Will County MAPP Collaborative

Will County Community Health Needs Assessment and Plan

2014-2017

June 2014

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Division of Family Health Services

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ACKNOWLEDGEMENTS

To the citizens of Will County – I would like to present the 2014-2017 Will County Community Health Needs Assessment (CHNA) and Strategic Plan, a dynamic community collaboration designed to help one of Illinois' largest population centers deal with its most pressing health priorities.

Twice each decade, certified local public health jurisdictions from across Illinois must complete a comprehensive needs assessment and plan. Recent IRS guidelines require not-for-profit hospitals to conduct a community health needs assessment every three years. Mobilizing for Action through Planning and Partnerships (MAPP) is a six-phase process that provides a comprehensive framework for assessing critical local health concerns and developing plans to address those concerns. Accordingly, the MAPP Collaborative (made up of multiple community partners and stakeholders from throughout Will County) has been working energetically to identify community goals based on urgent health problems, and developing strategies to achieve those goals.

The initial MAPP assessment for Will County began in 2008. The second round of MAPP assessments began in early 2013 and are comprised in this 2014-2017 CHNA Report. A community survey, targeted surveys, photovoice and special focus groups were instrumental in helping us to identify the needs of Will County and develop goals and strategies designed to ensure that area residents receive the best possible public health services.

It has been my pleasure to chair the Will County MAPP Collaborative. Representatives from numerous local agencies and organizations serve on the Executive Committee to oversee the MAPP process. Many partners and action team members work to complete planning, implementation and evaluation. On behalf of Executive Committee I wish to thank everyone who has dedicated time, talents and resources to this collaborative initiative. Your commitment to this work has been absolutely crucial to the development of a strategic plan that focuses on the health and quality of life for all Will County residents.

A sincere thank you is also due to those Will County residents who contributed to this project through their participation in focus groups, surveys, and other activities during the assessment, planning and implementation of the CHNA. Everyone has a role to play in community health and each contribution has been sincerely appreciated.

Finally, thanks are in order to Adventist Bolingbrook Hospital, Edward Hospital, Presence Saint Joseph Medical Center, Silver Cross Hospital and the Will County Health Department for their financial contributions and ongoing support of the Will County MAPP Collaborative.

John Cicero
Executive Director, Will County Health Department
Chair, Will County MAPP Collaborative

EXECUTIVE SUMMARY

Background and Purpose

The Community Health Needs Assessment (CHNA) is a collaborative effort of the Will County Mobilizing for Action through Planning and Partnerships (MAPP) Collaborative. The purpose of the CHNA is to provide a community plan that is developed by and for the community. The MAPP Project was established in 2008 as an effort to meet the IRS guidelines for not-for-profit hospitals and the requirements of the Illinois Department of Public Health for local health department certification. A 25 member steering committee guided the community through the MAPP Strategic Planning Framework. *(See MAPP Overview for details of the framework).* The assessment phase was completed in 2010, with approval of the plan in January 2011.

The Will County MAPP Collaborative was formed following the completion of the MAPP Project in 2011. The MAPP Collaborative is currently made up of an Executive Committee that provides oversight to the assessment and implementation process. Four action teams were established to address the priorities and implementation plan. Bylaws for the collaborative were adopted in June 2011. A full-time staff person dedicated to the MAPP Collaborative was appointed by the Will County Health Department in March 2013. Over 66 organizations are active partners of the MAPP Collaborative with over 100 individual participants.

The assessment and planning process is required every three years for hospitals and every five years for local health departments. The Will County Health Department has aligned its assessment process with the three year hospital requirements to avoid duplication of efforts. The second iteration of the MAPP process began in September 2012 and was completed in May 2014.

MAPP Overview

MAPP is a community-driven strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and identification of resources to address them as defined by the Ten Essential Public Health Services. There are six phases to the MAPP process. Each is described below.

PHASE 1: PLANNING AND ORGANIZING FOR SUCCESS

Planning and partnership development has been a continuous process for the Will County MAPP Collaborative. The Executive Committee meets monthly to review progress of the action teams and make recommendations as needed. Funding is provided by four hospitals and the local health department: Adventist Bolingbrook Hospital, Edward Hospital, Presence Saint Joseph Medical Center, Silver Cross Hospital and Will County Health Department and Community Health Center. Partnership development is continuous. Recruitment takes place as gaps in membership are identified.

A survey was conducted in June 2013 of the MAPP Collaborative membership to evaluate the effectiveness of the collaboration, identify additional membership gaps and the impact of the collaboration on the community. Overall members of the collaborative are pleased with the leadership and the work that is being done through the MAPP Collaborative.

PHASE 2: VISIONING

The vision statement for Will County was developed in the first round of MAPP in April 2009. The statement was reviewed by the Executive Committee and determined to still be a valid vision for Will County. To further validate this, a question was asked on the MAPP Collaborative survey whether or not the vision statement remained reflective of Will County. Of those responding to the survey, 64% were certain that the vision statement remained reflective of Will County.

Will County Vision

In Will County, every life has value. All individuals have the opportunity to realize their full potential and to achieve the highest quality of life. We are a community rich in diversity, where involvement and commitment have deep roots among our residents.

We strive to be a progressive community that maximizes the use of community partnerships and collaboration among all sectors to ensure, enhance and promote comprehensive, quality and equitable education, healthcare and social services.

PHASE 3: ASSESSMENTS

This phase of the MAPP framework provides a comprehensive picture of a community in its current state using both qualitative and quantitative methods. The use of four different assessments is a unique feature of MAPP. The assessments are not conducted in any particular order. A list of key findings from the four assessments can be found in the *Phase 3 - Assessment* section of this report.

1. **Community Health Status Assessment (CHSA)** – This assessment asks how healthy are our residents? What does the health status of our community look like? Information is gathered on community health indicators, quality of life and risk factors.

The Data, Evaluation and Monitoring (DEM) team completed this assessment in August 2013. Student interns were used to gather data on the eleven MAPP indicators listed below. A preliminary report was completed in December 2012. This data was reviewed and further analyzed by the DEM team. The indicators as recommended by the MAPP framework are:

- Demographics
- Socioeconomics
- Health Resource Availability
- Quality of Life
- Behavioral Risk Factors
- Environmental Health
- Social and Mental Health
- Maternal and Child Health
- Death, Illness and Injury
- Communicable Diseases
- Sentinel Events

2. **Community Themes and Strengths Assessment (CTSA)** – The questions answered by this assessment are: What is important to our community? How is the quality of life perceived in our community?

   In September 2013, random surveys were mailed to 5,000 households in Will County, with 481 responses. A targeted survey sampling was conducted in January 2014 to gather additional data from underrepresented and vulnerable populations. A photovoice project was also used where residents submitted pictures that visually represented what they felt quality of life looked like in their community.

3. **Forces of Change Assessment (FOCA)** – The purpose of the assessment is to identify trends, threats and events that may affect how the public health system operates. It asks the questions: What is occurring or might occur that affects the health of our community or the public health system? What specific threats or opportunities are generated by these occurrences?

   The Forces of Change Assessment was done as a half-day session in September 2013, in conjunction with the annual MAPP Fall Forum. The assessment was conducted by the Illinois Public Health Institute (IPHI). Forces were considered in eight categories: Social, Economic, Political, Legal, Environmental, Technological, Scientific and Ethical.

4. **Local Public Health System Assessment (LPHSA)** – This assessment takes a comprehensive look at all the organizations and entities that contribute to the delivery of public health services. The questions answered in the assessment are: What are the

activities, competencies and capacities of our local public health system? How are the ten essential public health services being provided in our community?

This assessment was also facilitated by IPHI. The LPHSA was held in December 2013 as a full day session. Forty-one partners participated, representing business, community coalitions, colleges and universities, community-based organizations, faith-based institutions, hospitals and health systems, the local health department and local government. Post-session key informant interviews were conducted with representatives from some sectors, with expertise relating to specific essential public health services.

PHASE 4 – IDENTIFYING STRATEGIC ISSUES

Information gathered in the four assessments is used to determine the strategic issues a community must address to reach its vision. For this round of the MAPP process, MAPP core staff compiled data points from the four assessments. Current MAPP action teams prepared updates on the activities their team were doing to address the current priorities. This information was presented during the *Identifying Strategic Issues Planning Session.* Led by IPHI, cross-cutting and underlying themes were identified from the four assessments. A list of 11 potential issues was identified. A nominal voting process followed with the participants identifying what they considered to be the top three issues.

Additional community input was sought via a webinar poll after the in-person Strategic Issues session. A webinar was recorded with action team updates, presentation of data and key findings. Selected priorities were reviewed by the executive committee to ensure they met the identified criteria for a strategic issue. The following framework was developed to address the 2014 priorities:

Strategic Issues	Strategies to Address the Strategic Issues				
	Access	Built Environment	Disparities	Prevention	Workforce Development
Behavioral Health (funding and resources for mental health care, including preventative care – especially access for low income/Medicaid patients)					
Chronic Disease (**For Adults:** heart disease, lung cancer, high blood pressure, high cholesterol; **For Youth:** allergies and asthma)					
Primary Care (medical homes for low income individuals to void unnecessary ER visits)					

PHASE 5 – FORMULATE GOALS AND STRATEGIES

This phase involves specifying goals for each of the strategic issues identified in the previous phase. Following the Executive Committee's development of the strategic framework, focus groups were held with community members and MAPP partners to gather information for developing goals and strategies. Information gathered included what was currently being done in the county to address the needs, gaps in services, resources available and resources needed. Focus group participants were also asked for suggestions on strategies to address each priority.

In addition to information gathered from the focus groups, the current goals and strategies as well as action team initiatives were reviewed by the Executive Committee. Strategic issue questions and goals were slightly modified. A list of current and suggested strategies was presented to the Executive Committee. The Pearl Test was used to determine the validity of each strategy. A nominal voting process was used to select the strategies. The 2014-2017 priorities and goals are as follows:

Issue #1 - Primary Health Care

Strategic Issue

How can the Will County community collaborate to maximize and expand resources that will increase access to and awareness of primary and specialty health care that is affordable, geographically accessible and culturally sensitive?

Goals

1. Will County residents will appropriately use their primary care providers and medical homes.
2. Health care providers will provide culturally sensitive services to persons of all backgrounds and abilities.
3. The number of Will County specialty care providers that accept Medicaid patients will increase.

Strategies

- Support advocacy efforts for increased rates for Medicaid providers.
- Collaboratively work with the local Federally Qualified Health Centers (FQHC's) to promote medical home model.
- Support advocacy efforts for more specialty care providers to accept Medicaid.
- Collaboratively work with Easter Seals, Joliet Region, Inclusive Health Coalition (IHC).
- Explore better linkages of residents to medical homes.
- Work collaboratively with the County of Will for accessible transportation.

Issue # 2 - Behavioral Health

Strategic Issue

How can the public health community coordinate and enhance Will County's ability to provide access to behavioral health and substance use disorder services?

Goals

1. Persons with behavioral health issues will receive culturally competent and age-appropriate services.
2. The stigma related to behavioral health and substance use disorders will be reduced.
3. Will County residents and behavioral health coalitions will be well informed on advocacy and legislative issues relating to behavioral health.

Strategies

- Continue the Anti-Stigma Social Media Campaign (www.willfindhope.org.)
- Continue Mental Health First Aid.
- Work collaboratively to support advocacy efforts of existing behavioral health and substance abuse coalitions and organizations.
- Work with Federally Qualified Health Centers to address behavioral health needs of Medicaid and uninsured populations.
- Capacity building and coordination of services among providers.

Issue # 3 - Chronic Care

Strategic Issue

How can the public health community work together to decrease chronic care health issues in Will County?

Goals

1. Decrease obesity among Will County residents.
2. Increase awareness of available resources for healthy lifestyles amongst Will County residents.
3. Assure awareness of signs and symptoms of asthma and allergy related illnesses amongst Will County parents of asthmatic children.

Strategies

- Continue Worksite Wellness Development and Recognition Programs (WeWILL WorkHealthy).
- Implement WeWILLBeHealthy Program (restaurant, childcare, schools and community sites).
- Coordinate and facilitate collaboration of existing community health promotion (wellness) education programs.
- Develop linkages and partnerships with primary providers and community resources for physical activity.
- Market and disseminate community resources on nutrition and physical activity programs.
- Work collaboratively with Easter Seals, Joliet Region, Inclusive Health Coalition (IHC).
- Coordinate with community gardens in targeted communities (food desserts).
- Explore and promote asthma education programs for children.
- Explore and promote asthma management programs for parents of asthmatic children.
- Explore and align strategies with the regional efforts of the Northern Illinois Public Health Consortium (NIPHC) Chronic Disease committee.
- Explore and promote asthma education and management programs for school personnel.

PHASE 6 – ACTION CYCLE:

The action cycle phase of the MAPP framework is an ongoing process. The phase involves ongoing planning, implementation and evaluation of a community's strategic plan. The current action teams were restructured to reflect the current priorities.

The DEM team reviewed and selected a logic model to be used by the action teams in developing their action plans. Training was held May 30, 2014 for action team members on the use of logic models in developing their work plans. A member of the DEM team is assigned to work with each action team to assist in the development of measurable objectives and evaluation plans.

The action teams will continue to meet during the summer to:

- Prioritize the strategies
- Develop logic models for each strategy
- Develop action plans

Upon completion of the action plans, the Strategic Implementation Plan or Community Health Improvement Plan will be presented to the MAPP Collaborative Executive Committee for adoption.

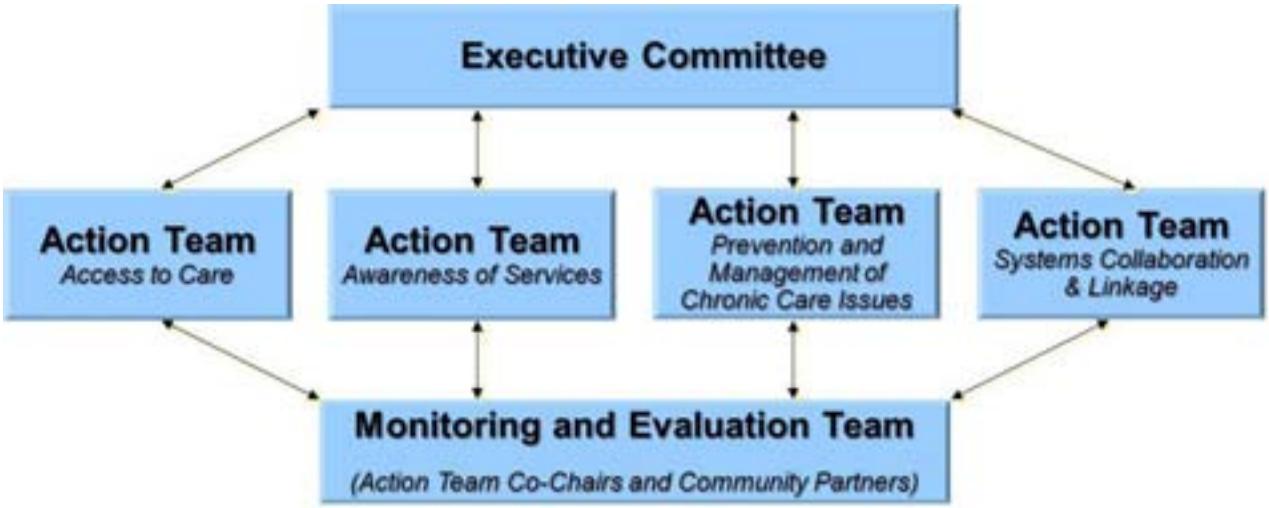
Will County MAPP Collaborative
Community Health Needs Assessment and Strategic Plan
2014-2017

PHASE 1: Organizing for Success and Partnership Development

May 2013 – December 2013

Description and Purpose

Organizing for Success and Partnership Development is the first phase in the Mobilizing for Action through Planning and Partnerships (MAPP) framework. In Will County, this phase was initiated during the first iteration of the MAPP process in 2008. The Will County MAPP Collaborative was established in January 2011 as a part of the Action Cycle, following the completion of the MAPP assessments and the Will County Community Health Needs Assessment and Strategic Plan. The original MAPP Steering Committee evolved into the current MAPP Executive Committee with twenty-five members who govern the MAPP process for Will County. A set of by-laws were adopted in June 2011. The Will County MAPP Collaborative consists of an Executive Committee, four Action Teams, a Data, Evaluation and Monitoring (DEM) Team and general membership or interest group as depicted in the organizational chart below. The current roster includes approximately 120 individuals representing 66 partners.



