to Health Equity (n=75)

Barrier	Percent
No barriers	41.0%
Staff shortages	29.0%
Community resistance	16.1%
Staff resistance	8.6%
No response	19.4%

The complete data set used for this summary is available as a separate document through the WCHD website. For the direct link, see Appendix B-3.

Community Status Assessment

The CSA in MAPP 2.0 replaces the Community Health Status Assessment. The CSA is a comprehensive quantitative evaluation of a community's overall health status. It reviews and analyzes factors such as demographics, morbidity and mortality rates, access to healthcare, health behaviors, and social determinants of health such as housing, education and employment levels. Through the CSA, health disparities that impact the overall health of the community are identified.

Methodology

WCHD, in collaboration with community partners and the University of Illinois, Division of Health Research and Evaluation, Department of Family and Community Medicine, conducted the CSA for public distribution. Data sources were carefully selected to provide a comprehensive overview of key public health, demographic, economic, and social indicators relevant to community partners, organizations, and residents of Winnebago County. The methodology involved identifying reputable and frequently updated data sources that offer detailed local, state, and national data. These sources included federal and state agencies, academic institutions, and non-profit organizations known for their expertise and reliability in data collection, analysis, and dissemination.

The ISC and PSC determined the chapters and data elements to be included in the CSA and provided guidance throughout the process.

Data was gathered related to the following categories:

- Demographics
- Socioeconomic factors
- Health resources
- Environmental
- Quality of life
- Behavioral risk and prevention
- Mental health
- Maternal and child health
- Mortality injury and illness
- Communicable disease (including sentinel events)

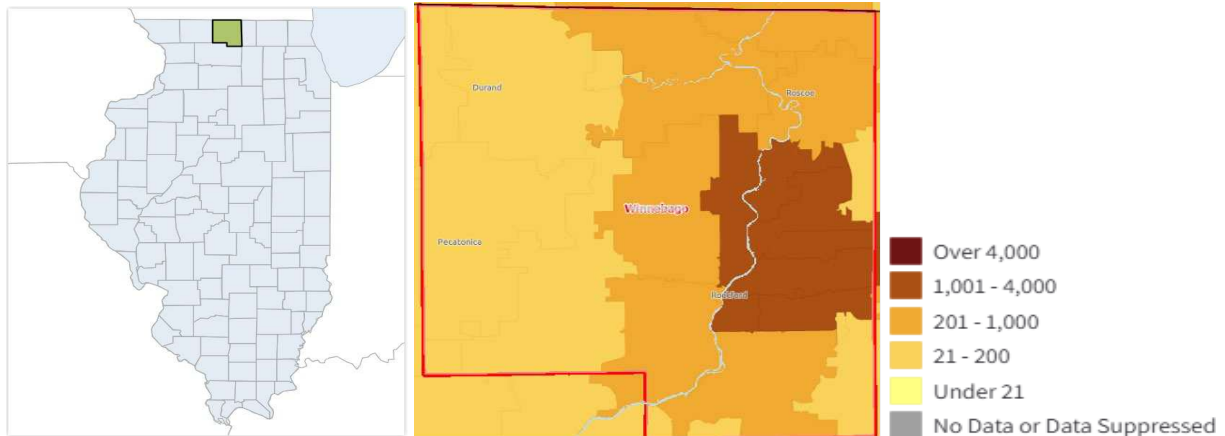
Data Summary

Demographics

Winnebago County experienced an average annual decline in population of approximately 0.2% from 2018 (284,081) to 2022 (282,188), with a slight increase in actual population between 2019 and 2021.

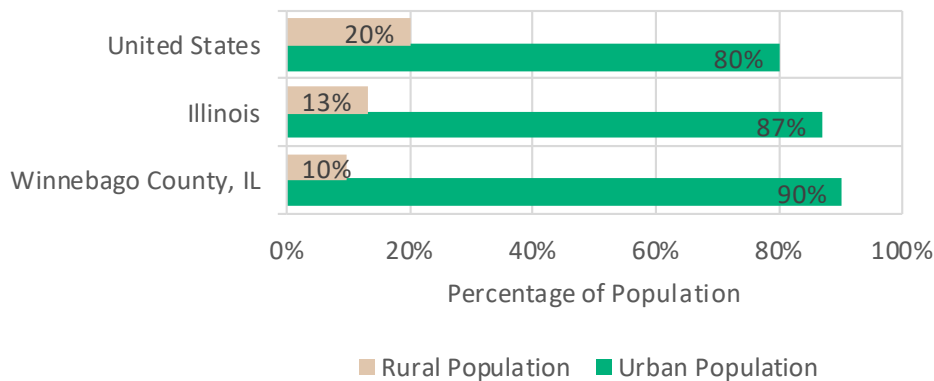
The population age 65 and above has seen an average annual increase of 2% from 2018 to 2022. The most densely populated city in Winnebago County is Rockford as shown in Map 1. The overall population in Winnebago County is predominately urban (90%) with 10% of its population classified as rural as shown in Figure 4.

Map 1: Winnebago County Population Density (Person per Square Mile) by ZCTA, ACS 2019-2023



Data source: Spark map Population, Density (Persons per Square Mile) by ZCTA, ACES 2019-23

Figure 4: Winnebago County Rural and Urban Population 2022



Data Source: US Census Bureau, Decennial Census, 2022

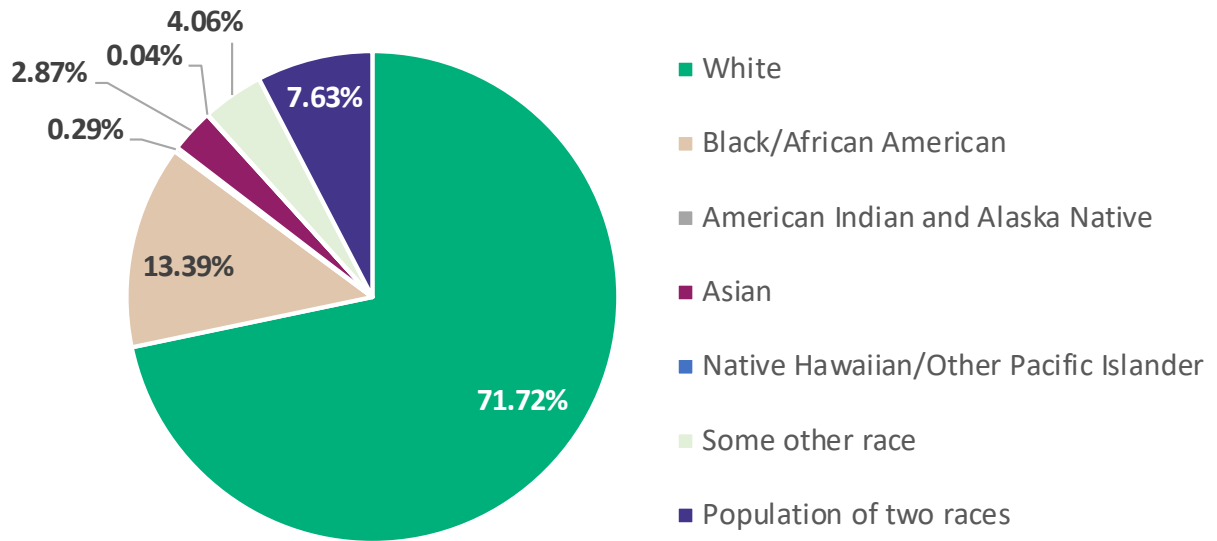
Racial and Ethnic Distribution

The racial distribution in Winnebago County is 72% White; 13% Black/African American; and 8% identifying as more than one race as shown in Table 5 and Figure 5. Fourteen percent (14%) of the population identifies as Hispanic/Latino ethnicity.

Table 5: Distribution of Total Population by Race: Winnebago County, 2018-2022

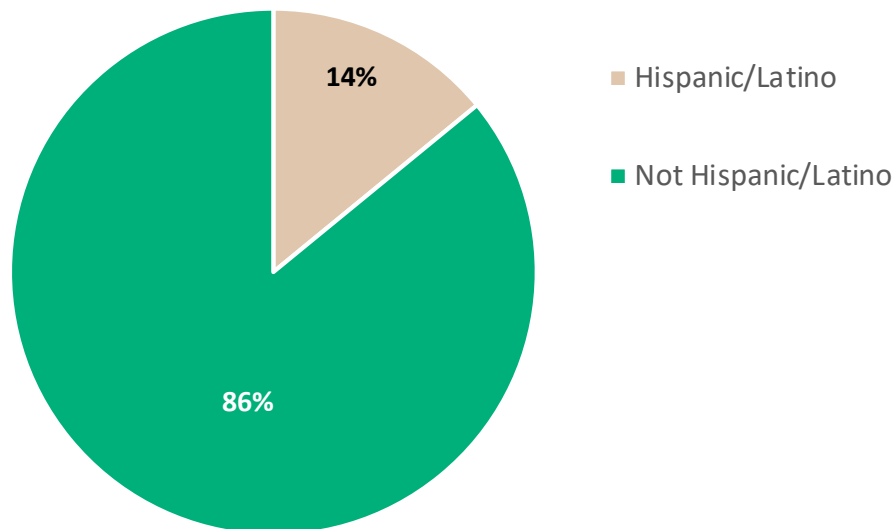
Race	n	%
White alone	204,108	71.72%
Black/African American alone	38,111	13.39%
Asian alone	8,163	2.87%
American Indian and Alaska Native alone	834	0.29%
Native Hawaiian and Other Pacific Islander alone	102	0.04%
Some other race alone	11,553	4.06%
Population of two races	21,720	7.06%

Figure 5: Percent Distribution of the Total Population by Race: Winnebago County 2018-2022



[Data Source: US Census Bureau, American Community Survey, 2018-22.](#)

Figure 6: Percent Distribution of the Total Population by Ethnicity: Winnebago County 2018-2022

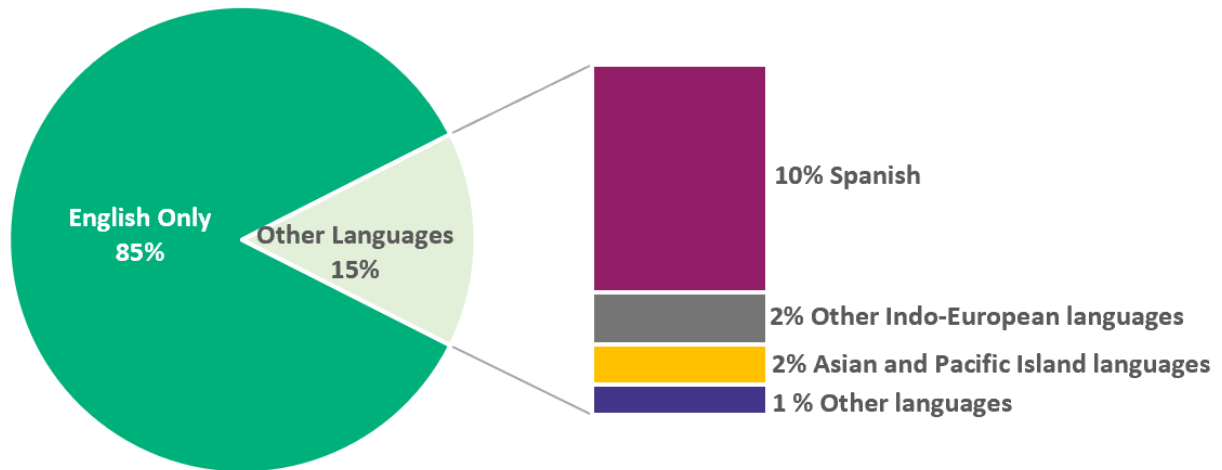


[Data Source: US Census Bureau, American Community Survey, 2018-22.](#)

Language Distribution

Over 85% of households in Winnebago County speak English as the primary language based on data from the 2018-2022 census, which is a slight decrease when compared with data from the 2013-2017 census. Spanish is the second-most frequently spoken language at 9.7%, representing a slight increase (0.5%) from the 2013-2017 data as shown in Figure 7.

Figure 7: Percent Distribution of the Population by Language Spoken at Home: Winnebago County, 2018-2022

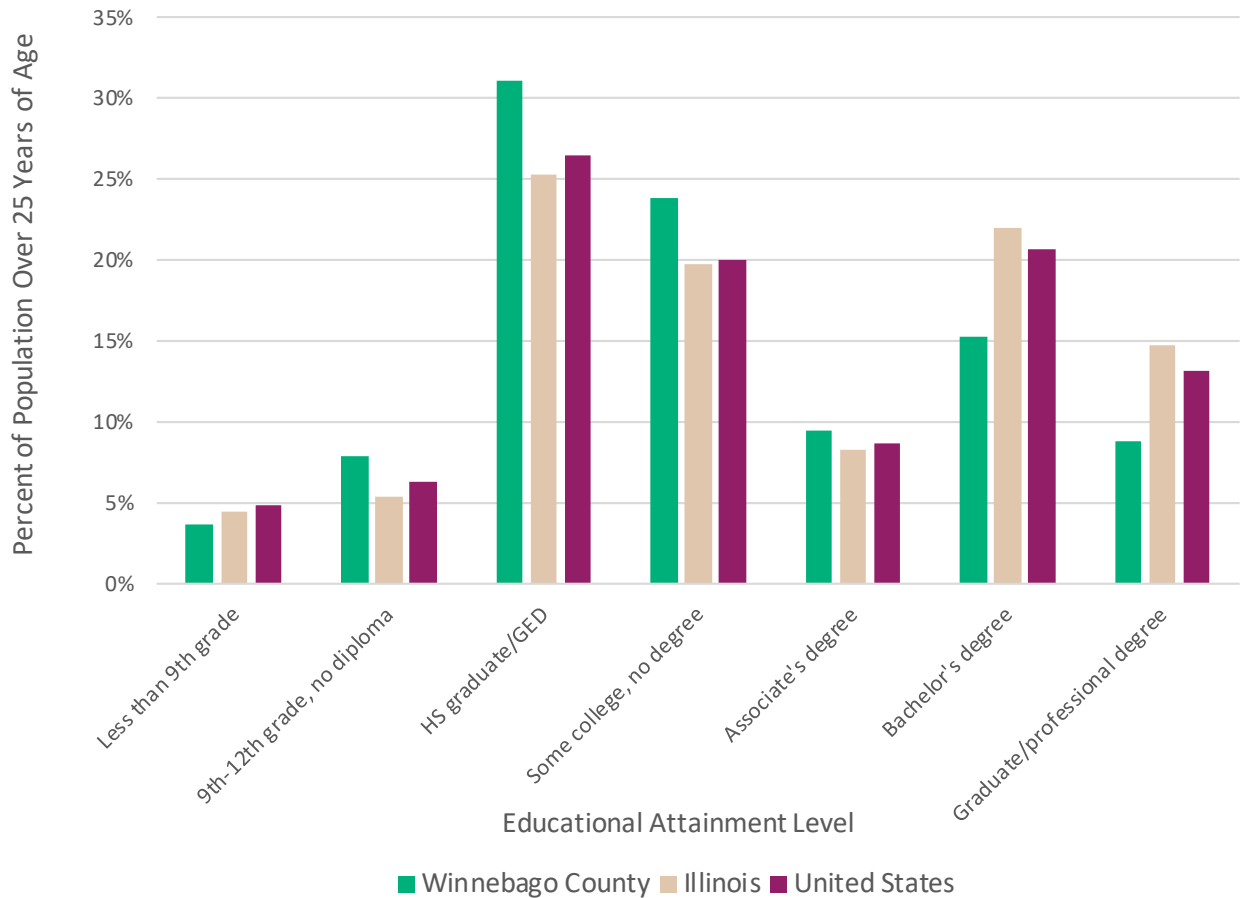


[Data Source: US Census Bureau, American Community Survey, 2018-22.](#)

Socioeconomic Factors

Economic Stability and Education Access and Quality are two (2) of the five (5) domains of the Social Determinants of Health (SDoH) impacting quality of life and health outcomes. Graduation rates from high school or GED (General Education Development High School Equivalency) attainment are higher in Winnebago County than in the state and U.S. overall. However, a lower percentage of the population in Winnebago County holds a bachelor's or graduate/professional degree as compared to the state and U.S. as shown in Figure 8. Disparities in educational attainment are observed with higher percentages of White students graduating from high school (91.3%) as compared to 84.1% for Black/African Americans students and 68.4% for those of Hispanic/Latino ethnicity.

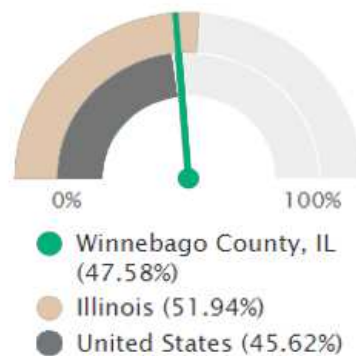
Figure 8: Percent Distribution of the Population 25 Years and Older by Highest Educational Attainment Level: Winnebago County, Illinois, and US, 2018-2022



[Data Source: US Census Bureau, American Community Survey, 2018-22.](#)

Just under half of children ages three (3) to four (4) in Winnebago County are enrolled in preschool, lower than Illinois, but higher than the U.S. overall.

Figure 9: Percent Distribution of the Population Age 3-4 Enrolled in School: Winnebago County, Illinois, and US, 2018-2022

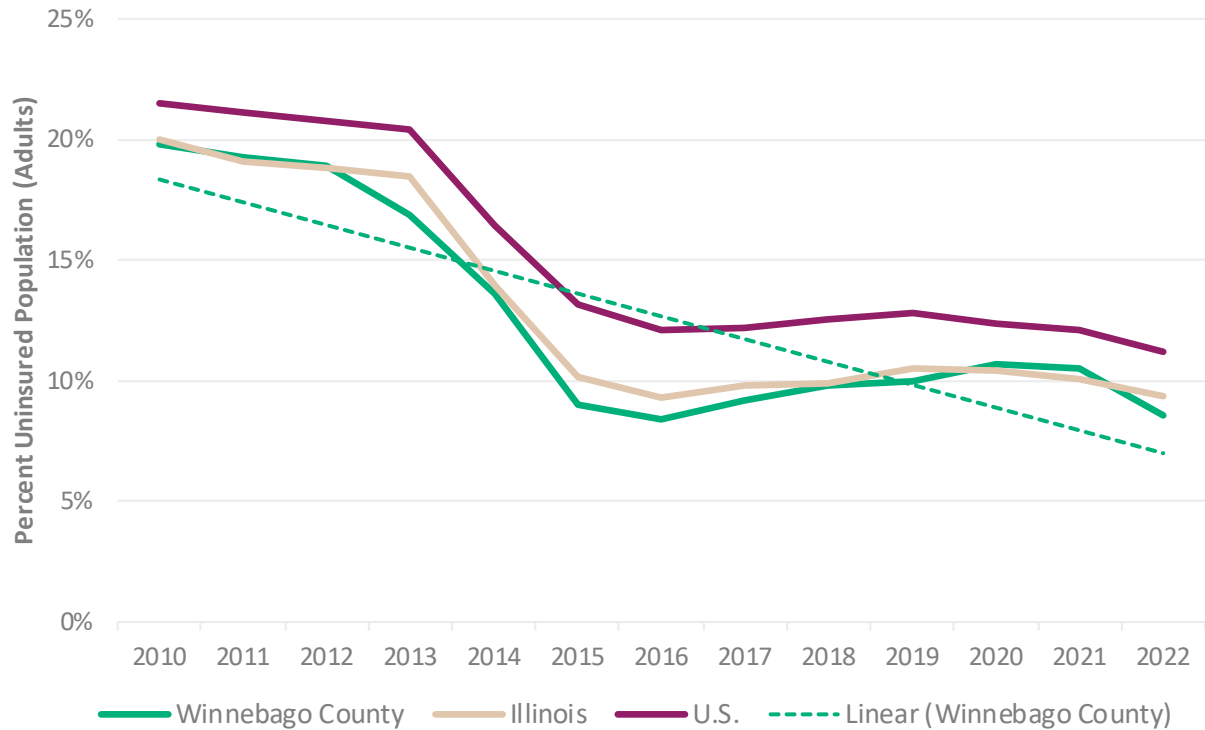


[Data Source: US Census Bureau, American Community Survey.](#)



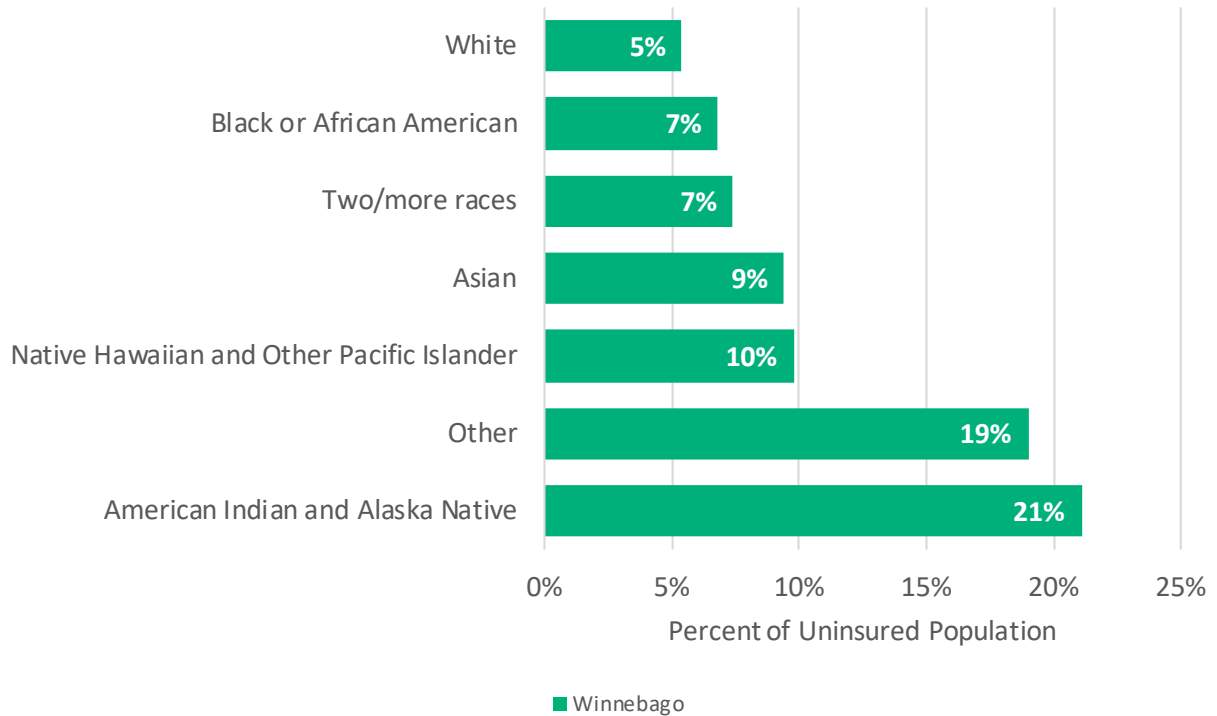
Overall, the percent of uninsured adults decreased between 2013 and 2015 and has since leveled out at 8.6% for Winnebago County, 9.4% for Illinois and 11.2% for the U.S. as shown in Figure 10.

Figure 10: Annual Percent of Uninsured Population (Adults), 2010-2022, 1-Year Estimate: Winnebago County, Illinois, US, 2010-2022



[Data Source: US Census Bureau, American Community Survey, 2010-22.](#)

Figure 11. Percent of Uninsured Population by Race, 2018-2022

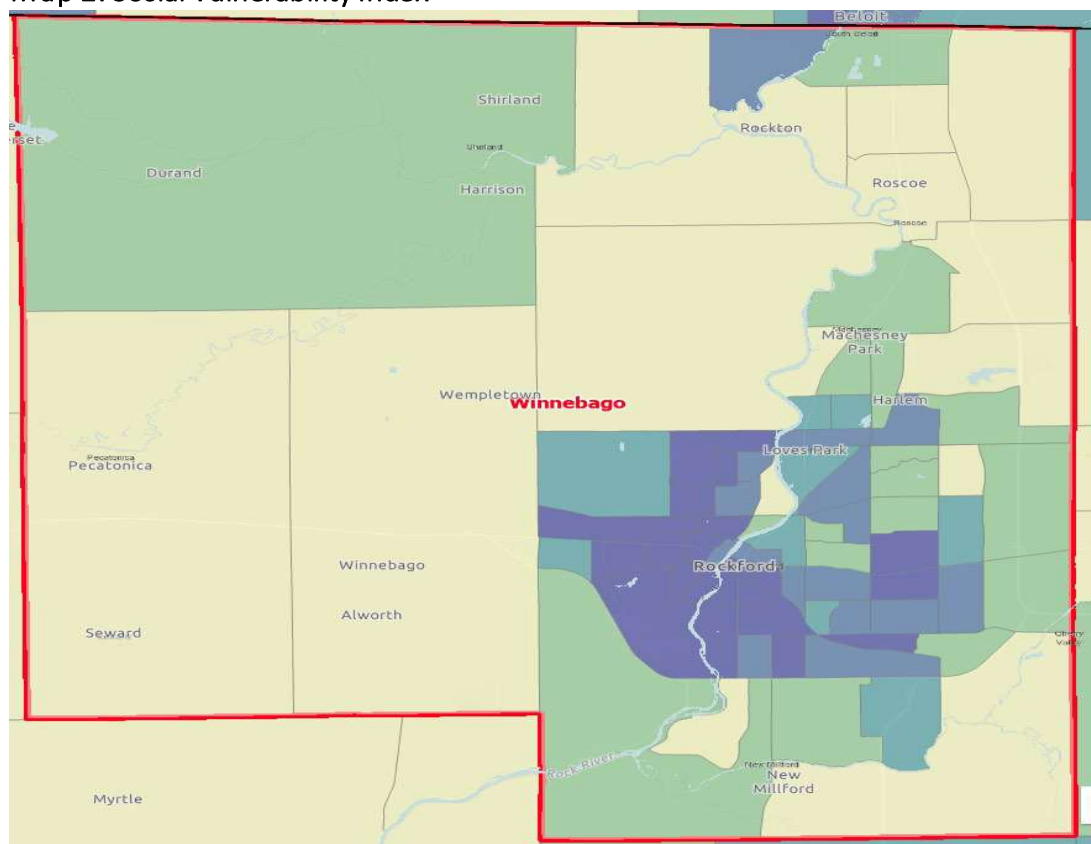


[Data Source: US Census Bureau, 2018-2022 American Community Survey 5-Year Estimates.](#)

Social Vulnerability Index

The Social Vulnerability Index (SVI) measures a community's resilience to environmental, social, and economic susceptibilities. It considers factors such as poverty, access to transportation, and housing conditions. The SVI as shown in Map 2 helps identify regions at greater risk during emergencies, guiding resource allocation to mitigate disaster impacts effectively. Winnebago County, records an SVI score of 0.77, indicating a high level of social vulnerability compared to both the state (0.55) and national (0.50) averages.

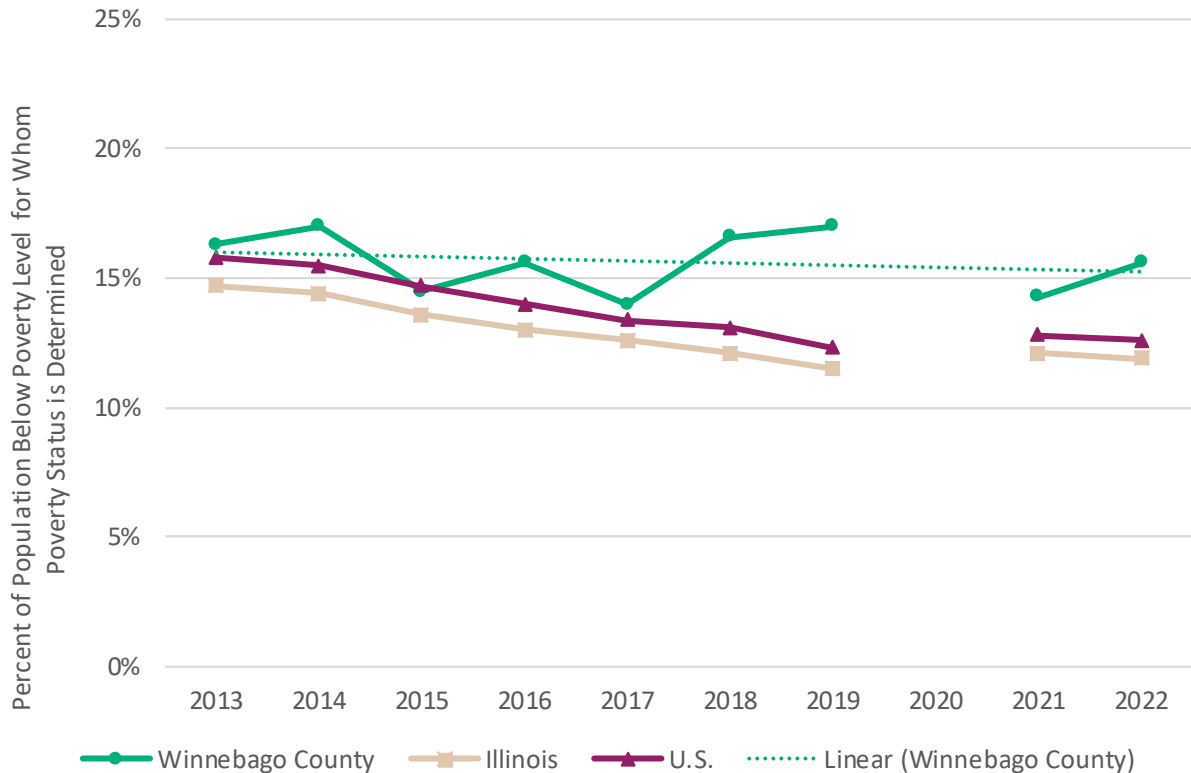
Map 2: Social Vulnerability Index



Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, [CDC - GRASP](#), 2022

Overall, the percentage of individuals living below the Federal Poverty Level (FPL) as indicated in Figure 12 has been decreasing in Winnebago County from 2013-2022.

Figure 12: Percent of Population Below Poverty Level for Whom Poverty Status is Determined, 1-Year Estimate: Winnebago County, Illinois, US, 2013-2022



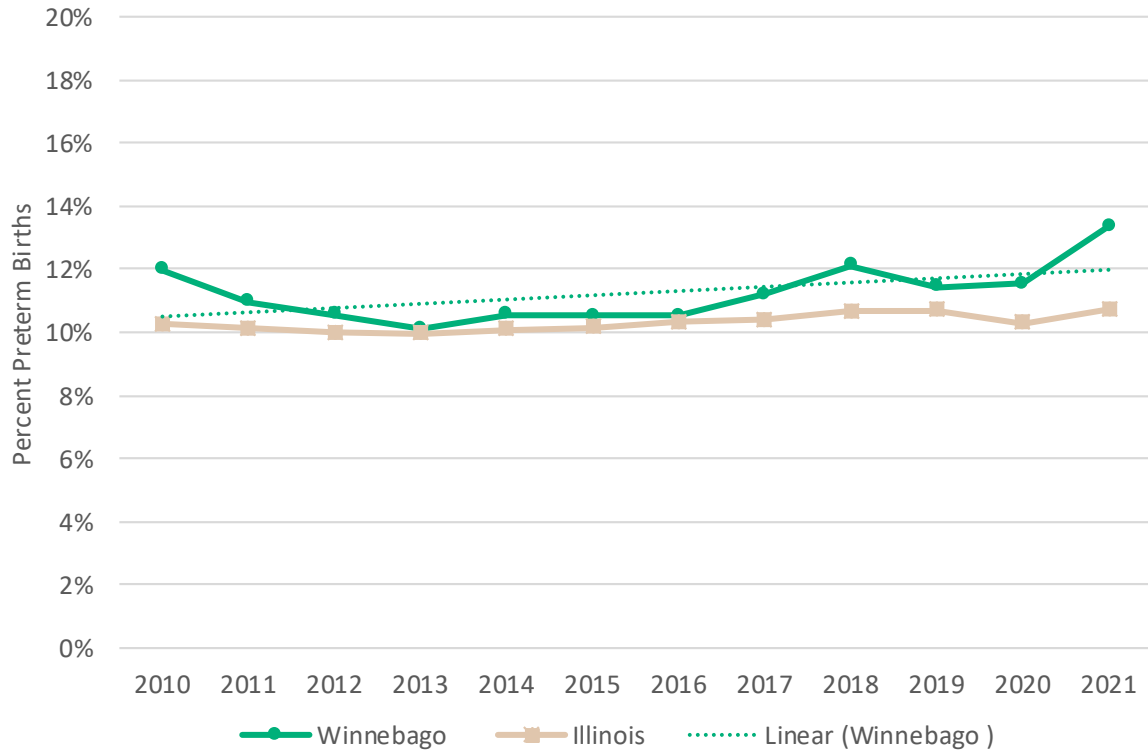
Data Source: US Census Bureau, 2013-2022 American Community Survey 1-Year Estimates

Maternal And Child Health

Winnebago County births have declined from 2010 (3,758) to 2022 (3,283), with an average annual decrease of 1.3%. However, Illinois has experienced a higher average annual decrease of 2.8% from 2010 to 2022.

Preterm births have been increasing for both Winnebago County and Illinois from 2013 to 2021, with the largest increase in Winnebago County being from 2020 (11.5%) to 2021 (13.4%) as shown in Figure 13.

Figure 13: Annual Percent of Preterm Births: Winnebago County and Illinois, 2010-2021



Data Source: [Illinois Department of Public Health, Births by County of Residence 2010-2021](#)

There was an increase in the percentage of low birth weight (LBW) births in Winnebago County between 2010-2021 with higher percentages after the start of the COVID-19 pandemic (December 2019) as shown in Table 6. The percentage of low birth weight (LBW) births peaked at 10.5% in 2022. A disparity exists for Black/African Americans with a higher percentage of LBW births (15.2%) as compared to White births (7.7%) at almost two (2) times the rate. Rates for the state of Illinois have remained stable from 2017-2022.

Table 6: Winnebago County Low Birth Weight

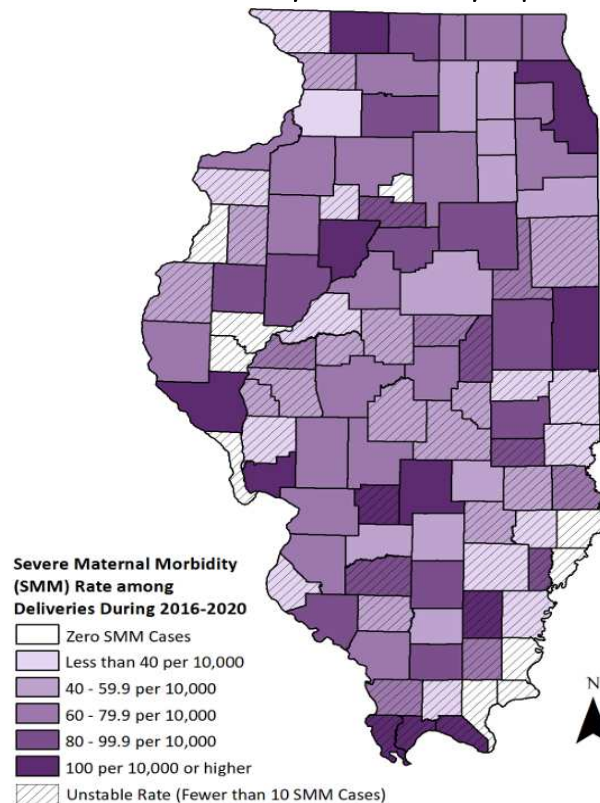
Year	Winnebago County	Illinois
2017	9.7%	8.5%
2018	9.9%	8.5%
2019	8.6%	8.4%
2020	8.6%	8.3%
2021	10.4%	8.5%
2022	10.5%	8.6%
"Low Birthweight" is any live births weighing <2,500 grams (~5 lbs., 8oz.)		

Data source: [Center for Disease Control and Prevention, National Center for Health Statistics.](#)



Severe Maternal Morbidity (SMM) refers to a group of potentially life-threatening, unexpected maternal conditions or complications that occur during labor and delivery. Some types of SMM may cause long-lasting health problems that extend beyond the pregnancy. For this report, a woman was classified as having severe maternal morbidity if any of 20 types of severe complications were listed on the billing record for her delivery hospital stay. Rates of Maternal Morbidity and Severe Maternal Morbidity (SMM) in Winnebago County remained higher from 2016 to 2022 than the state of Illinois for the same time period. Per IDPH, Winnebago County's SMM rate for this period was 80 – 99.9 per 100,000 as shown in Map 3.

Map 3: IDPH Rate of Severe Maternal Morbidity and Mortality Report: All Illinois Counties, 2023

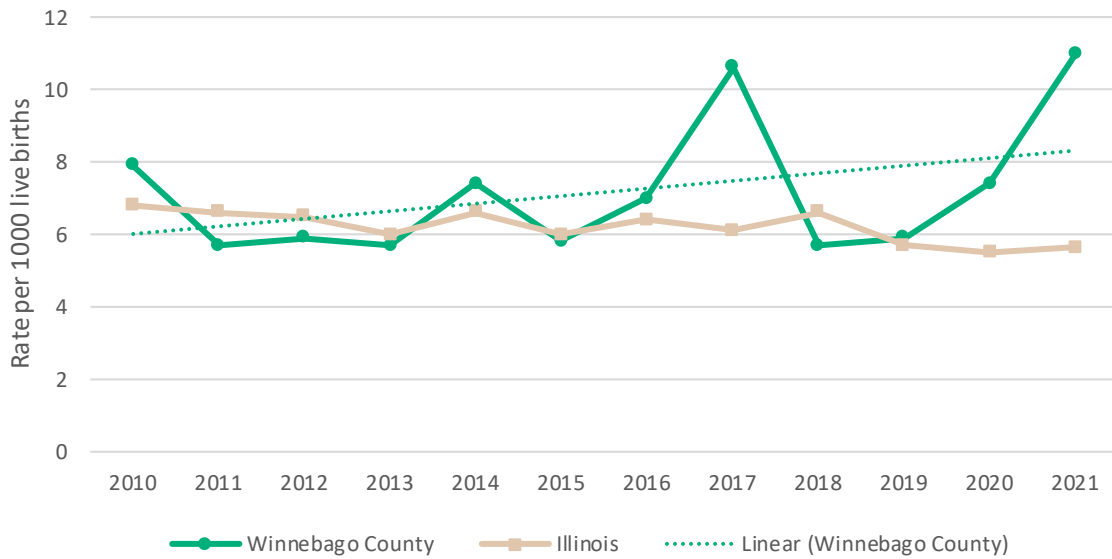


[Data source: IDPH Maternal Morbidity and Mortality Report, October 2023](#)

The Infant Mortality Rate, which measures deaths among children under 1 year per 1,000 live births, has shown significant variability since 2010, ranging from a high of 10.6 to a low of 5.7. The most notable increase was from 7.4 in 2020 to 11.0 in 2021. In 2021, the Infant Mortality Rate in Winnebago County (11.0) was double that of the state of Illinois (5.6) as shown in Figure 14. The infant mortality rate is more than double (2.3) among Black/African Americans at 14 per 1,000 live births than among Whites and Hispanics/Latinos at 6 per 1,000 live births.

Overall, the child mortality rate from 2018-2021 for Winnebago County is above the Illinois rate. The disparity is of particular note for Black/African American children who have a mortality rate 2.5 times their White and Hispanic/Latino counterparts.

Figure 14: Annual Infant Mortality Rates; Winnebago County and Illinois, 2010-2021



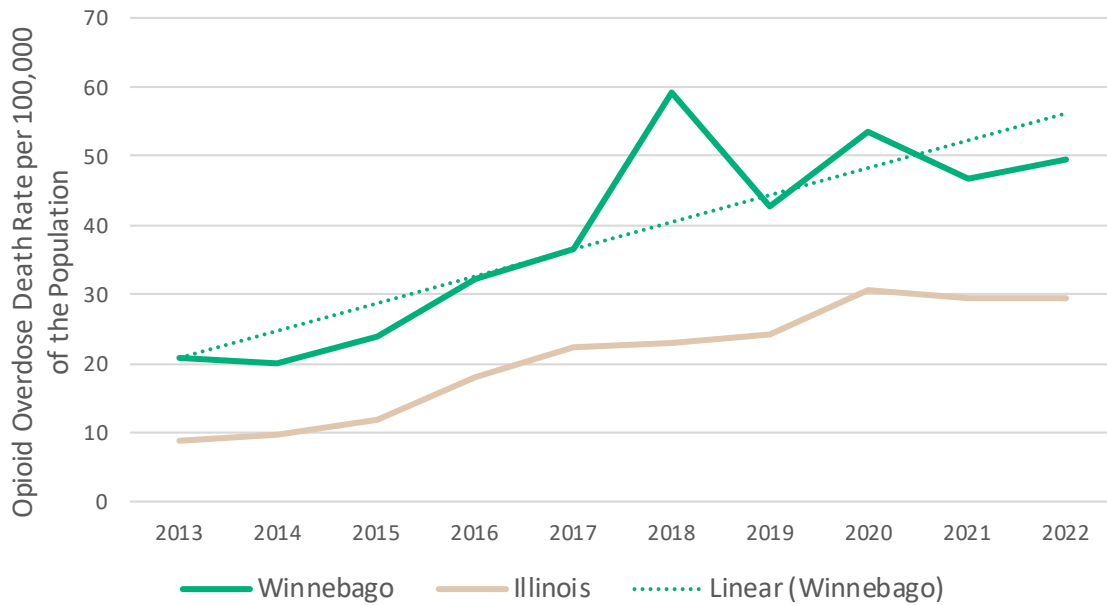
Data source: CDC Wonder

Mental/Behavioral Health

The average annual suicide death rate for Winnebago County from 2016 to 2021 was 13.9 deaths per 100,000, higher than the state of Illinois rate of 11.3 per 100,000 for the same period. Non-Hispanic Whites have the highest suicide rates with the 2021 rate of 17.5 deaths per 100,000 (average annual rate from 2016 to 2021 is 16.9), which is 3.8 times higher than the Black/African American rate.