MAPP Executive Committee

The MAPP Executive Committee provides oversight to the action teams and the ongoing MAPP process. The MAPP Executive Committee meets monthly to review progress, recommendations and overall operations of the MAPP Collaborative. A full-time staff program coordinator was appointed in March 2013. The coordinator is a full-time staff of the Will County Health Department, with partial funding by the Will County MAPP Collaborative. Work groups (action teams) were established around the identified priorities and have been implementing action plans and strategies to address those needs. The action teams are led by chairs and co-chairs from various partner organizations. Most of the teams meet monthly or bi-monthly as needed.

Data, Evaluation and Monitoring (DEM) Team

The Data, Evaluation and Monitoring Team (DEM) was established to review and monitor the progress of the action teams and maintain and update data for the Community Health Status Assessment. The team also serves as a resource for the data needs of the action teams.

General Membership and Interest Group

The general membership and interest group consists of partners not involved directly with an action team but participate as appropriate for their organization. They contribute to the overall assessment process and some implementation strategies.

To satisfy the partnership development phase for the second iteration of the MAPP process, an evaluation was conducted of the Will County MAPP Collaborative to determine its effectiveness and overall impact in the community. The evaluation was also used to identify gaps in membership and areas needed for additional recruitment of partners.

Community Involvement

During this phase of the process, the general membership, action teams and the MAPP Executive Committee were asked for feedback via a survey of the MAPP Collaborative. Hospital and health department representatives met to discuss the cross-walk and give input to the timeline developed.

Process

The Planning and Partnership Development phase of MAPP was initiated in April 2013. As the MAPP process satisfies local health department and hospital requirements for the completion of a community health needs assessment, a crosswalk between the MAPP Framework, the IRS guidelines and Illinois Department of Public Health's Illinois Project for Local Assessment of Need (IPLAN) requirements was created and reviewed to ensure all requirements would be met. Planning meetings were held in April and May between hospital and health department staff to discuss the crosswalk and develop a timeline for the process. The MAPP Executive Committee met to discuss the timeline and budget. The Illinois Public Health Institute (IPHI) was enlisted to assist and facilitate portions of the MAPP process.

The DEM team was also initiated in April 2013. An evaluation sub-committee was established to complete the following tasks:

- Review evaluation resources
- Determine what to evaluate
- Identify strategies
- Identify or develop tool
- Implement the evaluation process
- Analyze results
- Complete written report

The DEM team reviewed various evaluation tools for surveying the MAPP Collaborative. A survey was designed to evaluate the effectiveness of the MAPP Collaborative, the action teams and the impact of the MAPP Collaborative in the community. The evaluation tool was developed and finalized in early June 2013.

The survey was opened June 17-28, 2013 via Survey Monkey. The link was emailed to 135 partners. There were thirty-nine (39) responses, a 29% response rate. This rate is reflective of the active participation of MAPP members on the action teams. An intern from the University of Illinois was assigned to review the results and complete a written evaluation. This evaluation was submitted for review, comments and additional recommendations by the DEM team.

Key Findings

Overall, members of the MAPP Collaborative are pleased with the leadership, direction and achievements of the Will County MAPP Collaborative. Some members remain uncertain about their involvement and role in the MAPP Collaborative. Many members expressed they were neither satisfied nor dissatisfied with many of the statements, sometimes citing not enough information to answer the questions. This could be a result of lack of information or clarity regarding the purpose and goals of the MAPP Collaborative.

The following recommendations are being made for consideration by the MAPP Collaborative, Action Team Chairs and MAPP Executive Committee:

1. Establish a team to develop a marketing and communication plan for the MAPP Collaborative and the action team initiatives.
2. Target recruitment efforts to include elected officials, media and a more diverse membership, reflective of the county demographic make-up.
3. Consider action team structure and best utilization of skills and resources from the members and agencies represented.
4. Create a culture of inclusion and awareness; celebrate successes and small steps in the community.

Will County MAPP Collaborative

Community Health Needs Assessment and Strategic Plan

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PHASE 2: VISIONING

June 2013

Description and Purpose

Visioning is the second phase in the MAPP framework. It allows participants to collectively create a shared vision for the future. A vision statement provides focus, purpose and direction to the MAPP process. In April 2009, during the first iteration of the MAPP framework in Will County, the MAPP Steering Committee adopted the following vision statement:

In Will County, every life has value. All individuals have the opportunity to realize their full potential and to achieve the highest quality of life. We are a community rich in diversity, where involvement and commitment have deep roots among our residents.

We strive to be a progressive community that maximizes the use of community partnerships and collaboration among all sectors to endure, enhance and promote comprehensive, quality and equitable education, healthcare and social services.

Community Involvement

During this second round of the MAPP process, a survey was sent to Will County MAPP Collaborative members to see if they felt the vision statement remained reflective of Will County.

Process

The MAPP framework recommends two possible methods for conducting the visioning process. In the first round, both methods were used to develop the vision statement. For this second round, the MAPP Executive Committee reviewed the vision statement and by consensus agreed that it was still relevant for Will County. It was decided to get additional input from the broader MAPP Collaborative members via the evaluation survey used in phase one. A question was added to the survey: *"How certain are you that the vision statement is reflective of Will County"*?

Results

Survey respondents indicated the following to the question: *"How certain are you that the vision statement is reflective of Will County"?*

- 7.7% are very certain
- 56.4% of the respondents are certain
- 5.1% are uncertain
- 10.3% are very uncertain
- 20.5% are neither certain or uncertain

No changes were made to the vision statement as the majority of respondents felt it reflected Will County.

Will County MAPP Collaborative

Community Health Needs Assessment and Strategic Plan

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PHASE 3: Assessments

April 2013 – January 2014

Description and Purpose

The assessment phase of the MAPP framework gives us a picture of the community and helps to inform the decisions or priorities for strategic planning. In the MAPP process there are four types of assessments. Each of the four assessments is done independently and is discussed separately:

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

By using each assessment, we get a broader view of the community profile, its perceptions about quality of life, needs and assets. The results or key findings from the assessments are used to help identify cross-cutting themes and strategic issues in Phase 4 of the MAPP process.

Community Involvement

Community involvement is essential during the assessment phase of MAPP and takes place in varying levels. Each assessment report will indicate in more detail the extent of community participation.

Process

During Phase One, the MAPP Executive Committee determined the resources available for conducting this phase of the MAPP process. Illinois Public Health Institute (IPHI) was contracted to conduct the Forces of Change and Local Public Health System assessments. The Data, Evaluation and Monitoring (DEM) Team was established in April 2013 to conduct the Community Health Status Assessment (CHSA). The Community Themes and Strengths Assessment (CTSA) involved the community via random and targeted surveys. More details on the process are provided in each specific report.

Key Findings

Each assessment has a summary and is included in the beginning of each report. MAPP core staff and data team reviewed the assessments and identified key findings. The key findings summarizes the four assessments

KEY FINDINGS FROM THE MAPP ASSESSMENTS

COMMUNITY HEALTH STATUS ASSESSMENT (CHSA)

ASSESSMENT DESCRIPTION

The CHSA answers the following questions:

- How healthy are our residents?
- What does the health status of our community look like?

The results of the CHSA provide an understanding of the community's health status and ensure that the community's priorities include specific health status issues (e.g., high lung cancer rates or low immunization rates).

KEY FINDINGS

Demographics

- The total population of Will County is expected to approach 810,000 in 2015, an increase of more than 19% from 2010. Illinois is expected to grow only 7% in that same time.
- 65% of Will County's population is below the age of 45, 9.3% of the population is over the age of 65.
- The median age for Will County is 35.4.
- Will County's population is broken down as follows:
  - White: 76.0%
  - Black/African American: 11.2%
  - Asian: 4.6%
  - American Indian/Alaskan Native: 0.3%
- The population in Will County of residents of Latino descent doubled in the past ten years (8.7% in 2000 to 15.6% to 2010).
- Will County's foreign-born population has increased 118% since 2000. The foreign-born population constitutes 14.5% of the total population in Will County.
- 37.2% of the Latino population reported that they speak English less than "very well" compared to 3.5% of non-Latino residents.

Socioeconomics

- The median household income among Will County residents grew by 22% in the past 10 years.
- Per capita income for the Hispanic/Latino population was $15,718 compared to $31,405 for the non-Hispanic/Latino population.

- 10% of Will County households had a female head of household (no husband present, with family).
- 6.7% of Will County families live below the poverty level, but there are disparities related to ethnicity and race:
    - 13% of the Hispanic/Latino population was living in poverty compared to 5.4% of the White/non-Hispanic population.
    - 16% of the African American population was living in poverty compared to 6.0% of the White/non-Hispanic population.
- Differences are found in educational attainment based on ethnicity:
    - 35% of the Hispanic/Latino population had less than a high school diploma compared to 6.4% of the non-Hispanic/Latino population.
- At the county level, the percentage of youth meeting or exceeding Illinois Learning Standards (55%) is higher than the state average (51%), but there is a disparity between the lowest performing school in the county (with 32% of students meeting state standards) compared to the highest performing school (with 75% of students meeting state standards).
- 12.3% of Will County residents under the age of 65 were uninsured in 2010, compared to 15.6% for Illinois.
- 23.2% of the Hispanic/Latino population reported no health insurance coverage, compared to 6.7% of the non-Hispanic/Latino population.

Health Resource Availability

- Will County has three hospitals, three health centers and multiple outpatient treatment centers, dialysis facilities, nursing homes and home health providers to serve the needs of residents.
- The nearest State facility for inpatient chronic mental illness closed in July 2012, leaving a gap for these services for Will County residents.
- According to the Illinois Health Facilities and Services Review Board, there is a calculated need for 639 additional general long-term care beds in Will County.
- Will County is ranked 40 out of 102 among all Illinois counties in terms of access to Clinical Care, with identified needs for additional primary care and mental health providers.
- A Veteran's Clinic opened in March 2013 to expand healthcare services for veterans in Will, Grundy, Kendall and Kankakee counties.
- Three new FQHC sites have recently been added in Will County: two Aunt Martha's locations in Joliet and one Visiting Nurses' Association location in Bolingbrook.
- Will County's ambulatory care sensitive discharge rate (92.1) is significantly higher than both Illinois (75.0) and the U.S. (66.5).

Quality of Life

- Will County continues to be a fast growing county.
- Overall, Will County residents have positive feelings about their community.
- Will County residents have better access to parks and recreational facilities than Illinois and the U.S.
- Although quality of life is rated high for most Will County residents, quality of life is not seen as

equitable throughout the county.

Behavioral Risk Factors

- Adults
  - While only 29% of adults have been told they have high blood pressure, 29% of those with high blood pressure are not taking their required medicine.
  - 30.3% of adults are considered obese and 38.3% are considered overweight.
  - The number of current smokers in Will County has decreased, but is still higher than the HP2020 target.
- Youth
  - Alcohol is the primary substance used among students in all grades (6th-12th grade).
  - The use of cigarettes and marijuana increased as the grades increased, while the use of inhalants decreased.
  - The intake of fruits and vegetables slightly decreased as the grades increased.
  - The prevalence of obesity remained the same across all grades.

Environmental Health

- Will County is ranked toward the bottom of all counties in the state in terms of environmental health. The following factors for Will County were ranked below the 50th percentile:
  - Safety of drinking water
  - Number of fast food restaurants
  - Limited access to healthy foods
- Nearly 7% of the Will County low income population has limited access to a grocery store. This number is higher than that found statewide or nationally.
- The number of supplemental nutrition assistance program (SNAP) authorized food stores in Will County per 100,000 people is nearly half of what is found statewide or nationally.

Social and Mental Health

- Will County has limited resources for inpatient hospitalizations for mental disorders.
- In the past year, over half (64.5%) of the uninsured population screened for mental health crisis intervention in Will County emergency rooms were admitted to a state operated facility.
- Mental disorders attributed to 7.3% of all Will County hospitalizations in 2011.
- In 2009, the crude rates for drug related emergency room visits (39.5 per 100,000) and alcohol related emergency room visits (263.2 per 100,000) are above the State of Illinois, 33.9 and 247.1 respectively.

Maternal and Child Health

- The infant mortality rate for African Americans is significantly higher as compared to Whites between 2005 and 2009.
- Low birth weight for Will County is 7.61%, which is better than Illinois and the U.S.
- "Very Low Birth Weight" for African American women is approximately three times higher than Whites between 2005-2009.
- The number of African American women entering prenatal care during the first trimester of

pregnancy (79.0%) is significantly lower than White women (90.3%),
- Alcohol and tobacco use during pregnancy has shown a steady decline between 2004-2008.

Death, Illness and Injury

- Cancer remains the leading cause of death in Will County, with 25.8% of total deaths in 2010.
- Lung cancer is the most common cause of cancer death for Will County residents.
- Chronic Lower Respiratory Disease is the fourth leading cause of death in 2010 with 4.8% of total deaths.
- Accidental overdoses accounted for 28.2% of unnatural deaths in Will County with 72 deaths.
- In 2012, heroin deaths (52) were the leading cause of accidental overdose deaths in Will County.

Communicable Diseases

- Between 2011 and 2012, Will County experienced no significant increase in most cases of reportable communicable diseases
- During 2012, more pertussis cases (72 cases) were reported in Will County compared to 2011 (32 cases).
- Over the last three years, there has been an increase in the positivity of rabid animals found in Will County.
- HIV deaths in Illinois decreased drastically from 2005 (745 deaths) to 2010 (250 deaths), with a slight increase in 2010 from 2009.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA)

ASSESSMENT DESCRIPTION

The CTSA answers the following questions:

- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?

This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life, and a map of community assets.

KEY FINDINGS

Quality of Life

- The three most important factors contributing to positive quality of life in Will County:
  - Low crime rates/ safe neighborhoods
  - Good place to raise children
  - High performing schools
- 18 community organizations were most frequently endorsed as contributing to positive QOL
  - Chamber of Commerce
  - Churches
  - Health Department
  - Hospitals (Silver Cross & PSJMC)
  - Libraries
  - Park District
  - Star Mission
  - Lions Club
  - City Government
  - Police
  - United Way
  - YMCA
  - Knights of Columbus
  - American Legion Association
  - Food Pantry
  - Fire Department

Transportation

- 35% reported transportation is a moderate or major problem in Will County
- 45% reported moderate to major congestion problems
- 31% reported streets are in moderate to major disrepair

Access to Health and Social Services

- 30% reported lack of access to health care services is a moderate or major problem
- 26% reported lack of access to dental services is a moderate or major problem
- 25% noted a major problem regarding the availability of information on social services

Health and Public Safety

- 24% said general safety and security are moderate/major problems
- Specific safety concerns included: illegal drug use (40%), alcohol abuse (30%), and

gangs (35%)

Jobs and Education

- Lack of jobs indicated as a moderate/major problem by 53% of respondents
- Access to job training cited by 32%
- 42% indicated low wages and low paying jobs to be a moderate/major problem

Housing

- Lack of affordable housing options both in general (32%) and for seniors specifically (30%) were cited as a moderate to major barrier in Will County

Vulnerable Populations

- 30% of survey respondents indicated poverty in Will County is a moderate or major problem
- 13% of respondents were themselves uninsured
- 11% of respondents reported being on public assistance of some kind (cash assistance, food stamps, medical card, reduced price school meals)
- 12% of respondents could not see a health care provider in last 12 months due to cost
- 13% could not fill a needed prescription in the past 12 months due to high cost

Health Problems

- For respondents and their families, the following conditions are experienced at the indicated rates:

Health Condition	Percentage in Household with Condition
Allergies**	51%
High Blood Pressure	46%
Back Pain	39%
High Cholesterol	37%
Arthritis	35%
Dental Problems	25%
Obese/Overweight	24%
Diabetes	17%
Asthma**	17%
Digestive and Stomach Disorders	16%
Heart Condition	15%
Depression	11%

**Allergies and Asthma were the most prevalent among children

- 95% indicated they had no problems obtaining non-emergency care for these conditions when needed

Demographics of Survey Respondents

- 22 community areas (cities, towns, townships) and 25 zip codes were represented by having at least 5 respondents indicate residence in this area
- 58% female
- Age breakdown: majority of respondents were aged 25-65 (67%); 33% were 65 or older; only 0.2% were aged 25 or younger
- 81% had completed at least some college
- 99% reported English as the primary language in their household
- 13% are Veterans
- 94% own their own home
- Racial/Ethnic breakdown: 92% Caucasian, 4% African American, 6% Hispanic/Latino
- 54% Employed, 37% Retired, 9% Unemployed
- 25% + survey respondents have household incomes greater than $100,000

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)

ASSESSMENT DESCRIPTION

ıe LPHSA answers the following questions:

- What are the components, activities, competencies, and capacities of our local public health system?
- How are the Essential Services being provided to our community?

This assessment focuses on all of the organizations and entities that contribute to the public's health.