In 2022, the rate of fatal overdoses attributed to opioid use was 49.5 per 100,000 population in Winnebago County. While the rate is higher than the state of Illinois, it reflects an increasing trend since 2018 as shown in Figure 15. The rate is significantly higher among non-Hispanic Black/African Americans whose rate is over two times that of White individuals. Males are twice as likely as females to have fatal overdoses. Individuals 30 – 59 years of age had the highest opioid overdose rates overall.

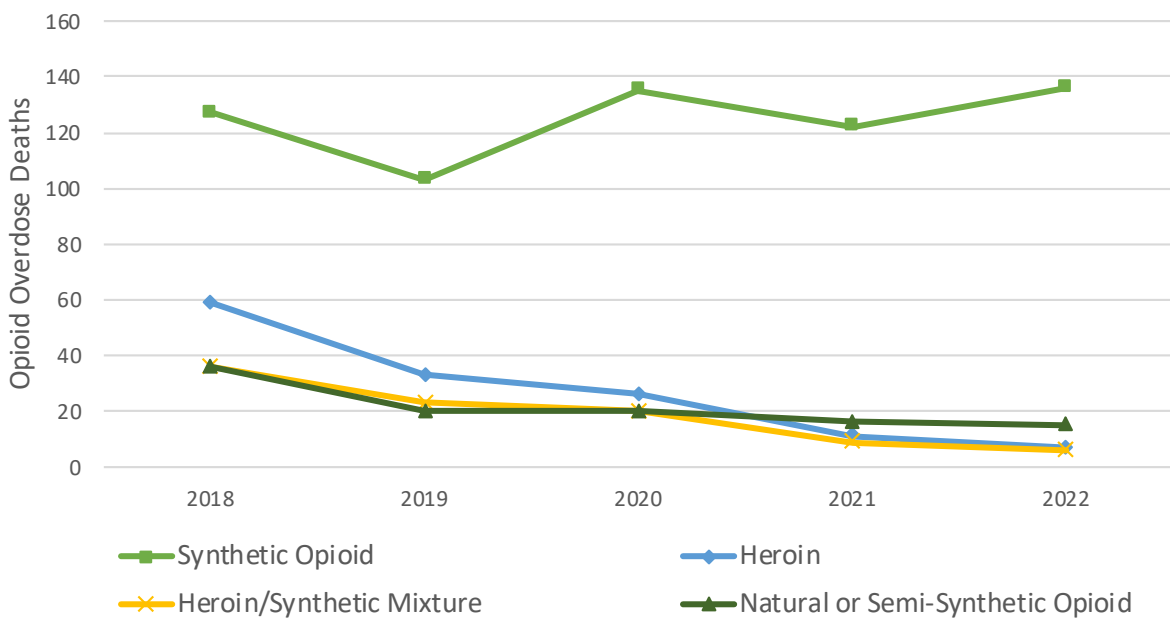
Figure 15: Opioid Overdose Fatality Rate: Winnebago County 2018-2023



[Data source: IDPH Opioid Data Dashboard](#)

In 2022, 136 drug overdose deaths in Winnebago County were due to synthetic opioids; 15 were due to natural or semi-synthetic opioids, 7 were due to heroin, and 6 were due to heroin and synthetic opioid mixtures as shown in Figure 16.

Figure 16: Drug Overdose Deaths by Substance: Winnebago County, 2018-2022



[Data Source: CDC Wonder](#)



Violence

The homicide rate in 2023 for Winnebago County was 8.2 per 100,000 population, similar to the state of Illinois at 8.5 but higher than the U.S. at 6.2 as shown in Table 7. Overall, the homicide rate has been decreasing in Winnebago County with the highest rate of homicide in 2020 at 13.9. The homicide rate is higher among Non-Hispanic Black/African Americans and males across Winnebago County, Illinois, and the U.S.

Table 7: Homicide^a Rate per 100,000 Population: Winnebago County, Illinois, US, 2018-2023

Year	Winnebago County	Illinois	US
2018	10.6	7.7	5.7
2019	8.5	7.7	5.8
2020	13.9	10.7	7.4
2021	9.9	11.7	7.8
2022	9.2	10.3	7.3
2023 ^b	8.2	8.5	6.2

^a Homicide = Deaths in which assault was reported as the underlying cause of death (ICD-10 codes X85-Y09).

^bData are provisional

Data Source: [Centers for Disease Control and Prevention. CDC Wonder.](#)

The firearm fatality rate has decreased since 2018 when the overall rate was 16.9 per 100,000 population to 10.6 in 2023. In 2023, firearm mortality rate was 12.5 per 100,000 in Illinois and was 12.9 per 100,000 in the U.S. The firearm mortality rate was higher among males and non-Hispanic Black/African Americans.

The complete data set used for this summary is available as a separate document through the WCHD website. For the direct link, see Appendix C-1.

Community Context Assessment

The CCA is a tool that collects and utilizes qualitative data to assess community strengths and assets, the built environment, and forces of change. It collects the insights, expertise, and views of people and communities affected by social systems to improve the functioning and impact of those systems. WCHD and the University of Illinois College of Medicine Rockford's (UICOMR) Division of Health Research and Evaluation (HRE) in partnership with community partners/organizations conducted the CCA as one (1) of the three (3) assessments outlined in the MAPP 2.0 Framework to center the voices of Winnebago County residents with lived experiences, focusing on their views, insights, values, cultures, and priorities, particularly those facing inequities.

Specifically, the CCA seeks to understand:

- Strengths and resources communities have that support health and well-being
- The current and historical forces of change at play in the local community, regionally and globally that shape political, economic and social conditions for community members
- Physical and cultural assets in the built environment and how those vary by neighborhood
- Steps that are being taken in the community to improve health outcomes
- Solutions the community has already identified on its own to improve community health

Methodology

The CCA utilized both quantitative and qualitative methods to gather insights from Winnebago County residents. The primary goal was to understand the perspectives of individuals directly impacted by the local public health system (LPHS) while also engaging underrepresented groups in meaningful conversations about health needs, barriers, and solutions.

The survey instrument was collaboratively designed by the IPLAN Committees (ISC and PSC) and the UICOMR HRE staff. It consisted of 36 questions covering key topics such as community strengths, health concerns, personal health factors, healthcare system experiences, and health equity. The survey was voluntary, and the results were analyzed in aggregate and treated confidentially. This approach helped ensure privacy and made residents feel more comfortable sharing their experiences.

The survey was programmed and administered using the Qualtrics XM platform providing residents the opportunity to take the survey in their most preferred language, ensuring a streamlined data collection process. Distribution was carried out through multiple channels:

- Direct emails to Winnebago County residents who had previously registered in WCHD databases and consented to receiving public health messages
- Public access via WCHD's website and social media platforms
- The IPLAN PSC in addition to other community partners that shared the survey with their clients and publicly through their websites and social media.

The survey was open for collecting responses from February 8, 2024 to March 15, 2024. To complement the survey data, focus groups were conducted from April 4, 2024 to June 1, 2024, providing a deeper understanding of community experiences, particularly for populations that may not have engaged with the survey.

To ensure broad participation, WCHD communications team launched the "Share.Submit.Shape" campaign. This initiative included a Partner Toolkit that provided organizations with materials such as posters, email drafts, handouts, recruitment flyers, and social media templates—all available in both English and Spanish as shown in Figure 17. The campaign leveraged targeted social media strategies, including seasonal and community-specific messaging. For example, during Valentine's Day, themed messages were used to encourage participation, while education-based materials highlighted the link between community health and student success with the tagline: "Healthier Community = Healthier Students = Better Learning."

Figure 17: Recruitment Flyers



The Qualtrics platform allowed WCHD to track survey engagement and completion rates, providing valuable insights into response trends. Data tracking capabilities included identifying how many residents opened but did not complete the survey, how many partially completed it, and the total number of fully completed responses. In addition to other key indicators, the survey was monitored by ZIP code, age group, race and ethnicity to ensure a diverse feedback. Locations or groups with low responses were supplemented with focus group discussions. By combining survey data and focus group discussions, WCHD gained a comprehensive understanding of the community's needs, strengths, and priorities. These insights directly informed Winnebago County's CHIP, shaping future public health strategies to improve health equity and outcomes for all residents.

While 2,905 respondents accessed the survey, only 2,704 surveys could be included in the analysis. Surveys were excluded from analysis if respondents did not live in Winnebago County (66) or did not provide a ZIP code (29). An additional 106 incomplete surveys (only demographic data completed) were excluded. No bot activity was detected during the data review.

The average time to complete the survey was 11 minutes, and it was available in six languages. There were 98.7% responses in English, 1.1% in Spanish, and less than 1% in other languages. Open-ended responses were categorized where possible and included in quantitative or qualitative analysis. Data was reported to one decimal place, and responses below 1% were marked as "<1%". This ensured all data was represented while maintaining respondent privacy.

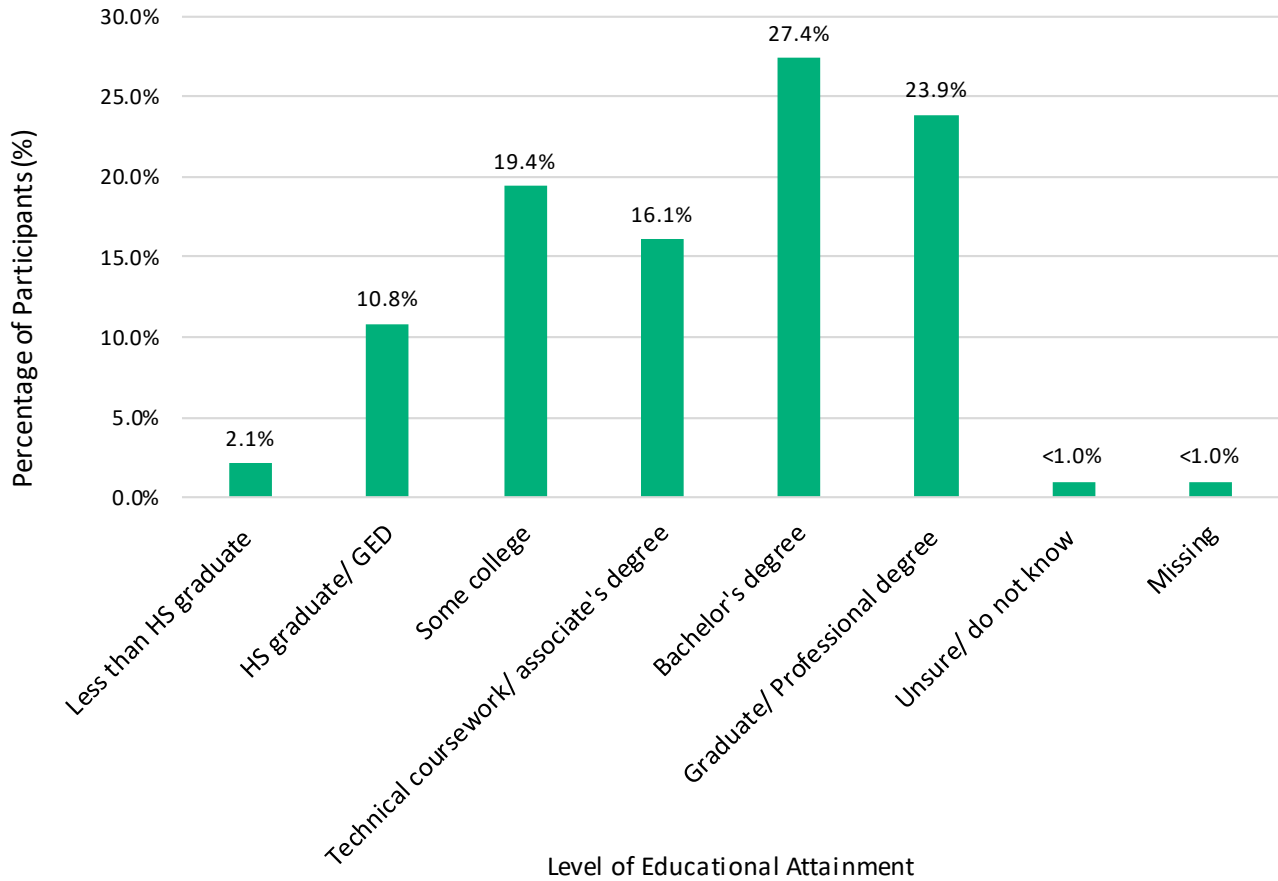
Of the 2,704 responses to the survey, the majority of respondents identified as women (61%). The most common age range was the 65-74 category (30%) followed by the 55-64 category (22%) see Table 8. Most of the respondents were White (84%).

Table 8: Summary CCA Demographics

Race	Percentage
White	83.7%
Black/African American whether alone or in combination with another race	6.6%
Race Unknown	5.2%
Other Race or 2 or more races excluding anyone who identified as Black/African American	4.1%
Missing	<1.0%
Gender	Percentage
Woman	60.8%
Man	30.9%
Transgender or Gender non-conforming	1.4%
Missing	6.9%
Age	Percentage
18-24	2.2%
25-34	6.7%
35-44	11.4%
45-54	14.4%
55-64	21.8%
65-74	29.8%
75+	13.6%

The most common category for highest level of education attainment was bachelor's degree at 27%. This was followed by graduate/professional degree at 24% as shown in Figure 18.

Figure 18: Highest Level of Education Achieved -Collapsed (n=2704)



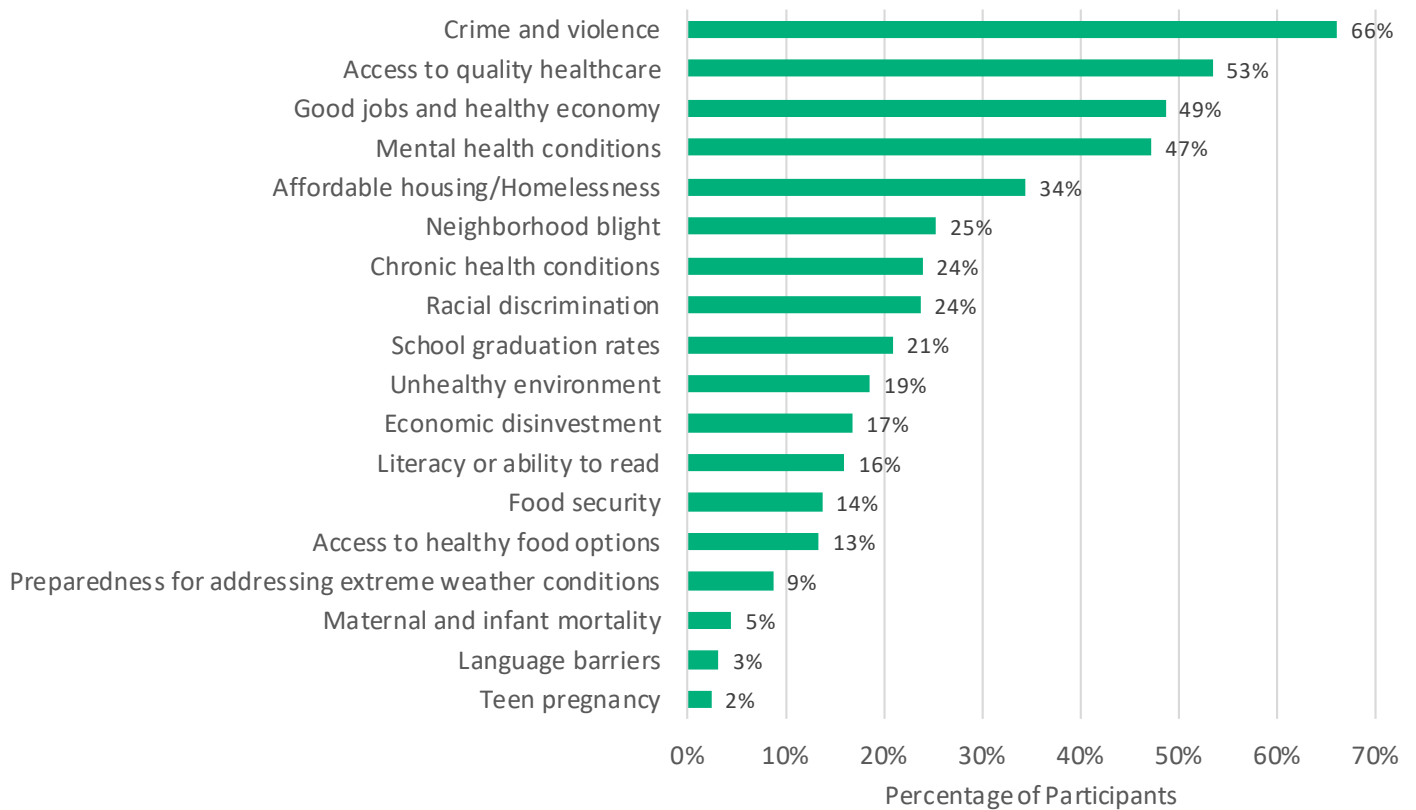
Data Summary

Respondents were asked to select five (5) community issues/concerns that were “most important to you” from a list of 18 categories (See Figure 19).

The top five categories included:

- Crime and violence
- Access to quality healthcare (primary care, mental health care, substance use care, hospitals, urgent care)
- Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)
- Mental health conditions (depression, anxiety, suicide, substance use disorder, etc.)
- Affordable housing/homelessness

Figure 19: Community Issues and Concerns

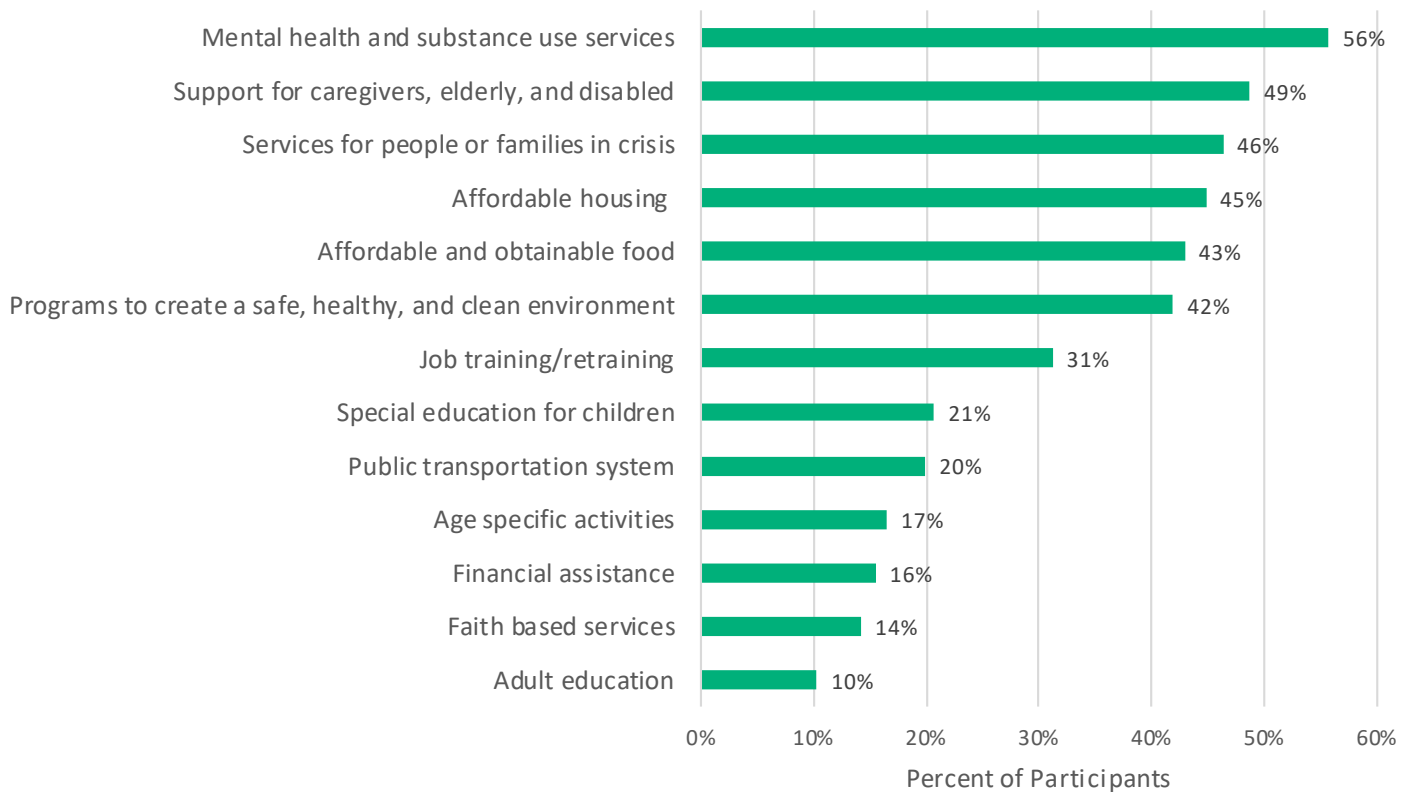


Respondents were asked to select the top five programs and activities that were “most important to you” from a list of 14 choices (See Figure 20).

The top five (5) programs and activities included:

- Mental health and substance use services
- Support for caregivers, elderly and the disabled
- Services for people or families in crisis
- Affordable housing
- Affordable and obtainable food

Figure 20. Top Programs and Activities Important to Survey Participants

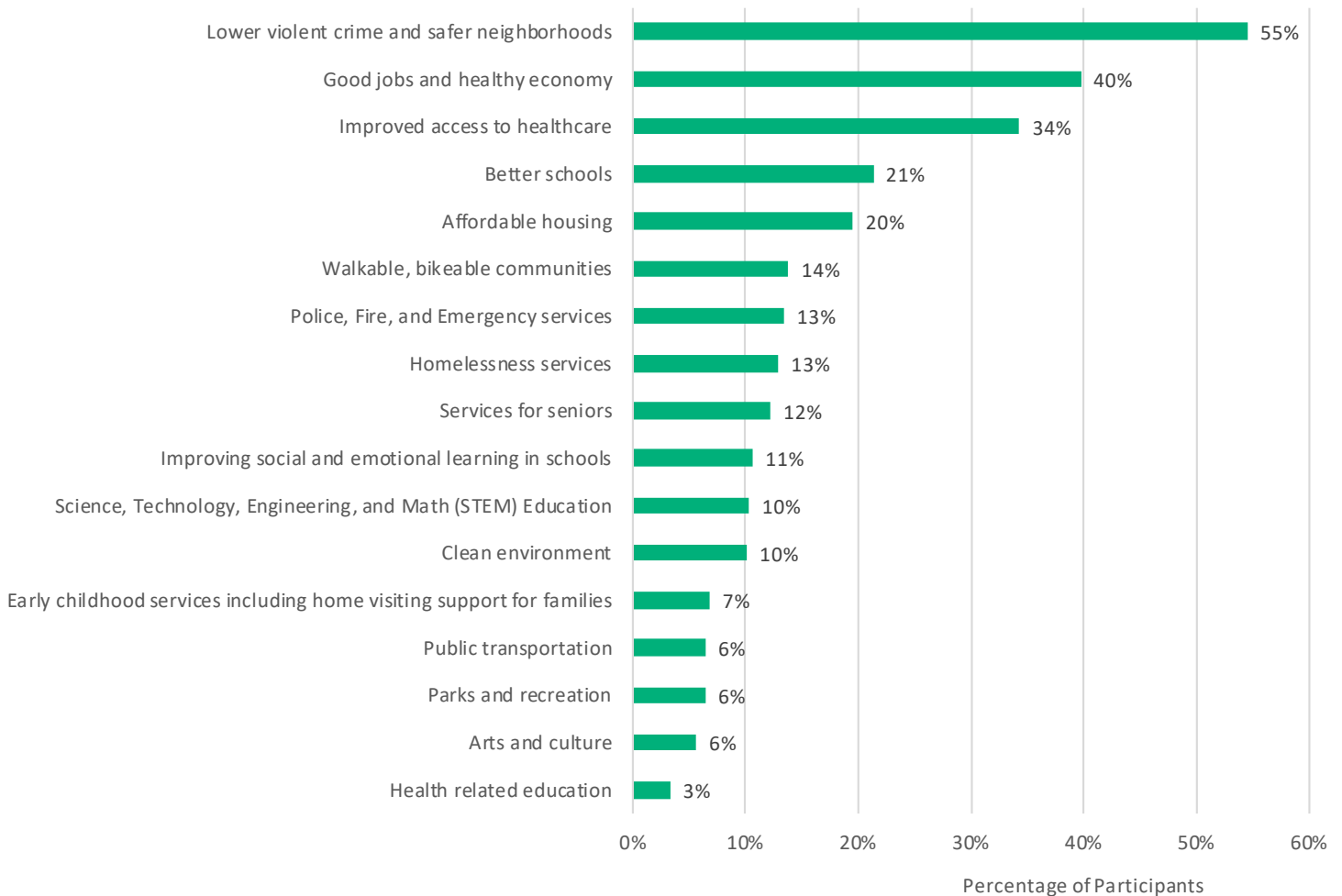


Respondents were asked to identify which three things Winnebago County should work on to make it one of the top 25 communities in the U.S. (See Figure 21).

The top three (3) improvement areas included:

- Lower violent crime and safer neighborhoods
- Good jobs and healthy economy (job security, good paying jobs, jobs with benefits)
- Improved access to healthcare including mental health and substance use care, primary care, hospital, and urgent care

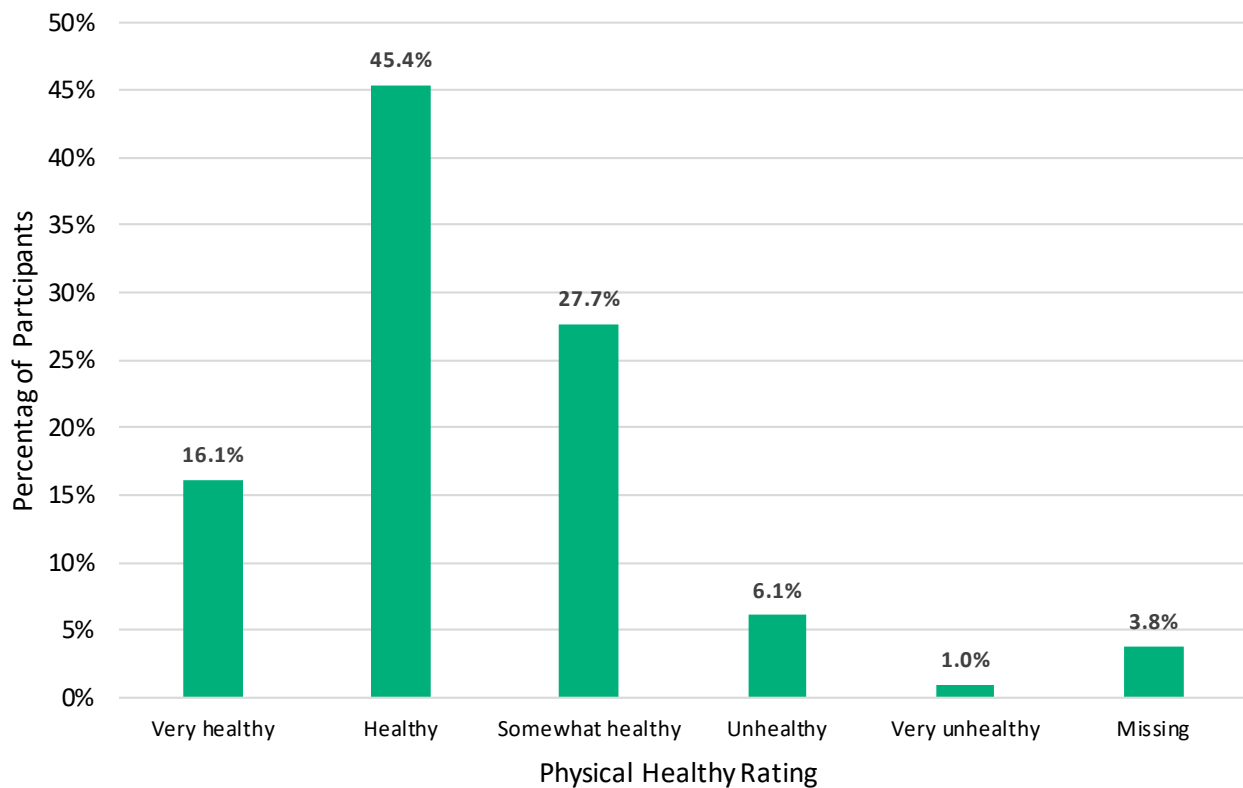
Figure 21. Top Areas of Focus for Winnebago County:



Respondents were asked to rate their physical health and the majority ranked it as healthy (45.4%) and very healthy (16.1%) and 7.1% indicated they were unhealthy or very unhealthy (See Figure 22).

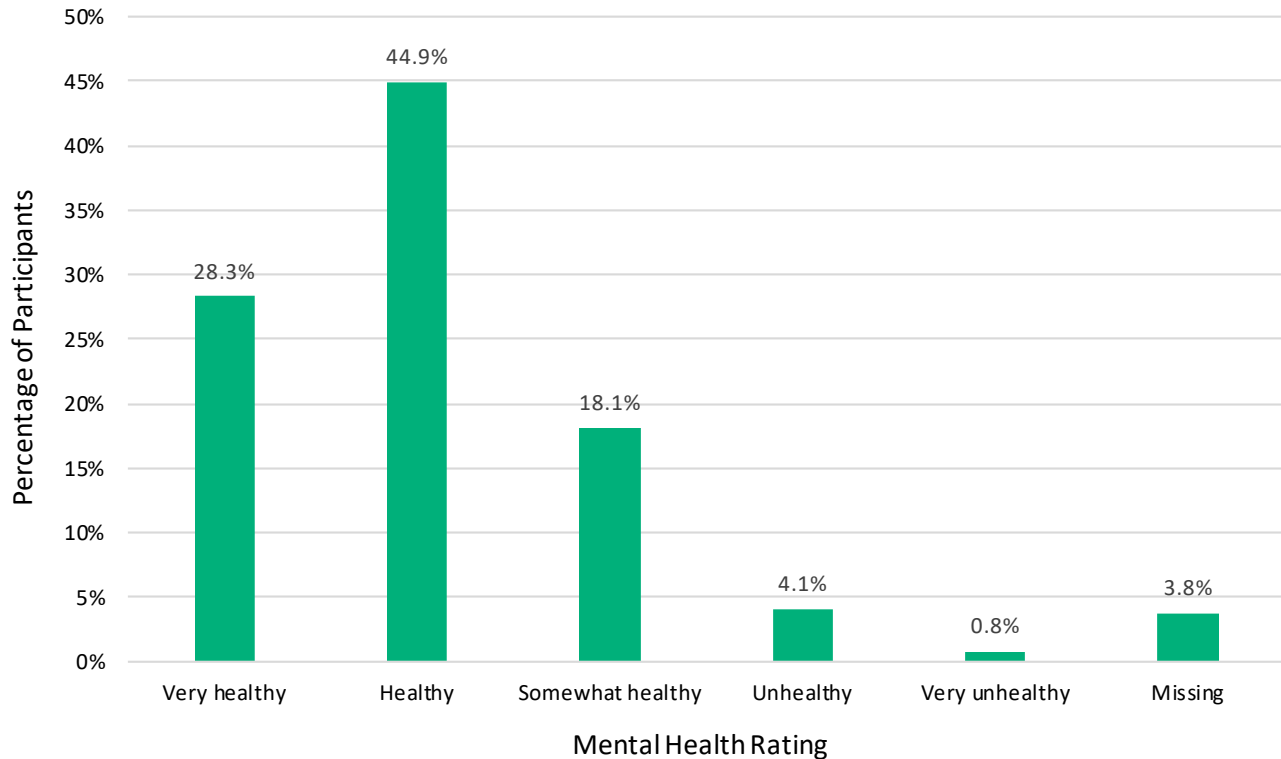
Black/African American respondents were more likely to rate themselves as somewhat healthy (45.1%) but less likely to rate themselves as healthy (32.3%) or very healthy (14.1%) compared to the overall group. They were also slightly more likely to rate themselves as unhealthy (8.5%). Respondents who did not identify their race were less likely to rate themselves as very healthy (11.8%) or healthy (39.7%), while being more likely to rate themselves as somewhat healthy (39.0%) or unhealthy (2.9%). Those identifying as another race or multiple races had a higher likelihood of rating themselves as healthy (53.4%), aligning closely with overall trends in very healthy ratings.

Figure 22: How Would You Rate Your Physical Health? (n=2704)



Respondents were asked to rate their mental health and a majority ranked themselves as healthy (44.9%) and very healthy (28.3%), while 4.9% indicated they were unhealthy or very unhealthy (See Figure 23). All race categories except White were more likely to rate their mental health as unhealthy as compared to the overall group of respondents. Overall, 4.1% of respondents rated their mental health as unhealthy compared to 5.5% of Black/African American respondents, 5.8% of other or 2 or more race respondents, and 7.4% for those whose race is unknown.

Figure 23: How Would You Rate Your Mental Health? (n=2704)



PHASE 3

CONTINUOUSLY IMPROVE THE COMMUNITY

WCHD worked with community partners to collectively plan for improving the health of residents by first reviewing the CHA which included data from the CPA, CCA (including Focus Group Discussions), and CSA. Then WCHD worked with community partners on prioritizing health issues, developing CHIP goals/objectives, and creating strategies for the CHIP.

The IPLAN Committees (PCS and ISC) and Organizers Strategic Workgroup reviewed data collected from the CHA and developed health prioritization and improvement tools that were used for Phase 3 of the CHIP process including:

- Community Health Issues Prioritization Matrix (Appendix E-3)
- Weighting Community Health Prioritization Matrix (Appendix E-4)
- Community Partner Alignment Tool (Appendix F-1)
- Root Cause Analysis Tool (Appendix F-2)

Prioritization of Health Issues Methodology

The IPLAN Committees (PCS and ISC) and Organizers Strategic Workgroup reviewed CHA data and planned for the Health Prioritization Workshop.

Engaging Community Partners and Residents

The community partner workshop was launched with the theme “Bring Your Superpower” as indicated in Appendix E-1. Community partners from all sectors of the LPHS and community residents were invited to share their experiences. The invitation for the workshop was posted on WCHD’s website to ensure community residents could register, and WCHD’s Collaborators Strategic Workgroup was tasked with inviting all community partners. Additionally, WCHD worked with community partners to further broaden the scope of outreach by asking them to share the invitation with community residents and other partner organizations. Participants registered for the Community Health Prioritization exercise through Qualtrics XM. The number of participants who registered for the health prioritization event was continuously monitored to ensure all sectors of the local public health system were represented. When registration for various LPHS sectors showed underrepresentation, sector specific outreach was conducted to ensure partners considered registering. Registration was open during the month of September 2024. More than 80 participants from different sectors of the LPHS registered and approximately 60 participants attended the workshop.

Development of the Prioritization Matrix

The IPLAN 2025 prioritization process kicked off internally at WCHD’s All Staff meeting on August 29, 2024. This internal step ensured the preliminary review of CHA results by WCHD staff, which highlighted the most pressing health issues for Winnebago County.

Prior to the Community Health Prioritization event, the IPLAN PSC convened on September 19, 2024 to review the CHA data and to weight the criteria of the prioritization matrix (Appendix E-5). The matrix, developed by WCHD’s Strategic Workgroups, focused on nine (9) criteria and was integral in identifying the most pressing

health issues for Winnebago County residents (Appendix E-3). WCHD engaged community organizations, agencies, residents, and elected officials in the process on September 25, 2024 at the Community Health Prioritization event. The discussion involved the review of IPLAN requirements, review of CHA results and the prioritization exercise (Appendix E-2). Participants were guided to complete the prioritization exercise through Qualtrics XM which resulted in the ranking of top health priorities.

Prioritization Results




Based on the prioritization exercises, the health priorities were scored as show in Table 9 below.

Table 9: Community Health Prioritization Results

Priority area	Average Score
Mental/Behavioral Health	3.09
Maternal and Child Health	3.07
Economic Stability	2.91
Violence	2.86
Housing	2.79
Access to Care	2.71
Environment	2.64
Education	2.63
Food Security	2.63
Support Needs for Aging	2.57

Feedback from the Community Health Prioritization Results event was further reviewed by WCHD staff and leadership and a consensus was reached on the three (3) health priorities based on discussions of all the Strategic Plan Workgroups and additional consideration by WCHD's Leadership Team (Appendix E-5).

The three (3) health priorities for IPLAN 2025-2030 are:

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

Social Determinants of Health (SDoH) such as economic stability, housing, access to care, environment, education, and food security were identified as key factors influencing these health priorities and could be addressed in strategies.

The complete data set used for this summary is available as a separate document through the WCHD website. For the direct link, see Appendix D-1. For a direct link to the data from the focus groups, see Appendix D-2.

Formulate Goals and Objectives

The IPLAN Committees (ISC and PSC) incorporated feedback from the Community Health Prioritization event and collaborated with WCHD's IPLAN Workgroups to develop community health improvement goals and objectives for the top three (3) health priorities.

The three (3) IPLAN Workgroups (Maternal, Infant, and Child Health; Violence; and Opioid Response Team) and the Mental Behavioral Health Advisory Committee completed the Community Partner Alignment Tool (Appendix F-1) and a Root Cause Analysis for each relevant priority areas in October 2024 (Appendix F-2). These exercises were intended to drive the development and prioritization of strategies for each of the health priorities and identify aligned community partners with the power to address the priority.

The WCHD All Staff Meeting on October 31, 2024 focused on understanding the Social Determinants of Health and their impact on the Health Priorities (Appendix F-3ia). At this meeting, staff were engaged in an exercise to develop strategies for each of the three (3) health priorities to address the root causes identified by the IPLAN Workgroups including the social determinants of health. (Appendix F-3ib-d)

From November to December 2024, the IPLAN PSC and ISC held meetings to review and prioritize IPLAN strategies drafted by WCHD staff. The strategy prioritization exercise focused on ensuring that proposed strategies were evidence-based, using reputable sources such as [County Health Rankings](#), [Healthy People 2030](#), [Illinois's State Health Improvement Plan 2028](#), [Illinois Maternal Morbidity and Mortality Report – 2023](#), [Illinois Perinatal Quality Collaborative](#), [CDC Community Violence Prevention Resource](#), and [Agency for Healthcare Research and Quality \(AHRQ\)](#). The IPLAN Steering Committees conducted evaluations of each strategy using a four (4) quadrant Strategy Prioritization Matrix (Appendix F-3ii), ranking them based on support for implementation and impact of implementation (Appendix F-3iia). Strategies addressing social determinants of health that were identified through the CCA were also selected.

Maternal and Child Health

Maternal and child health indicators including morbidity and mortality provide an overview of the health and well-being of the community. By monitoring these indicators, potential health problems can be identified earlier (upstream) allowing for measures to prevent the development and or mitigate the negative impacts.

Winnebago County has been challenged with increasing infant mortality and maternal morbidity rates over the five (5) year period from 2016 to 2021 with significant health disparities identified for Black/African American mothers and infants. Infant mortality rates for Black/African Americans are 2.3 times higher, and low birth weight rates are two (2) times higher compared to White and Hispanic/Latino populations in Winnebago County. Teen birth rates continued to decline, but still exceed the state of Illinois.

Severe Maternal Morbidity (SMM) rates for Winnebago County remain high at 80 – 99.9 per 10,000 live births as compared to other counties in Illinois. Approximately 40% of Winnebago County's live births were to mothers with maternal obesity (11%); diabetes (11%), and hypertension (11%). Substance use impacted 10 to 12.9% of births in Winnebago County.

The average preterm birth rate from 2019 to 2021 for Winnebago County was 12.1% as compared to the Illinois rate of 10.6% with a higher rate for Black/African American mothers as compared to their White and Hispanic/Latino counterparts.

Interconceptional (interpregnancy) intervals of less than 18 months are associated with adverse outcomes for both mother and infant including preterm birth, low birthweight, and preeclampsia. Over one-quarter (26.7%) of pregnancies in Winnebago County were within 18 months of a prior birth as compared to 23.4% for Illinois from 2021 to 2023.

Goals

By 2030, increase the development of family infrastructure that supports the optimal development of children in all families, especially families experiencing the negative social determinants of health.

Objectives

- O1:** By 2030, reduce adverse maternal and child health outcomes, including maternal mortality, severe maternal morbidity, preterm births, infant mortality, and low birth weight, by 10%.
- O2:** By 2030, reduce the infant mortality rate for Black/African American infants by 10%.
- O3:** By 2030, reduce the percentage of low birth weight infants in the Black/African American population by 10%.
- O4:** By 2030, reduce the severe maternal morbidity (SMM) rate in Black/African American women by 10%.
- O5:** By 2030, reduce the percentage of pregnancies conceived within 18 months of a previous birth by 10%.

Strategies/Activities

Policy

- Ensure that staff working with families is trained to screen, assess, and address perinatal and postpartum depression.
- Advocate for the full implementation of Safe and Respectful Care by all provider systems as outlined by the Illinois Perinatal Quality Collaborative.
- Advocate for policies to support development of holistic, culturally competent, comprehensive system of prenatal care.
- Advocate for policies to support evidence-based home visiting and case-management for all families with enhanced support for at-risk families.
- Advocate for educational programming that supports high school graduation rates, post-secondary education, and vocational career training.
- 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.
- Seek sustainable funding sources to support initiatives to improve maternal and child health.
- Advocate for adoption of the HUD [Healthy Homes](#).

Systems

- Establish universal home visiting with risk-based referral for intensive home visiting.
- Increase access to mental health services including substance use treatment for perinatal and postpartum depression.
- Increase access to early diagnosis of pregnancy and entry into care.
- Ensure all eligible families are connected to WIC and/or SNAP benefits for nutrition education and support.
- Expand WIC (Women, Infants, and Children) nutrition education program in Black/African American communities.
- Expand access to doulas and midwives.
- Ensure that all staff working with parenting families are trained in the concepts of Safe, Respectful Care and Trauma Informed Practices.
- Ensure that all providers have the capacity and capability to provide services in the family's preferred language and method including the ability to address health literacy.
- Increase training for implicit bias for healthcare professionals.
- Increase educational attainment levels for parents.
- Decrease barriers to perinatal including prenatal and postpartum including but not limited to transportation, hours, language, insurance.
- Ensure that all eligible pregnant/postpartum women are enrolled in Medicaid Presumptive Eligibility (MPE).
- Improve pre-conception health status for women of reproductive age.
- Engage fathers and/or support systems to encourage healthy pregnancy outcomes and growth and development of children.
- Implement the Illinois Perinatal Quality Collaborative (ILPQC) Equity and Safe Sleep for Infants (ESSI) initiative.
- Assess for social determinants of health that impact maternal and child health including safe housing, financial stability, and food security.
- Ensure that all postpartum women are referred for development of reproductive life plan/family planning services with their healthcare provider.

Environment

- Provide education to healthcare systems on environmental issues impacting maternal and child health including lead, moisture, ventilation, and injury prevention.
- Refer families for Healthy Homes including lead mitigation.
- Ensure that daycare/childcare providers address environmental safety.

Community Partners with Power to Address

- Alignment Rockford
- Doula Programs
 - Brightpoint
 - Easterseals
- Elected Officials



- Mayors and City Council Representatives
 - State Representatives
 - U.S. Representatives
 - Winnebago County Board
- Federally Qualified Health Centers (FQHCs)
 - Crusader Community Health
 - UI Health Mile Square Health Center – L.P. Johnson Rockford
- Greater Rockford Chamber of Commerce
- Illinois Perinatal Quality Collaborative Including Local Health Systems
 - Mercyhealth (Javon Bea Hospitals)
 - OSF Healthcare (St. Anthony Medical Center)
 - UW Health in Northern Illinois (formerly known as SwedishAmerican Hospital)
- League of Women Voters
- Mental Health Including Substance Use
 - Remedies Renewing Lives
 - Rosecrance Health Network
- MIECHV – igrow Rockford (Maternal Infant Early Childhood Home Visiting) Collaborative including partners:
 - Brightpoint
 - City of Rockford Early Head Start Program
 - Easterseals
 - Harlem School District 1222 Donald Parker Early Childhood Center
 - Rockford Public School District 205 Early Childhood Program
 - YWCA – LaVoz Latina
- Northpointe Birthing Center
- Refugee Resettlement Programs
 - Catholic Charities Refugee
 - Rock Valley College
- Boone-Winnebago County Regional Office of Education #4
- Rockford Regional Health Council
- Women’s March Rockford
- YWCA

Proposed Sources of Funding

- Federal Grants
 - Healthy Homes
 - Lead Remediation
- Local Funding
 - Local Opioid Settlement Funds
 - Local Public Health Tax Referendum
- Illinois Department of Human Services Grants



- Better Birth Outcomes
- Breastfeeding Peer Support
- High Risk Infant Follow-up
- Illinois Opioid Settlements Initiative
- MIECHV – Maternal Infant and Early Childhood Home Visiting
- Women, Infants, and Children (WIC) Supplemental Nutrition
- Illinois Department of Public Health Grant
 - Birth Equity Innovation Seeds Grant
 - Local Health Protection Grant – Lead
 - Title X Family Planning
- Winnebago County Community Mental Health Board

Mental / Behavioral Health

In 2024, Winnebago County residents voted to continue funding mental health services through a dedicated sales tax. The Winnebago County Community Mental Health Board (WCCMHB) is the entity responsible for the planning, implementation, and monitoring of the system of mental health and substance use services. The WCCMHB distributes funds to community partners through the Community Support System (CSS) framework.

In 2022, Winnebago County had a fatal opioid overdose rate of 49.5 per 100,000 population, higher than the state of Illinois (29.5 per 100,000). While the rates of opioid overdose have started to decline overall, the rate is significantly higher among non-Hispanic Black/African Americans whose rate is over two (2) times higher than that of White individuals. Individuals aged 30 to 59 years of age had the highest opioid overdose rates overall with males twice as likely as females to have fatal overdoses.

The rate of deaths due to suicide decreased from 14.3 per 100,000 in 2016 to 13.4 per 100,000 in 2021. The rate was 3.8 times higher in non-Hispanic Whites than in non-Hispanic Black/African Americans.

Additionally, Winnebago County's 2024 CCA provided the following findings:

- Five percent (5%) of residents rated their personal mental health as unhealthy/very unhealthy.
- The five (5) most frequent mental health conditions reported in residents or their household were anxiety (37%), depression (29%), attention deficit disorder or ADHD (14%), post-traumatic stress disorder (10%), and addictive behaviors/substance use disorder (7%).
- The majority of residents who sought mental health care but could not receive care attribute that to payment (insurance, affordability) and access (could not get appointments, time-off from work, and didn't know where to receive care).

Goals

By 2030, improve the mental health of the community through promotion of positive coping and self-care skills, resilience, and prevention of serious mental health issues including substance use and associated impacts.

Objectives

- O1:** By 2030, decrease the rate of deaths from opioid overdose, including fentanyl, by 10%.
- O2:** By 2030, decrease the rate of suicide in Winnebago County by 10%.
- O3:** By 2030, reduce disparities in mental health outcomes (suicides and opiate overdose deaths) by 5%.
- O4:** By 2030, decrease the self-report of unhealthy/very unhealthy to no more than 2%.

Strategies/Activities

Policy

- Foster the integration of mental health services with primary care to streamline support for community residents who need mental health services.
- Support the WCCMHB in the development of a coordinating entity for single point of entry into care and services to address gaps in the CSS.
- Promote opportunities for social connectedness to engage individuals across age and cultural spectrums.
- Advocate for recreational spaces and opportunities to support positive mental health.
- Advocate for enhanced mental health services in school settings.
- Advocate for educational programming that supports high school graduation rates, post-secondary education, and vocational career training.
- Continue work to advance Winnebago County as a trauma-informed community that acknowledges and addresses trauma.
- Advocate for Firearm Safe Storage to prevent access to lethal means.

Systems

- Increase care coordination with homeless shelters, community centers, and churches.
- Increase access to self-care resources to support development of coping skills and resilience.
- Integrate principles of healthy lifestyle behaviors to support positive mental health.
- Expand access to evidence-based peer support and recovery programs.
- Increase community awareness of available mental health resources and access.
- Educate the aging population on the signs and symptoms of dementia.
- Engage advocates for aging on support for caregivers to reduce stress.
- Collaborate with schools to provide training and education on early identification of children/adolescents and coping skills to reduce risk of mental health issues.
- Collaborate with schools on evidence-based substance use prevention education.
- Increase access to MAT/MAR (Medication-Assisted Therapy/Medication-Assisted Recovery) in Winnebago County.
- Expand harm reduction services.
- Expand naloxone training and distribution.
- Develop and enhance systems for alternative pain management strategies including access to medical cannabis/marijuana and physical/occupational therapy.
- Expand Trauma 101 Trainings to workplaces and employers.

- Increase access to employment activities for individuals impacted by mental/behavioral health issues.
- Decrease barriers to mental health care including but not limited to transportation, hours, language, and insurance.
- Develop messaging to reduce stigma associated with mental health especially among Black/African and rural communities.
- Develop educational messaging around limiting screen time in children and adolescents and share messaging with families.
- Provide education on secure and responsible storage of firearms and provide gun locks through community partners and WCHD clinics.

Environment

- Provide education to healthcare systems on environmental issues impacting mental health including lead, moisture, ventilation, and injury prevention.
- Refer families for Healthy Homes including lead mitigation.
- Ensure that individuals/families who are displaced from housing due to condemnation receive follow-up from the Trauma Informed Care Coordinator to address underlying mental health issues.
- Develop supportive housing models to assist individuals living with mental health challenges to live independently.
- Partner with homeless shelters and community centers for mental health outreach.

Community Partners with Power to Address

- Academic Institutions/ Educational Entities
 - Regional Office of Education
 - Rockford Public Schools District #205
 - UICOMR
 - University of Illinois at Chicago College of Pharmacy at Rockford
- Agencies Addressing Homelessness
 - Carpenter's Place
 - Homeless Continuum of Care
 - Jubilee Center
 - Rockford Human Services Department
 - Rockford Rescue Mission
 - Shelter Care Ministries
- Business Entities
 - Rockford Chamber of Commerce
- Community Mental Health and Recovery
 - Community Foundation of Northern Illinois (CFNIL)
 - Harm Reduction Providers (Live4Lali, Crusader Community Health, WCHD)
 - NAMI (National Alliance on Mental Illness)

- Peer Recovery Entities (NA, AA)
 - Winnebago County Community Mental Health Board (WCCMHB)
 - Youth Services Network (YSN)
- Healthcare Systems
 - Mercyhealth
 - OSF HealthCare Saint Anthony Medical Center
 - UW Health
- Mental/Behavioral Health Treatment Providers
 - Crusader Community Health (FQHC)
 - UI Health Mile Square Health Center – L.P. Johnson Rockford (FQHC)
 - Rosecrance
 - Remedies Renewing Lives
- Public Safety, Emergency, and Justice Systems
 - Rockford Fire Department including Mobile Integrated Health
 - Winnebago County Corrections
 - Winnebago County Court System including Probation
 - Winnebago County Juvenile System
 - Law Enforcement Entities and Crisis Co-Responder Teams
- Service Agencies (additional)
 - Northwestern Illinois Area Agency on Aging
 - Veterans Assistance Commission of Winnebago County
 - SASS – Screening, Assessment, and Support Services

Proposed Sources of Funding

- Local Funding
 - Local Opioid Settlement Funds
 - Local Public Health Tax Referendum
- Illinois Department of Human Services Grants
 - Illinois Opioid Settlements Initiative
 - Substance Use Prevention
 - Teaching Coping and Problem Solving Skills
- Illinois Department of Public Health Grant
 - Health Equity Zone
- Private Foundations
 - Community Foundation of Northern Illinois
 - Others
- Winnebago County Community Mental Health Board

Violence

From 2018 to 2023, Winnebago County's average annual homicide rate was 10.1 per 100,000, which exceeded both Illinois (9.4) and the U.S. (6.7). Winnebago County homicides decreased from a high of 13.9 per 100,000 in 2020 during the pandemic to 8.2 per 100,000 in 2023. Homicide rates are four (4) times higher in males than in females. From 2016 to 2021, intimate partner violence homicide in Winnebago County declined by 33% (from a rate of 6.69 per 100,000 in 2016 to 2.11 per 100,000 in 2021).

The firearm-related death rate averaged 14.7 per 100,000 in Winnebago County, higher than both Illinois (13.0) and the U.S. (13.3). This rate dropped from 17.0 in 2021 to 10.6 in 2023. Firearm-related death rates are seven (7) times higher in males than females.

Trauma is an event or experience that has a negative impact on an individual, including: homelessness, substance use, unemployment, family violence, bullying and more. Trauma can negatively impact healthy development, affect relationships, and contribute to mental health issues and substance abuse. Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs have been linked to future violence, victimization and perpetration, chronic health problems, mental illness, and substance use problems. ACEs can have a negative impact on education, job opportunities, and earning potential.

Goals

By 2030, decrease the incidence of personal, family, and community violence with targeted focus on areas suffering from unequal rates of violent acts.

Objectives

- O1:** By 2030, reduce the incidence of firearm related deaths by a minimum of 5%.
- O2:** By 2030, reduce the domestic violence fatality rate by a minimum of 5%
- O3:** By 2030, reduce the risk of reported substance use in adolescence by 20%.
- O4:** By 2030, reduce the incidence of bullying behavior by 50%.
- O5:** By 2030, increase the rate of gun lock distribution to the three communities with the highest social vulnerability index (61101, 61104, and 61102) by 20%.

Strategies/Activities

Policy

- Advocate for educational programming that supports high school graduation rates, post-secondary education, and vocational career training.
- Promote funding for school support services, including in-school counseling and mentoring programs.
- Advocate for policies to support evidence-based home visiting and case-management for all families with enhanced support for at-risk families.
- Advocate for recreational spaces and opportunities to support social interactions.

Systems

- Expand mental health support services in schools and community centers.

- Develop messaging to reduce stigma associated with mental health.
- Inform and educate the community on firearm secure storage.
- Expand mentorship programs for at-risk youth with positive adult and peer mentors.
- Provide trauma-informed counseling and support programs for youth and families in need.
- Collaborate with the justice system to provide continued counseling and support post-incarceration for harm reduction services.
- Establish universal home visiting with risk-based referral for intensive home visiting.
- Continue work to advance Winnebago County as a trauma-informed community that acknowledges and addresses trauma.
- Collaborate with poverty reduction initiatives in the community such as Bridges to Prosperity.
- Provide education on parenting skills and family relationship building.
- Expand Handle with Care Initiatives in Winnebago County schools.
- Strengthen hospital-based violence intervention program at OSF HealthCare Saint Anthony Medical Center and expand to UW Health and Mercyhealth.

Environment

- Address vulnerable and disinvested neighborhoods through local agencies and programs including Healthy Homes, blight reduction, and Rockford REGROW grants to strengthen neighborhoods and address underlying socioeconomic challenges.
- Provide gun locks to families to secure firearms.
- Provide green spaces to support social connections.

Community Partners with Power to Address

- Academic Institutions/ Educational Entities
 - Public School Districts
 - Durand Community Unit School District 322
 - Harlem School District 122
 - Hononegah School District 207
 - Kinnikinnick School District 131
 - Pecatonica Community Unit School District 321
 - Prairie Hill District 133
 - Rockford Public Schools District 205
 - Rockton School District 140
 - Shirland School District 134
 - South Beloit Community Unit School District 320
 - Winnebago Community Unit School District 323
 - Winnebago County Special Education Cooperative
 - Regional Office of Education for Boone and Winnebago Counties (ROE4)
 - Private schools
 - Summit Academy
- Community Initiatives / Prevention Strategies

- Boys and Girls Club
 - Silence the Violence, Get Connected 815
 - YMCA Rock River Valley
 - Youth Services Network
- Community Mental Health and Recovery
 - NAMI
 - Winnebago County Community Mental Health Board (WCCMHB)
- Healthcare Partners
 - FQHCs
 - UI Health Mile Square Health Center – L.P. Johnson Rockford
 - Crusader Community Health
 - Mercyhealth
 - OSF HealthCare St. Anthony Medical Center
 - Hospital violence intervention programs/trauma recovery center
 - UW Health
- Mental/Behavioral Health Treatment Providers
 - Brightpoint
 - Remedies Renewing Lives
 - Rosecrance Health Network
 - Salvation Army of Rockford & Winnebago County
 - TASC (Treatment Alternatives for Safe Communities)
 - Youth Services Network (YSN)
- Public Safety / Emergency/ Justice Systems
 - Law Enforcement Entities and Crisis Co-Responder Teams including City or Rockford Police Department, Winnebago County Sheriff
 - Rockford Fire Department including Mobile Integrated Health
 - Winnebago County Corrections
 - Winnebago County Court System including probation
 - Winnebago County Juvenile System
- Service Agencies
 - Alignment Rockford
 - Carpenter's Place
 - Easter Seals
 - Family Peace Center
 - Girl Scouts of Northern Illinois
 - Goodwill Industries
 - Rock House Kids
 - Rockford Diocese
 - Rockford Housing Authority
 - Rockford Park District
 - Rockford Regional Health Council

- Shelter Care Ministries
 - Stepping Stones of Rockford, Inc.
 - United Way of Rock River Valley
 - YWCA
- Others
 - CFNIL
 - Mayor's Office
 - R1 Planning Council
 - Rockford Public Library

Proposed Sources of Funding

- Federal Funding
 - Healthy Homes
 - Lead Mitigation
- Illinois Department of Human Services Grants
 - Illinois Opioid Settlements Initiative
 - Substance Use Prevention
 - Teaching Coping and Problem Solving Skills
- Illinois Department of Public Health Grant
 - Firearm Safe Storage
 - Health Equity Zone
 - Local Health Protection Grant - Lead
- Local Funding
 - Funding for Demolitions
 - Local Opioid Settlement Funds
 - Local Public Health Tax Referendum
- Local Health Systems
- Private Foundations
 - Community Foundation of Northern Illinois
 - Others
- Winnebago County Community Mental Health Board

COMMUNITY HEALTH IMPROVEMENT PLAN

Maternal and Child Health

Goals: By 2030, Increase the development of family infrastructure that supports the optimal development of children in all families, especially families experiencing the negative social determinants of health.

Benchmarks	State	Healthy Illinois 2028/State Health Improvement Plan ;
	Other	Healthy People 2030 , County Health Rankings , State of Illinois Opioid Overdose Plan ; Agency for Healthcare Research and Quality
Objective	Winnebago County Baseline	Monitoring Metric Data Sources
O1: By 2030, reduce adverse maternal and child health outcomes, including maternal mortality, severe maternal morbidity, preterm births, infant mortality, and low birth weight, by 10%.	Maternal mortality rate for Illinois was 27 births per 100,000 between 2018-2020.	Illinois Maternal Morbidity and Mortality Report
	Severe Maternal Morbidity Rate among deliveries in Winnebago County was 80-99.9 per 10,000 deliveries from 2018-2020.	Illinois Maternal Morbidity and Mortality Report
	Preterm births rates for Winnebago County was 12.1% per Live births from 2019 to 2021.	CDC Wonder
	Infant mortality rate for Winnebago County was 8.8 live births per 1,000 from 2020 to 2022.	CDC Wonder
	Low birth weight rate for Winnebago County was 10.4% of live births from 2021 to 2023.	CDC Wonder
O2: By 2030, reduce the infant mortality rate for Black/African American infants by 10%.	Infant mortality rates for Black/African American infants in Winnebago County was 17.1 live births per 1,000 from 2020 to 2022.	CDC Wonder
O3: By 2030, reduce the percentage of low birth weight infants in the Black/African American population by 10%.	Low birth weight rates for Black/African American infants in Winnebago County was 16.8% of live births from 2021 to 2023.	CDC Wonder
O4: By 2030, reduce the severe maternal morbidity rate in Black/African American women by 10%.	Severe Maternal Morbidity Rate for Black/African American deliveries in Illinois was 150.1 per 10,000 deliveries from 2018-2020.	Illinois Maternal Morbidity and Mortality Report

☐ Mental and Behavioral Health

Goals: By 2030, improve the mental health of the community through promotion of positive coping and self-care skills, resilience, and prevention of serious mental health issues including substance use and associated impacts.

Benchmarks	State	Healthy Illinois 2028/State Health Improvement Plan ;
	Other	Healthy People 2030 , County Health Rankings , State of Illinois Opioid Overdose Plan ; Agency for Healthcare Research and Quality
Objective	Winnebago County Baseline	Monitoring Metric Data Sources
O1: By 2030, decrease the rate of deaths from opioid overdose, including fentanyl, by 10%.	The rate of opioid overdose deaths for Winnebago County residents was 5.0 per 10,000 of the population from 2020-2022.	IDPH Opioid Dashboard
O2: By 2030, decrease the rate of suicide in Winnebago County by 10%.	The rate of suicide deaths for Winnebago County residents was 14.1 per 100,000 of the population from 2021 to 2023.	CDC Wonder
O3: By 2030, reduce disparities in mental health outcomes (suicides and opioid overdose deaths) by 5%.	The rate of suicide deaths for Black/African American residents in Winnebago County was 8.2 per 100,000 of the population from 2021-2023.	CDC Wonder
	The rate of suicide deaths for White residents in Winnebago County was 15.5 per 100,000 of the population from 2021-2023.	CDC Wonder
	The rate of opioid overdose deaths for Black/African American Winnebago County residents was 11.9 per 10,000 deaths of the population from 2020 to 2022.	IDPH Opioid Dashboard
	The rate of opioid overdose deaths for White Winnebago County residents was 6.1 per 10,000 of the population 2020 to 2022.	IDPH Opioid Dashboard

Violence

Goals: By 2030, decrease the incidence of personal, family, and community violence with targeted focus on areas suffering from unequal rates of violent acts.

Benchmarks	State	Healthy Illinois 2028/State Health Improvement Plan
	Other	Healthy People 2030 , County Health Rankings , State of Illinois Opioid Overdose Plan ; Agency for Healthcare Research and Quality
Objective	Winnebago County Baseline	Monitoring Metric Data Sources
O1: By 2030, reduce the incidence of firearm-related deaths by a minimum of 5%.	The firearm-related death rate for Winnebago County residents was 14.6 deaths per 100,000 of the population from 2021-2023.	CDC Wonder
O2: By 2030, reduce the domestic violence fatality rate by a minimum of 5%.	The death rate of Winnebago County residents from intimate partner violence was 3.1 deaths per 100,00 from 2020-2022.	Illinois Violent Death Dashboard
O3: By 2030, reduce the risk of reported substance use in adolescence by 20%.	The rate of using any common substances (including alcohol, tobacco products, e-cigarettes or other vaping products, inhalants, or marijuana) in the past year, was 22% of 8 graders and 28% of 10 graders from the 2024 Illinois Youth Survey.	Illinois Youth Survey
O4: By 2030, reduce the incidence of bullying behavior by 50%.	The rate of ever been bullied was 44% of 8 graders and 30% of 10 graders from the 2024 Illinois Youth Survey.	Illinois Youth Survey
O5: By 2030, increase the rate of gun lock distribution to the three communities with the highest social vulnerability index (61101, 61104, and 61102) by 20%.	In 2024, the Winnebago County Health Department distributed the following number of gun locks in each zip code: <ul style="list-style-type: none"> • 61101 - 251 gun locks; • 61104 - 230 gun locks; • 61102 - 150 gun locks. 	Winnebago County Health Department's Gun Lock Distribution Log

APPENDICES

A. IPLAN Steering Committees

1. Charter

B. Community Partner Assessment

1. Considering Power

i. Community Partner Workshop

a. Invite

b. Presentation

ii. WCHD All Staff Workshop

a. Presentation

2. Survey Instrument

3. Assessment Report

C. Community Status Assessment

1. Assessment Report

D. Community Context Assessment

1. 2024 Winnebago County Community Context Assessment for IPLAN

2. 2024 Winnebago County Community Context Assessment Focus Group Report for IPLAN

E. Community Health Prioritization

1. Handout

2. Community Partner Prioritization Workshop Presentation

3. Matrix

4. Weighting Matrix

5. Validation

F. Formulate Goals & Objections

1. Community Partner Alignment Tool

i. Community Partner Alignment – Maternal Health

ii. Community Partner Alignment – Mental Health

iii. Community Partner Alignment – Violence

2. Root Cause Analysis Tool

i. Root Cause Analysis – Maternal Health

ii. Root Cause Analysis - Mental Health

iii. Root Cause Analysis – Violence/Trauma Reduction Workgroup

3. IPLAN Strategies Prioritization

i. Strategy Sessions

a. Social Determinants of Health

b. Maternal and Child Health Strategies

c. Mental Health Strategies

d. Violence Reduction Strategies

ii. Considering the Strategies

a. IPLAN Prioritization Results

1. Maternal and Child Health

2. Mental/Behavioral Health

3. Violence



APPENDIX A: IPLAN Steering Committees

1. Charter

IPLAN 2025

Steering Committee Charter



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

Process – Members of the Partner Steering Committee will meet between January and June 2023 to lay the groundwork for implementing IPLAN 2025. Additional feedback from community partners who participated in the Community Partner Assessment (CPA) provided an opportunity to share each organization's focus, including its mission, vision, and core values which were incorporated into visioning and directing the IPLAN process.

Vision - Winnebago County is a healthy, thriving, diverse and safe community in which the physical, mental, social, and spiritual well-being of its members is supported and celebrated.

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

Core Values-

• Accountability	• Expertise	• Outcome Informed
• Advocacy	• Healing	• Community Power Sharing
• Collaborative	• Health Equity	• Transformative
• Compassionate	• Innovative	• Trauma Informed

Goals

- Build networks and relationships by fostering collaboration among health systems and community organizations.
- Deliver programs effectively and efficiently by aligning resources and avoiding duplicating efforts.
- Create long-term, sustainable social change by addressing root causes of health disparities and incorporating adaptive strategies through continuous quality improvement.
- Engage community groups working independently on similar issues to strengthen collective efforts, pool resources, and increase shared impact.

Guiding principles:

- Collaboration: Foster partnerships across community partners to achieve health outcomes.
- Equity: Prioritize health strategies that reduce disparities and promote fair access to resources.
- Transparency: Maintain open communication and share progress updates to community members and partners to ensure accountability.
- Sustainability: Develop programs and initiatives with a focus on long-term impact and continuous improvement.
- Community-Centered Approach: Engage local groups, organizations, and residents to ensure strategies reflect community needs and values.
- Data-Driven Decision-Making: Use evidence-based practices and timely data to inform strategies and track progress

APPENDIX B: Community Partner Assessment

1. Considering Power

i. Community Partner Workshop

1. Invite

You're Invited!

Use Your Superpower
and Share Your Experiences At The:

Community Partner Workshop

Wednesday, November 29
8:30am to 11am

The Mauh-Nah-Tee-See Club
5151 Guilford Rd, Rockford, IL 61107

Check-In & Continental Breakfast
Starting At 8 am

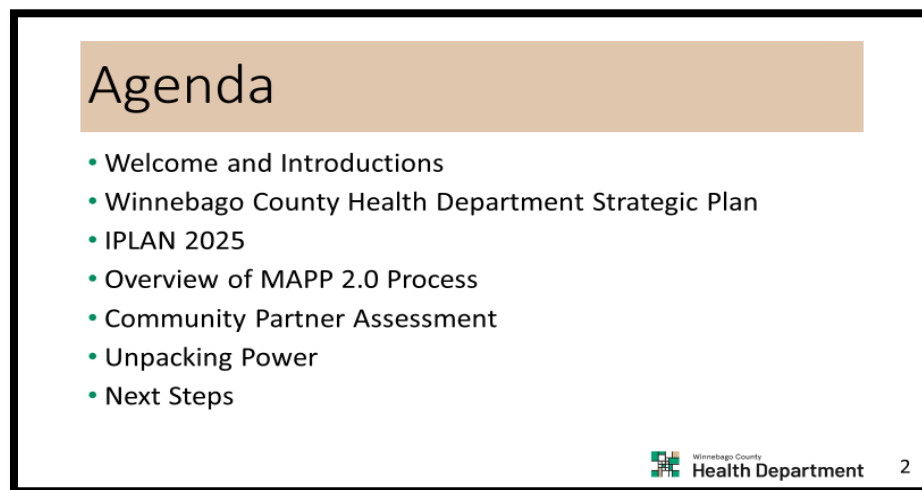
Must Register At:
<https://tinyurl.com/PartnerPower2023>

Build a Safer, Stronger, Healthier Community

Winnebago County
Health Department
Rev.11/20/2023

Last Day To Register is November 28, 2023
Must represent a Winnebago County Organization/Agency

b. Presentation



Definition of Public Health

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

Institute of Medicine, 1988

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

IPLAN 2025

How Did We Get Here

Assessing the Health of the Community

- Illinois Project for Local Assessment of Needs (IPLAN)
 - Community Health Assessment (CHA)
 - Planning process
 - Conducted every 5 years by all **local health jurisdictions** in Illinois
 - Required for **Local Health Department Certification** under Illinois Administrative Code



<http://app.idph.state.il.us/>

- Community Health Needs Assessment (CHNA)
 - Assess the needs of the community it serves
 - Planning process
 - Conducted every 3 years
 - Required for **charitable hospital organizations** under IRS Section 501(r)(3)

<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>



Winnebago County
Health Department

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IPLAN 2023

1. Maternal and Child Health
2. Mental/Behavioral Health
3. Violence



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



Winnebago County
Health Department

7

MAPP 2.0

Getting to the Root Cause

8

MAPP

- Mobilizing for Action through Planning and Partnerships (MAPP)
- Developed and supported by **NACCHO** (National Association of County and City Health Officials)
- **Community-driven** strategic planning process to achieve **health equity**.
 - Engages broad range of community partners and stakeholders.
 - Focuses on policy, systems, and environmental change.
 - Alignment of community resources.
 - Results → Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP).

Winneshago County
Health Department

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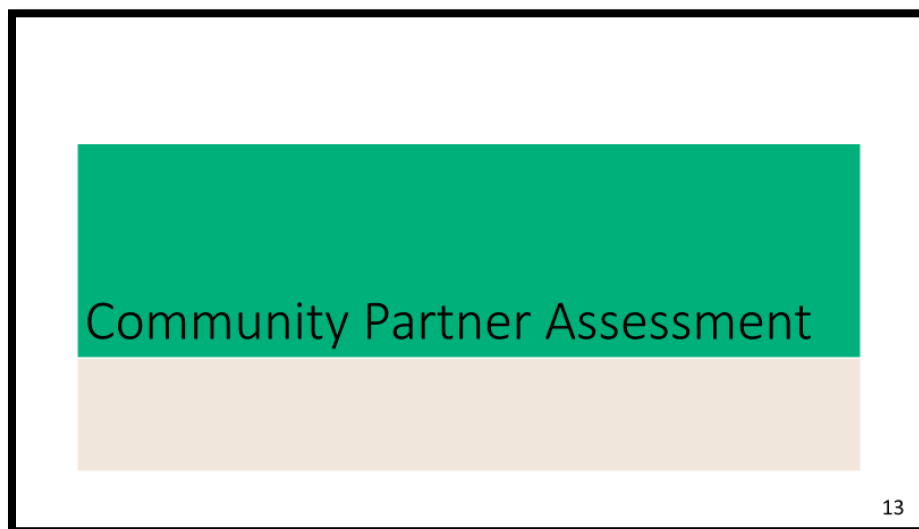
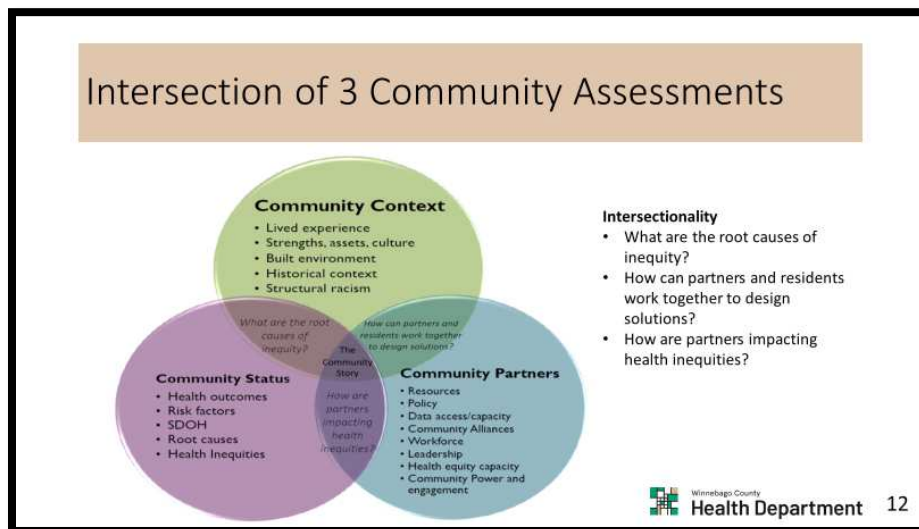
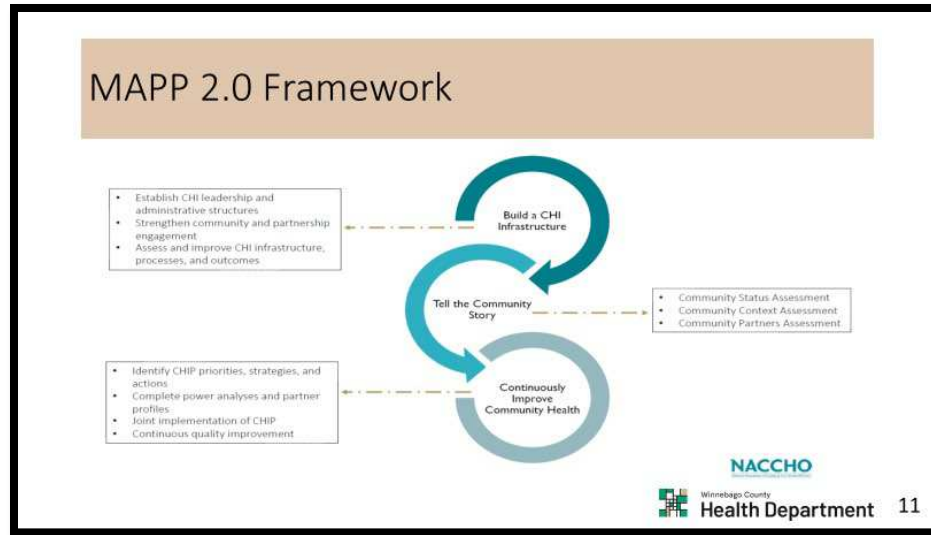
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Winneshago County
Health Department

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Community Partner Assessment (CPA)

- Five Goals

1. **Interconnectedness**
Describe why community partnerships are critical to community health improvement and how to build or strengthen relationships among community partners.
2. **Addressing health equity**
Identify the specific roles of community partners in engaging communities experiencing health inequities.
3. **Asset mapping**
Assess each partners capabilities, skills, and strengths.
4. **Collective impact**
Document MAPP community partners to summarize collective strengths and opportunities.
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Who else needs to be engaged in MAPP?

Community Partner Assessment (CPA)

- An assessment process that allows all community partners involved in MAPP to critically look at:
 - their own individual systems, processes and capacities, and
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- Helps identify the range of actions that are currently being taken and could be taken moving forward to address health inequity at the individual to systemic and structural levels.

Unpacking Power



Framework for Understanding Power in Public Health

- Personal vs. Collective Power
 - Personal empowerment has limited impact on health inequities.
 - Places burden on the people and communities experiencing inequities
 - Examples: Nutrition education, exercise recommendations, others from your area of practice?
 - Collective power is the capacity of a group to through organization and cooperation
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Why Talk About Power?

- Interplay between *power imbalances* and *structural oppression*
 - Interlocking and interdependent
 - Power imbalances reinforce structural oppression
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***Power imbalances and structural oppression
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Power Primer – WHY?

- Transferring decision making authority over the CHIP requires a deeper exploration of power.
- Achieving health equity must be community driven.
- Foundational to the MAPP 2.0 process.

MAPP 2.0 Fundamental Principles





What's Your Super Power

Unpacking Power and Privilege

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Benefits of Assessing Our Power

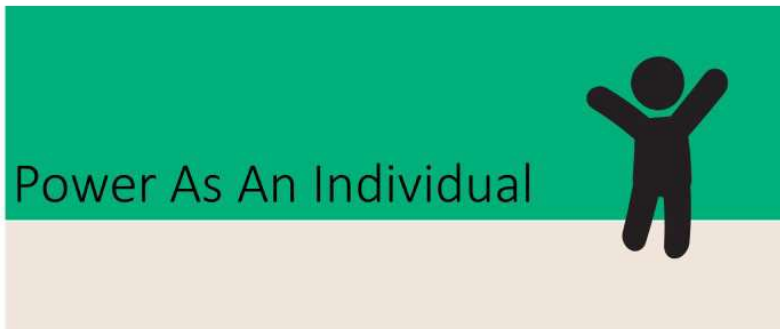
- Addresses feelings of powerlessness by identifying what you do have control over.
- Identifies power structures impacting our work in the community and the most effective strategies to make change.
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- Improves accountability.
- Identifies ways we can share our power with those who have been structurally blocked.

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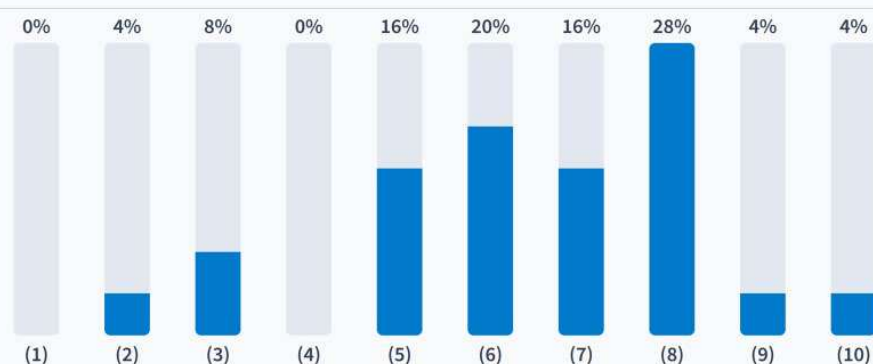


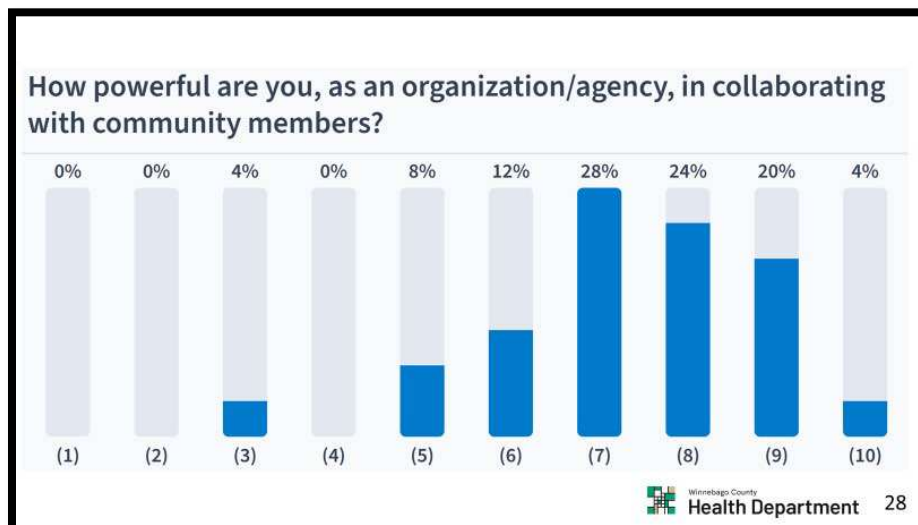
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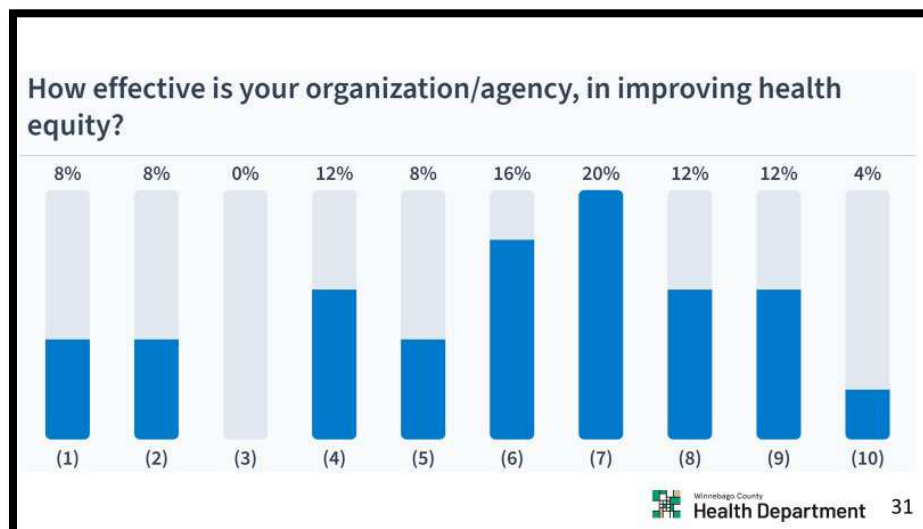
Individual Power

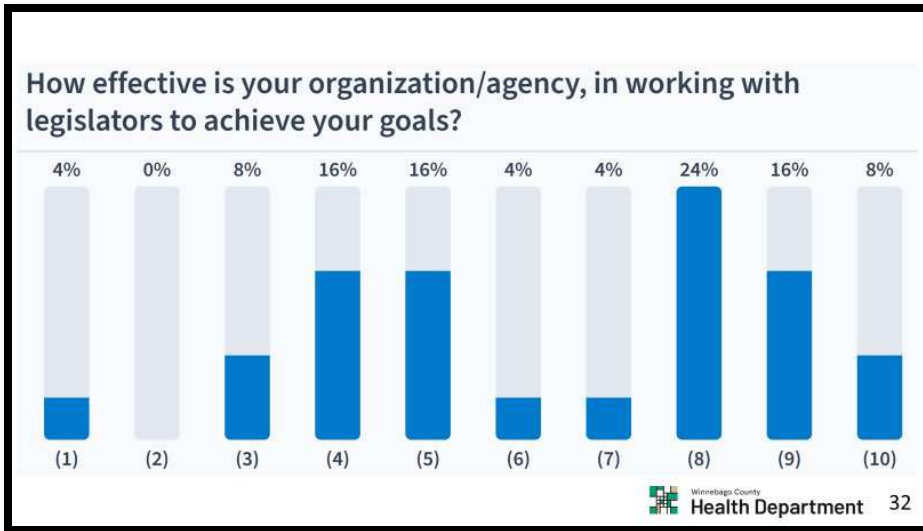
- Discussion Questions
 - What did you notice about the markers on the scale?
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 - How did you decide to place yourself?
 - Factors
 - Identities
 - Other

How powerful are you, as an individual, on a scale of 1 to 10 ?