KEY FINDINGS

Essential Service #1 - Monitor health status to identify community health problems

- Wide awareness of community health assessment process
- Health assessment data updated annually and available on Will County Health Department website
- Maintenance and reporting of population-based health registries
- Good reporting on general population but data on health inequities are not sufficiently captured due to low response rate from vulnerable populations.
- Collects timely data consistent with current standards on death and communicable diseases
- Lack of school readiness data
- Lack of emphasis on health disparities
- Need to improve communication of findings back to community members and stakeholders
- No reporting at sub-county level or community specific level
- Need for more coordinated data sharing among hospitals

Essential Service #2 - Diagnose and Investigate Health Problems and Health Hazards

- Best practices are used by hospital and health department for conducting, reporting and monitoring mandated surveillance
- Lack of awareness and access to information related to investigating and responding to public health threats and emergencies among lay people

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

- There is ongoing activity for planning and implementing health education and promotion activities by local public health agencies. This can be improved by increasing collaboration or a systematic approach to coordinate these activities.
- Businesses and employers are encouraged to participate through the We Will Work Healthy Worksite Wellness Award.
- MAPP does a good job of engaging community members in community health assessments but we need to increase community member engagement in the planning

and implementation phase

- Health messages are determined by grant funding rather than data about public needs.
- The LPHS is utilizing a wide variety of mechanisms to reach out to community members for both emergency and non-emergency communication. Inadequate outreach to undocumented community members. Health messages and information are out there but not reaching everyone in the community.
- Many agencies throughout the LPHS have designated spokesperson for communicating health issues to the public. Will County lacks a systematic approach to training these individuals.
- The local health department participates in the Northern Illinois Public Health Consortium, which coordinates emergency communication in Will, DuPage and Kendall counties.

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

- The MAPP Collaborative has demonstrated strong effectiveness in organizing and establishing community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community. Participation has been negatively affected by budget cuts that reduce agency and coalition capacity. More work is needed to increase government participation in the community health improvement process.
- Will County has a lot of active coalitions doing good work. There is no established process for identifying key constituents in the community for engagement in particular health concerns. This is done mainly informally through networking. The LPHS maintains current directories of Will County organizations to engage in community health, but they are not publicized or widely accessible. There is a need for more assessment of effectiveness of community partnerships to improve community health.
- Southern and Eastern Will County are underrepresented in community health activities.

Essential Service #5 - Develop Policies and Plans that Support Individual and Community Health Efforts

- Strong level of support and collaboration among system partners for the local health department. There is a significant tax base to support the health department and there is a strong board of health.
- Broad partnership contributes to community health planning, not as much with policy development. Could do more to inform policy makers about potential intended and unintended impacts of proposed or current policies.
- Public Health Emergences was identified as strength for Will County. The County Emergency Management Agency maintains emergency preparedness and response plans that detail protocol and partner roles in a given emergency.
- Gaps in services for Southern and Eastern Will County tied to transportation and location of services.

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

- Will County does a good job of regularly reviewing and updating local regulations, ordinances and laws. Illinois laws are not always updated or based on current evidence or best practices.
- Lack of activity around identifying ways to address chronic disease through laws, regulations and ordinances.
- There is limited activity of the LPHS in active participation in changing and creating laws. Regulation and ordinances to promote public health. There is room for growth in taking on a larger advocacy role to create and improve laws to protect health and ensure public safety. (Specific issues identified: chronic health issues, school nutrition requirements and indoor air quality and mold).
- Individuals and organizations are generally aware of laws, regulations and ordinances they must comply with. Smaller municipalities may not have enforcement capacity or services.
- Strong partnerships with hospitals on communicable disease; joint inspections and alignment between health and housing.

Essential Service #7 - Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

- Will County partners do a great job of referring clients to resources from each other's agencies. There is great collaboration, collaboration and networking across partners to address needs.
- There is an increasing number of primary and specialty care providers. Navigators available to connect and enroll people in Medicaid and the Insurance Marketplace. Regional gaps exist in services, especially for low income community members, particularly in Eastern Will County.
- Gaps in linkages to services among individuals with special needs and homeless individuals. Individuals in need of mental health services and veterans are also underserved populations.
- There is a limited understating of barriers to care for vulnerable populations. Insufficient cultural competencies compromise providers' ability to build trust with underserved communities.
- Transportation barriers prevent individuals from accessing health care services.

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

- Several programs are in place for professional development from a state or regional perspective. There is a lack of investment in training and continuing education for support staff in contact with clients. There are challenges in leveraging opportunities to collaborate and share training for the public health workforce.
- Agencies and organizations within the local public health systems conduct performance evaluations, but they are not tied to public health competencies. Will County does not

have a formal workforce assessment of the public health system.

- There is a lack of awareness of public health competencies and the 10 essential services.
- There is a lack of representation of rural, minority, disabled and Latino populations in the local public health workforce.
- Challenges in recruiting and retaining psychiatrists and physicians willing to serve low income and uninsured populations.

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

- Reporting requirements encourage accountability among providers.
- Budget constraints have a negative impact on robustness of evaluations and the LPHS' ability to implement improvement based on evaluation feedback.
- Evaluations are conducted frequently and used to identify gaps in population-based services. Efforts to assess community satisfaction with these services are insufficient. The system lacks community satisfaction data from vulnerable populations in particular. Lack of coordinated system-wide evaluation.
- Point of service evaluations are easier and cost-efficient but are not effective in accessing client connection/follow through with referrals and ensure continuity and connection to services.

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

- The LPHS has minimal resources to conduct research. More collaboration is needed with academic institutions that are active partners.
- Good use of interns to build interest and experience among future public health workforce.
- Reduced funding has spurred creativity, efficiency and collaboration. It has also compromised the system's ability to be innovative because of grants increasingly requiring data driven and evidence-based decision making.
- Partners Frequently Identified as Missing:
    - Managed Care Organizations
    - Academic Intuitions/Universities
    - Media
    - Department of Children and Family Service
    - First Responders
    - Local Government/Law Enforcement
    - Businesses
    - Department of Transportation
    - Non-Profits
    - Schools
    - Public Assistance Programs
    - Public Housing

FORCES OF CHANGE ASSESSMENT (FOCA)

ASSESSMENT DESCRIPTION

The FOCA answers the following questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

In this assessment, participants engage in brainstorming sessions aimed at identifying forces—such as trends, factors, or events—that are or will be influencing the health and quality of life of the community and the local public health system.

KEY FINDINGS

Economic and Social Equity

- Disparities in distribution of economics and community resources between East and West Joliet and urban and rural Will County.
- Inequity in educational quality and resources throughout the county.

Community Well-Being and Safety of Vulnerable Populations

- Impact of unequal distribution of community resources on children in low-income neighborhoods.
- Lack of good schools, parks and libraries in many neighborhoods.
- Elevated crime and violence throughout Will County; feelings of being unsafe.

Community Cohesion

- Community members have a strong religious and traditional heritage.
- Changing social and cultural values
- Political division regarding pending State and Federal legislation

Mental Health/Behavioral Health

- Lack of resources to address increasing incidences of Behavioral Health issues
- Lack of mental health safety net for low income and uninsured individuals
- Shortage of mental health providers accepting Medicaid

Substance Abuse

- Increase in suicide and substance abuse rates
- Rising heroin use and death from accidental overdose.
- Use of tobacco and e-cigarette products and unregulated access.
- Limited school participation in Illinois Youth Survey for more comprehensive data

collection.

Changing Workforce Needs

- Will County readiness to adapt to changing economy and job market
- Increasing prevalence of low wage employment (lack of quality jobs).
- High schools not adequately preparing youth for the current job market.
- Post-secondary education is cost prohibitive for many people.
- Under emphasis of prison system on rehabilitation and skills development contributes to higher rates of recidivism.

Health Care Reform

- Fear and uncertainty on the impact of the Affordable Care Act.
- Having infrastructure to address the significant increase of Medicaid recipients through Medicaid expansion.
- Impact on quality of care.

Environmental Health

- Safety and environmental concerns related to energy production in the community.
- Impact of local nuclear power plant on air quality, occupational safety and community health.
- Lack of industrial regulation to reduce pollution to protect public safety

Increasing Use of Social Media and Technology

- Increased reliance on texting and social media for communication
- Growing use of electronics in education
- Technology resources not equally distributed among schools

Changing Demographics

- Trend towards an aging and more diverse population
- Significant portion of the population are nearing retirement

Growing Latino population

- Lack of capacity to adequately serve non-English speaking populations and populations from diverse social and economic backgrounds.

Increasing Collaborations and Partnerships

- Increasing collaboration and partnerships across the county
- Reduced organizational capacity due to budget cuts

Transportation

- Potential development of the Illiana Expressway with possible impact on health, social and economic implications.
- Limitations of public transportation in the area.

Increasing Reliance on Faith-Based Organizations

- Increasing reliance on faith-based organizations to provide services that are traditionally provided by government and social service agencies.
- Organizations may not have adequate resources to support expectations.

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Phase 4 – Identifying Strategic Issues

February 2014 – March 2014

Description and Purpose

Strategic issues are those fundamental policy changes or critical challenges that must be addressed in order for a community to achieve its vision. The purpose of this phase of MAPP is to identify those issues that are priority needs to be addressed in the Community Health Needs Assessment. By identifying strategic issues the community can systematically address the priorities, thereby strengthening the public health system and improving the health of the community. These issues are identified by reviewing data results from the MAPP assessments, identifying reoccurring themes and cross-cutting issues.

Community Involvement

Approximately 100 emails were sent to members of the community for participation in identifying strategic issues planning session. Invitations were sent to members of the MAPP Collaborative Executive Committee, action team members, and participants in the Forces of Change and Local Public Health System assessments. During the assessment phase of the MAPP process, several sectors and community members were identified as missing from the process. These additional community members were also invited to participate. Fifty participants registered for the planning session with forty-seven attending.

Process

The Will County MAPP Collaborative held its "***Identifying Strategic Issues"*** planning session on February 19, 2014 with forty-seven participants. This process was held as a half-day planning session and facilitated by the Illinois Public Health Institute (IPHI). Prior to the meeting, individual in-person and telephone meetings were held with participants identified as new to the MAPP Collaborative. They were given an overview of the MAPP Collaborative, the MAPP process, previous assessments and current action team work to give them background information prior to the Strategic Issues session.

A week before the assessment, all registered participants were sent a meeting packet containing the key findings from each of the four MAPP assessments (prepared by MAPP core staff), links to the completed reports and a strategic issues identification worksheet to record re-occurring needs, themes or merging strategic issues from the assessments and key findings. Also included in the packet were the Will County Vision Statement and instructions to help them complete the worksheet.

At the Strategic Issues session, Action Team Chairs and Co-chairs gave progress reports on current strategic issues and current activities or initiatives being done to address those issues. Also included in the presentations were challenges and barriers as well as additional strategies explored but not undertaken. Core staff followed with a presentation of the four MAPP assessments and key findings. Participants were given the opportunity to ask questions to clarify the data presented.

IPHI facilitated a large group discussion to identify reoccurring themes from the assessments. Consultants reviewed the criteria for identifying a strategic issue and the vision statement. Discussion ensued regarding current action team structure and focus and where the identified themes may fit. A list of eleven potential issues was identified as shown. A nominal voting process followed with the participants identifying what they considered the top three issues.

Potential Strategic Issues (Alphabetized Listing)

1. Access to Behavioral Health
2. Access to Primary Health
3. Alcohol, Tobacco and Other Drugs (ATOD)
4. Built Environment
5. Chronic Disease
6. Crime and Safety
7. Disparities in Health
8. Economic Disparities
9. Lack of County Identity
10. Marinating a Local Public Health System Workforce
11. School Readiness

Additional community input was sought via a webinar poll after the in-person Strategic Issues session. A webinar was recorded with action team updates, presentation of data and key findings. This recording was used to allow partners who were unable to participate in the planning session or had to leave early, the opportunity to hear the data and vote on what issues they felt were the top priorities needing to be addressed over the next three years.

An email was sent to additional partners not present for the identifying strategic issues session, with a link to the recording and copies of the assessments. After reviewing the session they were given an option to participate in one of three polling session webinars to give input to the prioritizing process. Approximately 18 people participated in the polling sessions. Votes from the poling sessions were tallied with the votes from the February 19th planning session.

MAPP staff presented the priorities list to the MAPP Executive Committee at their March 19, 2014 meeting. They also provided the list of strategic issues identified from the February 19 session and which assessment data supported each issue identified. There was a 2-way tie for

number two and a 3-way tie for number 4. The MAPP Executive Committee reviewed the criteria as it related to the top four issues for validation. It was decided that the MAPP Collaborative would only address three priorities instead of five as in the previous plan. In reviewing the priority list, it was identified that the priorities were the same as what is currently being addressed by the MAPP Collaborative.

Results

The top three priorities identified were also in the top five priorities from the first round of MAPP. In reviewing the prioritized list, it was identified that some of the issues discussed in the strategic issues planning session were cross-cutting themes that could be addressed in each of the priorities. A strategic framework was adopted with the three strategic priorities of Behavioral Health, Chronic Care and Primary Healthcare. Within the framework, strategies will address the following areas: prevention, access, built environment, disparities and workforce development/capacity building.

Strategic Issues Framework

Strategic Issues	Strategies to Address the Strategic Issues				
	Access	Built Environment	Disparities	Prevention	Workforce Development
Behavioral Health (funding and resources for mental health care, including preventative care – especially access for low income/Medicaid patients)					
Chronic Disease (**For Adults:** heart disease, lung cancer, high blood pressure, high cholesterol; **For Youth:** allergies and asthma)					
Primary Care (medical homes for low income individuals to void unnecessary ER visits)					

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PHASE 5: Formulate Goals and Strategies

March 2014 – May 2014

Description and Purpose:

Phase five of the MAPP process is to formulate goals and strategies for the strategic plan. This phase helps the community align the work of the action teams with the vision. It also allows the goals of community organizations to be aligned, bringing about a more cohesive public health system.

Community Involvement

Community involvement for this phase included the MAPP Executive Committee, MAPP action team members and community partners. MAPP core staff held focus groups to gather input from the action team members and community partners, providing feedback to the MAPP Executive Committee on suggested goals and strategies. Five focus groups were held with thirty-four participants, representing twenty-six organizations.

Process

After the MAPP Executive Committee provided the strategic issues framework, MAPP core staff conducted five focus groups of MAPP partners. Focus groups were conducted March-April, 2014. The purpose of the focus groups was to:

1. Identify work currently being done and by whom.
2. Identify available and needed resources to address the strategic issues.
3. Identify barriers to addressing the strategic issue.
4. Brainstorm strategies to provide feedback to the MAPP Executive Committee.

An email was sent via the Constant Contact mailing list to MAPP action team members and community partners with an invitation to participate in the focus groups. Several date and time options were provided in an effort to increase the level of participation. The groups were facilitated by MAPP core staff. In each session, an overview of the MAPP process was provided to bring participants current to the phase we were currently in; an overview was given of the prioritization process and the strategic issues framework.

Data from the focus groups was compiled by staff and presented to the MAPP Executive Committee at the April 2014 monthly meeting. Goals and strategies from the current plan were reviewed along with the current action team initiatives. Following group discussion, minor modifications were made to the current goals and a list of strategies was developed. A draft of the goals and strategies was sent out to the MAPP Executive Committee.

MAPP Executive Committee members were asked to review and select strategies if they met the criteria in the Pearl Test. Additional questions considered:

1. What is the potential impact on the strategic goal?
2. What is the cost of this strategy in terms of dollars, people and time?
3. Is it likely that the strategy can be successfully implemented?

A survey was sent out via survey monkey for them to select strategies for adoption. The results of the survey were presented at the May 2014 MAPP Executive Committee meeting. Strategies not receiving 51% or better in the selection process were not adopted.

PEARL Test

Propriety - Is the strategy consistent with the essential services and public health principles?

Economics – Is the strategy financially feasible? Does it make economic sense to apply this strategy?

Acceptability – Will the stakeholders and the community accept the strategy?

Resources – Is funding likely to be available to apply this strategy? Are organizations able to offer personnel time and expertise or space needed to implement this strategy?

Legality – Do current laws allow the strategy to be implemented?

Summary of Results:

The following Goals and Strategies were adopted by the Will County MAPP Collaborative Executive Committee on May 21, 2014.

2014-2017 Goals and Strategies

Issue #1 - Primary Health Care:

Strategic Issue

How can the Will County community collaborate to maximize and expand resources that will increase access to and awareness of primary and specialty health care that is affordable, geographically accessible and culturally sensitive?

Goals

1. Will County residents will appropriately use their primary care providers and medical homes.
2. Health care providers will provide culturally sensitive services to persons of all backgrounds and abilities.
3. The number of Will County specialty care providers that accept Medicaid patients will increase.