Power As An Organization/Agency

Discussion Questions

- Why did you rank your organization/agency where you did?
- Would you change any of your rankings after hearing how others ranked themselves?

Forms of Power

Forms of Power

- Positional
 - Comes from organizational authority or position
 - Often overlooked by those with power; rarely forgotten by those without it
- Referred
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- Expert
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- Obstructive
 - The ability to coerce or block whether implicit, threatened, or demonstrated
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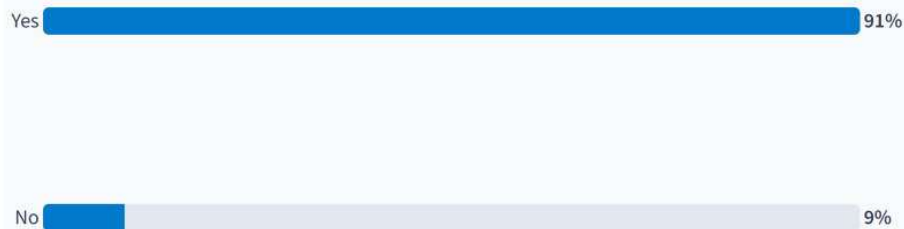
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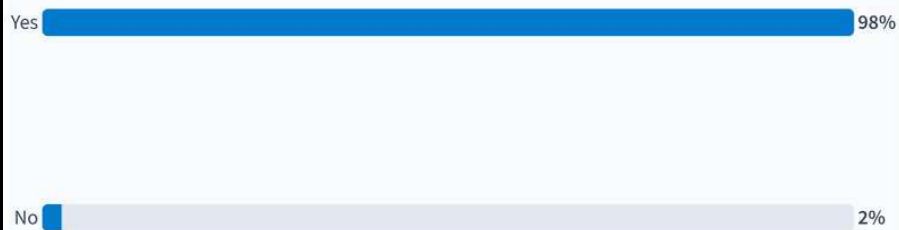
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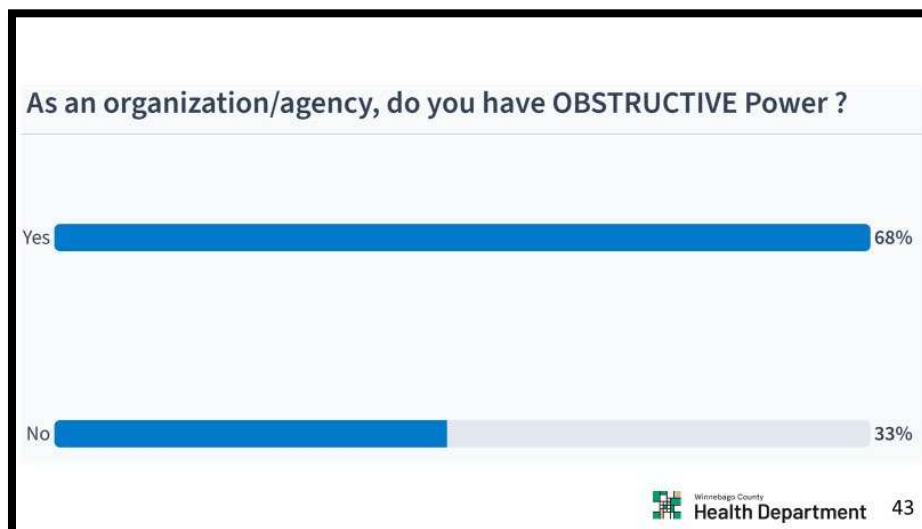
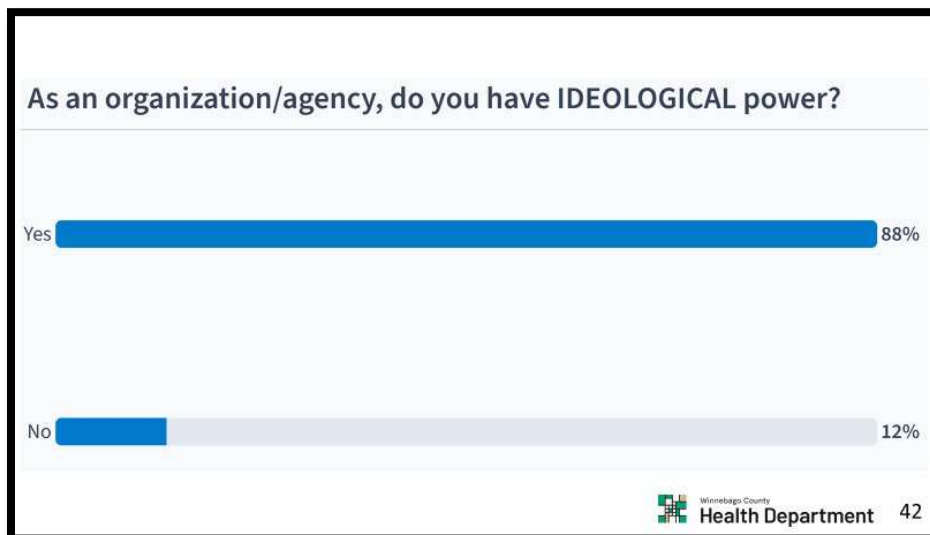
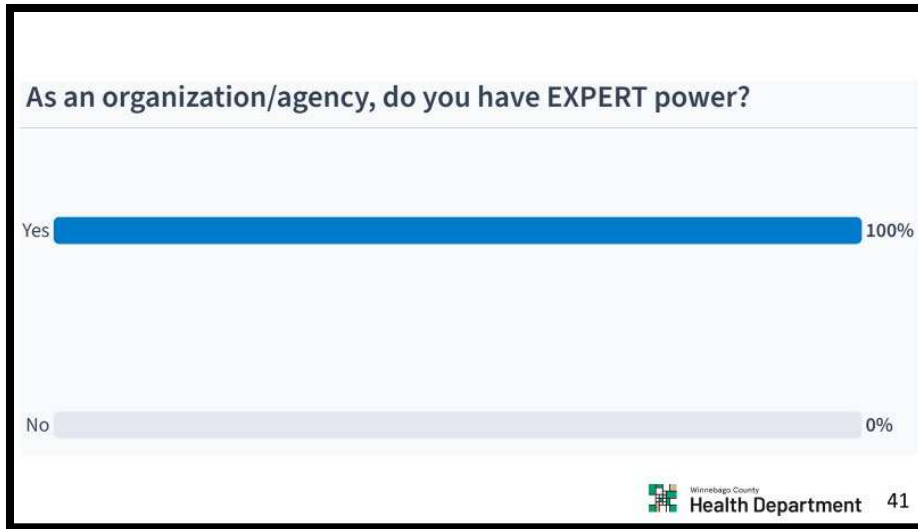
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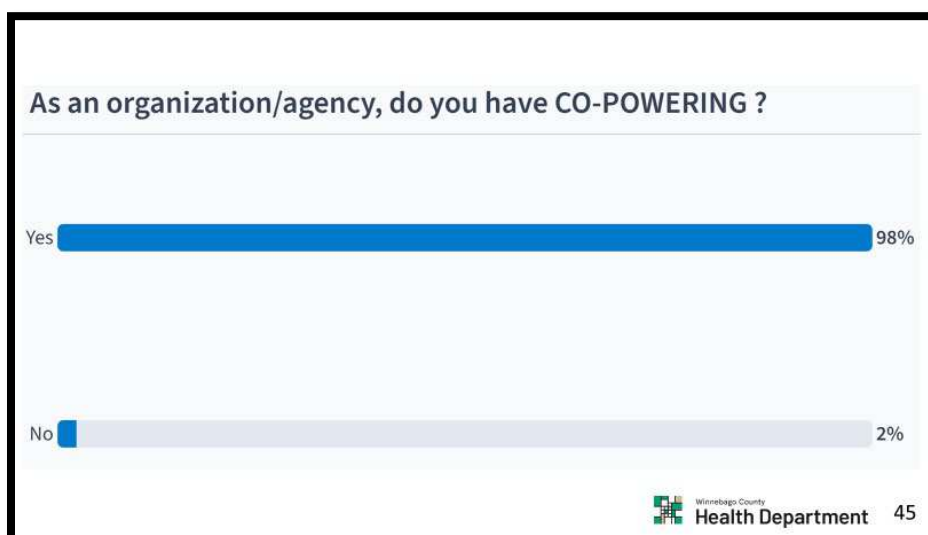
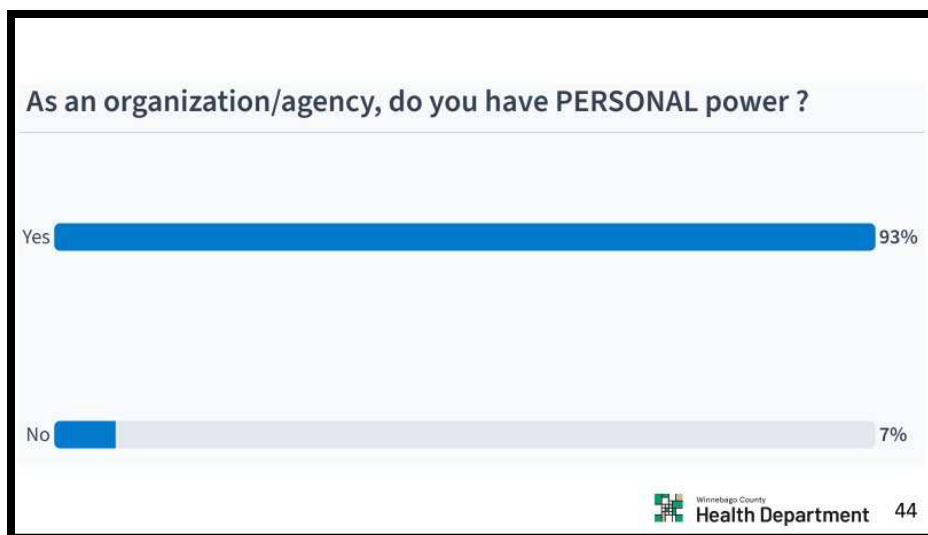
As an organization/agency, do you have POSITIONAL power ?

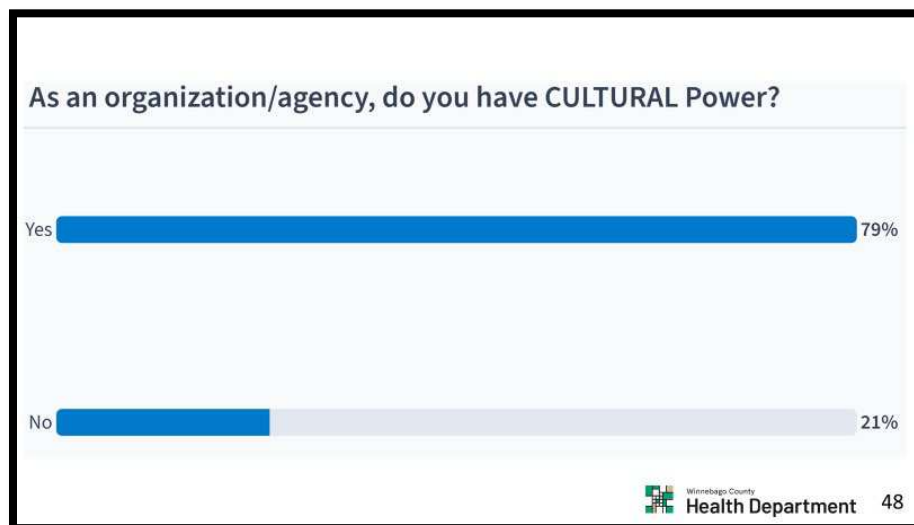
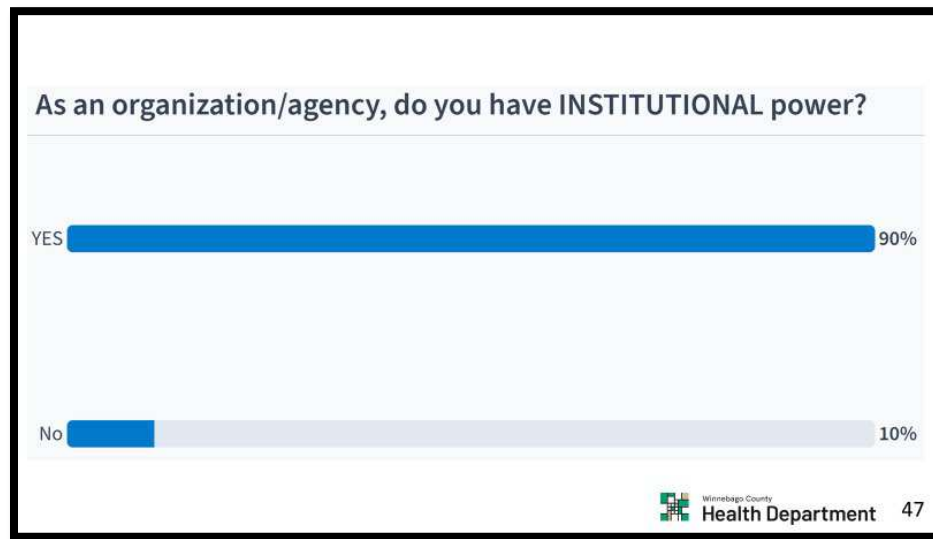
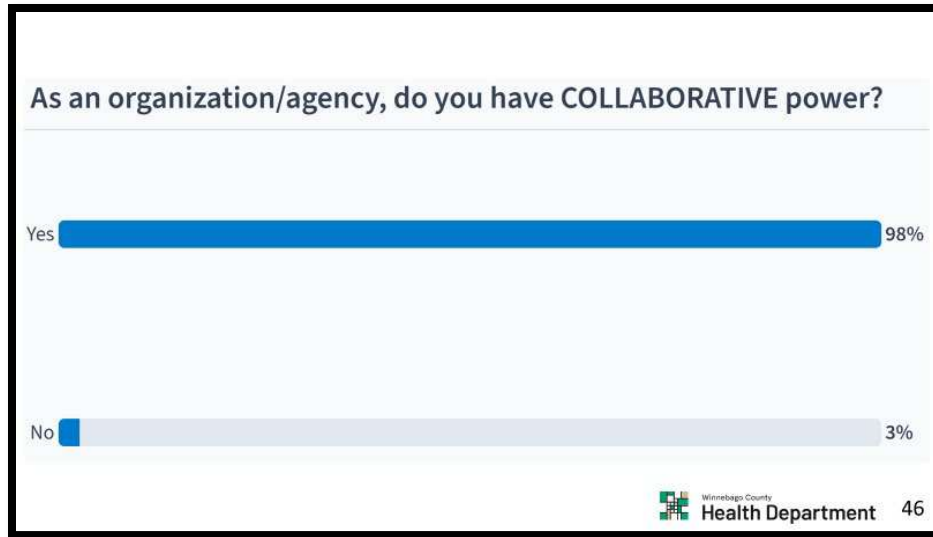


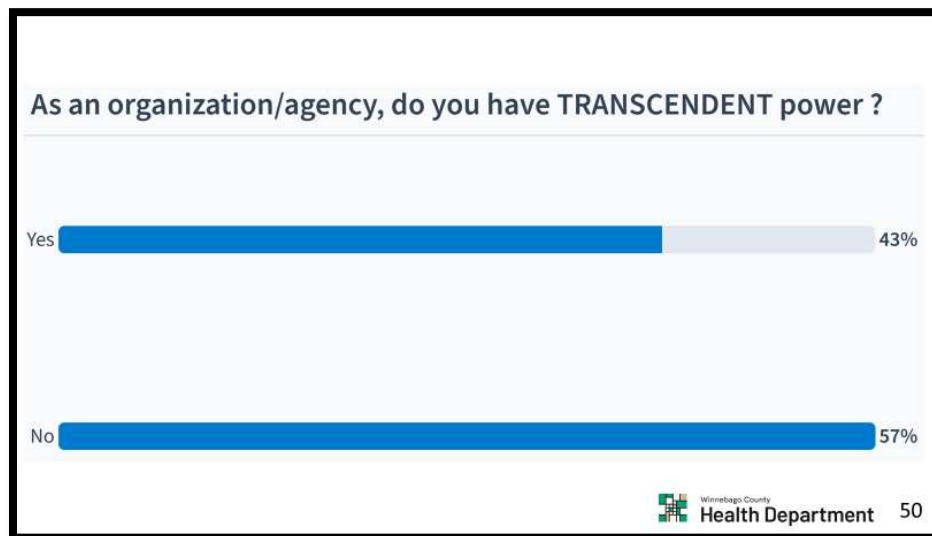
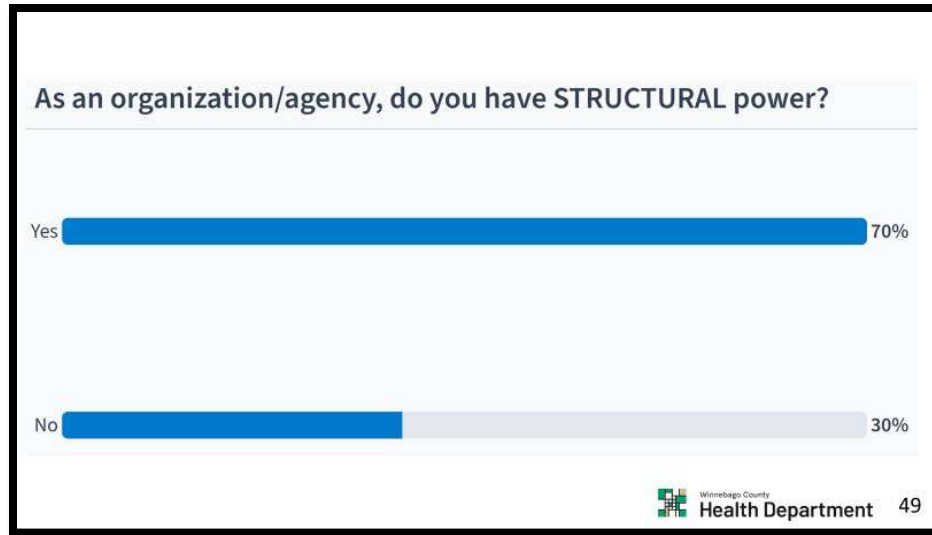
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Identifying Our Collective Powers

- What forms of power do we have as community partner agencies?
- Where do we have the most consensus about our power?
- Where do we have less consensus about our power?
- On powers that we have a high consensus...
 - How can we work to share these powers with residents/community members?

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Power Up to Power With!


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Your Role in MAPP 2.0/IPLAN

- Complete the Community Partner Assessment (CPA) for your organization/agency.
- Engage the community to complete the Community Context Assessment (CCA).
- Encourage focus group participation.

Power is infinite when shared...

SHARE YOUR POWERS!



Winnebago County Health Department 53



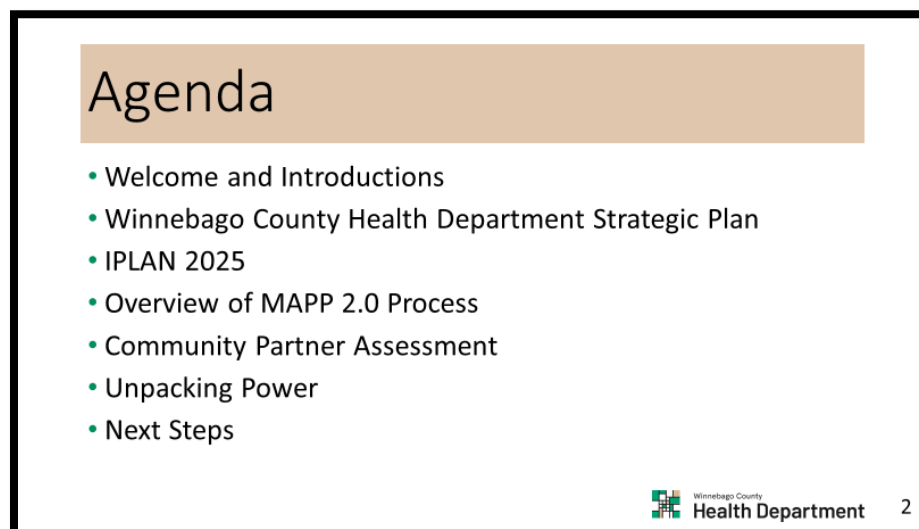
W C H D
Winnebago County Health Department
Serving Our Whole Community

Cynthia Hall, MPH
Patrick Ngum, MPH
Sandra Martell RN, DNP

PublicHealth.wincoil.gov
@WinnCoHealth
@WinnebagoCountyHealth
Winncohealth

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ii. WCHD ALL Staff Workshop
b. Presentation



Definition of Public Health

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

Institute of Medicine, 1988

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

IPLAN 2025

How Did We Get Here

Assessing the Health of the Community

- Illinois Project for Local Assessment of Needs (IPLAN)
 - Community Health Assessment (CHA)
 - Planning process
 - Conducted every 5 years by all **local health jurisdictions** in Illinois
 - Required for **Local Health Department Certification** under Illinois Administrative Code



<http://app.idph.state.il.us/>

- Community Health Needs Assessment (CHNA)
 - Assess the needs of the community it serves
 - Planning process
 - Conducted every 3 years
 - Required for **charitable hospital organizations** under IRS Section 501(r)(3)

<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>



Winnebago County
Health Department

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IPLAN 2023

1. Maternal and Child Health
2. Mental/Behavioral Health
3. Violence



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



Winnebago County
Health Department

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MAPP 2.0

Getting to the Root Cause

8

MAPP

- Mobilizing for Action through Planning and Partnerships (MAPP)
- Developed and supported by **NACCHO** (National Association of County and City Health Officials)
- **Community-driven** strategic planning process to achieve **health equity**.
 - Engages broad range of community partners and stakeholders.
 - Focuses on policy, systems, and environmental change.
 - Alignment of community resources.
 - Results → Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP).

Winnebago County
Health Department

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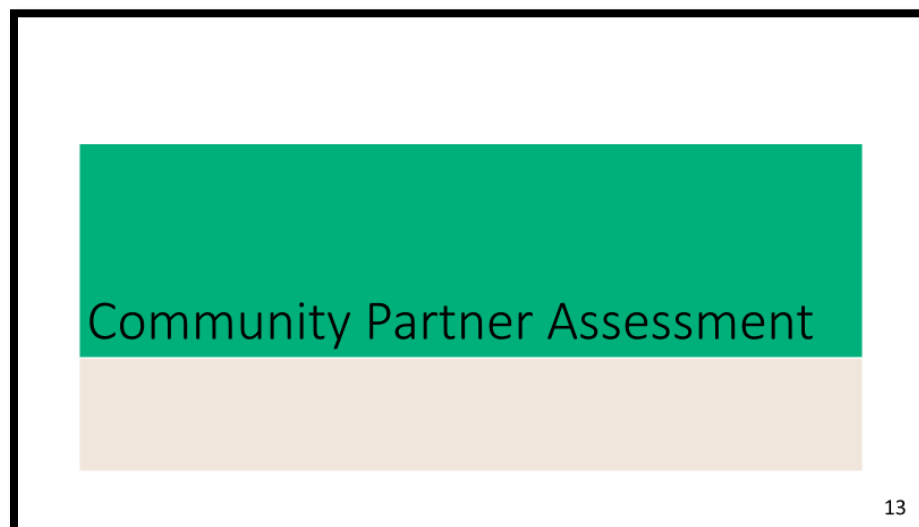
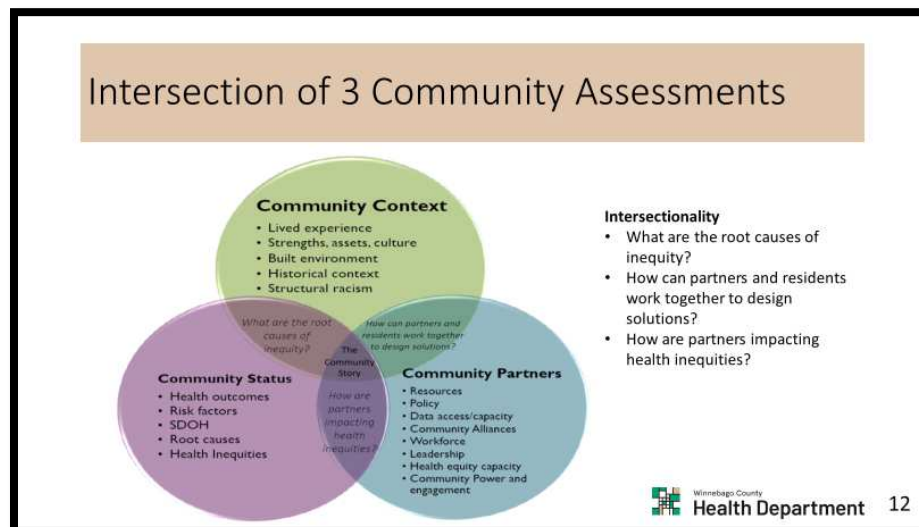
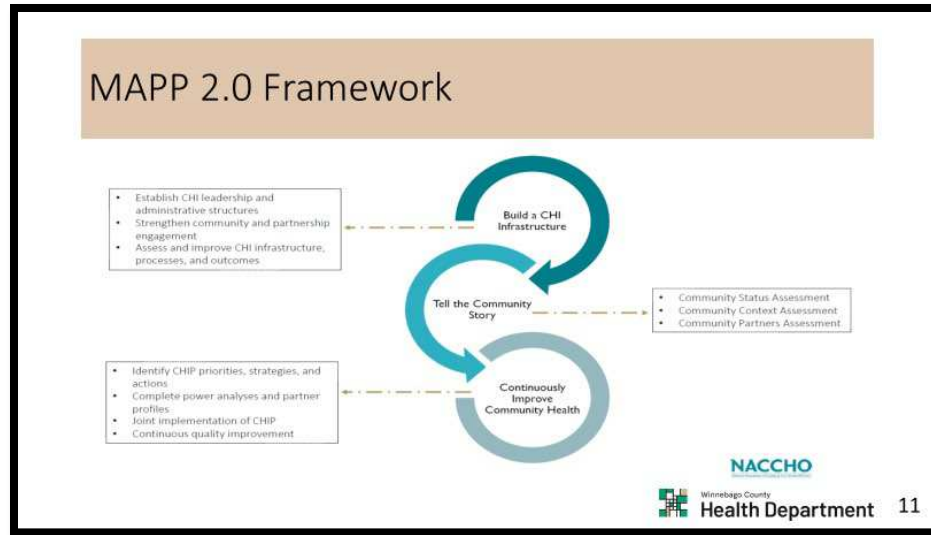
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Health Department

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Benefits of Assessing Our Power

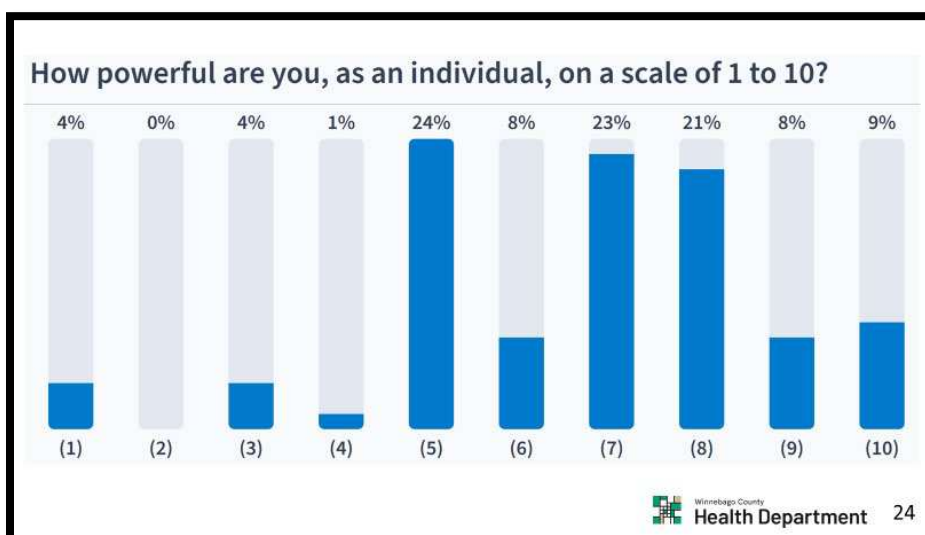
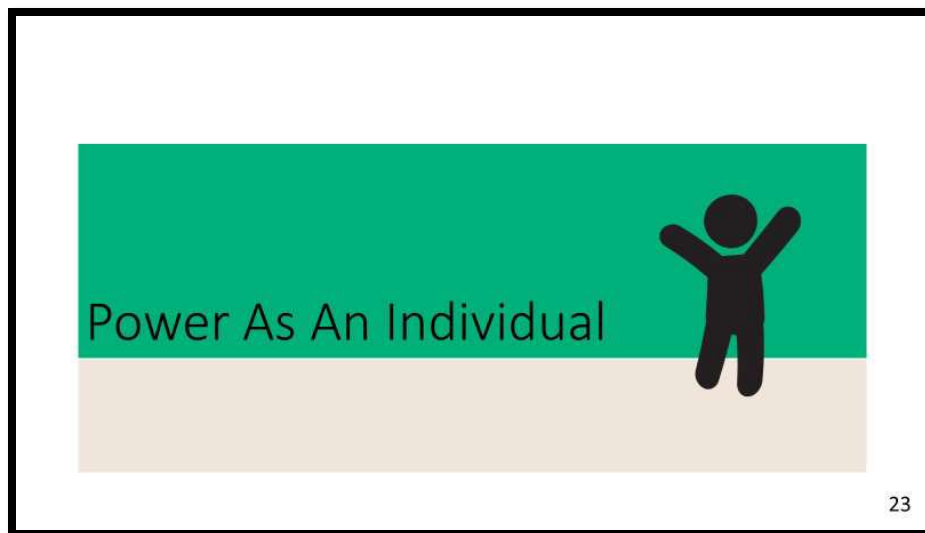
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Winnebago County Health Department 22

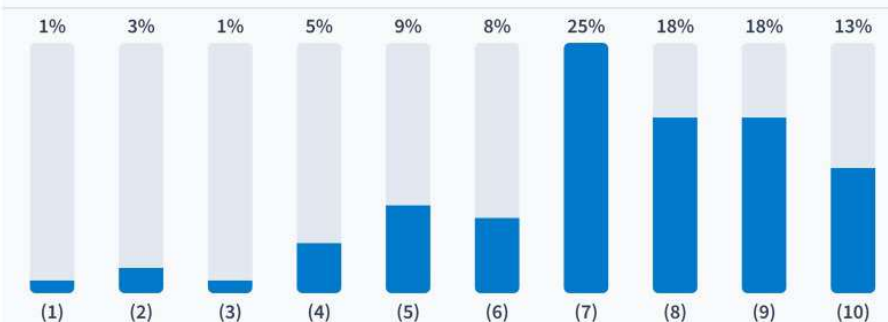


Individual Power

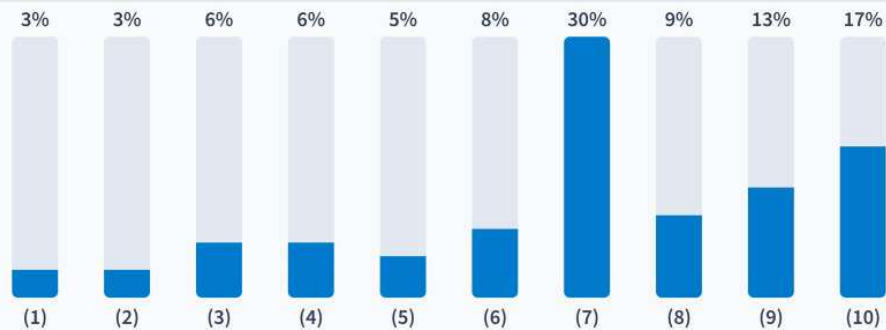
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Power As An Organization/Agency

How powerful are you, as a center/program in serving community members?

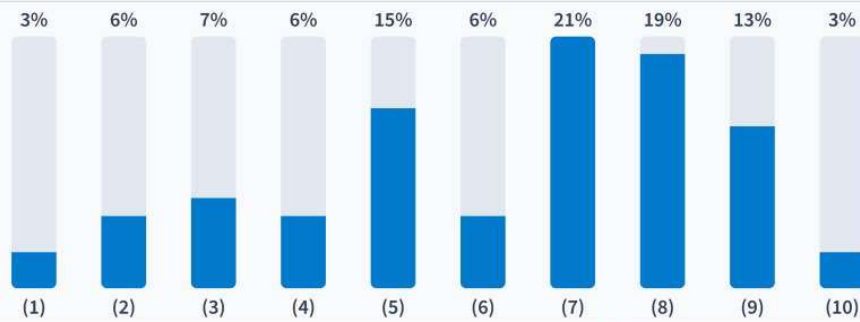


How powerful are you, as a center/program, in impacting your clients?



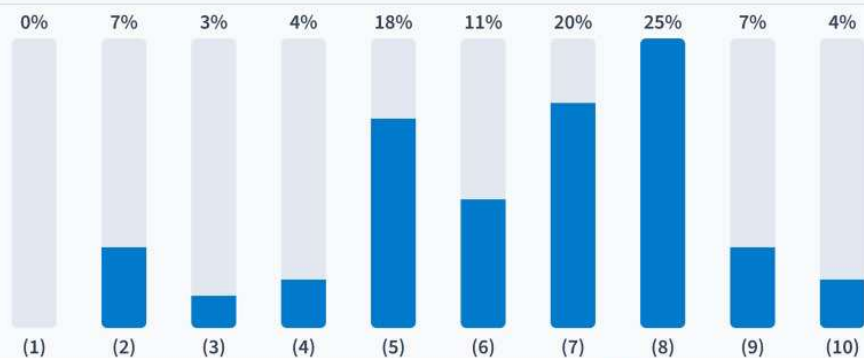
Winnebago County Health Department 28

How powerful are you, as a center/program, in collaborating with community members?

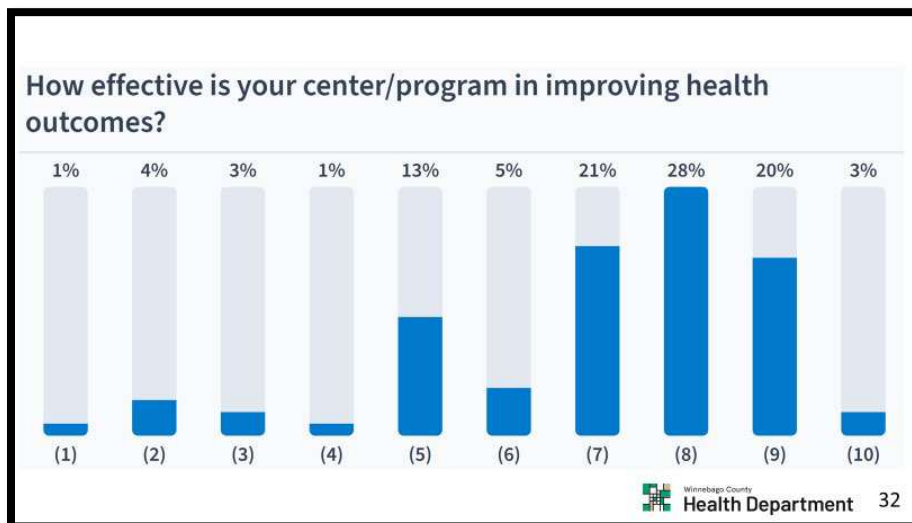
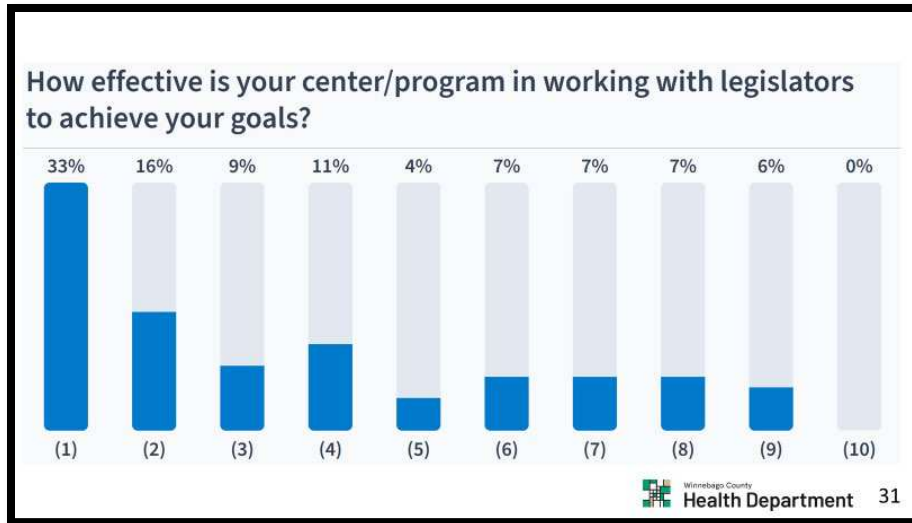


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How effective is your center/program in improving health equity?



Winnebago County Health Department 30



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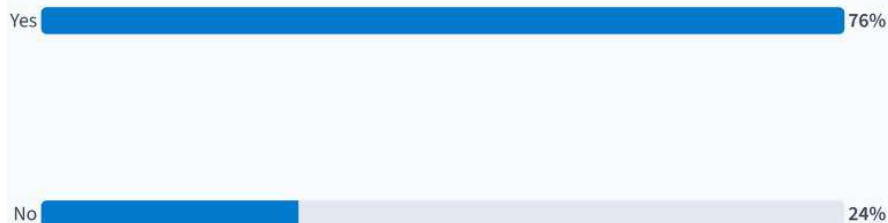
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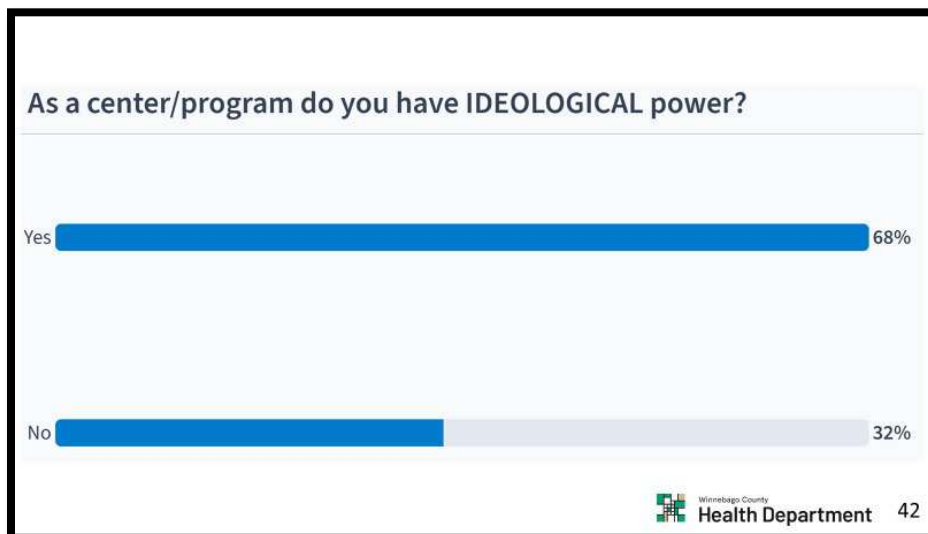
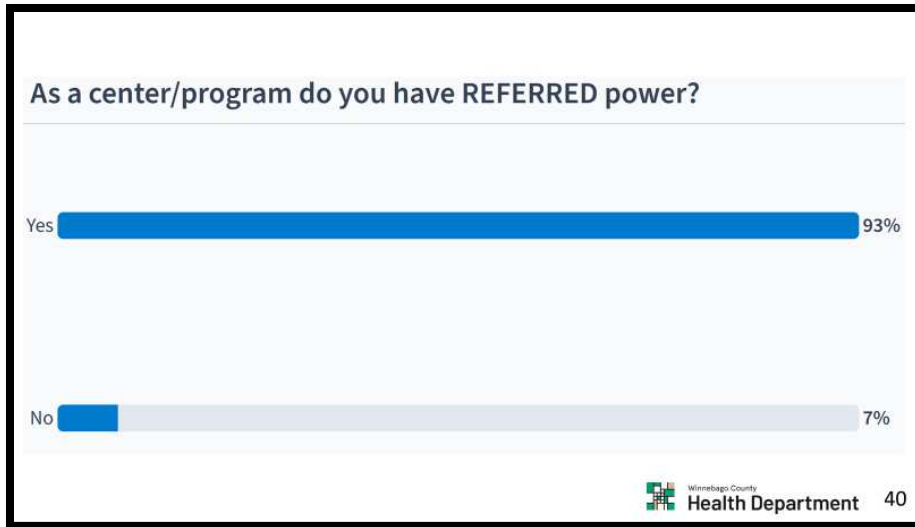
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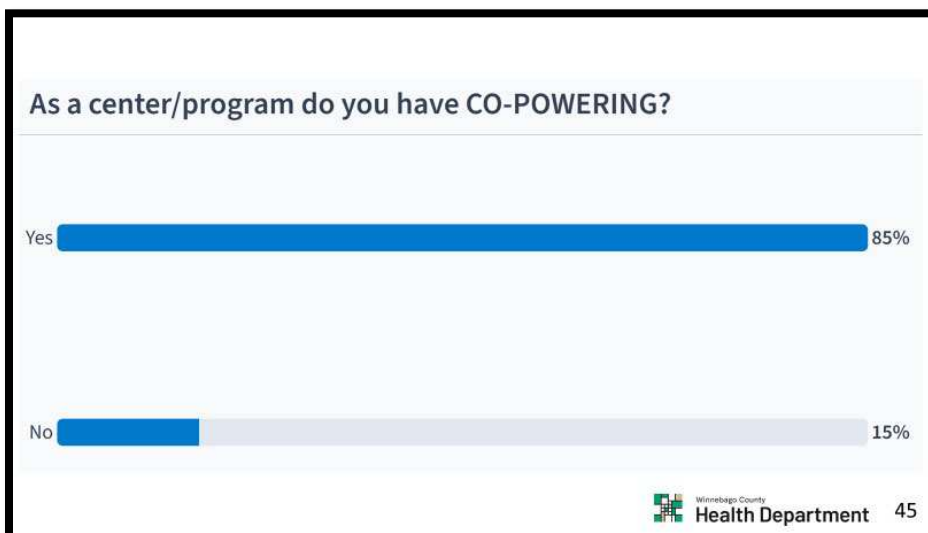
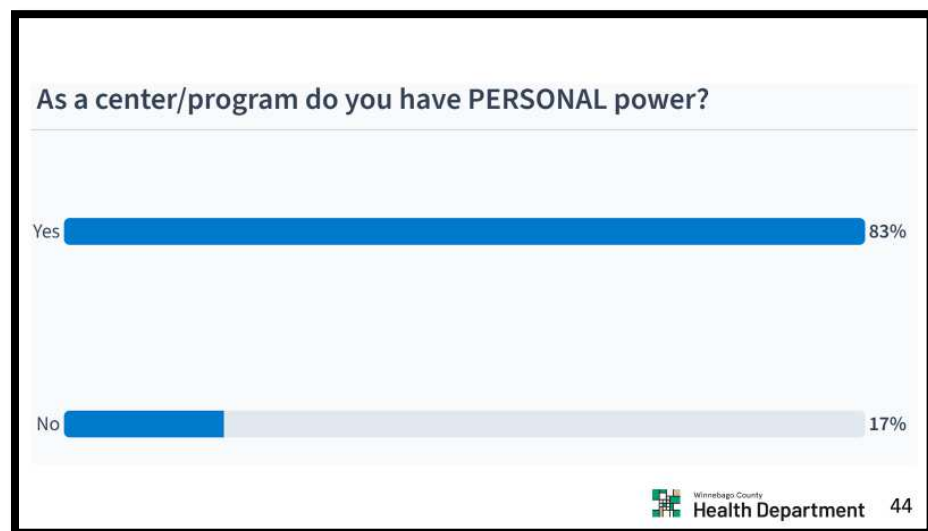
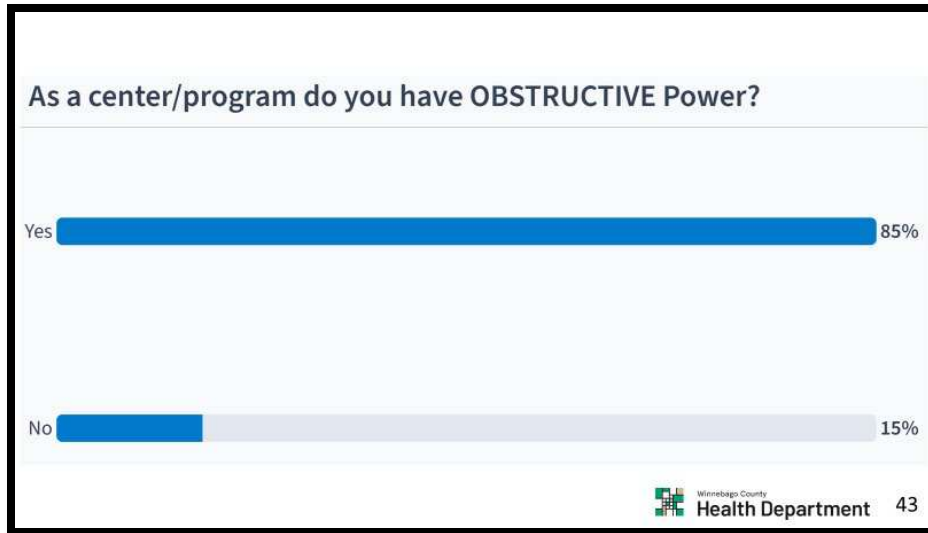
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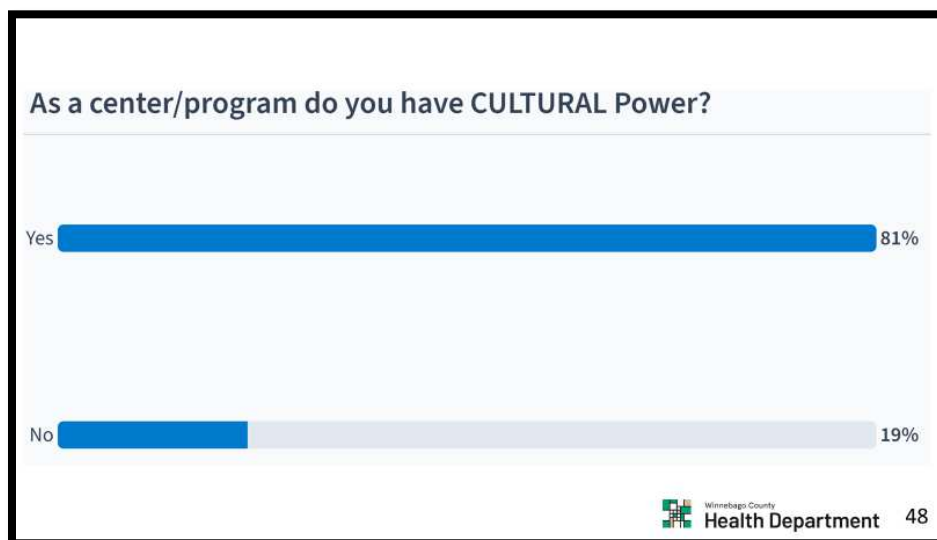
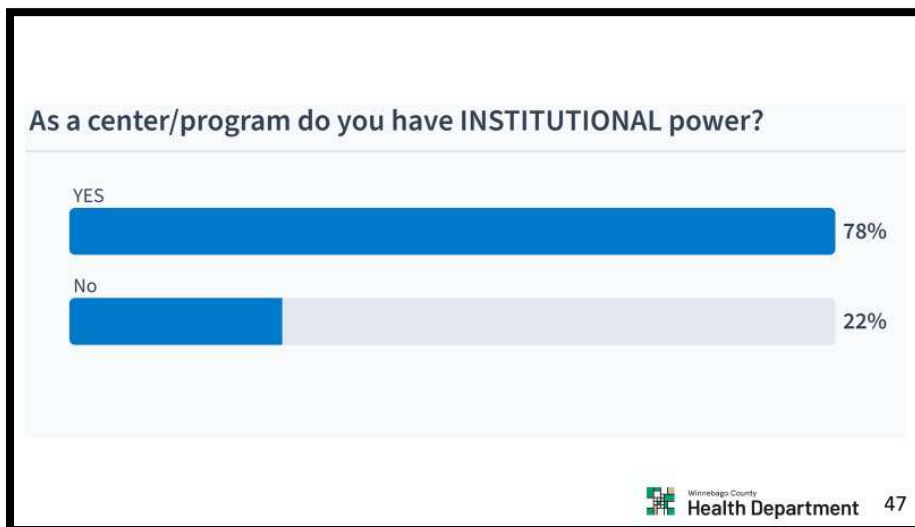
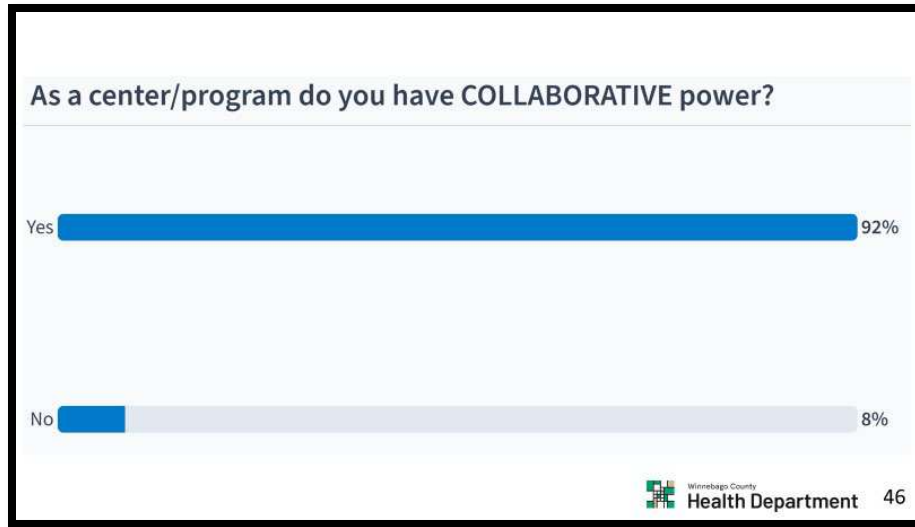
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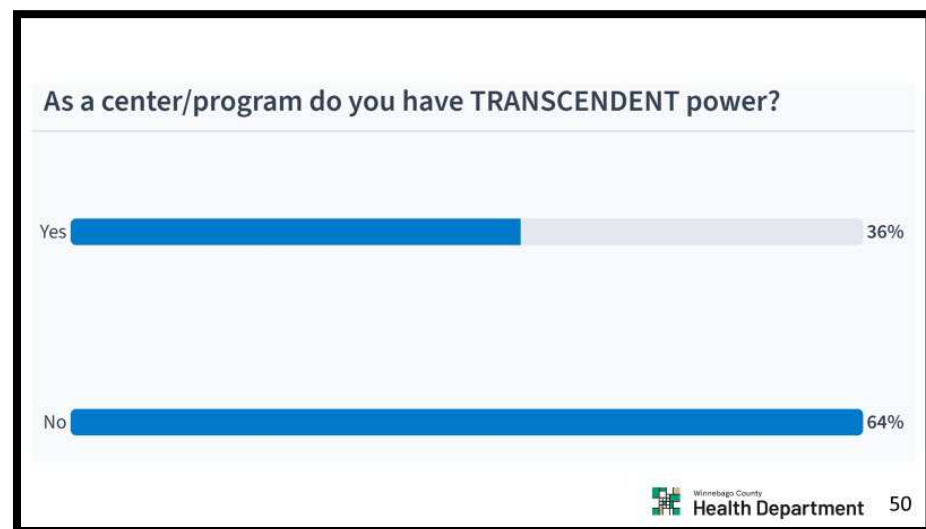
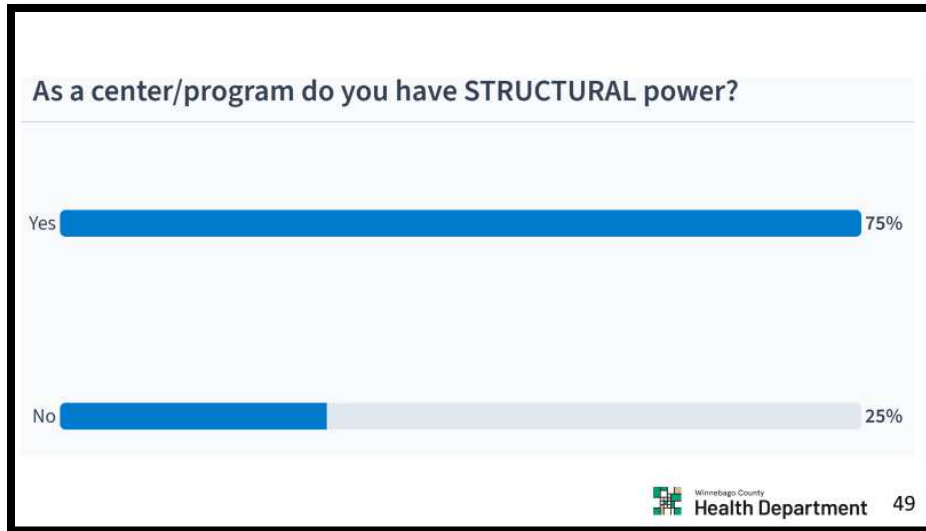
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Identifying Our Collective Powers

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- Where do we have less consensus about our power?
- On powers that we have a high consensus...
 - How can we work to share these powers with residents/community members?

Winnebago County Health Department 51

Power Up to Power With!

52

Your Role in MAPP 2.0/IPLAN

- Encourage Community Organization/Agencies to complete the community context Assessment (CPA) for your organization/agency
- Engage the community to complete the Community Context Assessment (CCA).
- Encourage focus group participation.

Power is infinite when shared...

SHARE YOUR POWERS!

Winnebago County
Health Department

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W C H D

Winnebago County Health Department

Serving Our Whole Community

Cynthia Hall, MPH
Patrick Ngum, MPH
Sandra Martell RN, DNP

PublicHealth.wincoil.gov

@WinnCoHealth

@WinnebagoCountyHealth

Winncohealth

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2. Survey Instrument

Community Partner Assessment Survey (CPA)

Thank you for participating in the Mobilizing for Action through Planning and Partnerships (MAPP) Community Partner Assessment Survey (CPA), which helps to identify how we will improve our community's health together. Your organization plays a vital role in our Local Public Health System, which extends beyond healthcare. Survey responses will be summarized to help identify strengths and opportunities for collective health improvement in our community.

Things to Know This survey should take 10-15 minutes. Your responses will be combined and summarized with all other responses. *Please submit only one completed survey per organization.*

Did you attend the Community Partner Workshop on November 29, 2023?

☐ Yes

☐ No

What did you like best about the Community Partner Workshop?

Please list any area(s) for improvement regarding the Community Partner Workshop.

Please list any suggestions for future Community Partner Workshops.

About Your Organization

This section asks about your organization name, type, interest in participating in the Mobilizing for Action through Planning and Partnerships (MAPP), populations served and topic or focus areas.

What is the full name of your organization?

Which best describes your position or role in your organization? (Select all that apply)

☐ Administrative staff

☐ Front line staff

☐ Supervisor (not senior management)

☐ Senior management level/unit or program lead

☐ Leadership team

☐ Community member

☐ Community leader

☐ Other: _____

Has your organization ever participated in a Community Health Improvement process?

☐ Yes

☐ No

☐ Unsure

Which of the following best describe(s) your organization? (Check all that apply)

☐ Hospital Associated Healthcare System

☐ Federally Qualified Health Center

☐ Private clinic

☐ Public clinic

☐ Emergency response

☐ Schools/education (PK-12)

☐ College/university

☐ Library

☐ Non-profit organization



- ☐ Grassroots community organizing group/organization
- ☐ Tenants' association
- ☐ Social service provider
- ☐ Housing provider
- ☐ Mental health provider
- ☐ Neighborhood association
- ☐ Foundation/philanthropy
- ☐ For-profit organization/private business
- ☐ Faith-based organization
- ☐ Center for Independent Living
- ☐ Long term care
- ☐ County health department
- ☐ State health department
- ☐ Other city government agency
- ☐ Other county government agency
- ☐ Other state government agency
- ☐ Other: _____

Page 3 of 19

What are your organization's top three interests in participating in the Community Health Improvement process?

- ☐ Deliver programs effectively and efficiently and avoid duplicating efforts
- ☐ Pool resources
- ☐ Increase communication among groups
- ☐ Break down stereotypes
- ☐ Build networks and relationships
- ☐ Revitalize groups that are trying to do too much alone
- ☐ Engage community groups that are working independently on similar issues
- ☐ Plan and launch community-wide initiatives
- ☐ Develop and use political power to advocate for services or other benefits for the community
- ☐ Improve communication from communities to government decision-makers
- ☐ Improve communication from government to communities
- ☐ Create long-term, sustainable social change
- ☐ Obtain or provide services for your clients
- ☐ Gain access to data
- ☐ Improve public relations
- ☐ Other: _____

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Demographics and Characteristics of Clients/Members Served/Engaged by Your Organization

Does your organization focus on a specific racial or ethnic population?

- ☐ Yes
- ☐ No
- ☐ Unsure

What racial/ethnic populations does your organization work with? (Check all that apply)

- ☐ Black/African American
- ☐ African
- ☐ Native American/Indigenous/Alaska Native
- ☐ Latinx/Hispanic
- ☐ Asian
- ☐ Asian American
- ☐ Pacific Islander/Native Hawaiian
- ☐ Middle Eastern/North African
- ☐ White/European
- ☐ Other: _____

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Does your organization work with immigrants, refugees, asylum seekers, and/or other populations who speak English as a second language?

- ☐ Yes
- ☐ No
- ☐ Unsure

What populations do you serve?

Does your organization offer services tailored to transgender, nonbinary, and other members of the LGBTQIA+ community?

- ☐ Yes—we provide services tailored to the transgender, nonbinary, and other LGBTQIA+ community
- ☐ Somewhat—we provide other services and transgender, nonbinary, and other LGBTQIA+ individuals could use those services
- ☐ No—services are not available to transgender, nonbinary, and other LGBTQIA+ populations
- ☐ Unsure

Does your organization offer services designed for people with disabilities?

- ☐ Yes—we provide services designed for people with disabilities
- ☐ Somewhat—we are wheelchair accessible and compliant with the American Disabilities Act but are not specifically designed to serve people with disabilities
- ☐ No—our organization is not specifically designed to serve people with disabilities
- ☐ Unsure

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Does your organization work with other populations or groups that are not addressed in the previous questions?

- ☐ Yes
- ☐ No
- ☐ Unsure

Please list these groups:

What languages do staff at your organization speak? (Check all that apply)

- ☐ English
- ☐ Spanish
- ☐ Chinese (Mandarin, Cantonese, Hokkien, etc.)
- ☐ Tagalog (Filipino)
- ☐ Vietnamese
- ☐ French and French Creole
- ☐ Arabic
- ☐ American Sign language
- ☐ Other: _____

☐ Are there things we should know about your organization or community you serve that we haven't asked in the previous questions? *Optional*

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How much does your organization focus on the following social determinates of health:

Primary focus represents the main focus or capacity of the organization Secondary focus means we can address this aspect internally but it is not the primary focus Refer (We do not have internal capacity to address this and we refer to other organizations) We do not address this topic Unsure

	Primary Focus	Secondary Focus	Refer Out	Topic is not addressed	Unsure
Economic Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education Access and Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare Access and Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood and Built Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social and Community Context	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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What programs and services does your organization provide for the community? (Check all that apply)

- ☐ Arts and culture
- ☐ Business and for-profit organization
- ☐ Criminal legal system
- ☐ Disability/independent living
- ☐ Early childhood development/childcare
- ☐ Education
- ☐ Community economic development
- ☐ Economic security
- ☐ Environmental justice/climate change (conservation)

- ☐ A Faith Community
- ☐ Family well-being
- ☐ Financial institutions (e.g., banks, credit unions)
- ☐ Food access and affordability (e.g., food bank)
- ☐ Food service/restaurant
- ☐ Gender anti-discrimination/equity
- ☐ Government accountability
- ☐ Healthcare access/utilization
- ☐ Housing
- ☐ Human services



- ☐ Immigration
- ☐ Jobs/labor conditions/wages and income support
- ☐ Land use planning/development
- ☐ LGBTQIA+ anti-discrimination/equity
- ☐ Parks, recreation, and open space
- ☐ Public health
- ☐ Public safety/violence prevention
- ☐ Racial justice
- ☐ Seniors/elder care
- ☐ Transportation
- ☐ Utilities
- ☐ Veterans' issues
- ☐ Youth development and leadership
- ☐ Other: _____

Organizational Commitment to Equity

If your organization has a shared definition of equity or health equity, please enter it below.

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We have at least one person in our organization dedicated to addressing diversity, equity, and inclusion internally and externally in our community.

- ☐ Yes
- ☐ No
- ☐ Unsure

What are the barriers you have encountered while working on equity/health equity for your organization?

- ☐ Community resistance
- ☐ Staff resistance
- ☐ Staff shortages
- ☒ No barriers

Organizational Accountability

In 1–2 sentences, describe the people impacted by the work of your organization. *Optional*

To whom is your organization accountable? This could be who has power over your organization's decision-making—for example, city government agencies may be accountable to the mayor or city council; a business may be accountable to its shareholders; and an organizing group may be accountable to its members. (Check all that apply)

- ☐ Mayor, governor, or other elected executive official
- ☐ City council, board of supervisors/commissioners, or other elected legislative officials
- ☐ State government

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- ☐ Federal government
- ☐ Foundation
- ☐ Community members
- ☐ Members of the organization/association
- ☐ Customers/clients
- ☐ Board of directors/trustees
- ☐ Internal and External Advisory Board
- ☐ Shareholders
- ☐ Voters
- ☐ Voting members
- ☐ National/parent organization
- ☐ Other government agencies
- ☐ Other: _____

Organizational Capacities as Part of the Public Health System

Does your organization regularly engage in the following [activities](#)? (Check all that apply)

- ☐ **Assessment:** My organization conducts assessments of living and working conditions and community needs and assets.
- ☐ **Investigation of Hazards:** My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.
- ☐ **Communication and Education:** My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.
- ☐ **Community Engagement and Partnerships:** My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.
- ☐ **Policies, Plans, Laws:** My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.
- ☐ **Legal and Regulatory Authority:** My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.
- ☐ **Access to Care:** My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.
- ☐ **Workforce:** My organization supports workforce development and can help build and support a diverse, skilled workforce.
- ☐ **Evaluation And Research:** My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.
- ☐ **Organizational Infrastructure:** My organization is helping build and maintain a strong organizational infrastructure for health and well-being.
- ☐ Other _____



☐ ☒ Unsure

Capacity to Support Community Health Improvement The following questions ask about your organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public.

Data Access and Systems

Does your organization collect data?

- ☐ Yes
- ☐ No
- ☐ Unsure

Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood, other)?

- ☐ Yes
- ☐ No
- ☐ Unsure

How does your organization collect data? (Check all that apply)

- ☐ Surveys
- ☐ Focus groups
- ☐ Interviews
- ☐ Feedback forms
- ☐ Photovoice or other participatory research

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☐ Notes from community meetings

☐ Videos

☐ Secondary data sources

☐ Electronic health records

☐ Data tracking systems

☐ Other: _____

☐ ☒ None of the above/we don't collect data

Does your organization analyze data with a health equity lens?

- ☐ Yes
- ☐ No
- ☐ Unsure

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Community Engagement Practices

Which of the following methods of community engagement does your organization use regularly? (Check all that apply):

- ☐ Customer/patient satisfaction surveys
- ☐ Fact sheets
- ☐ Open houses
- ☐ Presentations
- ☐ Billboards
- ☐ Videos
- ☐ Public comment
- ☐ Focus groups
- ☐ Community forums/events
- ☐ Surveys
- ☐ Community organizing
- ☐ Advocacy
- ☐ House meetings
- ☐ Interactive workshops
- ☐ Polling

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- ☐ Memorandums of understanding (MOUs) with community-based organizations
- ☐ Citizen advisory committees
- ☐ Open planning forums with citizen polling
- ☐ Community-driven planning
- ☐ Consensus building
- ☐ Participatory action research
- ☐ Participatory budgeting
- ☐ Social media
- ☐ Other: _____
- ☒ We do not do community engagement

Policy, Advocacy, and Communications

Does your organization engage in external policy or advocacy work?

- ☐ Yes
- ☐ No

Does your organization regularly engage in external communication?

- ☐ Yes
- ☐ No
- ☐ Unsure

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What methods does your organization use to communicate? (Check all that apply)

- ☐ Internal newsletters to staff
- ☐ External newsletters to members/the public
- ☐ Ongoing and active relationships with local journalists and earned media organizations
- ☐ Social media outreach (e.g., on Facebook, Twitter, Instagram)
- ☐ Ethnicity-specific outreach in non-English language
- ☐ Press releases/press conferences
- ☐ Data dashboard
- ☐ Meet internally to discuss narrative and messaging to the public
- ☐ Other: _____

Our organization uses [a](#) equity lens that we use for our external communications and engagement work.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree
- ☐ Unsure

Please add any questions, comments, or suggestions about the Winnebago County Health Department MAPP process and our how we can work together to improve community health:
Optional

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3. Assessment

Link To Community Partner Assessment:

<https://publichealth.wincoil.gov/iplan-cpa/>



APPENDIX C: Community Status Assessment

1. Assessment

Link To Community Status Assessment:

<https://publichealth.wincoil.gov/iplan-csa/>



APPENDIX D: Community Context Assessment

1. 2024 Winnebago County Community Context Assessment Report for IPLAN

Link To Community Context Assessment:

<https://publichealth.wincoil.gov/iplan-cca/>

2. 2024 Winnebago County Community Context Assessment: Focus Group Report for IPLAN

Link To CCA Focus Group Report:

<https://publichealth.wincoil.gov/iplan-focusgroupcca/>

APPENDIX E: Community Health Prioritization

1. Handout

Unpacking Power **POW!**

BRING YOUR Superpower!

WINNEBAGO COUNTY RESIDENTS AND PARTNERS
WE NEED YOUR **POWER** AND YOUR **VOICE**

Hear What Health Needs Our Community Identified

Tell Us YOUR Opinion On Our Top Health Concerns

JOIN US

September 25
4:00 pm – 6:00 pm
Prairie Street Brewing Co.
Appetizers Will Be Provided

REGISTRATION EXTENDED TO SEPTEMBER 23RD

<https://tinyurl.com/HealthPriority2024>

REV09182024

Winnebago County
Health Department

This event is part of the Illinois Project for Local Assessment of Needs (IPLAN) for Winnebago County

2. Community Partner Prioritization Workshop Presentation

Telling Our Community Story

Setting the Health Priorities



WCHD

Winnebago County Health Department

Serving Our Whole Community




Date: September 25, 2024

Presentation To: Local Public Health System Participants

Agenda

- Overview of IPLAN Requirements
- Mobilizing for Action Through Planning and Partnerships (MAPP 2.0)
- Overview of Assessments
 - Community Status Assessment (CSA)
 - Community Partner Assessment (CPA)
 - Community Context Assessment (CCA)
- Health Issue Identification
- Prioritization Exercise
 - Power Primer Impacts
- Next Steps



Winnebago County Health Department

2

IPLAN Defined

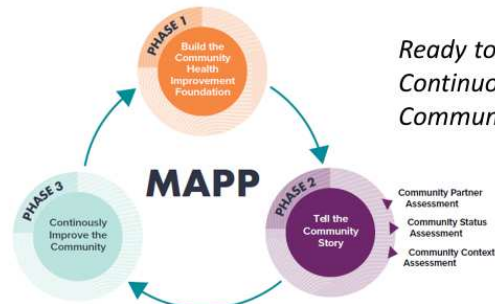
- IPLAN = Illinois Project for Local Assessment of Needs
 - Requirements
 - Community participation
 - Review of community health indicators
 - Review of SHIP (State Health Improvement Plan)
 - Setting of priority health needs
 - Establishment of objectives and strategies for intervention
 - Capacity assessment
- IPLAN is a *community health assessment* and *improvement plan* process.

A Community Health Improvement Plan!

Mobilizing for Action through Planning and Partnerships 2.0 (MAPP 2.0)

Overview of Phase 3

MAPP 2.0 Phases



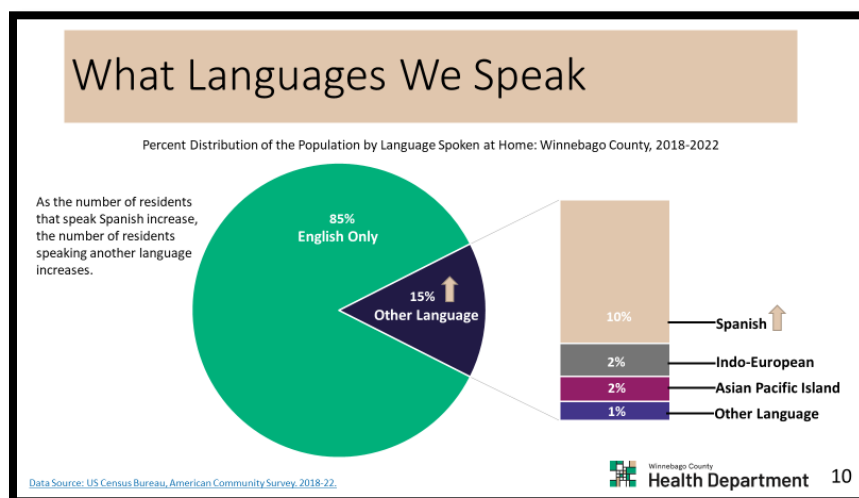
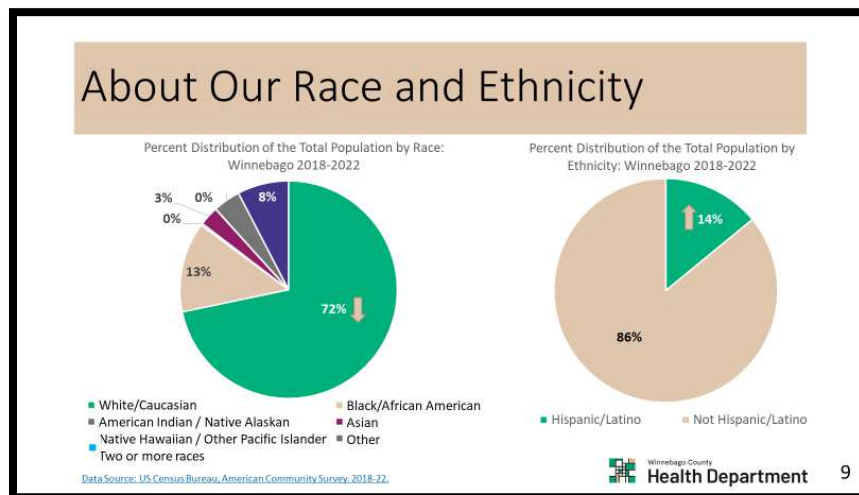
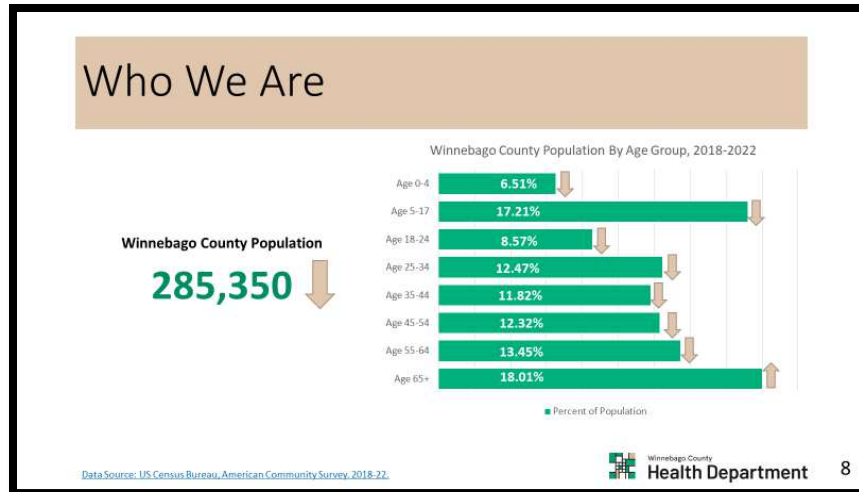
*Ready to launch PHASE 3 –
Continuously Improve the
Community*

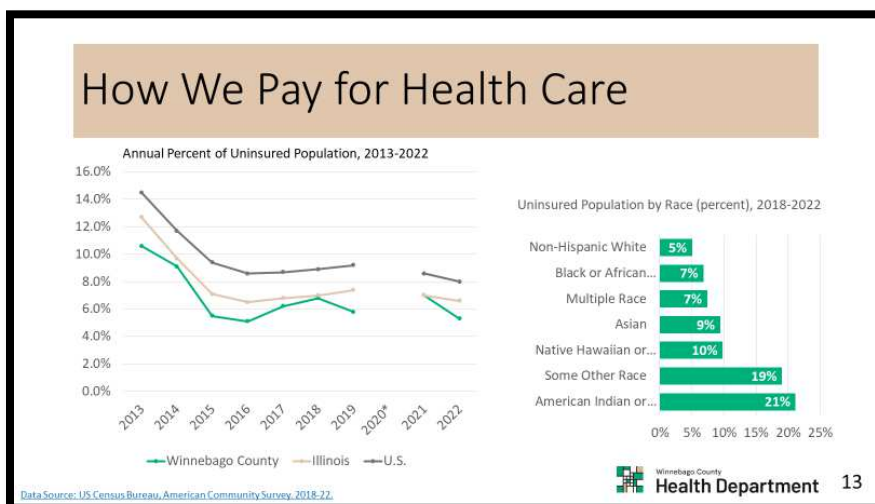
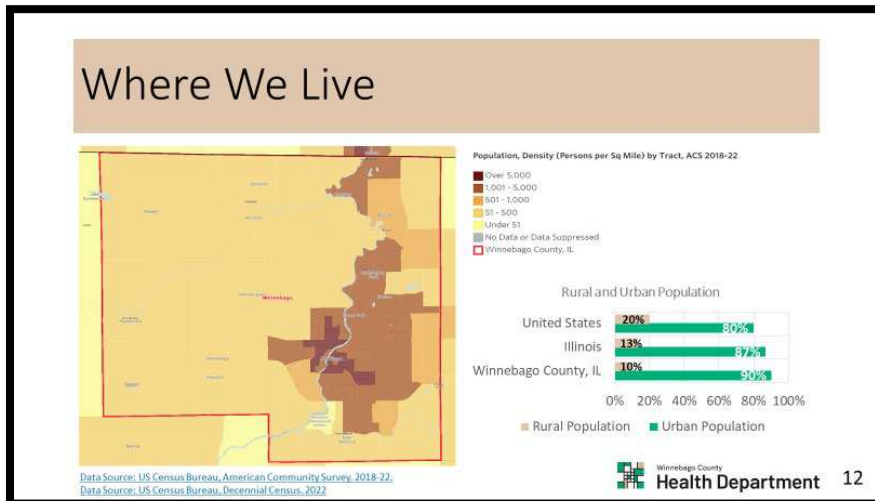
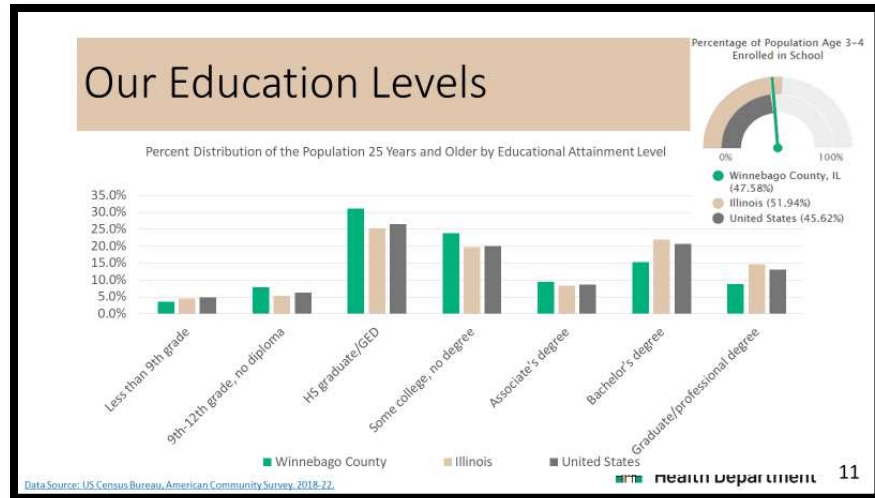
PHASE 3

- *Prioritizing* the issues for the Community Health Improvement Plan
- Conducting a *Power Analysis* of each issue
- Identifying *Community Partners*
- Developing *Goals and Objectives* for priority issues
- Selecting *Strategies*

Community Status Assessment

Describing Our Community






Community Partner Assessment


Our Community's Strengths, Assets, and Power


14

Partner Powers



- 47% have at least one person dedicated to addressing diversity, equity, and inclusion
- 73% use an equity lens for communicating with the public and their community engagement work
- 32% are working on family and well-being
- 18% are working on early childhood development







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Powers As A Public Health System





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Health Department

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Program and Service Powers



Winnebago County Health Department 17

Community Context Assessment

What Our Residents Told Us

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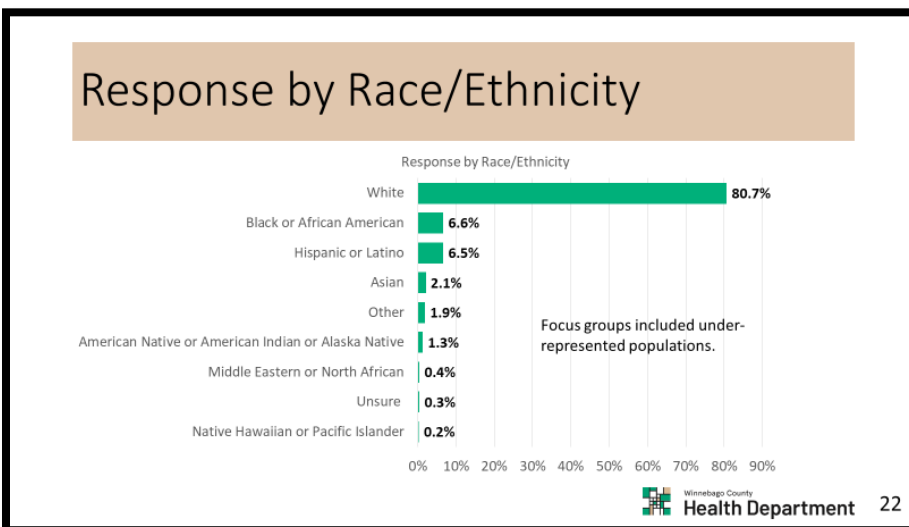
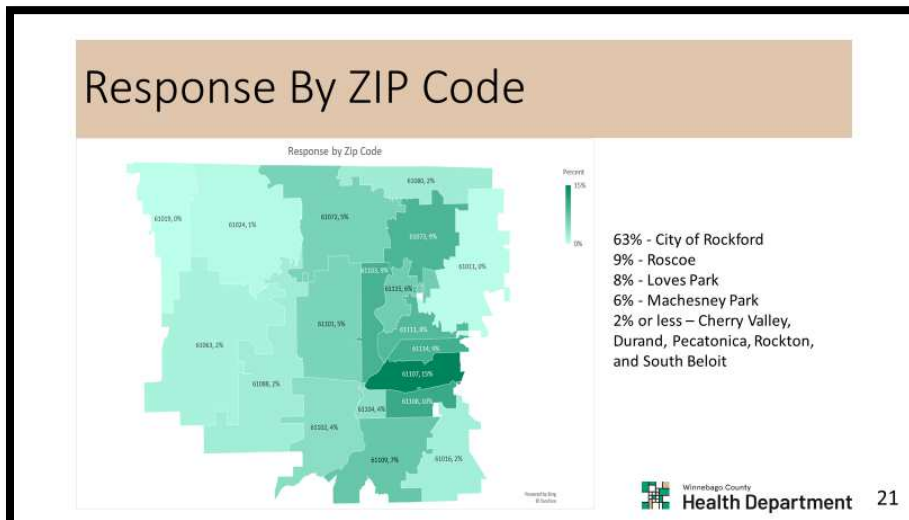
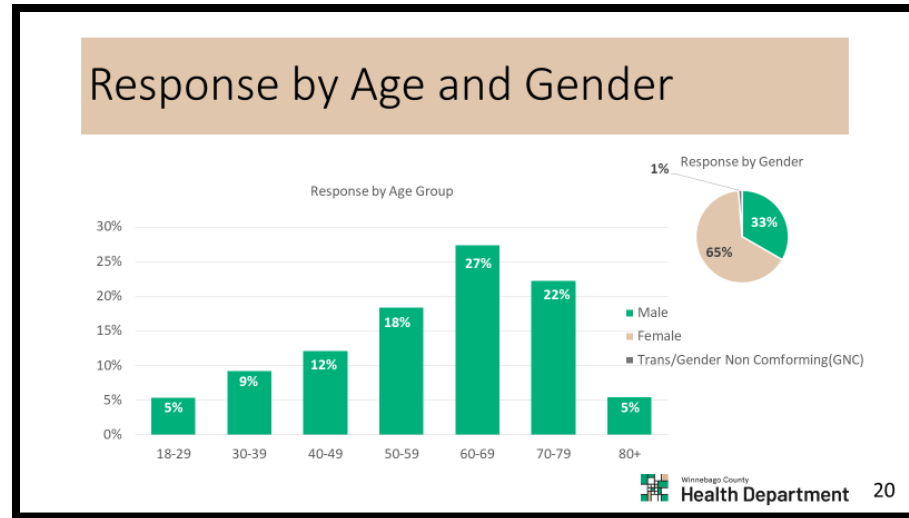
Who Shared Their Story

Community Survey

2,890



Winnebago County Health Department 19



Who Shared Their Story

Focus Groups

10



Winnebago County Health Department 23

Common Themes



Winnebago County Health Department 24

Additional Themes

● Very negative ● Negative ● Mixed ● Positive ● Very positive ● Neutral



Analysis of an additional 500 responses from the survey question.....