Strategies

- Support advocacy efforts for increased rates for Medicaid providers.
- Collaboratively work with the local Federally Qualified Health Centers (FQHC's) to promote medical home model.
- Support advocacy efforts for more specialty care providers to accept Medicaid.
- Collaboratively work with Easter Seals, Joliet Region, Inclusive Health Coalition (IHC).
- Explore better linkages of residents to medical homes.
- Work collaboratively with the County of Will for accessible transportation.

Issue # 2 - Behavioral Health

Strategic Issue

How can the public health community coordinate and enhance Will County's ability to provide access to behavioral health and substance use disorder services?

Goals

1. Persons with behavioral health issues will receive culturally competent and age-appropriate services.
2. The stigma related to behavioral health and substance use disorders will be reduced.
3. Will County residents and behavioral health coalitions will be well informed on advocacy and legislative issues relating to behavioral health.

Strategies

- Continue the Anti-Stigma Social Media Campaign (www.willfindhope.org)
- Continue Mental Health First Aid
- Work collaboratively to support advocacy efforts of existing behavioral health and substance abuse coalitions and organizations.
- Work with Federally Qualified Health Centers to address behavioral health needs of Medicaid and uninsured populations.
- Capacity building and coordination of services among providers

Issue # 3 - Chronic Care

Strategic Issue

How can the public health community work together to decrease chronic care health issues in Will County?

Goals

1. Decrease obesity among Will County residents.
2. Increase awareness of available resources for healthy lifestyles amongst Will County residents.
3. Assure awareness of signs and symptoms of asthma and allergy related illnesses amongst Will County parents of asthmatic children.

Strategies

- Continue Worksite Wellness Development and Recognition Programs (WeWILL WorkHealthy).
- Implement WeWILLBeHealthy Program (restaurant, childcare, schools and community sites)
- Coordinate and facilitate collaboration of existing community health promotion (wellness) education programs

- Develop linkages and partnerships with primary providers and community resources for physical activity.
- Market and disseminate community resources on nutrition and physical activity programs.
- Work collaboratively with Easter Seals, Joliet Region, Inclusive Health Coalition (IHC).
- Coordinate with community gardens in targeted communities (food desserts).
- Explore and promote asthma education programs for children
- Explore and promote asthma management programs for parents of asthmatic children.
- Explore and align strategies with the regional efforts of the Northern Illinois Public Health Consortium (NIPHC) Chronic Disease committee.
- Explore and promote asthma education and management programs for school personnel.

Will County MAPP Collaborative

Community Health Needs Assessment and Strategic Plan

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PHASE 6: Action Cycle

May 2014 - Ongoing

Description and Purpose

Planning, implementation and evaluation are critical to the success of the community health plan. The purpose of the action phase is to:

- Plan what needs to be done
- Identify who will do it
- Evaluate your progress

This is a continuous process.

Community Involvement

The plan cannot be carried out successfully without community participation and involvement. During this phase, current action team members and community partners were invited to participate in an initial planning session on May 30, 2014. DEM team members have been identified to actively participate in the action team planning. This ensures that the evaluation component is built into the action plan and monitored on a regular basis. Additional community members and partners will be recruited as action plans develop.

Process

Three action teams will continue from the first round of MAPP, with some revision to the name. Components of the Awareness and System action teams will be integrated into one of the three current teams.

DEM team members identified a logic model to be used in the action team planning cycle. Training with the action teams was held on May 30, 2014 to review the tool and demonstrate how it is to be used. Following the logic model training, action team breakout groups were held to begin the implementation planning phase.

MAPP core staff, with the assistance of an intern, identified data points from the key findings in the assessment phase for each strategic issue. This information was used to discuss and further clarify the strategic issue. Current strategy maps developed previously by the action teams were also reviewed to identify current and future activities and/or initiatives that could be adopted by the action teams. Participants in the training also received copies of the focus group summaries which identified resources, assets and barriers.

Summary

Planning in the action cycle will continue throughout the summer to develop the Community Health Improvement and Strategic Plan. The action teams will continue to meet to:

- Prioritize the strategies
- Develop logic models for each strategy
- Develop action plans

Upon completion of the action plans, the Strategic Implementation Plan or Community Health Improvement Plan will be presented to the MAPP Collaborative Executive Committee for adoption.

APPENDICES – Phase 1

MAPP Executive Committee List

List of Participating Partners

MAPP Collaborative Survey Tool

MAPP Collaborative Survey Analysis Report Executive Summary

MAPP Collaborative Survey Analysis Report

Will County MAPP Collaborative Executive Committee

FY 2013 - 2014

John Cicero, Chair
Mike Hennessey, Vice Chair of Finance
Pat Dames-Schuster, Vice Chair of Operations

Gerald Caamano, Three Rivers Manufacturing Association
Beth Cada, Governor's State University
Ruth Colby, Silver Cross Hospital
Marsha Conroy, Aunt Martha's Youth Services, Inc.
Mary DeGroot, New Life Church
Julie Edwards, Presence Health System
Pat Fera, Workforce Investment Board of Will County
Pat Hensley, Senior Services
Anne Hysaw, Child and Family Connections #15
Ronda Klocko, Adventist Bolingbrook Hospital
Franca Liburdi, Aunt Martha's Youth Services, Inc.
Mary Maragos, Community Resident
Shannon Morgan-Jermal, Presence Saint Joseph Medical Center
Pete McLenighan, Stepping Stones, Inc.
Kathleen Murphy - Sievertsen, Adventist Bolingbrook Hospital
Vanessa Newsome, Will County Health Department
Nick Palmer, Will County Executive's Office
J.D. Ross, Will Grundy Medical Center
Amit Thaker, Edward Hospital
Dr. Joseph Troiani, Will County Adult LAN (Local Adult Network)
Glen VanCura, Catholic Charities
Anita Young, Chestnut Health Systems, Inc.

2014 New Members
Debbie Condotti, Easter Seals, Joliet Region
Minesh Patel, VNA Health Care
Kathryn Russell, Edward Hospital
Shawn West, Will Grundy Medical Clinic

Will County MAPP Collaborative - Participating Agencies 2013

Adventist Bolingbrook Hospital
American Cancer Society
American Heart Association Midwest Affiliate
American Lung Association, Greater Chicago
All Our Kids (AOK) Network
Aquino Clinical Services
Aunt Martha's Youth Services
Bridges to a New Day, NFP
Catholic Charities
CASA of Will County
Center for Economical Development (Three Rivers Educational Partnership – TREP)
Chestnut Health Systems
Child Care Resource and Referral Agency
Community Service Council of Will County, Inc
Crete Monee School District 201
Crisis Line of Will and Grundy County
Easter Seals of Joliet Region, Inc.
Edward Hospital
Greater Joliet Area YMCA
Governor's State University
Guardian Angel Community Services
Harvey Brooks Foundation
Housing Authority of Joliet
Image Builders
Joliet Junior College
Joliet Township
Joliet Township High School/YESS (Youth Experiencing Success in School)
Lewis University
Linden Oaks at Edwards Hospital
Lutheran Social Services of Illinois
Mariam Village
Mount Zion Baptist Church
Morning Star Mission Ministries
NAMI (National Association of Mental Illness) Will County
National Hook-up of Black Women, Inc.
New Life Church
Northern Illinois Food Bank
Provena Home Care
Presence Health System
Presence Saint Joseph Medical Center
Presence Villa Franciscan – Presence Life Connections
Rush University
Senior Services Center of Will County
Service INC., Child and Family Connections #15
Silver Cross Hospital
Stepping Stones, Inc.
Three Rivers Manufacture's Association
Trinity Services, Inc.
U of I Extension – Kankakee, Will Grundy Co.
United Way of Will County
University of St. Francis
Warren-Sharpe Community Center
Will County Community Concerns
Will County Community Development Division
Will County Community Foundation
Will County Community Health Center
Will County EMA
Will County Executive's Office
Will County Forest Preserve District
Will County Health Department
Will County LAN
Will County Land Use Community Development
Will County Regional Office of Education
Will County Residents
Will County Sheriff's Office
Will County State's Attorney's Office
Will Grundy Medical Clinic
Workforce Investment Board of Will County

Will County MAPP Collaborative

2013-2014 Sponsoring Partners

Will County Health Department

&

Will County MAPP Collaborative Survey

1. INTRODUCTION

Dear MAPP Collaborative Partner,

Thank you for your participation and involvement with the Will County MAPP Collaborative for the past several years. The following questionnaire is a tool to help evaluate our functioning and effectiveness as a collaborative. Your thoughtful and honest answers will assist us in identifying our strengths and challenges and what we may do to improve our efforts. Please take a few moments to give us your feedback. Whether you have been involved with the Collaborative for a long period or short period, your input is important to us. Remember to answer each question; there is no right or wrong answer. This survey will take about 7-10 minutes to complete. Thanks for your time and input!

Data, Evaluation and Monitoring Team

Will County MAPP Collaborative Survey

2. SECTION ONE

Please answer the following questions as they apply to the Will County MAPP Collaborative

1. Please check the answer that best shows how satisfied you are with each aspect of the Will County MAPP Collaborative that are described below.

Planning and Implementation

	Very Dissatisfied	Dissatisfied	Neither Dissatisfied nor Satisfied	Satisfied	Very Satisfied	N/A
Clarity of the vision for where the Will County MAPP Collaborative should be going	○	○	○	○	○	○
Planning process used to prepare the Will County MAPP Collaborative's goals and objectives	○	○	○	○	○	○
Follow through on the Will County MAPP Collaborative's activities	○	○	○	○	○	○
Efforts to promote collaborative action	○	○	○	○	○	○
Process used to access the county's needs	○	○	○	○	○	○
Training and technical assistance provided by staff	○	○	○	○	○	○

Provide additional comments if you wish

Will County MAPP Collaborative Survey

2. Please answer the following items concerning how satisfied you are with the...

Leadership (Executive Committee)

	Very Dissatisfied	Dissatisfied	Neither Dissatisfied nor Satisfied	Satisfied	Very Satisfied	N/A
Strength and competence of the Will County MAPP Collaborative staff and leadership	◯	◯	◯	◯	◯	◯
Commitment of the Will County MAPP Collaborative to build and sustain a diverse membership	◯	◯	◯	◯	◯	◯
Opportunities for Will County MAPP Collaborative members to take leadership roles	◯	◯	◯	◯	◯	◯
Balance of power between staff, leaders, and members	◯	◯	◯	◯	◯	◯

Provide additional comments if you wish

3. Please answer the following items concerning how satisfied you are with...

The Community's Involvement in the Will County MAPP Collaborative

	Very Dissatisfied	Dissatisfied	Neither Dissatisfied nor Satisfied	Satisfied	Very Satisfied	N/A
Participation of influential people from key sectors and organizations	◯	◯	◯	◯	◯	◯
Collaboration with local communities/coalitions	◯	◯	◯	◯	◯	◯
Help given to local communities to become better able to address and resolve their concerns	◯	◯	◯	◯	◯	◯
Location of meetings and action team sites	◯	◯	◯	◯	◯	◯
Frequency and duration of meetings	◯	◯	◯	◯	◯	◯

Provide additional comments if you wish

Will County MAPP Collaborative Survey

4. Please answer the following items concerning how satisfied you are with the...

Communication

	Very Dissatisfied	Dissatisfied	Neither Dissatisfied nor Satisfied	Satisfied	Very Satisfied	N/A
Use of the media to promote awareness of the Will County MAPP Collaborative's goals, actions, and accomplishments	◯	◯	◯	◯	◯	◯
Communication between Will County MAPP Collaborative members and staff	◯	◯	◯	◯	◯	◯
Communication among members of the Will County MAPP Collaborative	◯	◯	◯	◯	◯	◯
Extent to which Will County MAPP Collaborative members are listened to and heard	◯	◯	◯	◯	◯	◯
Working relationships established with elected officials	◯	◯	◯	◯	◯	◯
Information provided on issues and available resources	◯	◯	◯	◯	◯	◯

Provide additional comments if you wish

5. What best represents your opinion about your work with the

Will County MAPP Collaborative

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree	N/A
My abilities are used effectively	◯	◯	◯	◯	◯	◯
I am usually clear about my role in the Will County MAPP Collaborative	◯	◯	◯	◯	◯	◯
My time is well spent on the Will County MAPP Collaborative	◯	◯	◯	◯	◯	◯
I am satisfied with what the Will County MAPP Collaborative has accomplished	◯	◯	◯	◯	◯	◯
I feel that I have a voice in what the Will County MAPP Collaborative decides	◯	◯	◯	◯	◯	◯
I really care about the future of the Will County MAPP Collaborative	◯	◯	◯	◯	◯	◯
Members stay on task	◯	◯	◯	◯	◯	◯
Interest is generally high	◯	◯	◯	◯	◯	◯
Will County MAPP Collaborative meetings run smoothly	◯	◯	◯	◯	◯	◯
Members seem well informed	◯	◯	◯	◯	◯	◯
Routine matters are handled quickly	◯	◯	◯	◯	◯	◯

6. Please answer the following items concerning your satisfaction with the Will County MAPP Collaborative's

Progress and Outcomes

	Very Dissatisfied	Dissatisfied	Neither Dissatisfied nor Satisfied	Satisfied	Very Satisfied	N/A
Will County MAPP Collaborative's efforts to sustain itself over time	○	○	○	○	○	○
Progress in meeting Will County MAPP Collaborative's goals and objectives	○	○	○	○	○	○
Success in generating resources for the Will County MAPP Collaborative	○	○	○	○	○	○
Fairness with which funds and opportunities are distributed	○	○	○	○	○	○
Capacity of members to give support to each other	○	○	○	○	○	○
Capacity of the Will County MAPP Collaborative and its members to advocate effectively	○	○	○	○	○	○
Will County MAPP Collaborative's contribution to improving health/human services in region or state	○	○	○	○	○	○

7. How certain are you that...

	Very Uncertain	Uncertain	Neither Uncertain nor Certain	Certain	Very Certain	N/A
The Will County MAPP Collaborative will improve [health outcome] in Will County	○	○	○	○	○	○
Will County is better off today because of the Will County MAPP Collaborative	○	○	○	○	○	○

The Will County MAPP Collaborative Vision Statement

In Will County every life has value. All individuals have the opportunity to realize their full potential and to achieve the highest quality of life. We are a community rich in diversity, where involvement and commitment have deep roots among our residents. We strive to be a progressive community that maximizes the use of community partnerships and collaborations among all sectors to ensure, enhance and promote comprehensive, quality and equitable education, healthcare and social services

8. How certain are you that the Will County MAPP Collaborative vision statement (stated above) is reflective of Will County?

- ◯ Very Uncertain
- ◯ Uncertain
- ◯ Neither Uncertain nor Certain
- ◯ Certain
- ◯ Very Certain
- ◯ N/A

9. In what year did you become involved with the Will County MAPP Collaborative

- ◯ 2008
- ◯ 2009
- ◯ 2010
- ◯ 2011
- ◯ 2012
- ◯ 2013

10. If you are no longer involved with the Will County MAPP Collaborative, please indicate why

- ☐ Time of Meetings
- ☐ Date of Meetings
- ☐ No longer interested
- ☐ Job Responsibility Changes
- ☐ I am unable to attend meetings but am still interested in receiving information
- ☐ Other (please specify)

11. How often do you participate in meetings/events sponsored by the Will County MAPP Collaborative

- ◯ Always
- ◯ Sometimes
- ◯ Never

Will County MAPP Collaborative Survey

12. Who do you represent?

- ◯ Individual/Resident
- ◯ Organization/Agency

13. If you are part of an organization/agency, what type are you?

Type of Organization [ ]

14. To what extent are the activities of your organization/agency driven by the MAPP Strategic Plan

- ◯ Always
- ◯ Almost Always
- ◯ Occasionally
- ◯ Seldom
- ◯ Never
- ◯ N/A

15. If you have held a leadership position in the Will County MAPP Collaborative, please check the correct role:

- ◯ Will County MAPP Collaborative Chair
- ◯ Will County MAPP Collaborative Vice Chair
- ◯ Action Team Chair
- ◯ Action Team Vice Chair
- ◯ Action Team Subcommittee Chair/Co-Chair
- ◯ No leadership position

16. What overall comments and suggestions do you have to improve the MAPP Collaborative? What changes would you like to see in the future?

17. If you have been a member of an Action Team, please check all that apply:

- [ ] Access to Primary and Specialty Healthcare
- [ ] Awareness of Services
- [ ] Prevention and Management of Chronic Care Issues
- [ ] Systems
- [ ] Data,Evaluation, and Monitoring
- [ ] I am not a member of an Action Team and/or subcommittee

18. If you have been a member of a Subcommittee of an Action Team, please check all that apply

- [ ] Website (211)
- [ ] Anti- Stigma
- [ ] Data
- [ ] Evaluation
- [ ] Primary Care
- [ ] Behavioral Health and Substance Use Disorders
- [ ] N/A

Will County MAPP Collaborative Survey

3. SECTION TWO

This section is specific to your involvement on an action team or sub-committee within the Will County MAPP Collaborative. Please answer each question thoughtfully and honestly as it corresponds to the specific action team(s) that you are involved with.

If you are a member of the:

Access to Care Action Team and Subcommittees (Primary Care and Behavioral Health and Substance Use Disorders)

----Go to Page 4

Awareness of Services Action Team and Subcommittees (Website/211 and Anti-Stigma)

----Go to Page 5

Prevention and Management of Chronic Care Issues Action Team

----Go to Page 6

Systems Action Team

----Go to Page 7

Data, Evaluation, and Monitoring Team and Subcommittees (Data and Evaluation)

----Go to Page 8

Will County MAPP Collaborative Survey

4. ACCESS TO CARE ACTION TEAM

This section is specific to your involvement on the Access to Care Action Team and Subcommittees (Primary Care and Behavioral Health and Substance Use Disorders) within the Will County MAPP Collaborative. Please answer each question thoughtfully and honestly.

1. Will County MAPP Survey for the Access to Care Action Team:

Planning and Implementation

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I have a clear understanding of the team's goals and objectives	◯	◯	◯	◯	◯
There is a planning process used to prepare the team's goals and objectives	◯	◯	◯	◯	◯
The team's goals and objectives are realistic	◯	◯	◯	◯	◯
The team adapts goals and objectives to respond to changing and emerging needs	◯	◯	◯	◯	◯
The team's goals and objectives are specific and clear enough to be evaluated	◯	◯	◯	◯	◯
Since joining the team, I have seen progress in meeting the team goals and objectives	◯	◯	◯	◯	◯
The team follows through on its planned activities	◯	◯	◯	◯	◯
I am satisfied with what the team has achieved	◯	◯	◯	◯	◯
The team membership reflects the diversity of Will County	◯	◯	◯	◯	◯

2. Will County MAPP Survey for the Access to Care Action Team:

Meetings

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
The meetings I attend are a good investment of my time	◯	◯	◯	◯	◯
The team usually stays on track during meetings	◯	◯	◯	◯	◯
Meetings are not dominated by speakers from any one group	◯	◯	◯	◯	◯
People of diverse backgrounds feel comfortable sharing their opinions and participating in meetings	◯	◯	◯	◯	◯
The team consistently accomplishes our meeting goals and objectives	◯	◯	◯	◯	◯

3. Will County MAPP Survey for the Access to Care Action Team:

Member Engagement

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
Every person on the team has an opportunity to participate	◯	◯	◯	◯	◯
The team's goals and objectives reflect the contributions of diverse cultural/social groups	◯	◯	◯	◯	◯
The action team effectively utilizes the talents and skills that I offer	◯	◯	◯	◯	◯
I feel like I have a voice in what the action team decides	◯	◯	◯	◯	◯

4. Will County MAPP Survey for the Access to Care Action Team:

Leadership (Access to Care Chairs and Co-Chairs)

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I am satisfied with the competence of team leadership	◯	◯	◯	◯	◯
There are opportunities for team members to take leadership roles	◯	◯	◯	◯	◯

5. Will County MAPP Survey for the Access to Care Action Team:

Communication

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
Information is communicated clearly during meetings	◯	◯	◯	◯	◯
I am well informed about what is going on within my action team	◯	◯	◯	◯	◯

6. What overall comments and suggestions do you have to improve the Access to Care Action Team? What changes would you like to see in the future?

7. I am...

◯ Involved with another Action Team

◯ Not involved with another Action Team

Will County MAPP Collaborative Survey

5. AWARENESS OF SERVICES ACTION TEAM

This section is specific to your involvement on the Awareness of Services Action Team and Subcommittees (Website/211 and Anti-Stigma) within the Will County MAPP Collaborative. Please answer each question thoughtfully and honestly.

1. Will County MAPP Survey for the Awareness of Services Action Team:

Planning and Implementation

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I have a clear understanding of the team's goals and objectives	○	○	○	○	○
There is a planning process used to prepare the team's goals and objectives	○	○	○	○	○
The team's goals and objectives are realistic	○	○	○	○	○
The team adapts goals and objectives to respond to changing and emerging needs	○	○	○	○	○
The team's goals and objectives are specific and clear enough to be evaluated	○	○	○	○	○
Since joining the team, I have seen progress in meeting the team goals and objectives	○	○	○	○	○
The team follows through on its planned activities	○	○	○	○	○
I am satisfied with what the team has achieved	○	○	○	○	○
The team membership reflects the diversity of Will County	○	○	○	○	○

2. Will County MAPP Survey for the Awareness of Services Action Team:

Meetings

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
The meetings I attend are a good investment of my time	◯	◯	◯	◯	◯
The team usually stays on track during meetings	◯	◯	◯	◯	◯
Meetings are not dominated by speakers from any one group	◯	◯	◯	◯	◯
People of diverse backgrounds feel comfortable sharing their opinions and participating in meetings	◯	◯	◯	◯	◯
The team consistently accomplishes our meeting goals and objectives	◯	◯	◯	◯	◯

3. Will County MAPP Survey for the Awareness of Services Action Team:

Member Engagement

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
Every person on the team has an opportunity to participate	◯	◯	◯	◯	◯
The team's goals and objectives reflect the contributions of diverse cultural/social groups	◯	◯	◯	◯	◯
The action team effectively utilizes the talents and skills that I offer	◯	◯	◯	◯	◯
I feel like I have a voice in what the action team decides	◯	◯	◯	◯	◯

4. Will County MAPP Survey for the Awareness of Services Action Team:

Leadership (Awareness of Services Chairs and Co-Chairs)

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I am satisfied with the competence of team leadership	◯	◯	◯	◯	◯
There are opportunities for team members to take leadership roles	◯	◯	◯	◯	◯

5. Will County MAPP Survey for the Awareness of Services Action Team:

Communication

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
Information is communicated clearly during meetings	◯	◯	◯	◯	◯
I am well informed about what is going on within my action team	◯	◯	◯	◯	◯

6. What overall comments and suggestions do you have to improve the Awareness of Services Action Team? What changes would you like to see in the future?

7. I am...

◯ Involved with another Action Team

◯ Not involved with another Action Team

6. PREVENTION AND MANAGEMENT OF CHRONIC CARE ISSUES ACTION TEAM

This section is specific to your involvement on the Prevention and Management of Chronic Care Issues Action Team and Subcommittees within the Will County MAPP Collaborative. Please answer each question thoughtfully and honestly.

1. Will County MAPP Survey for the Chronic Care Action Team:

Planning and Implementation

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I have a clear understanding of the team's goals and objectives	○	○	○	○	○
There is a planning process used to prepare the team's goals and objectives	○	○	○	○	○
The team's goals and objectives are realistic	○	○	○	○	○
The team adapts goals and objectives to respond to changing and emerging needs	○	○	○	○	○
The team's goals and objectives are specific and clear enough to be evaluated	○	○	○	○	○
Since joining the team, I have seen progress in meeting the team goals and objectives	○	○	○	○	○
The team follows through on its planned activities	○	○	○	○	○
I am satisfied with what the team has achieved	○	○	○	○	○
The team membership reflects the diversity of Will County	○	○	○	○	○

2. Will County MAPP Survey for the Chronic Care Action Team:

Meetings

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
The meetings I attend are a good investment of my time	◯	◯	◯	◯	◯
The team usually stays on track during meetings	◯	◯	◯	◯	◯
Meetings are not dominated by speakers from any one group	◯	◯	◯	◯	◯
People of diverse backgrounds feel comfortable sharing their opinions and participating in meetings	◯	◯	◯	◯	◯
The team consistently accomplishes our meeting goals and objectives	◯	◯	◯	◯	◯

3. Will County MAPP Survey for the Chronic Care Action Team:

Member Engagement

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
Every person on the team has an opportunity to participate	◯	◯	◯	◯	◯
The team's goals and objectives reflect the contributions of diverse cultural/social groups	◯	◯	◯	◯	◯
The action team effectively utilizes the talents and skills that I offer	◯	◯	◯	◯	◯
I feel like I have a voice in what the action team decides	◯	◯	◯	◯	◯

4. Will County MAPP Survey for the Chronic Care Action Team:

Leadership (Chronic Care Chairs and Co-Chairs)

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I am satisfied with the competence of team leadership	◯	◯	◯	◯	◯
There are opportunities for team members to take leadership roles	◯	◯	◯	◯	◯

5. Will County MAPP Survey for the Chronic Care Action Team:

Communication

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
Information is communicated clearly during meetings	◯	◯	◯	◯	◯
I am well informed about what is going on within my action team	◯	◯	◯	◯	◯

6. What overall comments and suggestions do you have to improve the Chronic Care Action Team? What changes would you like to see in the future?

7. I am...

◯ Involved with another Action Team

◯ Not involved with another Action Team

Will County MAPP Collaborative Survey

7. SYSTEMS ACTION TEAM

This section is specific to your involvement on the Systems Action Team and Subcommittees within the Will County MAPP Collaborative. Please answer each question thoughtfully and honestly.

1. Will County MAPP Survey for the Systems Action Team:

Planning and Implementation

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I have a clear understanding of the team's goals and objectives	◯	◯	◯	◯	◯
There is a planning process used to prepare the team's goals and objectives	◯	◯	◯	◯	◯
The team's goals and objectives are realistic	◯	◯	◯	◯	◯
The team adapts goals and objectives to respond to changing and emerging needs	◯	◯	◯	◯	◯
The team's goals and objectives are specific and clear enough to be evaluated	◯	◯	◯	◯	◯
Since joining the team, I have seen progress in meeting the team goals and objectives	◯	◯	◯	◯	◯
The team follows through on its planned activities	◯	◯	◯	◯	◯
I am satisfied with what the team has achieved	◯	◯	◯	◯	◯
The team membership reflects the diversity of Will County	◯	◯	◯	◯	◯

2. Will County MAPP Survey for the Systems Action Team:

Meetings

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
The meetings I attend are a good investment of my time	◯	◯	◯	◯	◯
The team usually stays on track during meetings	◯	◯	◯	◯	◯
Meetings are not dominated by speakers from any one group	◯	◯	◯	◯	◯
People of diverse backgrounds feel comfortable sharing their opinions and participating in meetings	◯	◯	◯	◯	◯
The team consistently accomplishes our meeting goals and objectives	◯	◯	◯	◯	◯

3. Will County MAPP Survey for the Systems Action Team:

Member Engagement

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
Every person on the team has an opportunity to participate	◯	◯	◯	◯	◯
The team's goals and objectives reflect the contributions of diverse cultural/social groups	◯	◯	◯	◯	◯
The action team effectively utilizes the talents and skills that I offer	◯	◯	◯	◯	◯
I feel like I have a voice in what the action team decides	◯	◯	◯	◯	◯

4. Will County MAPP Survey for the Systems Action Team:

Leadership (Systems Chairs and Co-Chairs)

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I am satisfied with the competence of team leadership	◯	◯	◯	◯	◯
There are opportunities for team members to take leadership roles	◯	◯	◯	◯	◯

5. Will County MAPP Survey for the Systems Action Team:

Communication

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
Information is communicated clearly during meetings	◯	◯	◯	◯	◯
I am well informed about what is going on within my action team	◯	◯	◯	◯	◯

6. What overall comments and suggestions do you have to improve the Systems Action Team? What changes would you like to see in the future?

7. I am...

◯ Involved with another Action Team

◯ Not involved with another Action Team

Will County MAPP Collaborative Survey

8. DATA, EVALUATION, AND MONITORING

This section is specific to your involvement on the Data, Evaluation, and Monitoring Team and Subcommittees(Data and Evaluation) within the Will County MAPP Collaborative. Please answer each question thoughtfully and honestly.

1. Will County MAPP Survey for the Data, Evaluation, and Monitoring Team:

Planning and Implementation

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I have a clear understanding of the team's goals and objectives	○	○	○	○	○
There is a planning process used to prepare the team's goals and objectives	○	○	○	○	○
The team's goals and objectives are realistic	○	○	○	○	○
The team adapts goals and objectives to respond to changing and emerging needs	○	○	○	○	○
The team's goals and objectives are specific and clear enough to be evaluated	○	○	○	○	○
Since joining the team, I have seen progress in meeting the team goals and objectives	○	○	○	○	○
The team follows through on its planned activities	○	○	○	○	○
I am satisfied with what the team has achieved	○	○	○	○	○
The team membership reflects the diversity of Will County	○	○	○	○	○

Will County MAPP Collaborative Survey

2. Will County MAPP Survey for the Data, Evaluation, and Monitoring Team:

Meetings

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
The meetings I attend are a good investment of my time	◯	◯	◯	◯	◯
The team usually stays on track during meetings	◯	◯	◯	◯	◯
Meetings are not dominated by speakers from any one group	◯	◯	◯	◯	◯
People of diverse backgrounds feel comfortable sharing their opinions and participating in meetings	◯	◯	◯	◯	◯
The team consistently accomplishes our meeting goals and objectives	◯	◯	◯	◯	◯

3. Will County MAPP Survey for the Data, Evaluation, and Monitoring Team:

Member Engagement

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
Every person on the team has an opportunity to participate	◯	◯	◯	◯	◯
The team's goals and objectives reflect the contributions of diverse cultural/social groups	◯	◯	◯	◯	◯
The action team effectively utilizes the talents and skills that I offer	◯	◯	◯	◯	◯
I feel like I have a voice in what the action team decides	◯	◯	◯	◯	◯

4. Will County MAPP Survey for the Data, Evaluation, and Monitoring Team:

Leadership

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I am satisfied with the competence of team leadership	◯	◯	◯	◯	◯
There are opportunities for team members to take leadership roles	◯	◯	◯	◯	◯

5. Will County MAPP Survey for the Data, Evaluation, and Monitoring Team:

Communication

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
Information is communicated clearly during meetings	◯	◯	◯	◯	◯
I am well informed about what is going on within my action team	◯	◯	◯	◯	◯

6. What overall comments and suggestions do you have to improve the Data, Evaluation, and Monitoring Team? What changes would you like to see in the future?

7. I am...

◯ Involved with another Action Team

◯ Not involved with another Action Team

9. THANK YOU!

We appreciate you taking the time to give us your honest feedback regarding the Will County MAPP Collaborative. Your input will assist us as we continue our work in the county and move towards the second round of the MAPP planning. Don't forget to mark your calendars for September 19, 2013, for our annual fall forum. This year we will be hosted by Bolingbrook Adventist Hospital. More information will be sent later this summer.

If there are any questions, please contact Vanessa Newsome, MAPP Collaborative Program Manager, vnewsome@willcountyhealth.org or 815-727-5089.

Will County

***M**obilizing for **A**ction through **P**lanning and **P**artnerships*

Collaborative

Executive Summary: MAPP Collaborative Survey Analysis Report

INTRODUCTION

The Will County MAPP Collaborative was established in January 2011, following the completion of the MAPP Assessments and the Will County Needs Assessment and Strategic Plan. The Will County MAPP Collaborative consists of an Executive Committee, four Action Teams, a Data, Evaluation and Monitoring Team and general membership or interest group. The current roster includes approximately 120 individuals representing 66 partners.

Organizing for Success and Partnership Development is the first phase in the MAPP Framework. To satisfy the partnership development phase for the second iteration of the MAPP Process, an evaluation was conducted of the Will County MAPP Collaborative to determine its effectiveness and overall impact in the community. The evaluation was also used to identify gaps in membership and areas needed for recruitment of additional partners.

PROCESS

A Data, Evaluation and Monitoring (DEM) team was initiated in April 2013. A subcommittee of the DEM team reviewed various evaluation tools for surveying coalitions. An evaluation tool was developed and finalized in early June 2013. The MAPP Collaborative evaluation was conducted via Survey Monkey. The survey was designed to evaluate the effectiveness of the overall MAPP Collaborative, the action teams and impact in the community.

The survey was divided into two sections. Section one contained questions pertaining to the MAPP Collaborative overall, while section two addressed questions specific to the action teams. Areas evaluated in section one included: planning and implementation; leadership; community involvement in the MAPP Collaborative; communication; progress and outcomes; and the vision statement. Questions were also asked to identify the individual participation level in the collaborative. An additional question allowed respondents to give their feedback and suggestions for improvement of the MAPP Collaborative.

Questions in the second section for action teams addressed the following areas: planning and implementation, effectiveness of meetings; member engagement; leadership and communication.