If you have additional comments or feedback, please provide.

Winnebago County Health Department 25

Top 10 Health Themes

How Did We Get Here

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Identifying the Top 10

- Analyzed the 3 assessments
 - Community Status
 - Community Partner
 - Community Context
- Determined the top health themes by frequency of response
- ★ Current Health Priority
- ★ Maternal and Child Health
- ★ Mental and Behavioral Health
- ★ Violence Reduction
 - ✓ Access to Care
 - ✓ Economic Stability
 - ✓ Education
 - ✓ Environment
 - ✓ Food Security
 - ✓ Housing
 - ✓ Support Needs for Aging

Winnebago County Health Department 27

IPLAN 2023 - Maternal and Child Health Priority Objectives

- Reduce the rate of Black/African American infant deaths by 20%
- Reduce the rate of maternal mortality among Black/African American Women
- Reduce the percentage of low birthweight babies born to mothers less than 20 years of age by 10%
- Reduce the percentage of low birthweight Black/African American infants by 10%.
- Infant mortality rates increased from 2016 – 2021
 - Highest rates among Black/African American = 14 → 2.3 x rate of White or Hispanic = 6
- Maternal morbidity rates increased
- Severe Maternal Morbidity rate (SMM) remained high at 60 – 79.9/10,000
- Percent of low birth weight infants increased from 2017 – 2022
 - Highest percentage among Black/African American = 15.2% → 2.0 x rate of White
- Percent of teen births declined but higher than state overall.

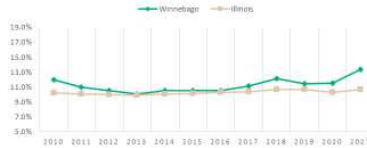
Data Source: County Health Rankings
Data Source: IDPH Maternal Morbidity and Mortality Report, October 2023

Winnebago County Health Department 28



Maternal Child Health

ANNUAL PERCENT OF PRETERM BIRTHS:
WINNEBAGO COUNTY AND ILLINOIS, 2010-2021



Preterm births (< 37 weeks) have increased.

ANNUAL PERCENT OF LOW BIRTH WEIGHT
BIRTHS: WINNEBAGO COUNTY AND ILLINOIS,
2017-2022



Low birth weight (< 2500 grams) have also increased.

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



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Health Department

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Maternal Child Health

Severe Maternal Morbidity (SMM) are a group of potentially life-threatening, unexpected complications that occur during the labor and delivery process that may have long-lasting health implications.



Severe Maternal Morbidity (SMM) Rate among Deliveries During 2016-2020

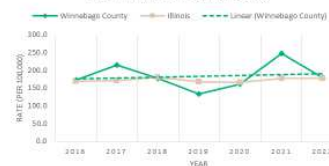
Zero SMM Cases
Less than 40 per 10,000
40 - 59.9 per 10,000
60 - 79.9 per 10,000
80 - 99.9 per 10,000
100 per 10,000 or higher

Unstable Rate (Fewer than 10 SMM Cases)

Data Source: IDPH Maternal Morbidity and Mortality Report, October 2023

Winnebago County has a SMM Rate of 80 – 99.9 per 10,000 deliveries.

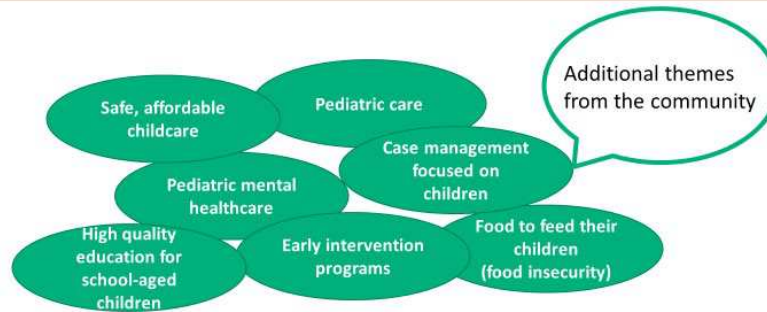
RATE OF MATERNAL MORBIDITY: WINNEBAGO
COUNTY AND ILLINOIS, 2016-2022



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Health Department

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Maternal and Child Health



Winneshago County
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IPLAN 2023 –Mental Behavioral Health Priority Objectives

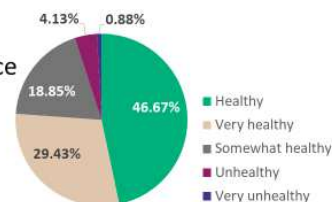
- Increase access to services that support the positive social emotional development of the pediatric population.
- Decrease the rate of deaths from opioid overdose by 10%.
- Decrease the rate of suicide by 10%.
- 2018 to 2023, the average annual opioid overdose death rate was 52.2 per 100,000, *declining* to 41.5 per 100,000 in 2023.
 - Non-Hispanic Blacks experienced a *higher* average rate of 79 deaths per 100,000.
- The rate of deaths due to suicide *decreased* to 13.4 from 15.9 → higher than Illinois (11.5)
 - *Highest* rates among non-Hispanic Whites with 3.8 x rate of Black/African Americans and 7.3 x rate of Hispanics.

Data Source: County Health Rankings
Data Source: Winneshago County Mental Health Board Report, October 2023

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Health Department 32

Mental/Behavioral Health

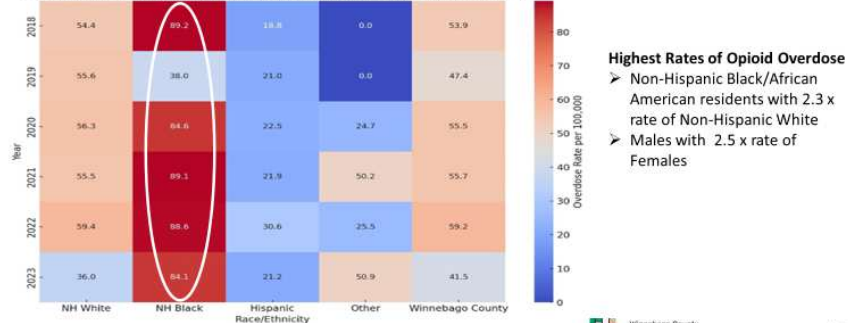
- Majority of residents rated their personal mental health as healthy/very healthy.
- 71% did not require mental health/substance use care
- 5 most frequent mental health conditions reported in respondents or their household
 - Anxiety – 37%
 - Depression – 29%
 - Attention Deficit Disorder or ADHD – 14%
 - Post Traumatic Stress Disorder – 10%
 - Addictive behaviors or Substance Use Disorder – 7%



Winneshago County
Health Department 33

Mental/Behavioral Health

Heatmap of Opioid Overdose Death Rates by Race/Ethnicity (2018-2023)

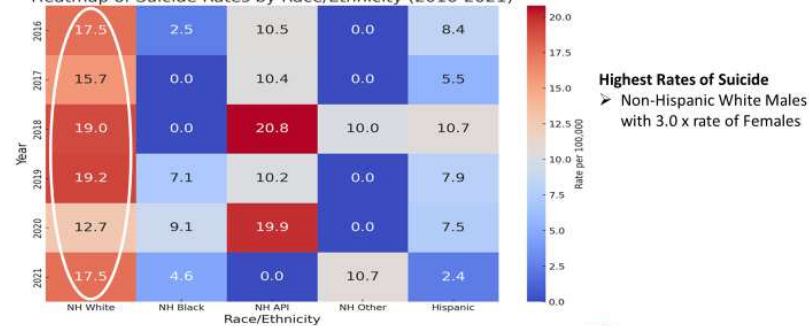


Source: Winnebago County Coroner

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Mental/Behavioral Health

Heatmap of Suicide Rates by Race/Ethnicity (2016-2021)

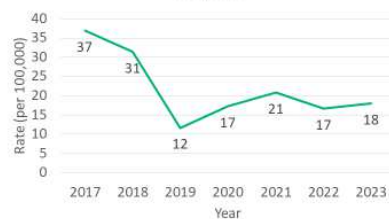


Source: Northwestern University, Illinois Violent Death Reporting System (IVDRS) 2016 - 2021

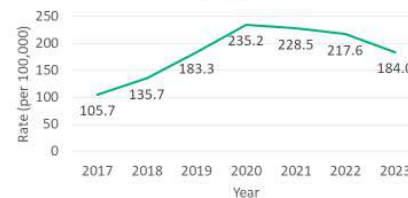
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Mental/Behavioral Health

Alcohol Related ER Visit Rates: Winnebago County, 2017-2023



Drug Related ER Visit Rates: Winnebago County, 2017-2023

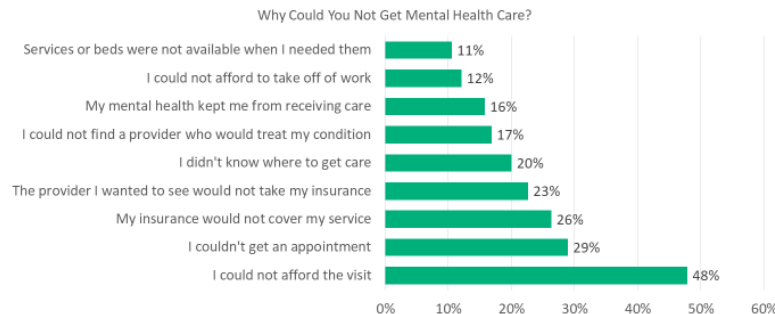


Source: U.S. Census Bureau, Population Division Illinois Vital Statistics, Illinois Department of Public Health

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Mental/Behavioral Health



Winnebago County Health Department 37

Mental/Behavioral Health

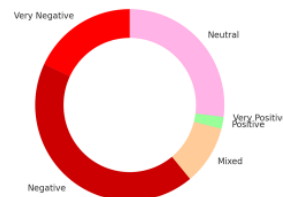
Additional Comments:

- Financial barriers to mental health care
- Need for specialized mental health care facilities
- Impacts of mental health on homelessness, substance abuse, and crime.

Analysis of an additional responses addressing **mental/behavioral** from the survey question.....

If you have additional comments or feedback, please provide.

Overall Comments Distribution For Mental Health



Winnebago County Health Department 38

IPLAN 2023 – Violence Reduction

- Reduce the homicide rate by a minimum of 5% by 2023
- Reduce the incidence of fire-arm related deaths by a minimum of 5% by 2023

• Homicide Rates

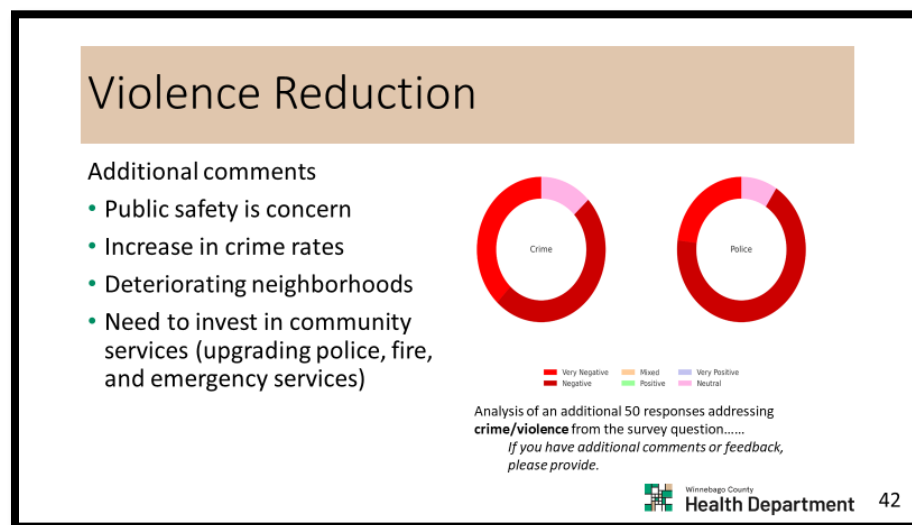
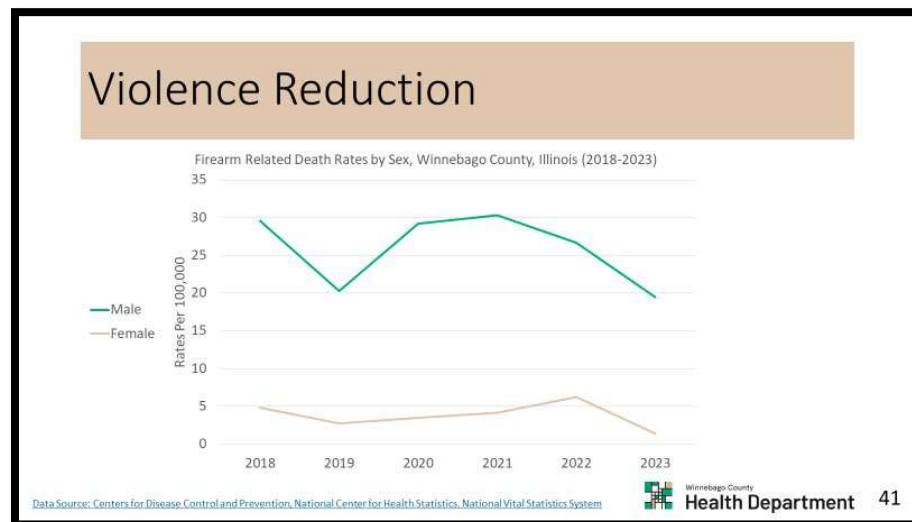
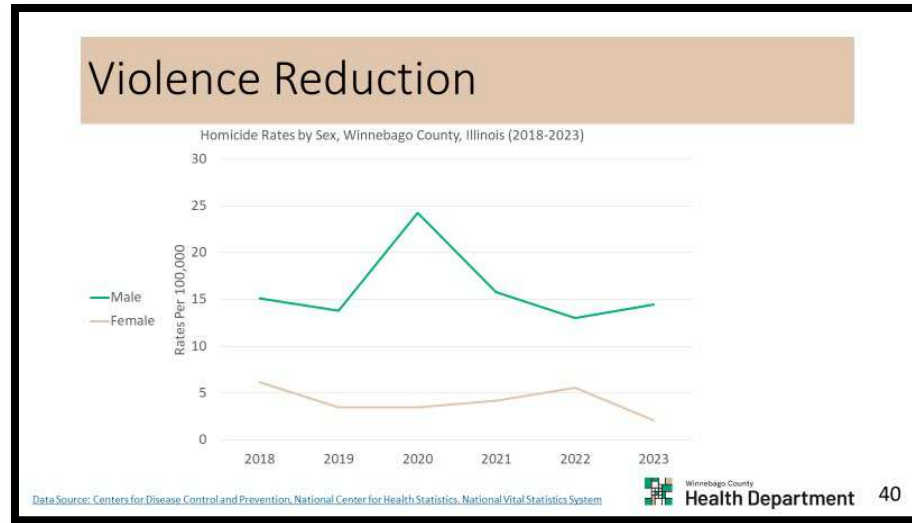
- In Winnebago County, *overall homicide rates declined* from 2018-2023, highest rate was 13.9 in 2020, with the lowest at 8.2 in 2023, indicating a *decline*.

• Firearm Related Death Rates

- In Winnebago County, *firearm-related deaths showed a downward trend* from 2018 to 2023, peaking at 17.0 in 2021 and reaching a low of 10.6 in 2023.

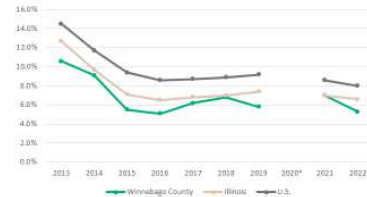
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System

Winnebago County Health Department 39



Access to Care

Annual Percent of Uninsured Population, 1-Year
Estimate: Winnebago County, Illinois, U.S., 2013-2022



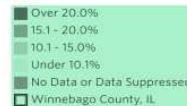
Note: 1-year estimates were not available in 2020 because of the impacts of the COVID-19 pandemic on data collection.

There was one primary care provider per 1,420 people in Winnebago County (IL 1,260:1/US 1,330:1)



Uninsured Population, Percent by Tract, ACS 2018-22

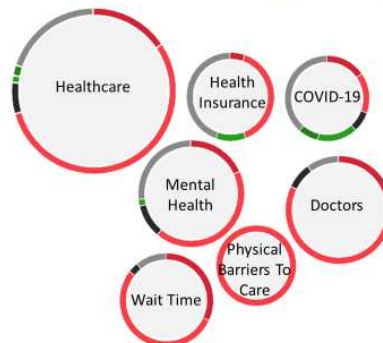
- Largest percentages of uninsured are located in southeast and west Rockford census tracts.



Data Source: US Census Bureau, American Community Survey, 2018-22

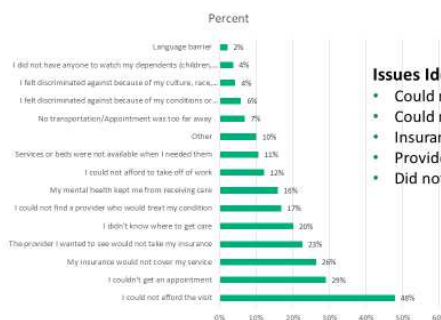
Access to Care

Very negative Negative Mixed Positive Very positive Neutral



Analysis of 200 additional responses that focused on access to care from the survey question.....
If you have additional comments or feedback, please provide.

Access to Care – Mental Health



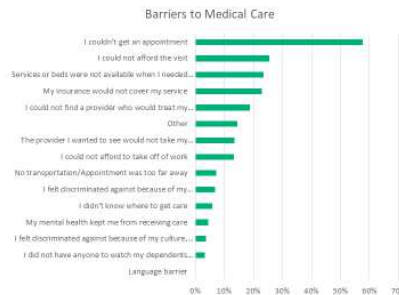
Issues Identified with Accessing Mental Health Care

- Could not afford cost of visit – 48%
- Could not get appointment – 29%
- Insurance did not cover – 26%
- Provider did not accept insurance – 23%
- Did not know where to get care – 20%

There is one mental health provider per 450 people in Winnebago County (IL 320:1/US 320:1)

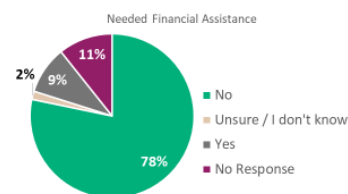
Access to Care - Medical

- 82% reported having a primary care provider
- 98% have some form of health insurance
- 11% reported not being able to get care in the past 12 months
 - Couldn't get an appointment
 - Couldn't afford
 - Services were not available
 - Insurance wouldn't cover
 - Couldn't find a provider

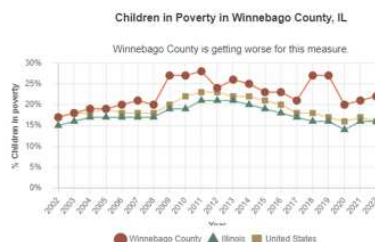


Economic Stability

- Majority reported not needing financial assistance.
- 9% needed financial assistance
 - 1/3 received financial through public assistance programs
 - 1/4 received financial assistance through private means (personal loans)
 - Some received both private and public



Economic Stability



- 22% of children in Winnebago County live in poverty
 - 55% of Black/African American children (4 x higher than White children)
 - 30% of Hispanic children live in poverty (3 x higher than White children)
 - 13% of White children live in poverty

Data Source: County Health Rankings
Data Source: US Census Bureau, American Community Survey 2017-22

Annual Median Household Estimates			
Year	Winnebago County	Illinois	U.S.
2017	53,337	62,992	60,336
2018	53,345	69,187	65,030
2019	59,455	69,187	65,712
2020	*	*	*
2021	56,132	72,205	69,717
2022	62,011	76,708	74,755

Economic Stability

Annual Average Unemployment Rate: Winnebago County, Illinois, and U.S., 2010-2023



Unemployment rate has improved but continues to lag behind Illinois and US overall.

Data Source: Illinois Department of Employment Security, Economic Information and Analysis Tables



Health Department

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Economic Stability

Percent of Population Below Poverty Level for Whom Poverty Status is Determined, 1-Year Estimate: Winnebago County, Illinois, U.S., 2013-2022



Employment Status Among Those ≥ 16 Years, 5-Year Estimate: Winnebago County, Illinois, and US, 2018-2022

Employment Status	Winnebago	Illinois	U.S.
	n	%	%
Population ≥16 years	225,789	100%	100%
In labor force	140,552	62.2%	63.5%
Civilian labor force ^a	140,492	62.2%	63.0%
Employed ^b	129,952	57.6%	59.6%
Unemployed ^c	10,540	4.7%	3.4%
Unemployment Rate ^d (%)		7.5%	5.3%
Armed Forces ^e	60	0.0%	0.5%
Not in labor force ^f	85,237	37.8%	36.5%

Data Source: US Census Bureau, American Community Survey, 2018-22.



Health Department

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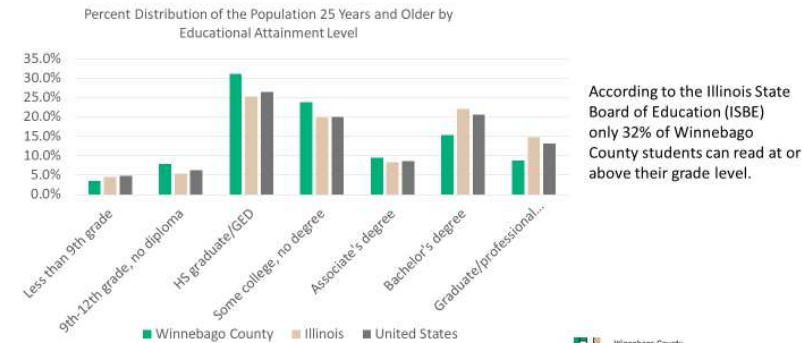
Economic Stability



Health Department

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Education



Data Source: US Census Bureau, American Community Survey, 2018-22

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Education

Graduation Rates Among Suburban/Urban and Rural School Districts:

Winnebago County and Illinois, 2014-2023

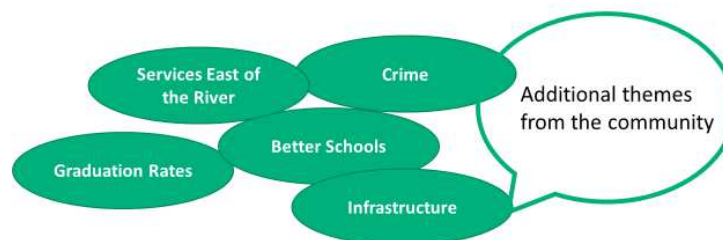
School District	2019	2020*	2021	2022	2023
Illinois	86.20%	88.00%	86.80%	87.30%	87.60%
Suburban/Urban					
Harlem UD 122	83.50%	82.50%	83.10%	81.40%	79.50%
Hononegah CHD 207	92.40%	94.00%	91.80%	87.30%	90.20%
Rockford SD 205	66.40%	66.90%	64.40%	65.60%	68.90%
County of Winnebago SD 320	79.10%	85.50%	88.90%	85.30%	90.00%
Rural					
Durand CUSD 322	100.00%	92.20%	91.10%	80.00%	84.40%
Pecatonica CUSD 321	92.20%	89.10%	91.60%	85.20%	81.30%
Winnebago SD 323	90.00%	93.50%	84.90%	91.00%	88.40%

Data Source: Illinois Report Card

Winnebago County Health Department

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Education

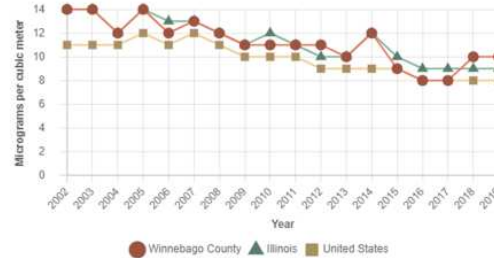


Winnebago County Health Department

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Environment

Average daily density of fine particulate matter



The Environmental Protection Agency has set an annual average standard of 12.0 micrograms per cubic meter.

Winnebago County has had an annual average of 10.3 micrograms per cubic meter.

Data Source: County Health Rankings

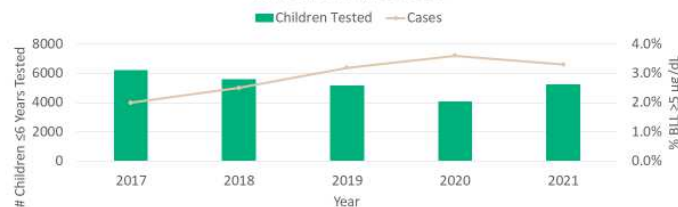


Health Department

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Environment

Children Blood Lead Levels Tested and Percent of Cases Levels ≥ 5 micrograms/dL; Winnebago County, 2017-2021



In 2021, 1.7 % of children less than 6 years of age tested in Illinois had a Blood Lead Level equal to or than 5 $\mu\text{g/dL}$ as compared to 3.3% of Winnebago County children.

Data Source: Illinois Lead Program 2017 Annual Surveillance Report;
Illinois Lead Program 2020 Annual Surveillance Report;
Illinois Lead Program 2021 Annual Surveillance Report.



Health Department

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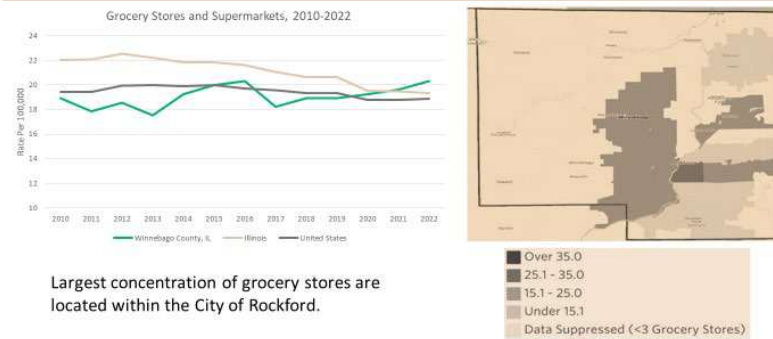
Environment



Health Department

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Food Security



USDA - Food Access Research Atlas, 2019
Data sources: US Census Bureau, County Business Patterns

Winnebago County Health Department 58

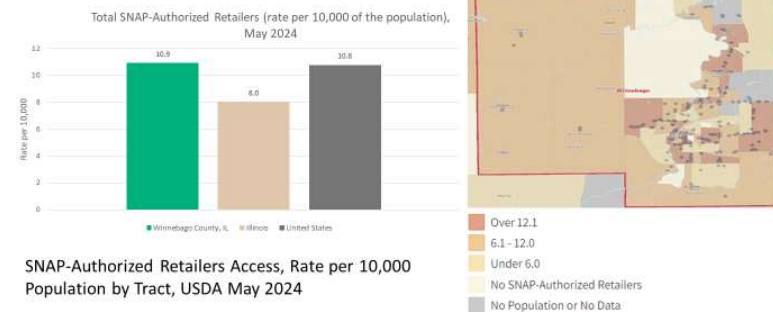
Food Security



USDA - Food Access Research Atlas, 2019
Data sources: US Census Bureau, County Business Patterns

Winnebago County Health Department 59

Food Security



Data Sources: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator

Winnebago County Health Department 60

Food Security

- Food Environment Index for Winnebago County = 7.6
 - Access to healthy foods
 - Food Insecurity

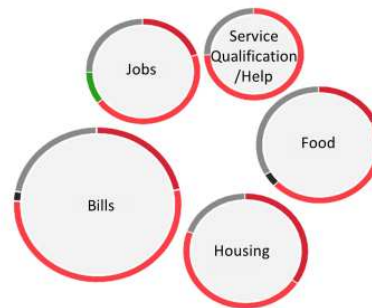
Food Security	8 th Grade	10 th Grade	12 th Grade
Never	63%	63%	64%
Rarely	25%	25%	21%
Sometimes	9%	9%	11%
Most of the Time	2%	2%	3%
Always	1%	1%	1%

2024 Illinois Youth Survey
Winnebago County respondents
reported food security issues
with the highest percentages
being reported in the 12th grade.

Data Source: Illinois Youth Survey

Food Security

● Very negative ● Negative ● Mixed ● Positive ● Very positive ● Neutral



Analysis of an additional 105
responses addressing **food
security** from the survey
question.....
*If you have additional
comments or feedback,
please provide.*

Housing

Home Ownership and Cost Burden: Winnebago County and Illinois, 2021

	Homeownership		Severe Housing Cost Burden	
	# Homeowners	% Homeowners	# Households with Severe Cost Burden	% Severe Housing Cost Burden
Winnebago	77,337	67.2%	31,418	27%
Illinois	3,392,312	67.1%	1,445,664	29%

Severe Housing Cost Burden is defined as more than 30% of Household Income spent on housing.

Data Source: US Census Bureau, American Community Survey, 2018-22

Housing

Eviction Statistics, Winnebago County and Illinois, 2014-2018										
	2014		2015		2016		2017		2018	
	Winnebago	Illinois	Winnebago	Illinois	Winnebago	Illinois	Winnebago	Illinois	Winnebago	Illinois
# Evictions	1,387	28,553	1,496.5	26,608.5	1,460	25,331	949	19,893	1,570	21,973
Eviction Rates	3.60%	3.20%	3.90%	1.60%	3.70%	1.50%	2.50%	1.20%	4.00%	1.30%
# Eviction Filings	2,000	60,000	2,100	57,800	2,000	54,700	1,400	44,900	2,000	44,800
Eviction Filing Rates	5.20%	3.70%	5.40%	3.60%	5.20%	3.30%	3.60%	2.70%	5.20%	2.70%

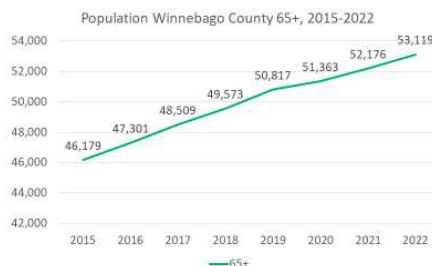
Eviction rates increased during years 2017 – 2018 for the most current data available. Eviction rates moving forward will reflect pandemic Executive Orders.

Source: Eviction Lab, Winnebago County, Illinois, Princeton University

Housing



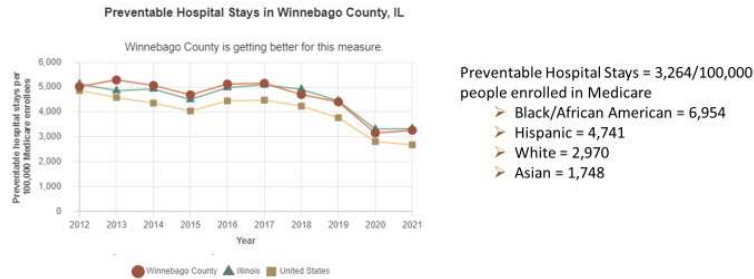
Support Needs for Aging



The population ages 65 years and over has continued to increase.

Data Source: CDC Wonder Population Estimates

Support Needs for Aging



Support Needs for Aging



Developing the Prioritization Matrix

The Weighting is the Hardest Part

Matrix Criteria

MAPP 2.0 supports communities in achieving health equity through its foundational principles which focus on:

- Community Power
- Strategic Collaboration and alignment for collective impact
- Trusted Relationships
- Inclusion



Matrix Criteria Weighting

Matrix Criteria	Average Weight
Health inequities and resultant health disparities impact the priority area.	
There is a high impact on the overall health of the community due to this health priority.	
Community partners have the capability and capacity to share power with the community to address.	
Resources are available to address the priority area.	
The Health Department has the capability and capacity to share power with the community to address.	
Community partners are engaged to address the priority area.	
A change to public policy is needed to address this priority area.	
The priority area aligns with the Health Department's Strategic Plan and expertise.	
There is resistance from key stakeholders including community residents to address the priority area.	

The Partner Steering Committee reviewed the prioritization matrix criteria and weighted the nine criteria on a scale of 1 (less important) to 4 (most important).

Prioritization Matrix

Methodology: Community responses on health issues were grouped by themes and categorized to determine priority areas. The top priority areas were set based on response percentages. Those areas with 5% or less responses were removed.

Goal: Overall goal is to identify the top health priorities Winnebago County Health Department should work on over the next five (5) years. All of the health issues shared by the community through the assessment process are important.

Exercise: The prioritization exercise asks you to look at each priority areas along the first column (vertically) and consider the criteria for evaluation along the top row (horizontally). You will give your opinion on how strongly you agree that the criterion impacts the health priority by choosing a number from 1 – 4.

- 1 = Strongly Disagree
2 = Disagree
3 = Agree
4 = Strongly Agree

The below table is an example of the full list of criteria and health priorities. Do NOT fill out this table, submit your responses through the online survey.

Criteria →	There is a high impact on the overall health of the community due to this health priority.	Resources are available to address the priority area.	The priority area aligns with the health department's strategic plan and expertise.	Community partners are engaged to address the priority area.	Health inequities and resultant health disparities impact the priority area.	There is resistance from key stakeholders including community residents to address the priority area.	A change to public policy is needed to address this priority area.	Winnebago County has the capability and capacity to share power with the community to address the priority area.	Community partners have the capability and capacity to share power with the community to address the priority area.
Priority area ↓									
Maternal and Child Health									
Mental/Behavioral Health									
Violence Reduction									
Economic Stability									
Education									
Housing									
Support Needs for Aging									
Access to Care									
Environment									
Food Security									

Go to the Prioritization Exercise Instructions to complete the table on the online survey.

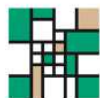


Prioritizing the Issues

Let the Hard Work and Fun Begin!

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Contact Information



W C H D


Winnebago County Health Department

Serving Our Whole Community

Patrick Ngum
Director of Data and Quality

PublicHealth.wincoil.gov

 @WinnCoHealth

 @WinnebagoCountyHealth

 Winncohealth

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3. Matrix



Prioritization Matrix

Methodology: Community responses on health issues were grouped by themes and categorized to determine priority areas. The top priority areas were set based on response percentages. Those areas with 5% or less responses were removed.

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Criteria →	There is a high impact on the overall health of the community due to this health priority.	Resources are available to address the priority area.	The priority area aligns with the health department's strategic plan and expertise.	Community partners are engaged to address the priority area.	Health inequities and resultant health disparities impact the priority area.	There is resistance from key stakeholders including community residents to address the priority area.	A change to public policy is needed to address this priority area.	WCHD has the capability and capacity to share power with the community to address the priority area.	Community partners have the capability and capacity to share power with the community to address the priority area.
Priority area ↓									
Maternal and Child Health									
Mental/Behavioral Health									
Violence Reduction									
Economic Stability									
Education									
Housing									
Support Needs for Aging									
Access to Care									
Environment									
Food Security									

Go to the [Prioritization Exercise Instructions](#) to complete the table on the online survey.


4. Weighting Matrix

Matrix Criteria	Average Weight
Health inequities and resultant health disparities impact the priority area.	
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Community partners have the capability and capacity to share power with the community to address.	
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Community partners are engaged to address the priority area.	
A change to public policy is needed to address this priority area.	
The priority area aligns with the Health Department's Strategic Plan and expertise.	
There is resistance from key stakeholders including community residents to address the priority area.	



5. Validation Of Health Priority Issues


Validate Health Priority Issues



W C H D

Winnebago County Health Department

Serving Our Whole Community




Date: October 2nd, 2024

Presentation To: WCHD Leadership

Agenda

- Review Timeline IPLAN 2025 Phase 3
- Review of Validated Health Priority issues from Strategic
- Review and Validate the top 3 health priority issues
 - ☐ Data review top 10 themes (Deviation from average score)
 - ☐ Review of CCA Data from
 - ☐ Decision analysis between Economic Stability and Violence reduction
- Next Steps



Winnebago County
Health Department

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Review of Validated Health Priority issues from Strategic

Priority area	Score	Deviation from Average score
Mental/Behavioral Health	3.09	0.30
Maternal and Child Health	3.07	0.28
Economic Stability	2.91	0.12
Violence Reduction	2.86	0.07
Housing	2.79	0.00
Access to Care	2.71	-0.08
Environment	2.64	-0.15
Education	2.63	-0.16
Food Security	2.63	-0.16
Support Needs for Aging	2.57	-0.22

Economic Stability CCA Data

CCA Question	What Was Important to the Community	Issue	Average Percent
Issues and Concerns	Economic Stability	Good jobs and health economy (job security, good paying jobs, jobs with benefits)	11%
Issues and Concerns	Economic Stability	Economic disinvestment (lack of services, grocery, and retail stores)	4%
Priority Activities	Economic Stability	Job Training/Retraining	8%
Priority Activities	Economic Stability	Financial assistance	4%
Priority Issues	Economic Stability	Good jobs and a healthy economy	14%

Violence Reduction CCA Data

CCA Question	What Was Important to the Community	Issue	Average Percent
Issues and Concerns	Violence Reduction	Crime and violence	15%
Priority Issues	Violence Reduction	Lower violent crime and safer neighborhoods	19%

Violence Reduction Data

How Did We Get Here

IPLAN 2023 – Violence Reduction

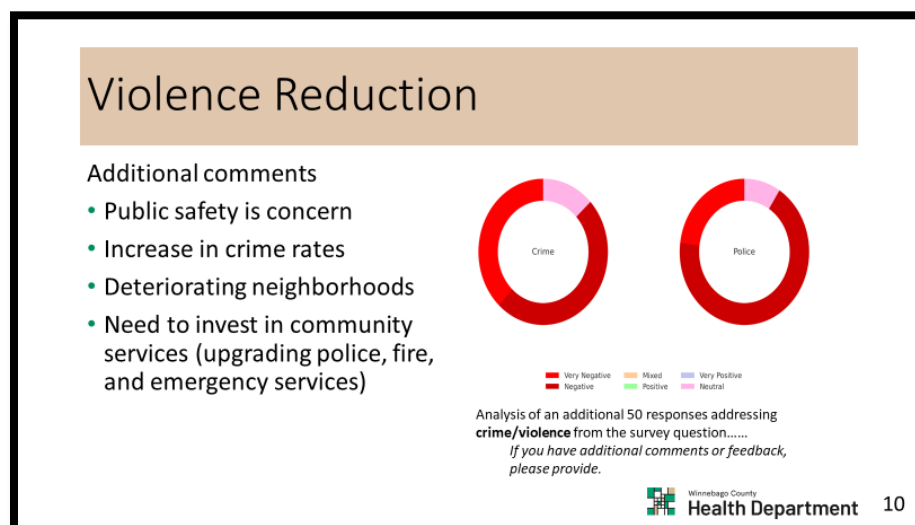
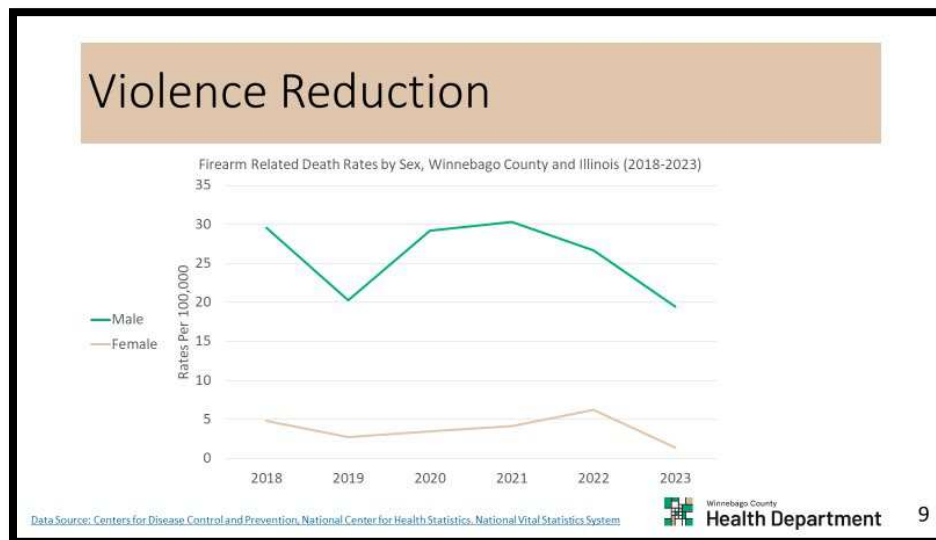
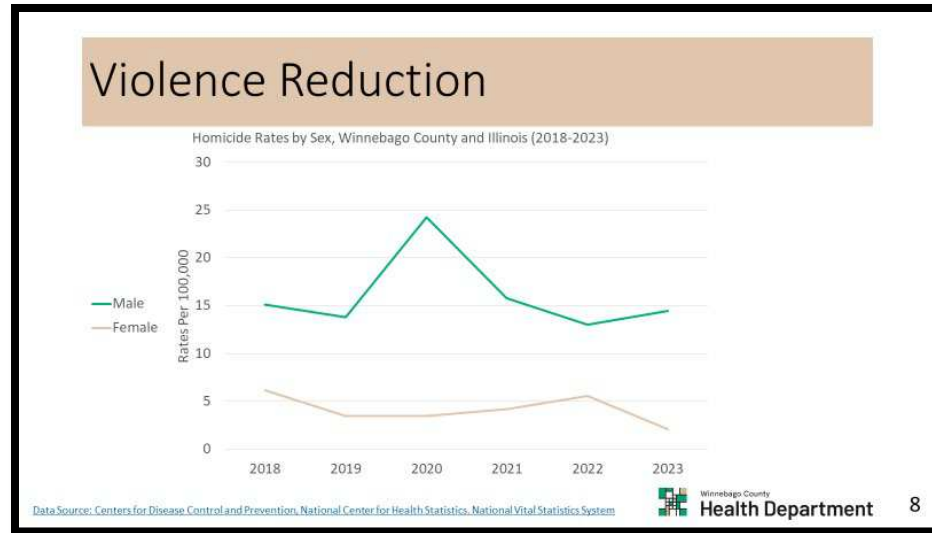
- Reduce the homicide rate by a minimum of 5% by 2023
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• Homicide Rates

- In Winnebago County, *overall homicide rates declined* from 2018-2023, highest rate was 13.9 in 2020, with the lowest at 8.2 in 2023, indicating a *decline*.