The survey was opened June 17th – 28th, 2013 and emailed to the general interest mailing list via Constant Contact, 135 members. There were thirty-nine (39) responses for a 29% response rate. *(This rate is reflective of and consistent with the active participation of MAPP members on the action teams).* An intern from the University of Illinois was assigned to review the results and complete a written evaluation. This evaluation was submitted for review, comments and additional recommendations to the DEM team. Upon review and further evaluation, the DEM team made recommendations to the Executive Committee and Action Team Chairs.

SUMMARY OF RESULTS

Overall MAPP Collaborative

Planning and Implementation

Overall respondents were satisfied or very satisfied with the direction, planning and implementation of the MAPP Collaborative. While the majority of respondents are satisfied with the planning process for preparing goals and objectives for the collaborative (82.1%), one quarter of the respondents (25.7%) replied either dissatisfied or neither satisfied nor dissatisfied with the process used to access the county's need. 5.1% responded not applicable.

Leadership

Members appear to be satisfied or very satisfied with the strength and competency of the leadership and staff of the MAPP Collaborative and its commitment to build and sustain a diverse membership. 20.5% of the respondents were neither satisfied nor dissatisfied in these areas. Approximately 1/4 of the respondents were neither satisfied nor dissatisfied with the opportunities of collaborative members to take leadership roles or the balance of power between staff, leaders and members, 20.5% and 25.6% respectively.

Community Involvement with the MAPP Collaborative

Approximately 2/3 of the respondents are satisfied with the participation of influential people from key sectors (69.2%) and with collaboration with local communities and coalitions (64.1%). One-third of the respondents are dissatisfied or neither satisfied nor dissatisfied in these areas. Over 80% of respondents were satisfied or very satisfied with location, time, frequency and duration of meetings.

Communication

Approximately 1/4 (23.1%) of respondents were dissatisfied and very dissatisfied with the use of media to promote awareness of the Collaborative goals, actions and accomplishments. Another 1/4 (25.6%) were neither satisfied nor dissatisfied. 10.3% of respondents chose not applicable, leaving less than half (41%) satisfied or very satisfied with the use of media.

One-third (34.2%) of respondents were dissatisfied or neither satisfied nor

dissatisfied with the communication among members of the Will County MAPP Collaborative.

Almost half (47.3%) respondents are dissatisfied or neither satisfied nor dissatisfied with the working relationship established with elected officials.

Almost 2/3 (64.1%) of respondents are satisfied with the information provided on issues and available resources.

Personal Involvement

Just over half the respondents (52.6%) agree or strongly agree that their abilities are effectively used. 31.6% neither agree nor disagree.

The majority of respondents agree that they are usually clear on their roles in the Collaborative (51.3%), feel their time is well spent (57.9%) and they have a voice in what the Collaborative decides (51.3%). Respectively 30.8%, 28.9 and 23.1% neither agree nor disagree in these areas.

Almost 3/4 of the respondents (71.8%) have been involved since the initiation of the Collaborative in 2011. Just under half (46.2%), were involved in the Assessment and Strategic Planning, in 2009 and 2010, prior to the Collaboration being established.

Thirty-six of the thirty-nine respondents identified with being involved in an action team. The majority of the respondents are with the Systems and Awareness of Services action teams.

Nine people responded they are no longer involved with the Collaborative. Seven of the nine are unable to attend meetings but are still interested in receiving information. Other reasons for non-involvement were: time of meetings, changes in job responsibilities, conflicts with duties and deliverables and confusion over committee goals and where they fit.

Progress and Outcomes

Approximately 1/3 of respondents are satisfied and very satisfied with the progress of the Collaborative in meeting its goals and objectives, efforts to sustain the Collaborative and generate resources. One-fourth of the remaining respondents are neither satisfied nor dissatisfied; 28.2%, 25.6%, and 23.1%, respectively.

The impact of the Will County MAPP Collaborative shows that 71.8% of respondents are certain and very certain that the county is better off today because of the Collaborative. However, only 69.2% felt that the Collaborative will improve health outcomes in Will County and 59% are satisfied or very satisfied with the Collaborative contribution to improving health/human services in the region or state.

When asked to what extent are the activities of your organization/agency driven by the MAPP Strategic Plan, the majority of the responses (42.1%) stated occasionally. Other responses were 23.7% almost always, 10.5% seldom, and 7.9% responded never, and not applicable.

Will County Vision Statement

The majority of respondents are certain (56.4%) or very certain (7.7%) that the Will County MAPP Collaborative vision statement is reflective of Will County. 10.3% are very uncertain, 5.1% are uncertain and 20.5% are neither certain nor uncertain.

Improve the MAPP Collaborative

An open ended question was used to give respondents an opportunity to provide comments and suggestions to improve the MAPP Collaborative. Responses included:

- Get action teams fully functioning with active chairs
- More recruitment for new MAPP members
- Involvement from elected officials
- Awareness of MAPP throughout Will County
- Know your limits of how much work to take on
- Stay encouraged and work as a team despite challenges
- More information should be shared throughout the community
- An action team chair has been very instrumental in establishing a relationship with a partner

Action Teams

Access to Care

There were only four responses for this action team with three people answering most of the questions in each section. One person strongly agreed with most of the statements, two neither agreed nor disagreed and one person strongly disagreed.

Awareness of Services

There were nine responses for this action team. Seven out of nine agree or strongly agree to having a clear understanding of the team's goals and objectives. Six agree to having clear and realistic goals and objectives and are satisfied with the team's accomplishments. No respondents disagreed with the questions pertaining to planning and implementation.

The majority of respondents agreed that the meetings were a good investment of time and that the team usually stays on track during the meetings. Members are comfortable with sharing their opinions and participating in meetings and feel there is opportunity to participate. Five people neither agree nor disagree that the team's goals are reflective of the contributions of diverse cultural and social groups. Two people disagreed that the action team effectively utilizes the talents and skills they offer.

The majority of respondents agrees or strongly agrees that they are satisfied with the leadership of the team. Information is communicated clearly during the meetings and they agree to be well informed about what is going on with this action team.

Prevention and Management of Chronic Care Issues (Chronic Care)

Four members responded to the questions for this team. Although the numbers were small there was more agreement on questions. The respondents agreed and strongly agreed that they have a clear understanding of the team's goals, and are satisfied with what the team has accomplished. They agree that a planning process is in place to prepare the team's goals and objectives. Two people disagree that the team membership reflects the diversity of Will County.

For member engagement, again there was consistency in the responses. The members either agreed or strongly agreed to everyone having an opportunity to participate and the team effectively utilizing their skills and talents. The respondents were split on response to the effectiveness of leadership. Two people agree that they are satisfied with the team leadership. Two people agree they are well informed about what is going on with their action team and that information is communicated clearly during meetings. Two people neither agree nor disagree.

Systems, Collaboration and Linkages (Systems)

There were six respondents for the Systems action team. The majority of respondents agreed or strongly agreed that they have a clear understanding of the team's goals and objectives, there is a planning process used to prepare the team's goals and objectives, the goals and objectives are specific and clear enough to be evaluated and that they see progress and are satisfied with that the team has achieved.

For questions regarding meetings, all respondents either agreed or strongly agreed that the meetings are a good investment of their time, they stay on track, accomplish their meeting goals, and people are comfortable participating in meetings. All members agreed or strongly agreed that they are satisfied with the team leadership and that there are opportunities for team members to take leadership roles.

Systems team members agree that information is communicated clearly during meetings and that they are well informed about what is going on with in their action team.

Data, Evaluation and Monitoring Team

There were three responses for this team. For planning and implementation, two of the three agree that they have a clear understanding of the team's goal s and objectives and there is a planning process to prepare the team's goals and objectives. For the remaining planning and implementation responses, respondents neither agreed nor disagreed.

Two people agree that the meeting they attend are a good investment of time, however two disagree that the meeting stays on track and are not dominated by speakers from any one group. Three members agree that everyone has an opportunity to participate and two agree they feel they have a voice in what the

team decides. Two responses agree they are satisfied with the leadership of the team and agree that there are opportunities for team members to take leadership roles.

Additional Comments

Some respondents wrote in additional comments under the action team section.

- Some questions were answered not applicable because respondents did not feel they had enough information or involvement to answer in any other category.
- It would be nice if all the members from the subcommittees could meet on the regularly scheduled team meeting date.
- Like any coalition subcommittee, it can be frustrating to have some people do much of the work and some people do little to nothing to contribute.
- Too few members- need more participants with data/analysis background from other community agencies including health care.

CONCLUSION AND RECOMMENDATIONS

Overall, members of the MAPP Collaborative are pleased with the leadership, direction and achievements of the Will County MAPP Collaborative. Some members remain uncertain about their involvement and role in the Collaborative. Many members expressed they were neither satisfied nor dissatisfied with many of the statements, sometimes citing not enough information to answer the questions. This could be a result of lack of information or clarity regarding the purpose and goals of the MAPP Collaborative.

Two of the action teams appear to have good leadership and involved members. Two of the action teams had low and conflicting responses from its members.

The following recommendations are being made for consideration by the MAPP Collaborative, Action Team Chairs and Executive Committee:

1. Establish a team to develop a marketing and communication plan for the MAPP Collaborative and the action team initiatives.
2. Target recruitment efforts to include elected officials, media and a more diverse membership, reflective of the county demographic make-up.
3. Consider action team structure and best utilization of skills and resources from the members and agencies represented.
4. Create a culture of inclusion and awareness; celebrate successes and small steps in the community.

MAPP Collaborative Survey Analysis Report

June – July 2013

Prepared by:

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Intern with the Will County MAPP Collaborative at the Will County Health Department

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Introduction and Assessment Method

The Mobilizing for Action through Planning and Partnership (MAPP) is a planning process providing the framework to assess community needs, and to develop and address the strategic issues of Will County. There are many benefits to this process which include: a healthier community that improves the quality of life for the residents and workers, increased visibility of public health in the community, increase awareness and knowledge of public health issues, preparing the local public health system to better anticipate, manage, and respond to county changes, greater collaboration and sharing of resources among MAPP partners, and reflect the priorities in hospital community benefit plans.

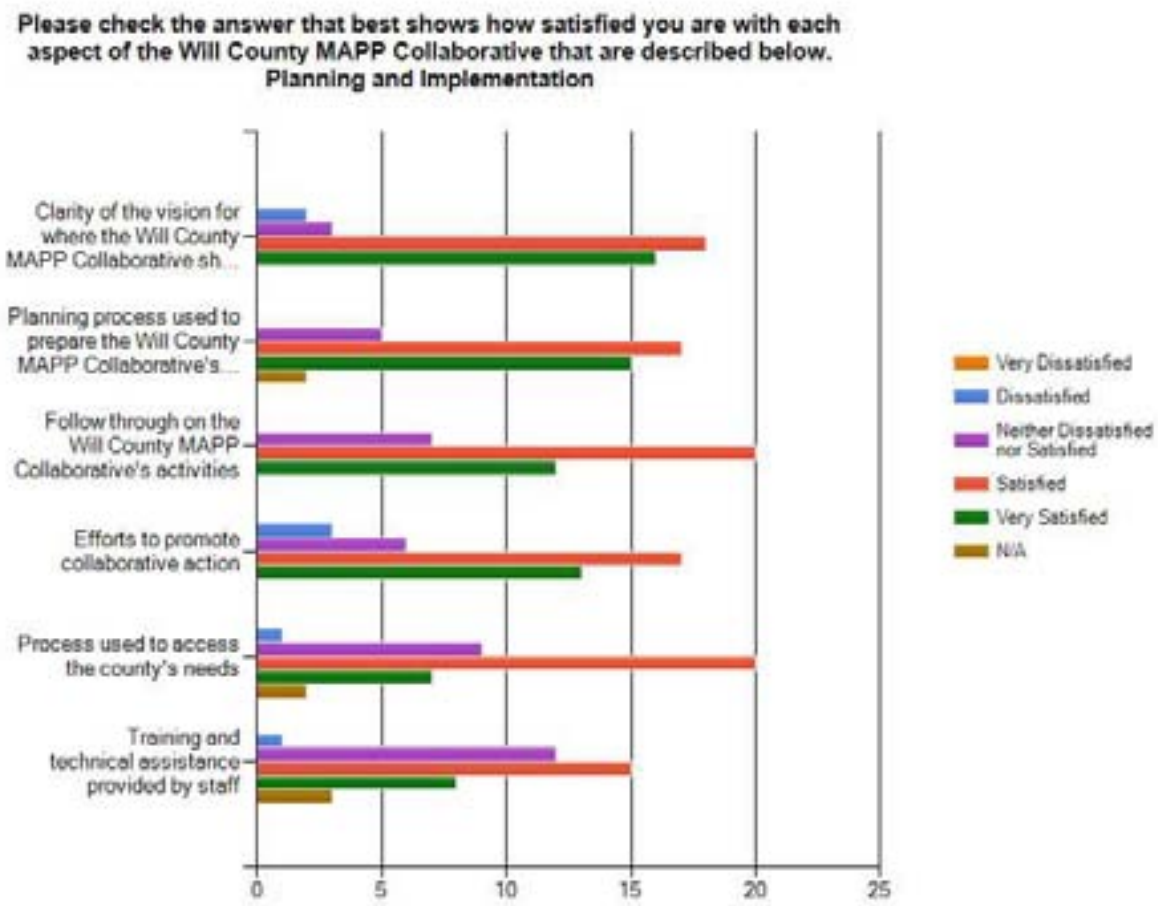
The phases of this framework include: Organizing for Success, Visioning, Assessments, Strategic Issues, Goals and Strategies, and the Action Cycle. MAPP was initiated in 2001 by the Centers of Disease Control and Prevention [CDC] and the National Association of County and City Health Officials [NACCHO] and was implemented at the Will County Health Department in 2008. In 2011, the Will County MAPP Collaborative was formed as a result of the MAPP framework and includes various organizations in Will County to address the strategic issues of the community. Currently, Will County is in the Action Cycle phase and action teams have been created to address the issues in the community: Access to Care, Awareness of Services, Prevention and Management of Chronic Care Issues, and Systems. An Executive Committee was also established to oversee the process.

The Data, Evaluation, and Monitoring team was established in April 2013.The MAPP Collaborative survey was created by the Data, Evaluation, and Monitoring team of the MAPP Collaborative to evaluate the functionality and effectiveness of the Will County MAPP Collaborative. This survey is used for phase one: Organizing for Success to identify the gaps to address in this phase. The survey was distributed to the MAPP Partners via email on June 17th, 2013. A follow up reminder email was sent on June 25th, 2013. Reponses to this survey were recorded until June 28th, 2013 when the survey closed. Out of 135 partners that the survey was sent to, only 39 responses were recorded. This is a response rate of about 29%. It was decided by the Data, Evaluation, and Monitoring team that the number of responses given was reflective of the amount of active MAPP members.

MAPP Collaborative

Planning and Implementation

39 responses were recorded for the first question asking to rate how satisfied they are with the Planning and Implementation of the MAPP Collaborative. The majority of respondents replied that they were satisfied with the questions in this section.



46.2% of respondents were satisfied with the clarity of the vision for where the Will County MAPP Collaborative should be going. 41% were very satisfied, 7.7 % were neither satisfied nor dissatisfied, and 5.1% were dissatisfied.

The majority of 43.6% of respondents were satisfied with the planning process used to prepare the Will County MAPP Collaborative goals and objectives. 38.5% were very satisfied, 12.8% were neither satisfied nor dissatisfied, and 5.1% stated not applicable.

51.3% of respondents are satisfied with the follow through on the Will County MAPP Collaborative activities. However, 17.9% are neither satisfied nor dissatisfied and 30.8% are very satisfied.

43.6% of respondents are satisfied with the efforts to promote collaborative action. 33.3% are very satisfied, 15.4% are neither satisfied nor dissatisfied, and 7.7% are dissatisfied.