• Firearm Related Death Rates

- In Winnebago County, *firearm-related deaths showed a downward trend* from 2018 to 2023, peaking at 17.0 in 2021 and reaching a low of 10.6 in 2023.



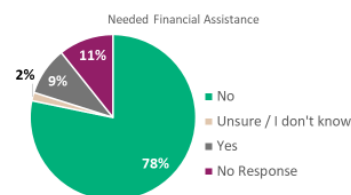
Economic Stability Data

How Did We Get Here

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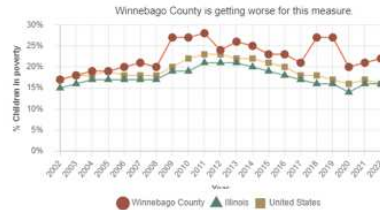
Economic Stability

- Majority reported not needing financial assistance.
- 9% needed financial assistance
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Economic Stability

Children in Poverty in Winnebago County, IL



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 - 55% of Black/African American children (4 x higher than White children)
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Data Source: County Health Rankings
Data Source: US Census Bureau, American Community Survey, 2017-22.

Economic Stability

Annual Average Unemployment Rate: Winnebago County, Illinois, and U.S., 2010-2023



Unemployment rate has improved but continues to lag behind Illinois and US overall.

Data Source: Illinois Department of Employment Security, Economic Information and Analysis Tables

Economic Stability

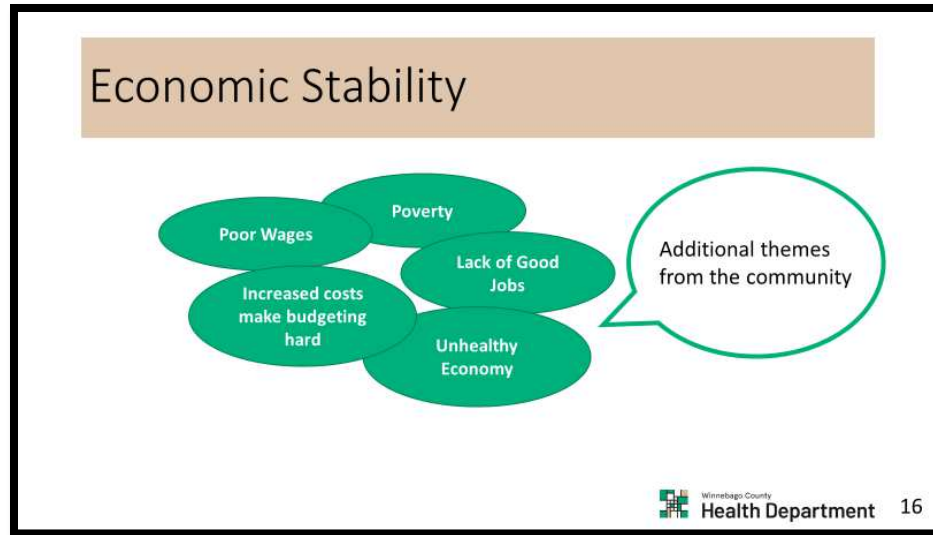
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Unemployed ^c	10,540	4.7%	3.9%	3.4%
Unemployment Rate ^d (%)		7.5%	6.0%	5.3%
Armed Forces ^e	60	0.0%	0.2%	0.5%
Not in labor force ^f	85,237	37.8%	34.8%	36.5%

Data Source: US Census Bureau, American Community Survey, 2018-22.



Contact Information




W C H D


Winnebago County Health Department


Serving Our Whole Community

Patrick Ngum
Director of Data and Quality

PublicHealth.wincoil.gov

 @WinnCoHealth

 @WinnebagoCountyHealth

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1. Community Partner Alignment Tool

[illegible]

i. Community Partner Alignment – Maternal Health

IPLAN 2025

Community Partner Alignment

Priority Area: Maternal Child and Infant Health



Winnebago County

Health Department

Issue Statement

In Winnebago County, IL, from 2016 to 2021, infant mortality and maternal morbidity rates increased, disproportionately affecting Black/African Americans. Infant mortality rates are 2.3 times higher, and low birth weight rates doubled compared to White and Hispanic populations. Severe maternal morbidity remains elevated, and teen birth rates, though declining, still exceed Illinois's average.

Data sources

- [Illinois Maternal Morbidity and Mortality Report October 2023](#)
- [Centers for Disease Control and Prevention](#)
- [County Health Rankings](#)

Community Partner	Impact	Accountability	Influence On	Influenced by	Alignment
What is the name of the partner/organization?	How could they positively impact the issue?	To whom are they accountable?	Who can they influence?	Who are they influenced by?	Does this align with their organization's mission, vision, values?
Brightpoint – Doula Program	Improve maternal and infant outcomes Empower families/empower mothers to make their own decisions	Patients/clients ; healthcare team providing prenatal care; other family members; Board of Directors; state organization	Patients/clients; healthcare team providing prenatal care; other family members	Community – acceptance into homes; insurance payors	Yes
Mental – Behavioral Health Care Providers; Remedies; Rosecrance	Improve maternal and infant outcomes by getting clients into substance use/mental health treatment sooner; connect clients to services; reduce stigma	Patients; clients; certification, licensing, credentialing entities; Board of Directors; larger organizational structures e.g. Rosecrance	Patients/clients; healthcare team; community; extended family members	Larger community concerns regarding stigma; methods of treatments (suboxone vs methadone); policy of organizations who are providing prenatal medical care; larger governmental policy; payors	Yes
Refugee Partners – Catholic Charities and Rock Valley College	Trusted communications to refugee families in their respective languages; provide education	Refugee clients; community, larger refugee sponsoring agencies	Other refugee families, faith-based organizations, sponsoring organization, larger community	Current world events including conflicts, wars, climate issues creating conditions that increase refugees and disrupt lives	Yes



Winnebago County

Health Department

IPLAN 2025

Community Partner Alignment

Priority Area: Maternal Child and Infant Health



Winnebago County

Health Department

Community Partner	Impact	Accountability	Influence On	Influenced by	Alignment
What is the name of the partner/organization?	How could they positively impact the issue?	To whom are they accountable?	Who can they influence?	Who are they influenced by?	Does this align with their organization's mission, vision, values?
	and referrals; empower clients and families; improve maternal and infant outcomes	Catholic Charities – Rockford Diocese of Catholic Church and national organization Rock Valley College- Board of Education			
Illinois Perinatal Quality Collaborative (ILPQC) hospitals: Javon Bea/Mercyhealth; UWHealth/Swedish American; OSF Healthcare/St. Anthony	Improve maternal and infant outcomes; address implicit bias/systemic issues around racism in healthcare services; connect families to resources; provide data to improve birth experience; influence service providers in outpatient settings connect to their health systems	Patients/clients, respective hospital administrations, ILPQC state level, patients/clients	Patients/clients, healthcare teams, hospital organizations, ILPQC, students/resident, legislators	Illinois Department of Public Health, ILPQC, Joint Commission, payors	Yes
Birthing Center	Improve maternal and infant outcomes; provide alternative to hospital setting for low-risk	Patients/clients, referral hospitals	EMS policy, hospital policy, legislation regarding hospital/facility planning	EMS providers, hospitals in the region, future legislation	Yes



Winnebago County

Health Department

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Community Partner Alignment

Priority Area: Maternal Child and Infant Health



Winnebago County

Health Department

Community Partner	Impact	Accountability	Influence On	Influenced by	Alignment
What is the name of the partner/organization?	How could they positively impact the issue?	To whom are they accountable?	Who can they influence?	Who are they influenced by?	Does this align with their organization's mission, vision, values?
	delivers; empower patients/clients				
Fathers Groups (Brightpoint)	Improve maternal and infant outcomes by engaging and supporting fathers; empowers fathers to participate in pregnancy and parenting	Fathers, families and partners, larger organization	Social norms, healthcare systems to appreciate the role of the father in the birthing and parenting process	Social norms, policies on work leave (paternity leave)	Yes
Advocacy Groups that Address Maternal Child Health Issues – Women's March Rockford; League of Women Voters; Elected official	Improve public policy impacting maternal, infant, and child health	Members, Boards, charters	Legislators, community, social norms	Social norms, political environment, funders/donors	Yes
Business – employers e.g. Chamber of Commerce	Improve policy impacting maternal, infant, and child health; typically insure and/or provide insurance coverage for employers	Employees, shareholders, Board of directors	Employees, others in their industry/business, customers, legislators	Employees, others in their industry/business, customers, legislators, shareholders, costs associated with coverages, poor outcomes	Yes
YWCA – Childcare	Improve childcare settings, conditions, and access to safe, affordable childcare; training; advocacy and	Board of Directors, daycare providers, community	Daycare providers, community, legislators	Board of Directors, funders, social norms	Yes

IPLAN 2025

Community Partner Alignment

Priority Area: Maternal Child and Infant Health



Winnebago County

Health Department

Community Partner	Impact	Accountability	Influence On	Influenced by	Alignment
What is the name of the partner/organization?	How could they positively impact the issue?	To whom are they accountable?	Who can they influence?	Who are they influenced by?	Does this align with their organization's mission, vision, values?
	education to address racism				
Community-Based Organizations including Faith-Based (CBO/FBO)	Improve maternal and child health outcomes through advocacy	Members, governance structure, community	Members, governance structure, community	Respective members, other community-based organizations, funders	Yes
Home Visiting Partners (EasterSeals, Brightpoint, RPS205, Early HeadStart, laVoz Latina, WCHD)	Improve maternal and child health outcomes; link family to services; early intervention; assessment; support breastfeeding	Patients, clients, families, Funding entities	Patients/clients/families; healthcare teams; community	Coordinated intake, funders	Yes

ii. Community Partner Alignment – Mental / Behavioral Health

IPLAN 2025

Community Partner Alignment
Priority Area: Mental Health



Winnebago County

Health Department

Issue Statement

- From 2018-2023 the average annual opioid overdose death rate decreased from 53.9 per 100,00 to 41.5. Opioid overdose death disproportionately affected non-Hispanic Black/African Americans, rates are 2.3 times higher among Black/African Americans than those of non-Hispanic Whites (Coroner).
- The rate of deaths due to suicide decreased from 2016-2021 from a rate of 14.3 per 100,000 to 13.4. The rate was 3.8 times higher in non-Hispanic Whites than in non-Hispanic Blacks. (SUDORS).

The Winnebago County Community Context Assessment (CCA) in 2024 provided the following findings:

- Five (5) percent of residents rated their personal mental health as unhealthy/very unhealthy.
- Five most frequent mental health conditions reported in residents or their household; anxiety 37%, depression 29%, attention deficit disorder or ADHD 14%, post-traumatic stress disorder 10%, addictive behaviors/substance use disorder 7%.
- Majority of residents seeking mental health care could not receive care due to payment (insurance, affordability), access (could not get appointments, could not take off work, didn't know where to receive care).

Data Sources

- Winnebago County Coroner
- [Statewide Unintentional Drug Overdose Reporting System \(SUDORS\)](#)
- Winnebago County Community Context Assessment (CCA)
- [U.S. Census Bureau, 2018-2023 American Community Survey 1-year estimate](#)

Community Partner	Impact	Accountability	Influence On	Influenced by	Alignment
What is the name of the partner/organization?	How could they positively impact the issue?	To whom are they accountable?	Who can they influence?	Who are they influenced by?	Does this align with their organization's mission, vision, values?
Mental/Behavioral Health Treatment Provider – Rosecrance	Provide access to care and treatment for substance use disorders (SUD), severe mental illness (SMI), mental health concerns.	Patients/clients; Board of Directors, Administration	Community, legislators	SAMHSA, CMS, payors (private and public)	Yes
Behavioral Health Treatment Providers – Remedies, Crusader Community Health (FQHC), UIC Miles Square/LP Johnson (FQHC)	Provide screening/early intervention, access to treatment for SUD e.g. MAR (Medication Assisted Recovery), referrals to mental health providers.	Patients/clients; Boards; Administration	Community; legislators	SAMHSA, CMS, payors (private and public) Legislative policy	Yes
Rockford Fire Department including	Provide case management for individuals with	Patients/clients; hospital – UWHealth;	Community; legislators	Hospital – UWHealth;	Yes



Winnebago County

Health Department

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Community Partner Alignment
Priority Area: Mental Health



Winnebago County

Health Department

Community Partner	Impact	Accountability	Influence On	Influenced by	Alignment
What is the name of the partner/organization?	How could they positively impact the issue?	To whom are they accountable?	Who can they influence?	Who are they influenced by?	Does this align with their organization's mission, vision, values?
Mobile Integrated Health	ongoing chronic disease and mental health concerns.	Administration		payors, legislators	
Winnebago County Corrections	Provide screening and treatment for incarcerated individuals; support rehabilitation and return to community	Patients/clients; Winnebago County Board	Incarcerated individuals and their families	Winnebago County Board; public sentiment	Yes
Winnebago County Court System including probation	Provide ongoing follow-up for previously incarcerated individuals to ensure continuity of mental health/SUD care; reduce recidivism post corrections release; support rehabilitation	Parolees; community; judicial system	Parolees and their families; larger judicial system	Winnebago County Judicial system (Problem Solving Courts; public sentiment	Yes
Winnebago County Juvenile System	Provide screening, treatment, and case management for juveniles involved in the justice system; reduce recidivism, promote rehabilitation	Court involved juveniles and their families; community; judicial system	Court involved juveniles and their families; larger judicial system; education	Winnebago County Judicial system (Problem Solving Courts; public sentiment; Educational systems	Yes
University of Illinois College of Medicine	Train current and future clinicians to effectively screen, initiate treatment, and co-manage with mental/behavioral health providers.	Medical college participants (students, residents, faculty, alumni); Board of regents, Community; credentialing/licensing boards	Medical college participants (students, residents, faculty, alumni); Board of regents,	Payors/donors ; medical college participants (students, residents, faculty, alumni); Board of regents,	Yes



Winnebago County

Health Department

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Community Partner Alignment
Priority Area: Mental Health



Winnebago County

Health Department

Community Partner	Impact	Accountability	Influence On	Influenced by	Alignment
What is the name of the partner/organization?	How could they positively impact the issue?	To whom are they accountable?	Who can they influence?	Who are they influenced by?	Does this align with their organization's mission, vision, values?
			Community; healthcare systems	Community; healthcare systems; licensing standards	
University of Illinois College of Pharmacy	Train current and future pharmacists to effectively participate in the screening and management of medication treatment for mental/behavioral health providers.	Pharmacy college participants (students, residents, faculty, alumni); Board of regents, Community; credentialing/licensing boards	Pharmacy college participants (students, residents, faculty, alumni); Board of regents, Community; healthcare systems; retail pharmacies	Payors/donors ; pharmacy college participants (students, residents, faculty, alumni); Board of regents, Community; healthcare systems; retail pharmacies; Licensing standards	Yes
Healthcare Systems: OSF Healthcare – St. Anthony; Javon Bea/Mercyhealth; UWHealth/SwedishAmerican	Provide inpatient/outpatient care in the acute/chronic treatment of mental health issues, SUD, SMI.	Patients/clients; community (charity care benefit); Board of directors; UWHealth – Board of Regents; OSF Healthcare – Catholic affiliation; JCAHO/IDPH; providers	Patients/clients; community; providers	Patients/clients; community; providers; payors/donors ; competitive market forces	Yes
Business Entities e.g. Rockford Chamber of Commerce	Ensure access and coverage for mental/behavioral health for employees;	Employees; shareholders; customers of	Employees; shareholders; customers of their	Employees; shareholders; customers of their	Yes



Winnebago County

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IPLAN 2025

Community Partner Alignment
Priority Area: Mental Health



Winnebago County

Health Department

Community Partner	Impact	Accountability	Influence On	Influenced by	Alignment
What is the name of the partner/organization?	How could they positively impact the issue?	To whom are they accountable?	Who can they influence?	Who are they influenced by?	Does this align with their organization's mission, vision, values?
	reduce stigma through workplace policies to support access to treatment	their goods/services	goods/services; legislators	goods/service s; legislators; competitive market forces	
Regional Office of Education	Ensure access to screening and early intervention for students and staff to support educational objectives e.g. SEL (Social-Emotional-Learning).	Students and their families; community; employees; Board of Education; ISBE; Winnebago County Board; taxing bodies	Students and their families; community; legislators; higher education institutions	Students and their families; community; employees; Board of Education; ISBE; Taxing bodies	Yes
Rockford Public Schools District #205	Ensure access to screening and early intervention for students and staff to support educational objectives e.g. SEL (Social-Emotional-Learning).	Students and their families; community; employees; Board of Education; ISBE; City of Rockford; taxing bodies	Students and their families; community; legislators; higher education institutions	Students and their families; community; employees; Board of Education; ISBE; taxing bodies	Yes
Winnebago County Community Mental Health Board (WCCMHB)	Provide sustainable funding for screening, treatment, and supportive services within the Community Support Systems Framework.	Community; tax payors/taxing bodies; funded and or entities seeking funding for mental health	Communitie s; mental/beh avioral health service providers	Constituents (voters), community; funded entities; SAMSHA; CMS, community	Yes
NAMI (National Alliance on Mental Health)	Raise awareness and provide education and advocacy for individuals/families impacted by mental illness; reduce stigma	Members/families impacted; donors; Board of Directors; volunteers	Communitie s; Members/fa milies impacted; donors; legislators	Social norms; members and families; donors; Board of Directors	Yes
Community Foundation of	Provide additional funding support for mental health services	Donors/funders; community; funded entities;	Donors/fun ders; funding	Donors/funde rs; funding requests;	Yes



Winnebago County

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Community Partner Alignment
Priority Area: Mental Health



Winnebago County

Health Department

Community Partner	Impact	Accountability	Influence On	Influenced by	Alignment
What is the name of the partner/organization?	How could they positively impact the issue?	To whom are they accountable?	Who can they influence?	Who are they influenced by?	Does this align with their organization's mission, vision, values?
Northern Illinois (CFNIL)	not covered through WCCMHB, private insurance; support innovation and collaboration	Board of Directors	requests; community; legislators; WCCMHB	community; legislators; WCCMHB	
Peer Recovery Entities (NA, AA)	Provide additional support to individuals working on recovery to prevent relapses and lessen the impact of lapses.	Members; larger organizational structure	Members; peers in recovery; legislators	Members; community; legislators; social norms; faith-based community	Yes
Harm Reduction Providers (e.g. Live4Lali, CCH, WCHD)	Provide engagement with individuals in the community; support pathways to intervention and recovery; reduce the impact of substance use disorder and communicable disease within the community.	Clients; Board of Directors; community; funders	Clients and families; legislators; policy makers	Clients and their families; legislators; policy makers; social norms	Yes
Youth Services Network (YSN)	Provide treatment and supportive services to families. Address issues including runaway or homeless; truancy; developmental delays/disabilities.	Funders including regulatory agency DCFS; families and youth; community	Community; clients/families; schools; funding entities including City of Rockford, United Way, WCCMHB, FEMA, Illinois Department of Human Services (IDHS); ISBE	Funding entities including City of Rockford, United Way, WCCMHB, FEMA, Illinois Department of Human Services (IDHS); ISBE; regulatory agencies; clients/families	Yes



Winnebago County

Health Department

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Community Partner Alignment
Priority Area: Mental Health



Winnebago County

Health Department

Community Partner	Impact	Accountability	Influence On	Influenced by	Alignment
What is the name of the partner/organization?	How could they positively impact the issue?	To whom are they accountable?	Who can they influence?	Who are they influenced by?	Does this align with their organization's mission, vision, values?
Law Enforcement Entities and Crisis-Co-Responder Teams	Initiating first encounter with individuals who are in crisis due to mental health/substance use crisis	Community, municipality, accrediting/certification entities; partner agencies	Communities; law enforcement officers; legislators; legal/judicial system	Communities; other policing entities; legislators; legal/judicial system	Yes – building relationships with community
Northwestern Illinois Agency on Agency	Provide support and connection to older individuals in community who are caring for and/or are themselves need mental/behavioral health services.	Community, funding entities, clients/families, legislators (Federal and State)	Communities, legislators, funding entities; clients/families	Communities, legislators, funding entities	Yes
Veterans Assistance Commission of Winnebago County	Provide public aid, advocacy, and assistance to veterans and their qualified dependents including mental/behavioral health support.	Veterans and families; Winnebago County Board (funder); community; federal government	Communities; legislators; veterans and their families	Communities; legislators; military culture/service	Yes
SASS – Screening, Assessment, and Support Services	Single statewide system to service children experiencing a mental health crisis whose care will require public funding from either Department of Children and Family Services (DCFS), Department of Healthcare and Family Services (HFS/Medicaid), or Department of Human Services (DHS).	DCFS, HFS, DHS; legislators – implemented under Public Act 93-0495; children, families/caregivers	Legislators, community; children, families/caregivers; healthcare providers	Funding entities; healthcare providers, WIC	Yes

ii. Community Partner Alignment – Violence

IPLAN 2025

Community Partner Alignment
Priority Area: Violence Reduction



Winnebago County
Health Department

Issue Statement

- From 2018 to 2023, Winnebago County's average annual homicide rate was 10.1 per 100,000, which exceeded both Illinois (9.4) and the U.S. (6.7). Homicides in the county decreased from 13.9 in 2020 to 8.2 in 2023. Homicide rates are 4 times higher in males than in females.
- The firearm-related death rate averaged 14.7 per 100,000 in Winnebago County, which was higher than both Illinois (13.0) and the U.S. (13.3). This rate dropped from 17.0 in 2021 to 10.6 in 2023. Firearm-related death rates are 7 times higher in males compared to females.

Data sources

- [Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System](#)
- [Source: U.S. Census Bureau, 2018-2023 American Community Survey 1-year estimate](#)

Community Partner	Impact	Accountability	Influence On	Influenced by	Alignment
What is the name of the partner/organization?	How could they positively impact the issue?	To whom are they accountable?	Who can they influence?	Who are they influenced by?	Does this align with their organization's mission, vision, values?
RPS/Other school districts – including rural areas	Access, a voice, be seen in collaboration We want schools to be a safe place for children. Trauma professionals are part of the village. Ability to build positive for kids – character counts	The children	Families, providers, school board, children	School board, admin, ISBE	Yes “first choice for families”
Hospital violence intervention programs/trauma recovery center	14+ with trauma and post-traumatic stress				

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Conducted On: 10/03/2024

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Community Partner Alignment
Priority Area: Violence Reduction



Winnebago County
Health Department

Firearm prevention, Silence the Violence, Get Connected 815 – Carrie Willis – Ex Director and Nurse and Clinical Implementation Spec.					
Safety in our communities – only staff showed up at the school. How do we correct that? Marketing? Childcare, food					
Police Department – Violence Prevention – CCRT (Rosecrance, RPD, Sheriff and LPPD – with referrals from patrol) – Appropriate response to behavioral health crisis – suicide risk assessment, linkage to service, Mayor's Office and DV and Community Violence Prevention, includes FPC, Violence Prevention Coordinating Council, Emergency Response Team to respond to gun violence and provide wrap around services. The dept. holds data regarding programming, etc. Collaboration would be important.					



2. Root Cause Analysis Tool

Problem or Issue Statement:		
5 Whys	Answer	Assessment(s) or underlying factors supporting answer
Why is the above problem happening?		
Why is the above problem happening?		
Why is the above problem happening?		
Why is the above problem happening?		
Why is the above problem happening?		
Why is the above problem happening?		
ROOT CAUSE:		

i. Root Cause Analysis – Maternal Health

IPLAN 2025

Root Cause Analysis

Priority Area: Maternal and Child Health



Problem or Issue Statement:

In Winnebago County, IL, from 2016 to 2021, infant mortality and maternal morbidity rates increased, disproportionately affecting Black/African Americans. Infant mortality rates are 2.3 times higher, and low birth weight rates doubled compared to White and Hispanic populations. Severe maternal morbidity remains elevated, and teen birth rates, though declining, still exceed Illinois's average.

Data sources

- [Illinois Maternal Morbidity and Mortality Report October 2023](#)
- [Centers for Disease Control and Prevention](#)
- [County Health Rankings](#)

5 Whys	Answer	Assessment(s) or underlying factors supporting answer
Why is the above problem happening?	Accessing prenatal care in a timely manner.	Healthcare provider capacity; challenges with navigating accepted insurance carriers.
Why is the above problem happening?	Underlying pre-existing medical conditions e.g. hypertension, diabetes/pre-diabetes, obesity, anemia, substance use disorders	Preconceptual risk reduction is minimal; early screening and detection prior to pregnancy is not a priority; women are not in optimal health at the time of becoming pregnant.
Why is the above problem happening?	Issues with bias, implicit bias, discrimination, racism.	Ongoing issue exemplified by racial disparities in outcomes.
Why is the above problem happening?	Lack of Maternal Fetal Medicine (MFM) providers to address high risk pregnancies.	Patients/clients do not always understand the need for MFM follow-up. Another/more appointment(s)
Why is the above problem happening?	Technology barriers with patients/clients accessing their information through electronic health record portals.	Client instructions regarding prenatal appointments and education are increasingly made available through electronic health records. Clients do not always use the portals to contact providers and/or schedule follow-up.
Why is the above problem happening?	Lack of access to providers that can manage substance use during pregnancy. Stigma associated with substance use disorder.	Clients with opioid use disorder hesitant to receive treatment – bias against methadone.
Why is the above problem happening?	Multiparous mothers may not fully engage in prenatal care based on their past experiences/outcomes	Time constraints, work, and transportation barriers make prenatal care less of a priority for mothers who have previously given birth.
Why is the above problem happening?	Concerns with human trafficking. Pregnant clients may be coerced and/or not have agency to seek prenatal care for themselves or others.	Reported observational experiences.

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Root Cause Analysis

Priority Area: Maternal and Child Health



Winnebago County

Health Department

5 Whys	Answer	Assessment(s) or underlying factors supporting answer
Why is the above problem happening?	Pregnancy spacing of less than 18 months may be a contributing factor.	Lack of access and consistent use of family planning/contraception; lack of understanding of importance of pregnancy spacing.
Why is the above problem happening?	Lack of paid maternity leave and/or policies within workplace that allow pregnant clients to attend visits.	Mothers must return to work quickly after delivering infant for financial considerations if medical leave is not paid; partner may or may not have paid paternity leave.
Why is the above problem happening?	Mistrust of institutions in general. Lack of social connectedness to community for support.	Clients do <u>no</u> have multigenerational family support close by especially recent immigrants; refugees.
Why is the above problem happening?	Language barriers for LEP clients.	Increasing percentage of clients who speak another language.
Why is the above problem happening?	Environmental concerns in the home including ventilation, lead, mold, pests – Not a HEALTHY home	Housing stock build prior to 1970 with increased risk to lead; tight rental market with high housing costs; higher eviction rates overall; contribute to clients not feeling comfortable with reporting to landlords; lack of affordable housing; lack of Section 8 subsidized housing.
Why is the above problem happening?	Lack of attention to prenatal mental health – stressors including finances, caring for adult parents, and children.	High percentage of clients reporting anxiety and depression; poor mental health deaths. Often women are in both child care and elder care workforce working multiple jobs to support families.
Why is the above problem happening?	Lack of safe, affordable childcare options.	Women may not be able to return to workforce without childcare resulting in loss of economic stability, potential food insecurity, loss of health insurance.
ROOT CAUSE:	Poor maternal and child health outcomes related to social determinants of health including economic stability; access to physical and mental health care; affordable, safe, sanitary housing; positive social and structural connections that support pregnancy and parenting; and education regarding health, reproduction, and contraception.	



Winnebago County

Health Department

ii. Root Cause Analysis – Mental / Behavioral Health

IPLAN 2025

Root Cause Analysis

Priority Area: Mental Health



Winnebago County

Health Department

Problem or Issue Statement:

- From 2018-2023 the average annual opioid overdose death rate decreased from 53.9 per 100,00 to 41.5. Opioid overdose death disproportionately affected non-Hispanic Black/African Americans, rates are 2.3 times higher among Black/African Americans than those of non-Hispanic Whites (Coroner).
- The rate of deaths due to suicide decreased from 2016-2021 from a rate of 14.3 per 100,000 to 13.4. The rate was 3.8 times higher in non-Hispanic Whites than in non-Hispanic Blacks. (SUDORS).

The Winnebago County Community Context Assessment (CCA) in 2024 provided the following findings:

- Five (5) percent of residents rated their personal mental health as unhealthy/very unhealthy.
- Five most frequent mental health conditions reported in residents or their household; anxiety 37%, depression 29%, attention deficit disorder or ADHD 14%, post-traumatic stress disorder 10%, addictive behaviors/substance use disorder 7%.
- Majority of residents seeking mental health care could not receive care due to payment (insurance, affordability), access (could not get appointments, could not take off work, didn't know where to receive care).

Data Sources

- Winnebago County Coroner
- [Statewide Unintentional Drug Overdose Reporting System \(SUDORS\)](#)
- Winnebago County Community Context Assessment (CCA)
- [U.S. Census Bureau, 2018-2023 American Community Survey 1-year estimate](#)

5 Whys	Answer	Assessment(s) or underlying factors supporting answer
Why is the above problem happening?	Lack of systems coordination and coordinated assessment.	Winnebago County Community Mental Health Board (WCCMHB) is a funding entity and no entity has come forward to function as the Coordinating Entity identified through the Community Systems Support Framework.
Why is the above problem happening?	Shortage of pediatric and adult mental health providers to address need.	Schools continue to report behavior challenges in the classroom setting requiring mental health intervention. Early assessment could lead to early intervention, improved educational outcomes.
Why is the above problem happening?	No single point of entry with standardized assessment that can be shared across entities.	Clients must seek care from multiple providers with limited capacity. Mental health providers specialize in care.
Why is the above problem happening?	Lack of access to prescribers for Medication Assisted Recovery (MAR).	While Illinois MAR Now exists, limited use by Winnebago County residents.
Why is the above problem happening?	Continued stigmatization of mental health and substance use disorders.	Individuals are reluctant to seek treatment. Cultural bias and historical racism contribute to shame around mental illness.



Winnebago County

Health Department

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Root Cause Analysis

Priority Area: Mental Health



Winnebago County

Health Department

5 Whys	Answer	Assessment(s) or underlying factors supporting answer
Why is the above problem happening?	Complicated system of providers whose participation is variable in public/private insurance programs.	CCA findings regarding inability to receive care due to payment.
Why is the above problem happening?	Mistrust of institutions in general. Lack of social connectedness to community for support.	Clients do not trust outreach efforts to assist e.g. Homeless Coalition
Why is the above problem happening?	Language barriers for LEP clients.	Increasing percentage of clients who speak another language challenged with accessing mental/behavioral health services.
Why is the above problem happening?	Environmental concerns especially around lead, hoarding.	Increased number of housing inspection complaints and follow-up hearings are related to "hoarding". Environmental lead can impact mental illness.
Why is the above problem happening?	Access to unsecured firearms in the home environment.	Correlation of firearm ownership and suicide.
Why is the above problem happening?	Increase in aging population with increased risk for dementia.	Correlation of dementia with mental illness especially depression.
Why is the above problem happening?	Poor underlying physical health and health behaviors contributing to poor mental health e.g. sleep, nutrition, exercise, stress.	Social determinants of health identified included poverty/income instability, food insecurity.
Why is the above problem happening?	Lack of services including housing, education, employment, and healthcare to support engagement in care for mental health.	WCCMHB Community Support System Framework and Strategic Plan.
Why is the above problem happening?	Lack of knowledge and support services for families with members experiencing mental health issues/substance use disorders.	Family members may not recognize the behavior early in the progression to seek services; once identified there is a lack of support services for family including counseling, housing, financial
Why is the above problem happening?	Peer-support and/or recovery services are not engaged with clients needing support.	Shortage of "trained" professionals due to length of education required. Some issues could be recognized and addressed through peer support groups.
Why is the above problem happening?	Stigma and bias around mental/behavioral health as character flaw; generational biases e.g. "get over it"; cultural/racial biases.	Differences in generational/cultural understanding and biases contribute to lack of knowledge, acceptance, and early identification in families. Children observe ineffective management and coping skills in families.



Winnebago County

Health Department

IPLAN 2025

Root Cause Analysis

Priority Area: Mental Health



Winnebago County

Health Department

5 Whys	Answer	Assessment(s) or underlying factors supporting answer
Why is the above happening?	Societal understanding of mental/behavioral health as a chronic medical condition like diabetes, hypertension, kidney, etc. requiring ongoing treatment.	Lack of complete integration of medical/mental health services; concept of short-term treatment/detox without on-going intervention; lack of understanding regarding relapses.
Why is the above happening?	Increasing influences of social media; technology.	Increased risk of depression and anxiety in teens/adolescents associated with increased social media use.
ROOT CAUSE:	Risk of opioid overdose and suicide related to lack of coordinated access to care including medication management and supportive systems to engage and maintain at risk individuals in care to promote optimal functioning.	



Winnebago County

Health Department

ii. Root Cause Analysis – Mental / Behavioral Health

IPLAN 2025

Root Cause Analysis

Priority Area: Violence Reduction



Winnebago County

Health Department

Problem or Issue Statement:

- From 2018 to 2023, Winnebago County's average annual homicide rate was 10.1 per 100,000, which exceeded both Illinois (9.4) and the U.S. (6.7). Homicides in the county decreased from 13.9 in 2020 to 8.2 in 2023. Homicide rates are 4 times higher in males than in females.
- The firearm-related death rate averaged 14.7 per 100,000 in Winnebago County, which was higher than both Illinois (13.0) and the U.S. (13.3). This rate dropped from 17.0 in 2021 to 10.6 in 2023. Firearm-related death rates are 7 times higher in males compared to females.

Data Sources

- [Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System](#)
- [Source: U.S. Census Bureau, 2018-2023 American Community Survey 1-year estimate](#)

5 Whys	Answer	Assessment(s) or underlying factors supporting answer
Why is the above problem happening?	Adverse childhood experiences (ACES)	In Domestic Violence work, ACE screenings show very close to 100% of perpetrators have multiple ACEs and report stories of extreme trauma situations as children. Decreasing trauma in the home is important, especially with DV.
Why is the above problem happening?	Generational trauma	Schools are seeing a lot of trauma that has been passed down.
Why is the above problem happening?	Limited access to mental health services in the school setting.	Even huge schools have limited mental health resources. This presents a gap in access for some as a large percentage of mental health care for kids comes from schools. Kennedy, RESA, Auburn, West, and Guilford have staff for mental health. East and Jefferson have no staff on site but they could - there may be a staffing issue with Rosecrance. Schools don't necessarily have the resources for children to work out regulation with a trained adult (not a teacher). And - agencies are struggling to get into the schools to do the needed education and prevention.
Why is the above problem happening?	Limited access to recreational activities.	There aren't enough activities, local recreation, that people can walk to - safe places for kids and families to have fun.
Why is the above problem happening?	Social media	Social media influences - kids are challenged by so much of what they see on social media. We have to compete with all this and need to get creative enough to outdo those social media influences. Phones at ages 7 - 8 play a role. How do we keep up?
Why is the above problem happening?	Lack of empathy and self-esteem.	Kids don't learn empathy until way beyond - their brains are not ready for that yet. There are fewer opportunities to enhance self-esteem in our children. When kids aren't feeling good about themselves, it is hard to empathize with each other. "People don't love themselves." We need pride in where we live.



Winnebago County

Health Department

IPLAN 2025

Root Cause Analysis

Priority Area: Violence Reduction



Winnebago County

Health Department

5 Whys	Answer	Assessment(s) or underlying factors supporting answer
Why is the above problem happening?	Crime and recidivism	In juvenile detention, many individuals report, "this is the life that I know – when I leave here, that's what I am returning to." The crimes span across the lifetime.
Why is the above problem happening?	Political rhetoric	Political rhetoric impacts violence in the way we look at and treat each other – creates hate. We are in a position to support resilience and critical thinking.
Why is the above problem happening?	Access to firearms	Friends lend their firearms to others, kids pass them to each other, kids get adults' firearms. Access to firearms increases risk of homicide.
Why is the above problem happening?	Economic contributors – street economy	When thinking about firearms, many see more economic opportunity with crime than a minimum wage job.
Why is the above problem happening?	Society has changed.	In the past, women and children were off limits with gangs. This is no longer true.
Why is the above problem happening?	Drugs	Some people who are medicated should not be, others who should be aren't. Drug sharing is an issue.
ROOT CAUSE:		



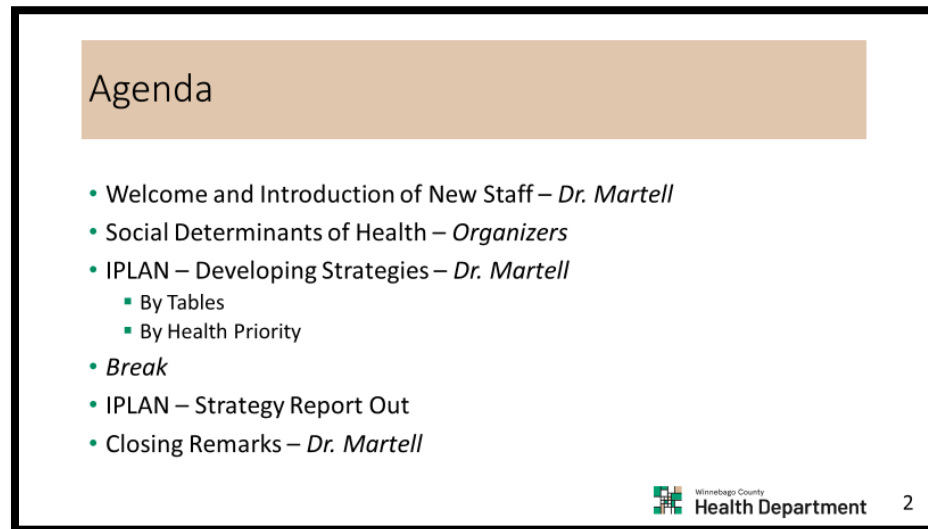
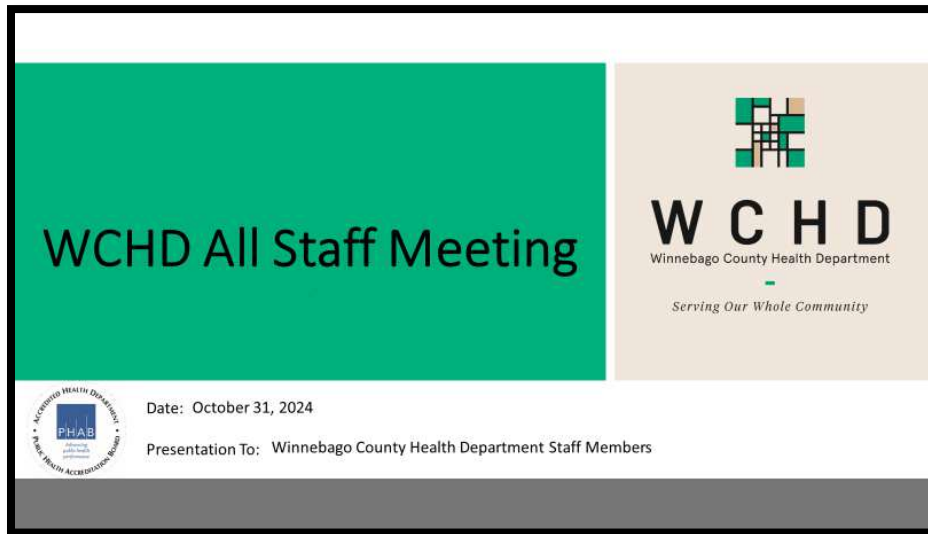
Winnebago County

Health Department

3. IPLAN Strategies Prioritization Tool

i. Strategy Sessions

1. Social Determinants of Health



Welcome New Staff Members!