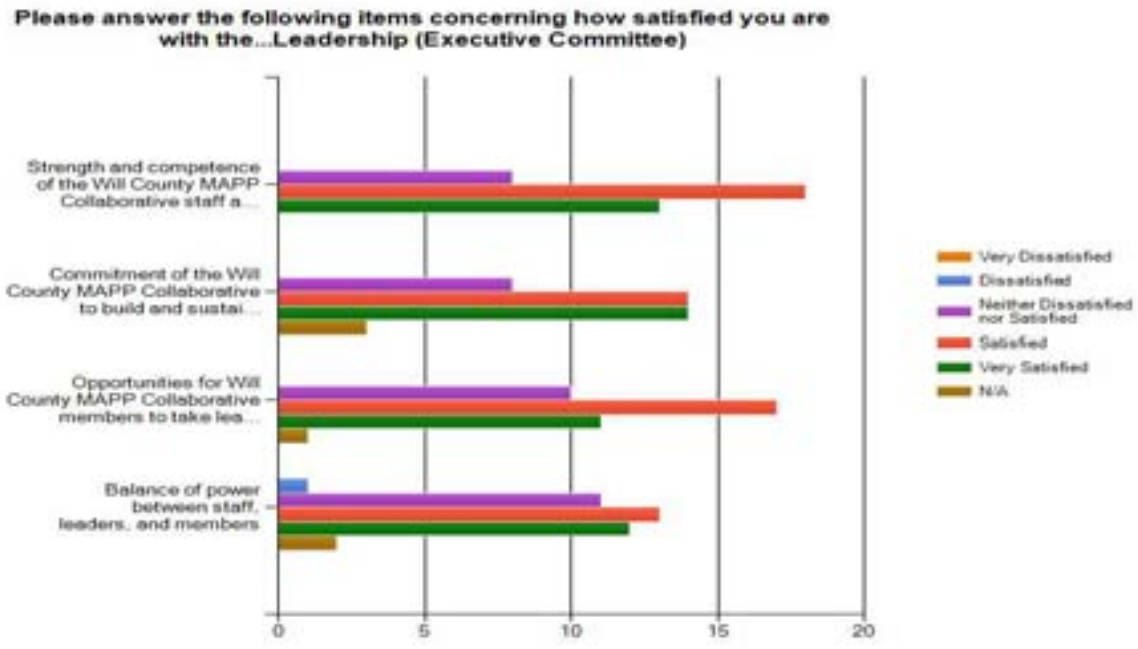
51.3% are satisfied with the process used to access the county's needs. 2.6% are dissatisfied, 23.1% are neither satisfied nor dissatisfied, 17.9% are very satisfied, and 5.1% replied not applicable.

For training and technical assistance provided by the staff, 38.5% are satisfied, 20.5% are very satisfied, 2.6% are dissatisfied, 30.8% are neither satisfied nor dissatisfied, and 7.7% replied not applicable.

One comment was made in this section that the respondent "[found] it confusing the objectives of the committee so we have chosen only to have limited participation."

Leadership

39 responses were also recorded for this section of questions asking their satisfaction with the MAPP Collaborative Leadership specifically the Executive Committee.



The majority of 46.2% of respondents were satisfied with the strength and competence of the Will County MAPP Collaborative staff and leadership. 33.3% were very satisfied and 20.5% were neither satisfied nor dissatisfied.

35.9% were both each satisfied and very satisfied with the commitment of the Will County MAPP Collaborative to build and sustain a diverse membership. 20.5% were again neither satisfied nor dissatisfied and 7.7% replied that it was not applicable.

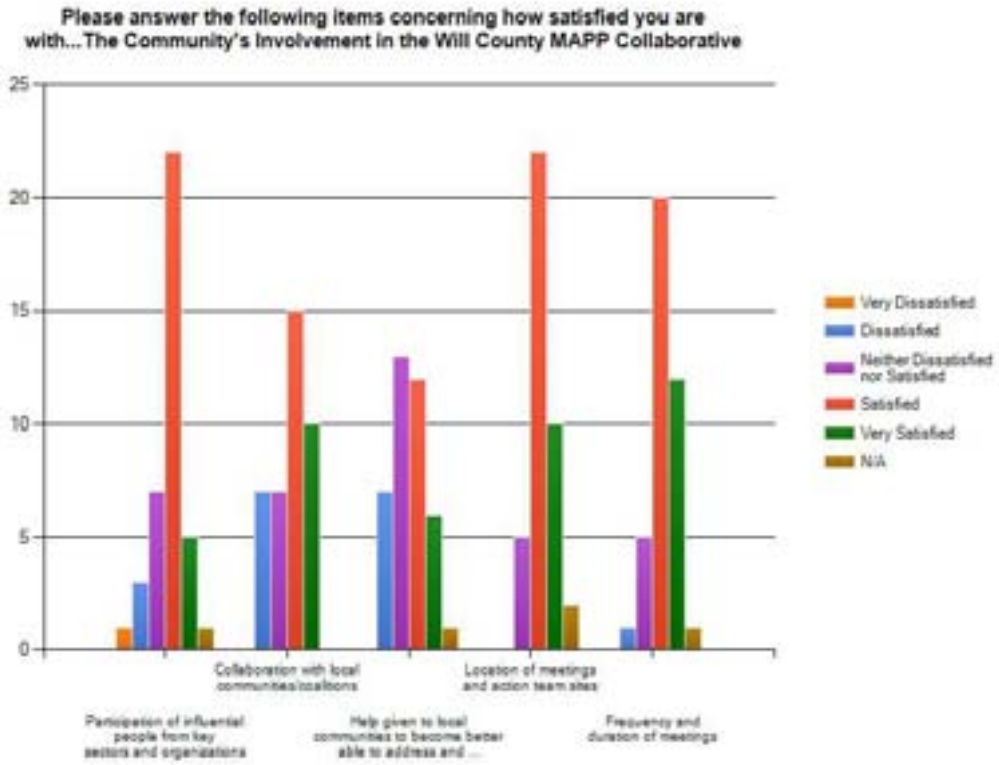
The majority of 43.6% of respondents were satisfied with the opportunities for Will County MAPP Collaborative members to take leadership roles. 25.6% were neither satisfied nor dissatisfied, 28.3% were very satisfied, and 2.6% replied not applicable.

33.3% are satisfied with the balance of power between staff, leaders, and members. 2.6% are dissatisfied, 28.2% are neither satisfied nor dissatisfied, 30.8% are very satisfied, and 5.1% replied not applicable.

No additional comments were provided in this section.

Community Involvement with the MAPP Collaborative

39 responses were recorded for these series of questions asking their satisfaction with the Community's involvement with the Will County MAPP Collaborative.



56.4% of respondents are satisfied with the participation of influential people from key sectors and organizations. 2.6% are very dissatisfied, 7.7% are dissatisfied, 17.9% are neither satisfied nor dissatisfied, 12.8% are very satisfied, and 2.6% replied that it was not applicable.

38.5% of respondents replied that they were satisfied with the collaboration with local communities and coalitions. 17.9% each chose dissatisfied and neither dissatisfied nor satisfied, and 25.6% is very satisfied.

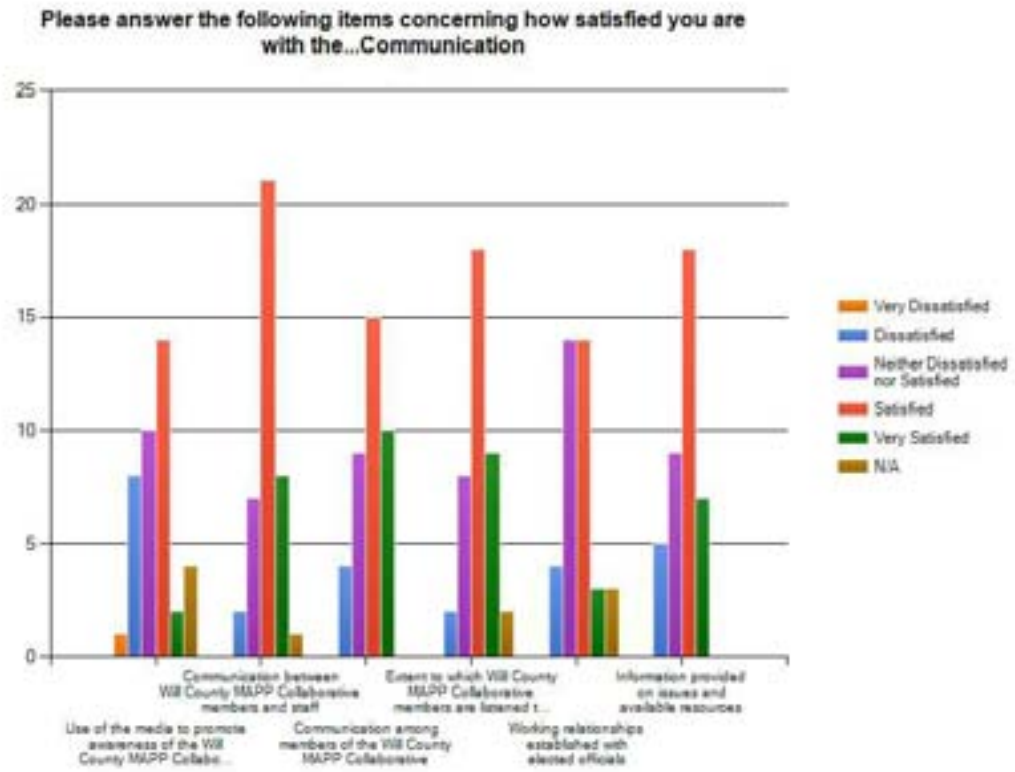
The majority of 33.3% were neither satisfied nor dissatisfied with the help given to local communities to become better able to address and resolve their concerns. 17.9% are dissatisfied, 30.8% are satisfied, 15.4% are very satisfied, and 2.6% replied not applicable.

56.4% of respondents are satisfied with the location of meetings and action team sites. 12.8% are neither satisfied nor dissatisfied, 25.6% are very satisfied, and 5.1% replied not applicable.

The majority of 51.3% of people responded that they were satisfied with the frequency and duration of meetings. 2.6% were dissatisfied, 12.8% were neither dissatisfied nor satisfied, 30.8% were very satisfied, and 2.6% replied that it was not applicable.

Communication

39 responses were recorded to rate the satisfaction that the MAPP partners are with the communication. The majority of people were satisfied with every statement in this section.



35.9% of people responded that they were satisfied with the use of the media to promote awareness of the Will County MAPP Collaborative goals, action and accomplishments. 2.6% were very dissatisfied, 20.5% were dissatisfied, 25.6% were neither dissatisfied nor satisfied, 5.1% were very satisfied, and 10.3% chose not applicable.

53.8% were satisfied with the communication between Will County MAPP Collaborative members and staff. 5.1% were dissatisfied, 17.9% were neither dissatisfied nor satisfied, 20.5% were very satisfied, and 2.6% replied not applicable.

39.5% of respondents were satisfied with the communication among members of the Will County MAPP Collaborative. 10.5% were dissatisfied, 23.7% were neither dissatisfied nor satisfied, and 26.3% were very satisfied.

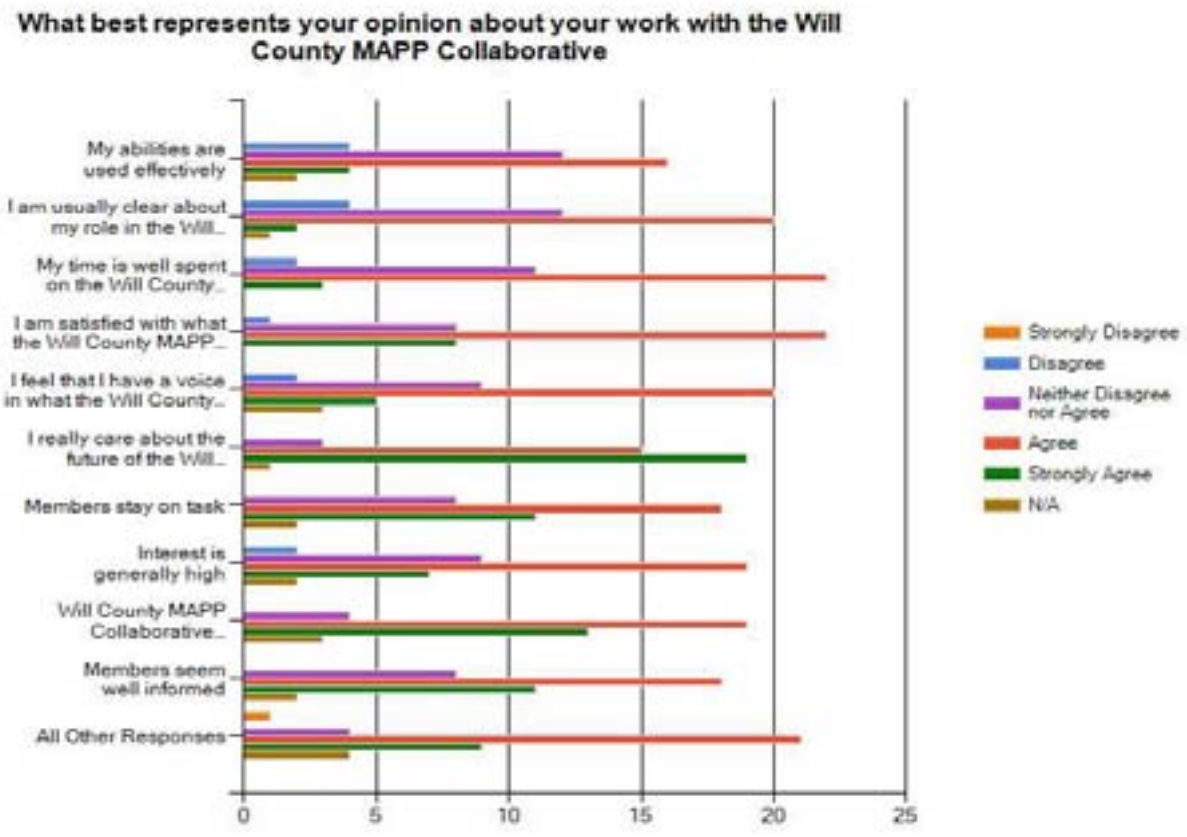
46.2% of respondents replied that they were satisfied with the extent to which Will County MAPP Collaborative members are listened to and heard. 5.1% were very dissatisfied, 20.5% were neither dissatisfied nor satisfied, 23.1% were very satisfied, and 5.1% replied not applicable.

The majority of respondents with 36.8% each chose neither dissatisfied nor satisfied and satisfied with the working relationships established with elected officials. 10.5% are dissatisfied, 7.9% are very satisfied, and 7.9% replied not applicable.

46.2% believe that they are satisfied with the information provided on issues and available resources. 12.8% are dissatisfied, 23.1% are neither dissatisfied nor satisfied, and 17.9% are very satisfied.

One additional comment was made that "where I'm answering N/A, it's because I don't have enough information/involvement to answer in any other category."

What best represents your opinion about your work with the Will County MAPP Collaborative



42.1% agree that their abilities are used effectively. 10.5% disagree, 31.6% neither disagree nor agree, 10.5% strongly agree, and 5.3% chose not applicable. 38 responses were recorded for this question.

51.3% agree that they are usually clear about their role in the Will County MAPP Collaborative. 10.3% disagree with this statement, 30.8% neither disagree nor agree, 5.1% strongly agree, and 2.6% replied not applicable. 39 responses were recorded for this question.

The majority of 57.9% of respondents agree that their time is well spent of the Will County MAPP Collaborative. 5.3% disagree, 28.9% neither disagree nor agree, and 7.9% strongly agree. 38 responses were recorded.

56.4% agree that they are satisfied with what the Will County MAPP Collaborative has accomplished. 2.6% disagree, and 20.5% each chose neither agree nor disagree and strongly agree. 39 responses were recorded for this question.

The majority of 51.3% agree that they have a voice in what the Will County MAPP Collaborative decides. 5.1% disagree, 23.1 neither disagree nor agree, 12.8% strongly agree, and 7.7% replied not applicable. 39 responses were recorded for this question.

The majority of 50% agree that they really care about the future of the Will County MAPP Collaborative. 7.9% neither disagree nor agree, 39.5% agree, and 2.6% replied not applicable. 38 responses were recorded for this question.

46.2% agree that members stay on task. 20.5% neither disagree nor agree, 28.2% strongly agree, and 5.1% replied not applicable. 39 responses were recorded for this question.

The majority of responses collected for this question agree that interest in generally high. However, 5.1% disagree, 23.1% neither disagree nor agree, 17.9% strongly agree, and 5.1% replied not applicable. 39 responses were recorded for this question.