- When your name is called, please introduce yourself!
- Include your name, your center/program, a favorite vacation destination, and a fun fact about you that you would like to share.
 - *Lauren Burke – Health Protection*
 - *June Frantz – Environmental Health*
 - *Echanti Isabell – Health Promotion & Wellness*
 - *Stephanie Lopez – Health Promotion & Wellness*
 - *America Saldana, RN – Personal Health Services*
 - *Kelly Schwenk – Health Protection*

Social Determinants of Health

Understanding the Connections to Health

Goals

- Understand the Social Determinants of Health (SDOH) and how they affect health outcomes
- Recognizing why it is important to understand the SDOH

Definition

Social determinants of health (SDOH) are non-medical factors that affect health outcomes.



Definition (continued)

SDOH include the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Health Care and Quality	Neighborhood and Built Environment	Social and Community Context	Economic Stability	Education Access and Quality
Insurance Coverage Health Literacy Transportation to Health Care Facilities Copays Provider Availability Quality of Care	Housing Transportation Safety Walkability Recreation/Parks Water Quality Access to Healthy Food	Social & Community Integration Support Systems Community Engagement Stress Discrimination	Employment Income Rent Expenses Support Medical Bills	Higher Education Literacy Early Childhood Education Language Vocational Training

Social Determinants of Health of Video



5 Domains

1. Economic Stability
2. Education Access and Quality
3. Health Care Access and Quality
4. Neighborhood and Built Environment
5. Social and Community Context

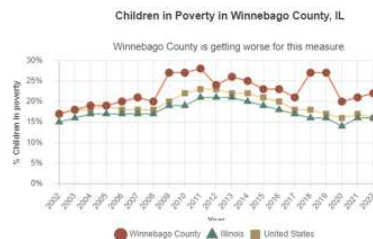


Healthy People 2030

Winnabago County Health Department

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Economic Stability



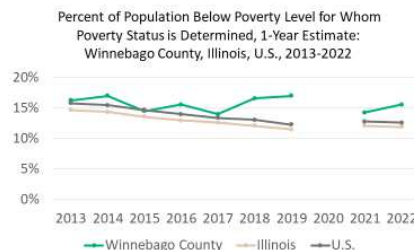
Annual Median Household Estimates			
Year	Winnebago County	Illinois	U.S.
2017	53,337	62,992	60,336
2018	53,345	69,187	65,030
2019	59,455	69,187	65,712
2020	*	*	*
2021	56,132	72,205	69,717
2022	62,011	76,708	74,755

- 22% of children in Winnebago County live in poverty
 - 55% of Black/African American children (4 x higher than White children)
 - 30% of Hispanic children live in poverty (3 x higher than White children)
 - 13% of White children live in poverty

Data Source: County Health Rankings
Data Source: US Census Bureau, American Community Survey 2017-22

Winnabago County Health Department 10

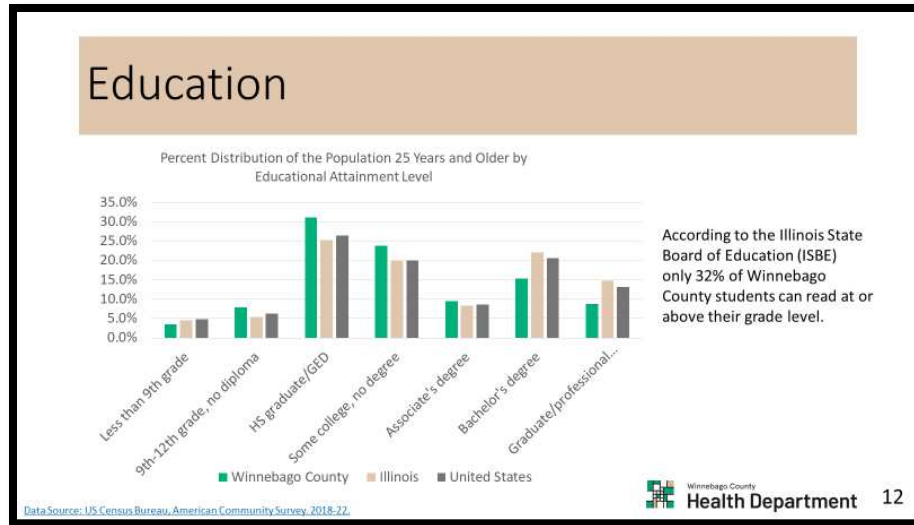
Economic Stability



Employment Status Among Those ≥ 16 Years, 5-Year Estimate: Winnebago County, Illinois, and U.S., 2018-2022				
Employment Status	Winnebago n	Winnebago %	Illinois %	U.S. %
Population ≥16 years	225,789	100%	100.0%	100%
In labor force	140,552	62.2%	65.2%	63.5%
Civilian labor force ^a	140,492	62.2%	65.0%	63.0%
Employed ^b	129,952	57.6%	61.1%	59.6%
Unemployed ^c	10,540	4.7%	3.9%	3.4%
Unemployment Rate ^d (%)		7.5%	6.0%	5.3%
Armed Forces ^e	60	0.0%	0.2%	0.5%
Not in labor force ^f	85,237	37.8%	34.8%	36.5%

Data Source: US Census Bureau, American Community Survey 2018-22

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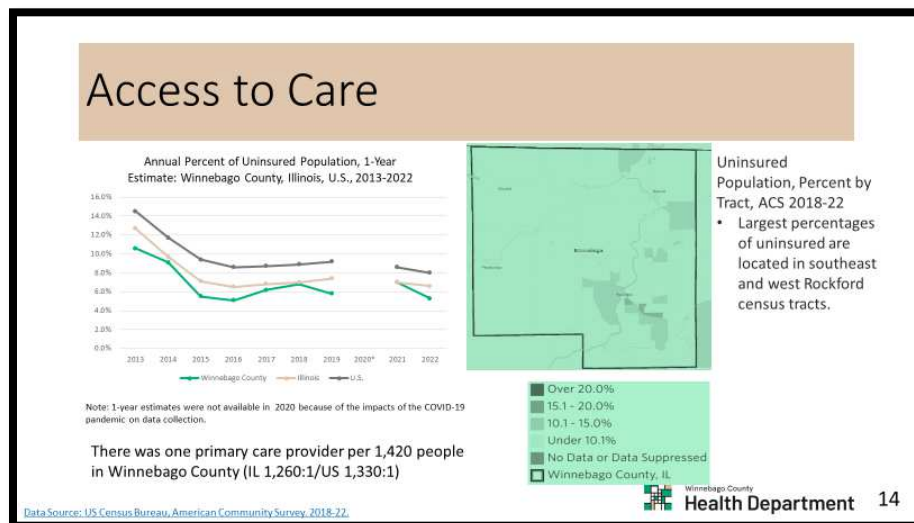
Education

Graduation Rates Among Suburban/Urban and Rural School Districts:

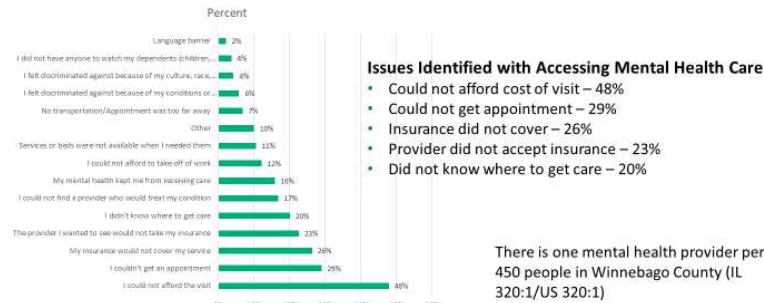
School District	2019	2020*	2021	2022	2023
Illinois	86.20%	88.00%	86.80%	87.30%	87.60%
Suburban/Urban					
Harlem UD 122	83.50%	82.50%	83.10%	81.40%	79.50%
Hononegah CHD 207	92.40%	94.00%	91.80%	87.30%	90.20%
Rockford SD 205	66.40%	66.90%	64.40%	65.60%	68.90%
County of Winnebago SD 320	79.10%	85.50%	88.90%	85.30%	90.00%
Rural					
Durand CUSD 322	100.00%	92.20%	91.10%	80.00%	84.40%
Pecatonica CUSD 321	92.20%	89.10%	91.60%	85.20%	81.30%
Winnebago SD 323	90.00%	93.50%	84.90%	91.00%	88.40%

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Data Source: Illinois Report Card

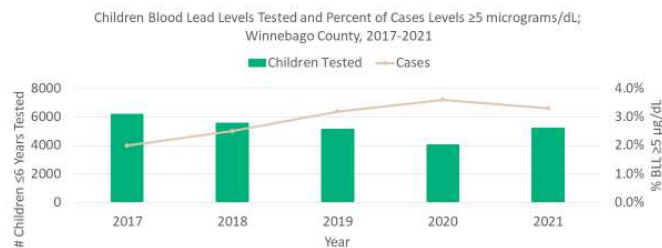


Access to Care – Mental Health



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Environment

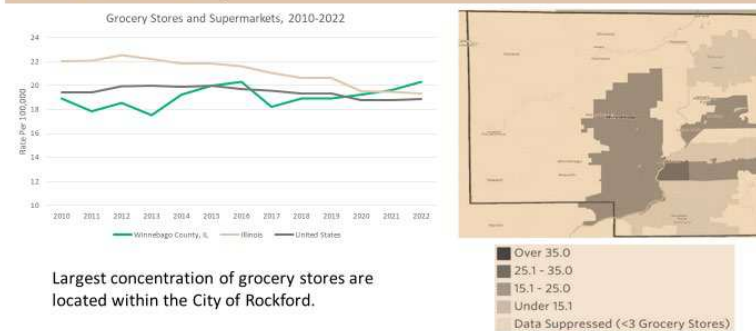


In 2021, 1.7 % of children less than 6 years of age tested in Illinois had a Blood Lead Level equal to or than 5 µg/dL as compared to 3.3% of Winnebago County children.

Data Source: [Illinois Lead Program 2017 Annual Surveillance Report](#),
[Illinois Lead Program 2020 Annual Surveillance Report](#),
[Illinois Lead Program 2021 Annual Surveillance Report](#).

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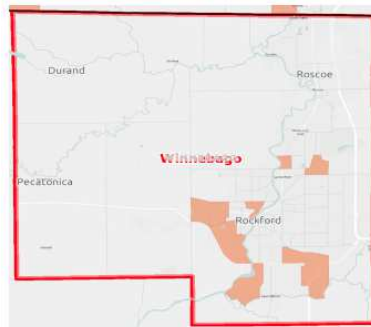
Neighborhood & Built Environment Food Security



USDA - Food Access Research Atlas, 2019
Data sources: US Census Bureau, County Business Patterns

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Neighborhood & Built Environment Food Security



Food Desert Census Tracts, 1 Mi. / 10 Mi. by Tract, USDA - FARA 2019

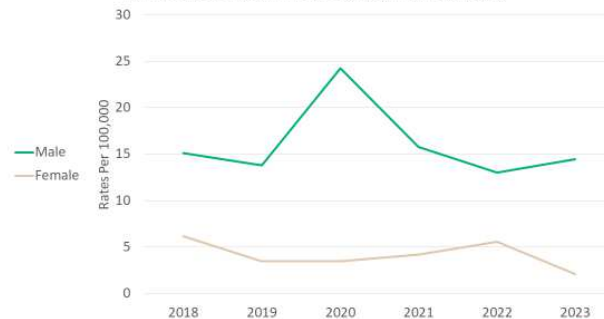
Food Desert
Not a Food Desert
No Data
Winnebago County, IL

USDA - Food Access Research Atlas, 2019
Data sources: US Census Bureau, County Business Patterns

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Social & Community Context Violence Reduction

Homicide Rates by Sex, Winnebago County, Illinois (2018-2023)

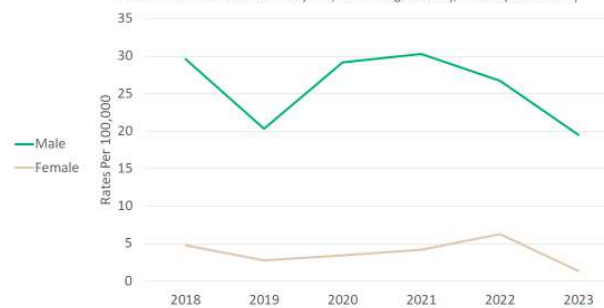


Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System

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Social & Community Context Violence Reduction

Firearm Related Death Rates by Sex, Winnebago County, Illinois (2018-2023)



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System

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Social Determinants and Public Health



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Social Determinants of Health

SDOH are important because they affect a wide range of health, functioning, and quality of life outcomes and risks.

Healthy People 2030

Winnebago County Health Department 22

Meet the Team

<p>Organizers</p> <ul style="list-style-type: none"> • Danielle Cooper • Dawn Rullman • Mikaela Hudspeth • Robin Long • Stephanie Lopez • Tasha Harmon • Tasha Reddic • Tracy Box • Trish Paesani • Virginia Lee • Robin Sullivan, Co-Lead • Cheryl Floyd, Co-Lead 	<p>Assurance</p> <ul style="list-style-type: none"> • Jeannie Alonzo • Regina Taylor
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Reviewing the Health Priorities

How did we get here

24

MAPP 2.0 Phases



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The Top 10 Health Themes

- ✓ Maternal and Child Health
- ✓ Mental and Behavioral Health
- ✓ Violence Reduction
- ✓ Economic Stability
- ✓ Education
- ✓ Housing
- ✓ Support Needs for Aging
- ✓ Access To Care
- ✓ Environment
- ✓ Food Security

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Strategy Considerations for 3 Health Priorities

- Of the 7 health themes that emerged as important but not selected as a priority, are any of them social determinants of health (SDoH)?
- Can any of these 7 important health themes be included through strategy to address the health priority?

- Economic Stability
- Education
- Housing
- Support Needs for Aging
- Access To Care
- Environment
- Food Security

IPLAN Strategy Development

The Map to Improved Health

The Treasure Hunt – Step #1

- Each table will select a mystery box. In each box, there is a clue for the treasure hunt and some treasure.
- As a table, open the box for your treasure and share your treasures to work through some actions/strategies to address.
- You will be given 45 minutes to develop the map for the treasure.
- You can use tools to help you develop your treasure map.
 - The 5 Why's – think of them as clues
 - Websites
 - Prior experiences
 - Model programs

Treasure Hunt – Step #2

- After 45 minutes, you will join up with the other tables who are on the same treasure hunt.
- You will work to combine your treasure maps for 15 minutes to identify duplicates and design new paths that have not been considered.

Break

Treasure Hunt - Step #3

- Each of the 4 tables will select a Captain to share the combined treasure map to the larger group.
- At this time, other individuals can “add” to the treasure map.
 - Uncharted territories
 - Other treasures

What Is the Treasure?



Closing Remarks

Dr. Martell – Public Health Administrator

Wrap-up

- PH Wins – *Only 3 more are needed!*
- Re-Accreditation Virtual Site Visit - *January 30 – 31, 2025*
- Evaluation – link will be sent out on *Friday, November 1, 2024*
- Next All Staff – *Friday, December 13, 2024*
- Which Health Priority Group developed the most detailed treasure map, incorporating the 7 additional themes?



2. Maternal and Child Health Strategies

Maternal Child Health

Maternal Child Health

- Access to navigator-home visits/coordination of care
- Tele-visits/mobile prenatal visits
- Improve maternity leave/paternity leave
- Reduce language barriers
- Mental health -postpartum depression
- Environmental Care -lead, housing, home visits
- Nutrition Education
- Father Participation
- Lactations Support outside of WIC
- Expansion of home visiting in 1-2 years
- Doulas
- Support home births

Maternal Child Health

- Accessing prenatal care timely
- Access to care navigator/care coordinator
- Mobile prenatal clinics
- Improved maternity leave
- Improved testing offerings
- Reducing language barriers – AI usage in language
- Illinois Postpartum Depression Alliance
- Mobile health networks
- Offering paid leave – baby blues & beyond
- Environmental concerns in the home – air, mold, pests, lead
- Improved testing options for kids and pregnant individuals
- Self-testing options for lead & radon
- Focus on older housing
- Improved affordability for testing in homes
 - Strategy Habitat for Humanity Rockford
 - Healthy Home assessment
 - Comprehensive lead abatement programs
 - Education to providers on environmental concerns
 - TANF
 - Housing Rehab home grant program
 -
- Why is this happening: Stigma
 - Lack of providers
 - Mental Health
 - Fear of asking for help
 - Parent education
 - Substance abuse
 - Financial
 - Food security
 - Lack of Insurance
 - Genetic/pre-existing conditions
 - Racism/Discrimination
 - Lack of access to medicine
 - Lack of affordable care – providers who take specific plans
 - Technological barriers – smart phone/computer

Actions & Strategies:

- Lack of providers – NP, mid-wives, tele-visits
- Link up with bigger health systems to provide specialist
- Increase access & quality to everyone



- School based health centers – well child visits-immunizations, reproductive health services
- Parent education – community classes in the evening
- Home visits to expecting & new moms – BBO & HRIF
- Safe & Respectful care campaign
- Support for families
- Preventative measures
- Mental health services – postpartum depression
- CHW to reach hard to reach population
- Community Engagement
- Expand assistance program
- School lunch & early childhood meal programs
- Housing assistance
- Raise awareness
- Empower communities to support needs

How are we going to get more money?

- Bake Sale
- Car Wash
- Levy funds
- Lobby for funds
- Borrow from another county
- Grants
- Puri – local philanthropists
- Dave Anderson
- Hard Rock Casino funds

Maternal Child Health

- WIC – women, infant & children
- BBO – Better Birth Outcomes
- I-GROW – MIECHV (home visiting, pregnancies (age 3)
- HRIF – High risk infants follow-ups (ages 0-2)
- Lead Program – pregnant women, children up to 16 years old (keep track of children's lead levels)
- Family Planning – integrated clinic
- Health Works – DCFS & case management

New Strategies

- Access to care navigator
- Medical insurance (CHIP & Medicaid)
- SNAP
- Telehealth
- Transportation
- Implicit bias training
- National Library of Medicine – how to improve maternal health
- Develop programs for women who are of child bearing age to improve their levels of health prior to pregnancy
- Smoking/drinking – substance abuse counseling
- Lifestyle
- Teen pregnancy/pre-pregnancy & pregnancy interventions
- Mental Health
- Virtual education – telehealth
- Immunizations
- Resources & Referrals
- Specific programs for immigrant/refugee women (language & interpretations)
- Group prenatal Care – provide social support

Maternal Child Health

- Maternity Leave – paid time off
- Education on why maternity leave is important



Strategy

- To educate employers as to why it would benefit them to have paid maternity leave
- Provide tools to assist, on-site childcare, time sharing, flex time, alternative hours/locations

Language Barrier

- More materials
- Understanding cultural differences
- Family dynamics
- Hire more available language sources for in-house

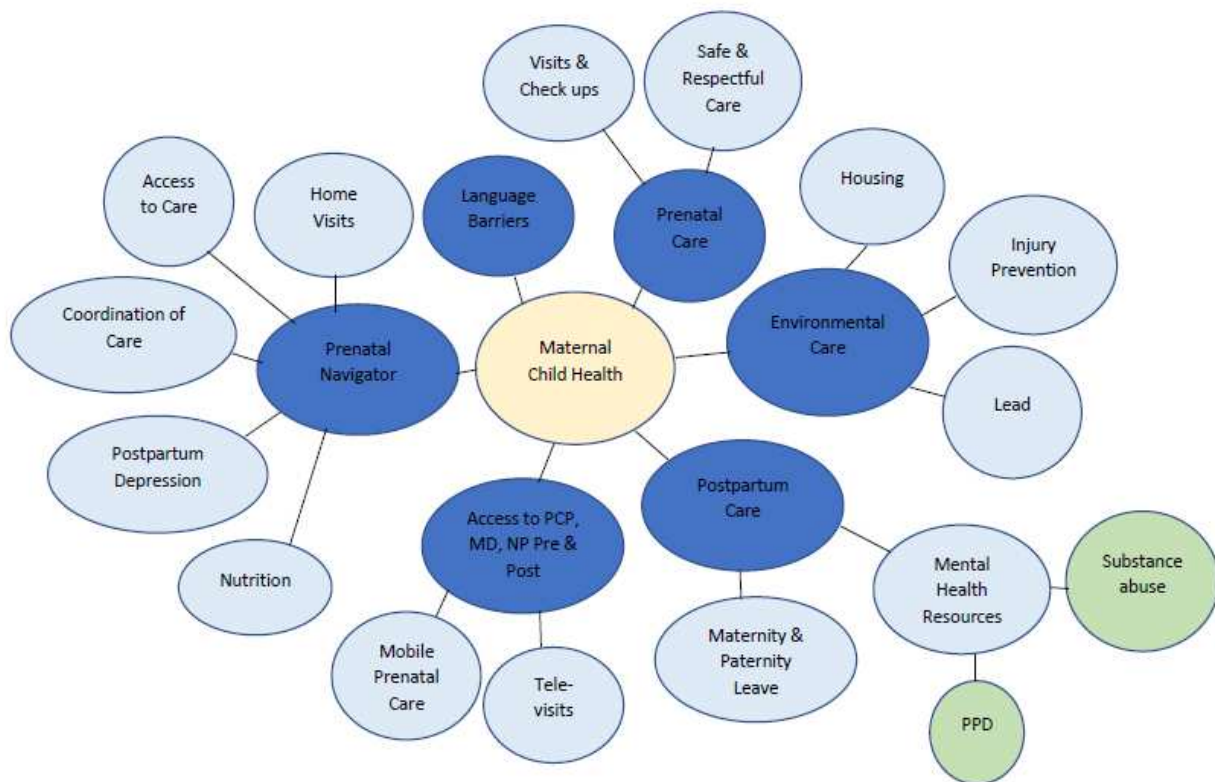
Coordinated Care

- Across the board for continuous care
- More from patient directed to patient centered

Access

- Free WIFI space & help with MyChart
- Follow-up

Maternal Child Health



3. Mental Health Strategies

Mental Health

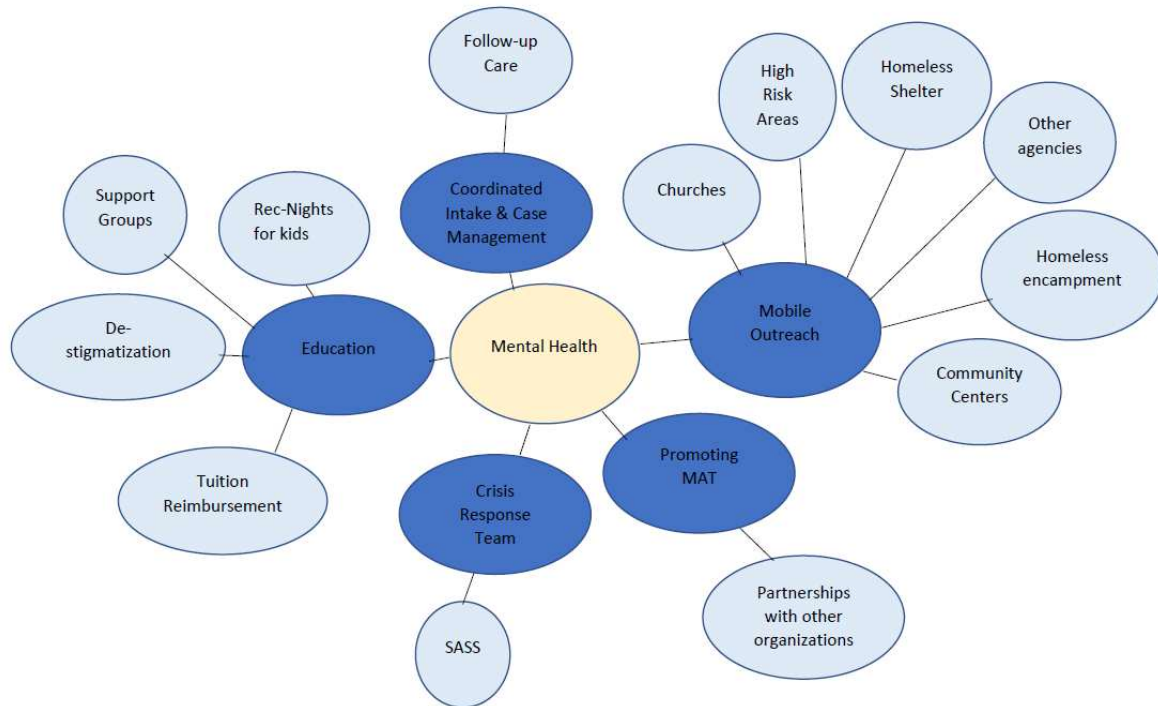
- Clinic could provide mental health screenings at each visit
- Increase care coordination and crisis hotline and other referrals to assist with mental health crisis
- Partner with schools for mental health screenings for students
- Find counseling & support services to keep families together or improve coping
- Increase education around family planning
- Increase mental health providers, facilities and social services
- Increase awareness of resources in the community
- Career & life coaching
- Relationship building
- Safe neighborhoods and recreation opportunities & decrease screen time
- Trauma awareness
- Parenting classes for all
- Universal home visiting
- Home safety tips
- Walk-in mental health clinics & crisis centers
- Treat mental health more like other healthcare

Mental Health

- Lack of system coordination & coordinated assessment
- Single Point of entry for mental health (work with other entities)
- Shortage of pediatric and adult mental health – health providers to address the need
- Home visiting, peer counseling, natural helpers
- Supportive housing
- Developing strategies
- Increase access to transportation – tokens, volunteer, buddy
- Telehealth
- Text reminders
- Increase nutrition support, SNAP, Group kitchen
- Increase access to triage
- Short term residential for substance abuse
- Selfcare Apps-therapy apps
- Promote physical activity
- Selfcare hygiene
- Community gardens
- Job training
- Volunteer groups
- Decrease social media
- Increase family time
- Mental health podcasts
- Support animals
- Inmate programs – coping skills
- Additional TIC trainings & coordinators
- Increase interpretation services
- Mental Health education in schools – early on
- Help with dementia in aging population
- Decrease environmental factors – lead, hoarding
- Increase gunlock distribution
- Link to primary care
- Decrease processed foods
- Cooking classes
- Insurance coverage

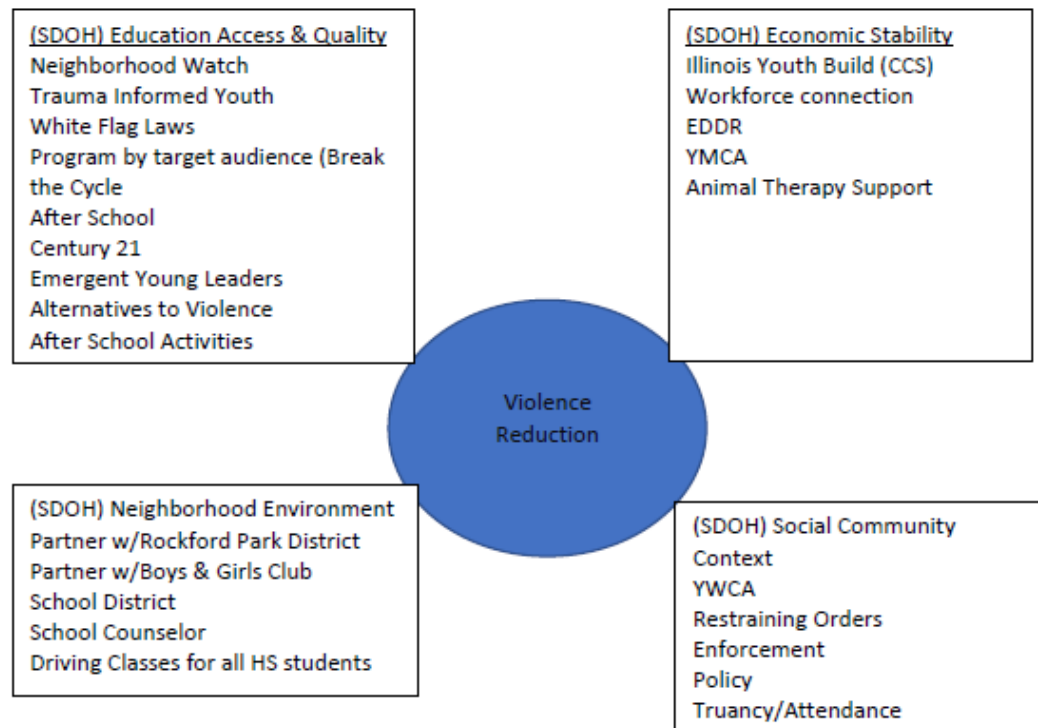


Mental Health



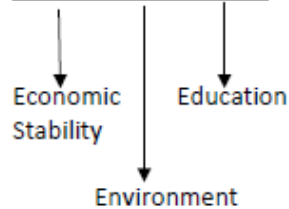
4. Violence Reduction Strategies

Violence Reduction

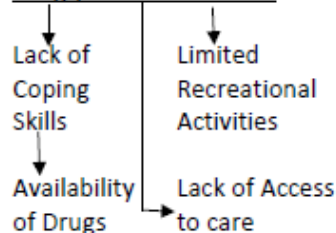


Violence Reduction – WHY?

Generational Trauma



Drugs/Substance Abuse



Violence Reduction – Solutions

- Improved education
- Transportation
- Parental involvement
- Tutoring
- Increasing funding
- Encourage trade schools
- Increase recreational options
- In school support/counseling
- Free/sliding scales after school programs & sports teams
- Improve access to care
- Destigmatize mental health
- Gun exchange
- Environment
- Improve lighting & clean-up empty lots
- Incorporate mental health into the Criminal Justice system to rehabilitate
- Counseling and medication continued support after time served (avoid reoccurrence)

Prevention

- Home-visiting programs
- Grocery delivery via link
- Don't travel alone at night
- Name tags for community members
- Gun locks
- Pop-up mobile outreach
- Cease fire model
- Teaching gun safety
- Self-defense to youth
- Intervention
- Peer counselors
- Late-night sports leagues
- Counseling & support programs
- Free school activities/mentoring programs
- Work training programs
- Suppression - Camp for kids who experience violence
- Positive marketing campaigns throughout the community
- Access to community resources/healthcare
- Conflict resolution training
- Mental health services

Violence Reduction

1. Mentorship/adult/student – county health ranking & roadmaps (website)
2. Faith based programs – Family Dinner Nights, game night, family counseling
3. In school mental health services – open door policy, more counselors at each school
4. Community Family Events – Block Parties, Chamber of Commerce, drop-in centers, national night out
5. Required social media literacy training – middle school & high school (website)
#digital4good – I can help
6. Library – increase literacy, connect to resources (WIFI & Computers)

Resulting in a healthy community|



ii. Considering the Strategies

Instructions for Reviewing IPLAN Strategies

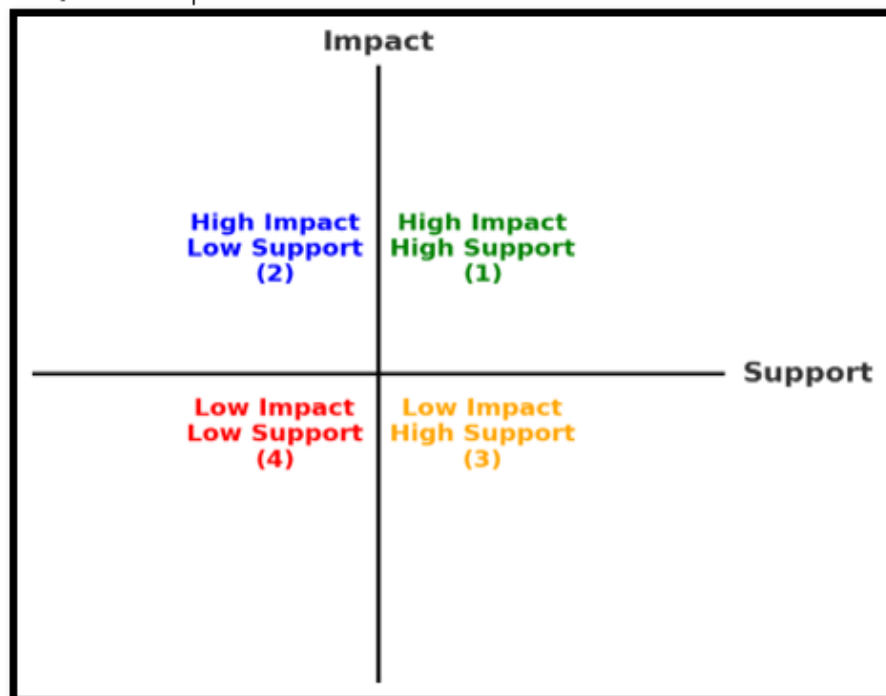
1. Individual Assessment:

- Evaluate each activity based:
 - **Support for Implementation:** Consider the availability of resources, partnerships, political will, policies and readiness to execute the activity.
 - **Impact of Implementation:** based on supporting evidence, addressing health equity, reflect on how effectively the activity will contribute to achieving desired health outcomes.
- Assign a score to each activity.
On your health strategy/activity sheet, rank each activity on a scale of 1 to 4 on the score column:
 - **High Impact, High Support (1):** Activities to prioritize for immediate action.
 - **High Impact, Low Support (2):** Activities requiring additional support to move forward.
 - **Low Impact, High Support (3):** Activities to consider if resources allow.
 - **Low Impact, Low Support (4):** Activities to reevaluate.

2. Group Discussion:

- You would be asked to share your rankings and rationale.

Score Quadrant:



a. IPLAN Prioritization Results

1. Maternal and Child Health

Strategy/Activity	High Impact, High Support	High Impact, Low Support	Low Impact, High Support	Low Impact, Low Support
Train staff on screening recognizing, detecting postpartum depression	92.3%	0.0%	7.7%	0.0%
Utilize home visits for continuous care starting with prenatal through postpartum	61.5%	38.5%	0.0%	0.0%
Increase access to pregnancy testing	46.2%	15.4%	15.4%	23.1%
Establishing formal relationship with Pregnancy Care Center for referral	15.4%	30.8%	30.8%	23.1%
Increase access to mental health services for postpartum depression	69.2%	23.1%	0.0%	7.7%
Incorporate substance abuse counseling programs for women in childbearing age	23.1%	53.8%	23.1%	0.0%
Develop virtual education resources on lifestyle, nutrition, and health for pre-pregnancy women	23.1%	23.1%	23.1%	30.8%
Incorporate oral health education, nutrition, and services/referrals in prenatal health care visit.	46.2%	38.5%	15.4%	0.0%
Develop educational materials on ACA (Affordable Care Act) and managed care	0.0%	15.4%	23.1%	61.5%
Develop programs to encourage father participation in prenatal and postnatal care	38.5%	53.8%	7.7%	0.0%
Educate clients on how to use on-line electronic health record portal	7.7%	30.8%	46.2%	15.4%
Increase access to pregnancy testing for early diagnosis and referrals to care in underserved communities.	61.5%	23.1%	15.4%	0.0%
Deliver nutrition education programs tailored for expectant and new parents to support healthy pregnancies and child development.	61.5%	30.8%	7.7%	0.0%
Develop and promote a campaign on the variety of resources available to support across all stages of pregnancy, especially doulas.	61.5%	15.4%	15.4%	7.7%
Expand lactation support services beyond WIC to improve breastfeeding outcomes for mothers and infants.	41.7%	58.3%	0.0%	0.0%
Expand access to multilingual resources and services by providing interpretation, translation of materials, and language training for staff to	61.5%	23.1%	15.4%	0.0%
Use social media platforms to engage diverse audiences, promoting health education, resources, and community programs tailored to women in the	30.8%	46.2%	15.4%	7.7%
Increase awareness of available social support services through targeted outreach and community engagement efforts.	76.9%	15.4%	7.7%	0.0%
Provide frontline staff training geared at fostering trust between Winnebago County residents and healthcare providers respectful care before, during,	61.5%	30.8%	7.7%	0.0%
Educate care givers on principles of respectful care and commitment of healthcare commitment	58.3%	16.7%	16.7%	8.3%
Offer staff education on culturally sensitive practices to improve patient-provider interactions.	76.9%	23.1%	0.0%	0.0%
Provide implicit bias training for healthcare providers to address unconscious biases.	76.9%	23.1%	0.0%	0.0%
Provide home assessments for air quality, lead, and mold	23.1%	38.5%	15.4%	23.1%
Offer self-testing options for lead and radon	15.4%	30.8%	7.7%	46.2%
Implement lead abatement and housing improvement programs.	53.8%	46.2%	0.0%	0.0%
Advocate for policies supporting lead abatement and mold remediation programs in low-income housing.	50.0%	33.3%	8.3%	8.3%
Provide education to providers on environmental concerns impacting maternal and child health	61.5%	23.1%	0.0%	15.4%

2. Mental/Behavioral Health

Strategy/Activity	High Impact, High Support	High Impact, Low Support	Low Impact, High Support	Low Impact, Low Support
Increase care coordination with homeless shelters, community centers, and churches	73%	27%	0%	0%
Partner with schools to implement mental health screenings for students	9%	73%	9%	9%
Increase access to crisis hotlines and referrals for mental health crises	40%	20%	40%	0%
Foster the development of a coordinated assessment and single point of entry for mental health services	36%	36%	27%	0%
Improve care coordination and follow-up through partnerships with other organizations	27%	64%	9%	0%
Foster the integration of mental health services with primary care to streamline support for community residents who need mental health services.	64%	27%	9%	0%
Increase community awareness of available mental health resources	45%	9%	36%	9%
Conduct mental health education in schools to start awareness early	27%	45%	27%	0%
Educate the aging population and caregivers on dementia support	45%	36%	9%	9%
Establish mental health education for inmates, focusing on coping skills	27%	73%	0%	0%
Offer additional TIC (Trauma-Informed Care) training and coordinators	45%	27%	18%	9%
Increase interpretation services for limited and non-English-speaking patients	55%	45%	0%	0%
Promote safe neighborhoods, recreation opportunities, and reduced screen time	55%	18%	9%	18%
Promote an increase in family time and a decrease in social media usage for mental health benefits	18%	36%	36%	9%
Increase gun lock distribution to enhance community safety	36%	27%	27%	9%
Increase access to nutrition support programs like SNAP and group kitchens	36%	36%	18%	9%
Provide career and life coaching to help individuals build healthier lifestyles	27%	64%	9%	0%
Promote self-care hygiene and self-care therapy	36%	27%	18%	18%
Provide supportive housing options for individuals with mental health needs	18%	64%	9%	9%
Develop strategies for supportive housing, including home visiting and peer counseling	36%	36%	27%	0%
Partner with homeless shelters and community centers for mental health outreach	55%	27%	9%	9%

3. Violence

Strategy/Activity	High Impact, High Support	High Impact, Low Support	Low Impact, High Support	Low Impact, Low Support
Improve access to quality education and tutoring programs in high-risk areas.	38.5%	53.8%	7.7%	0.0%
Encourage vocational and trade school pathways to support diverse career options.	53.8%	30.8%	15.4%	0.0%
Increase funding for school support services, including in-school counseling and mentoring programs.	61.5%	23.1%	15.4%	0.0%
Recognize and redirect survival skills in youth from neighborhoods with high socially vulnerable neighborhoods toward positive, skill-building activities.	23.1%	53.8%	7.7%	15.4%
Acknowledge generational acceptance of certain lifestyles (e.g., gun ownership) and provide alternatives that offer stability.	30.8%	23.1%	7.7%	38.5%
Expand mental health support services in schools and community centers.	53.8%	30.8%	7.7%	7.7%
Destigmatize mental health care through public awareness campaigns.	46.2%	15.4%	38.5%	0.0%
Collaborate with the criminal justice system to provide continued counseling and support post-incarceration for harm reduction services.	46.2%	38.5%	7.7%	7.7%
Increase availability of gun safety programs, including gun locks and gun exchange programs.	30.8%	38.5%	23.1%	7.7%
Partner with local community organizations to increase recreational opportunities for youth.	38.5%	53.8%	7.7%	0.0%
Develop home-visiting programs for families impacted by or at risk of violence.	30.8%	38.5%	7.7%	23.1%
Launch community-wide initiatives like "Cease Fire" model and pop-up mobile outreach.	23.1%	38.5%	15.4%	23.1%
Participate in faith-based and community events such as game nights, and block parties.	30.8%	30.8%	30.8%	7.7%
Launch mentorship programs that pair at-risk youth with positive adult and peer mentors.	53.8%	30.8%	15.4%	0.0%
Promote peer counseling programs in schools and community centers.	53.8%	30.8%	7.7%	7.7%
Develop social media literacy programs in schools to promote safe and respectful online interactions.	33.3%	25.0%	8.3%	33.3%
Build a community of trust within schools and teach leadership skills that extend to students and their parents.	23.1%	46.2%	23.1%	7.7%
Identify and support key individuals in schools who can positively influence students' trajectories.	46.2%	38.5%	7.7%	7.7%
Increase public awareness of available community resources, including healthcare and mental health services.	53.8%	30.8%	15.4%	0.0%
Strengthen existing networks and facilitate funding access for grass root organizations that may lack grant-writing expertise.	76.9%	15.4%	7.7%	0.0%
Provide trauma-informed counseling and support programs for youth and families in need.	69.2%	30.8%	0.0%	0.0%
Acknowledge that all children are part of the community, and promote unity across community divisions.	41.7%	16.7%	8.3%	33.3%



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