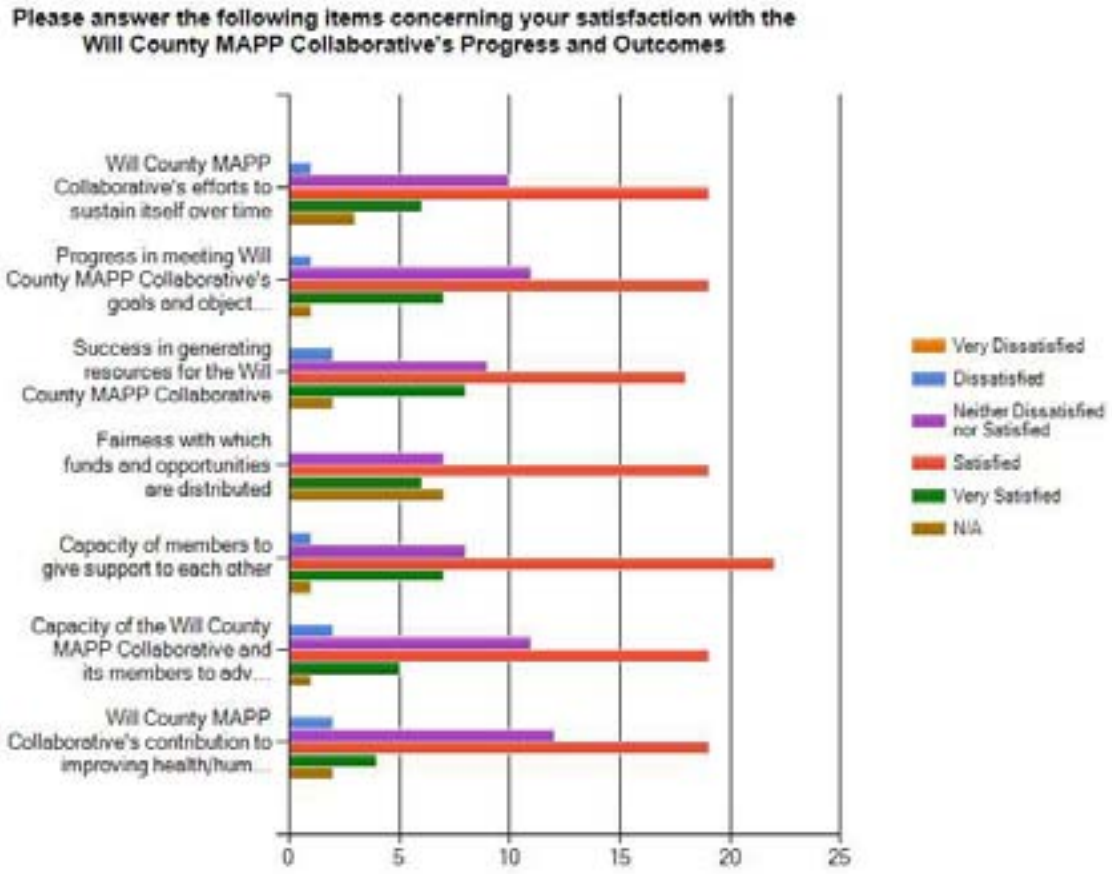
48.7% agree with the statement that the Will County MAPP Collaborative meetings run smoothly. 10.3% neither disagree nor agree, 28.2% strongly agree, and 5.1% replied not applicable. 39 responses were recorded for this question.

46.2% agree that the members seem well informed which is the majority. However, 20.5% neither disagree nor agree, 28.2% strongly agree, and 5.1% replied not applicable. 39 responses were recorded for this question.

The majority of 53.8% responded that they agree that routine matters are handled quickly. 2.6% strongly disagree with this statement, 10.3% neither disagree nor agree, 23.1 strongly agree, and 10.3% replied not applicable. 39 responses were recorded for this question.

Progress and Outcomes

All 39 responses were recorded for the questions in this section. The majority of respondents were satisfied with each of the statements in this section.



2.6% were dissatisfied, 25.6% were neither dissatisfied nor satisfied, 48.7% were satisfied, 15.4% were very satisfied, and 7.7% replied not applicable that Will County's MAPP Collaborative efforts to sustain itself over time.

2.6% were dissatisfied, 28.2% were neither dissatisfied nor satisfied, 48.7% were satisfied, 17.9% were very satisfied, and 2.6% replied not applicable of the progress in meeting Will County MAPP Collaborative goals and objectives.

5.1% were dissatisfied, 23.1% were neither dissatisfied nor satisfied, 46.2% were satisfied, 20.5% were very satisfied, and 5.1% replied not applicable of the success in generating resources for the Will County MAPP Collaborative.

17.9% were neither dissatisfied nor satisfied, 48.7% were satisfied, 15.4% were very satisfied, and 17.9% replied not applicable of the fairness with which funds and opportunities are distributed.

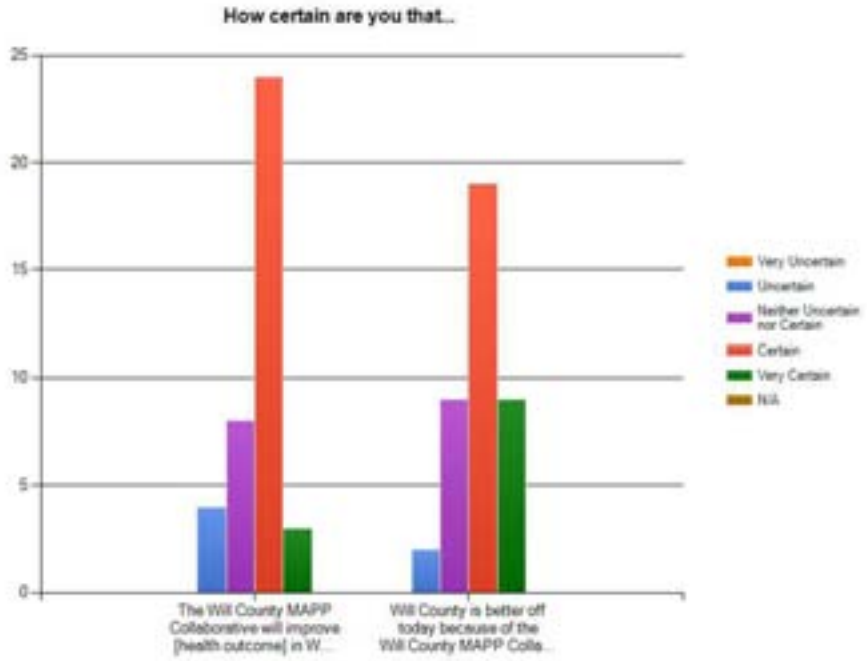
2.6% were dissatisfied, 20.5% were neither dissatisfied nor satisfied, 56.4% were satisfied, 17.9% were very satisfied, and 2.6% replied not applicable for the capacity of members to give support to each other.

Out of 38 responses, 5.3% were dissatisfied, 28.9% were neither dissatisfied nor satisfied, 50% were satisfied, 13.2% were very satisfied, and 2.6% replied not applicable for the capacity of the Will County MAPP Collaborative and its members to advocate effectively.

5.1% were dissatisfied, 30.8% were neither dissatisfied nor satisfied, 48.7% were satisfied, 10.3% were very satisfied, and 5.1% replied not applicable for Will County's MAPP Collaborative contribution to improving health/human services in the region or state.

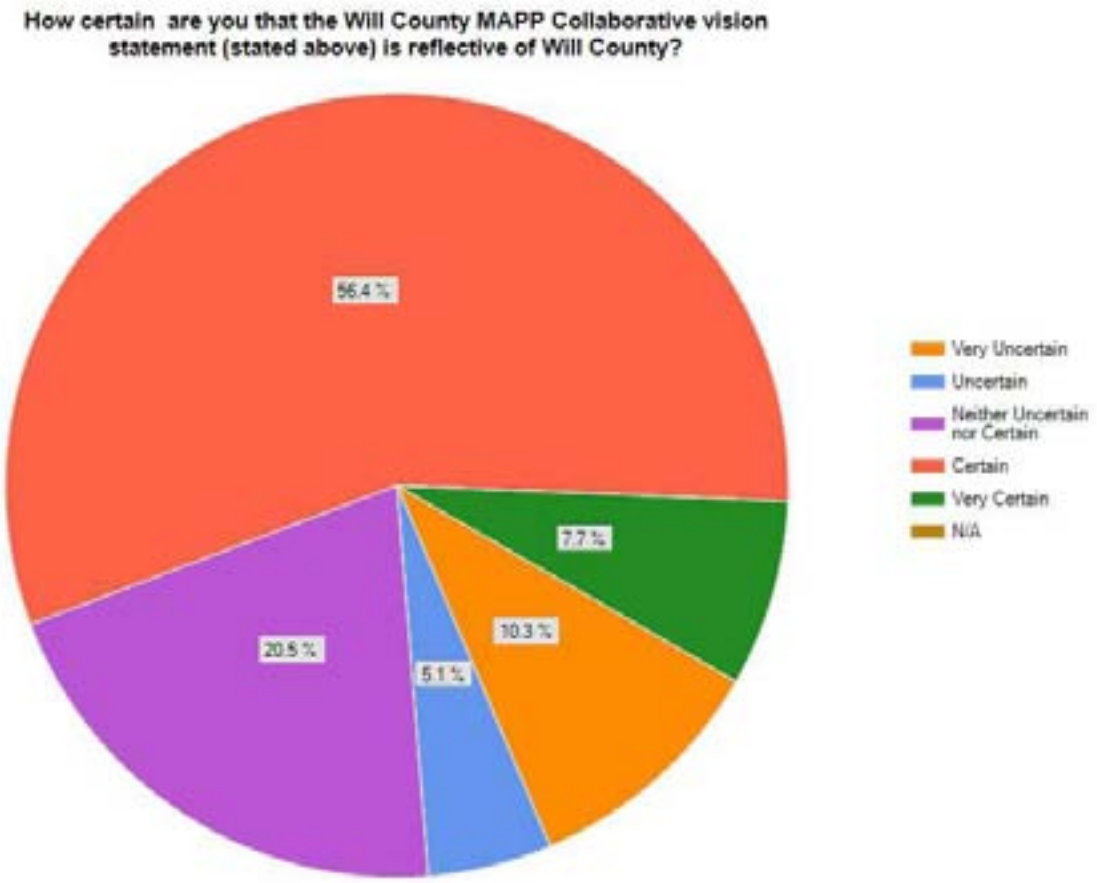
How certain are you that…

All 39 responses were recorded for the questions in this section. The majority of respondents were certain of these statements.



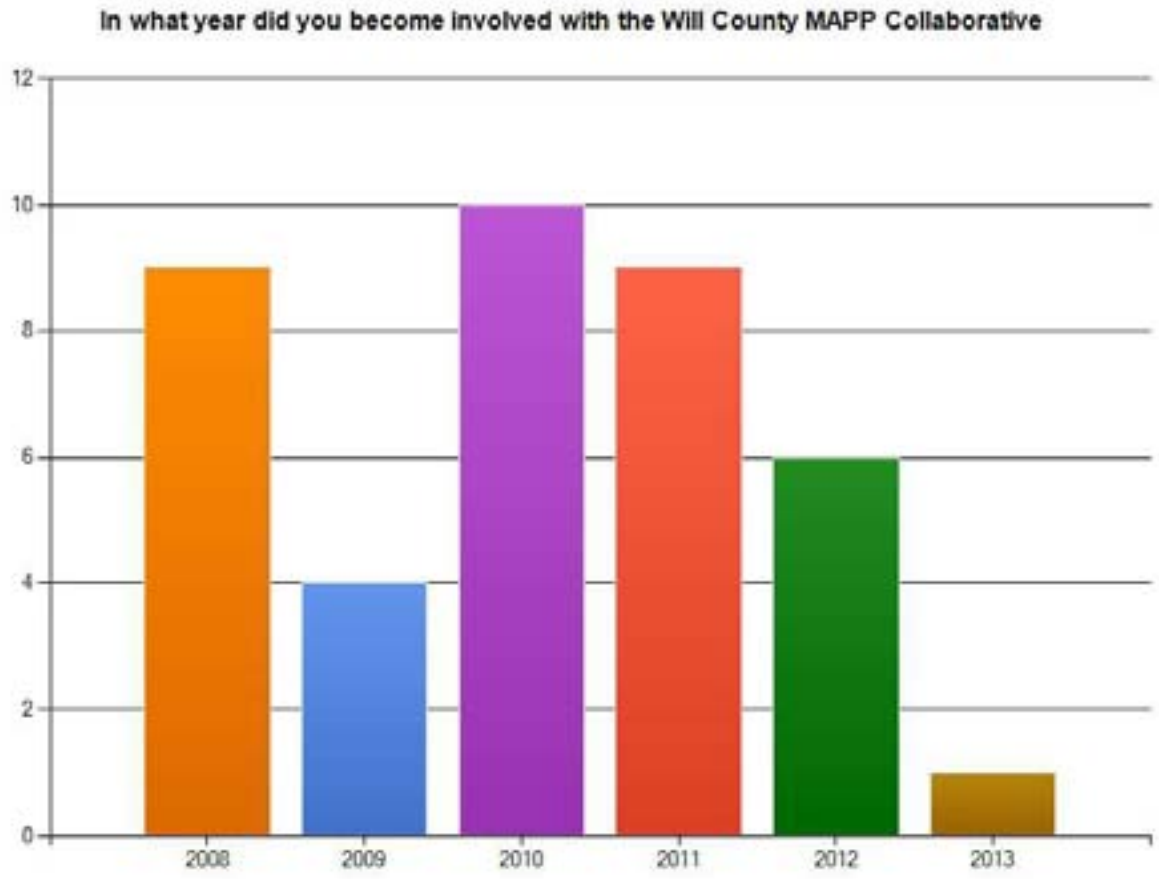
61.5% are certain that the Will County MAPP Collaborative will improve [health outcomes] in Will County. 10.3% are uncertain, 20.5% are neither uncertain nor certain, and 7.7% are very certain.

48.7% are certain that Will County is better off today because of the Will County MAPP Collaborative. 5.1% are uncertain, 23.1% are neither uncertain nor certain, and 23.1% are very certain.



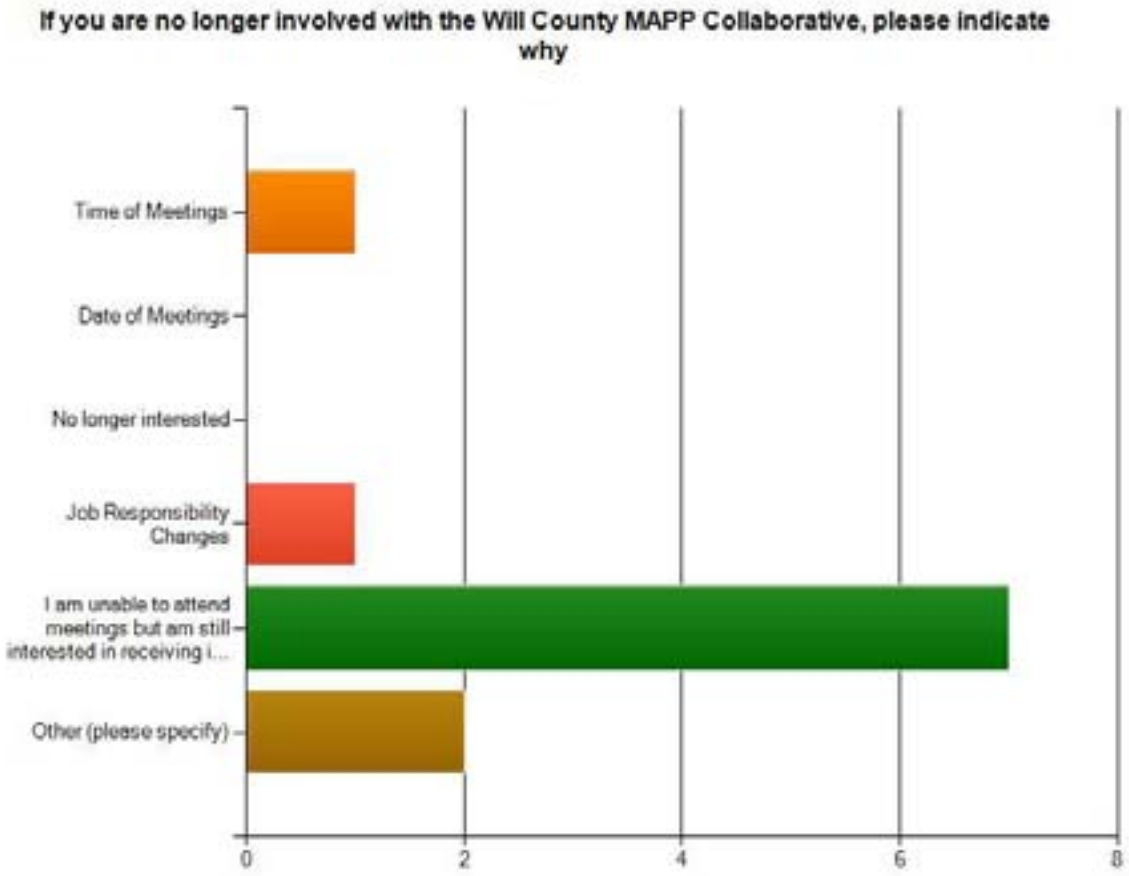
The majority of 56.4% of respondents are certain that the Will County MAPP Collaborative vision statement is reflective of Will County. 10.3% are very uncertain, 5.1% are uncertain, 20.5% are neither uncertain nor certain, and 7.7% are very certain.

Year of Involvement with the MAPP Collaborative



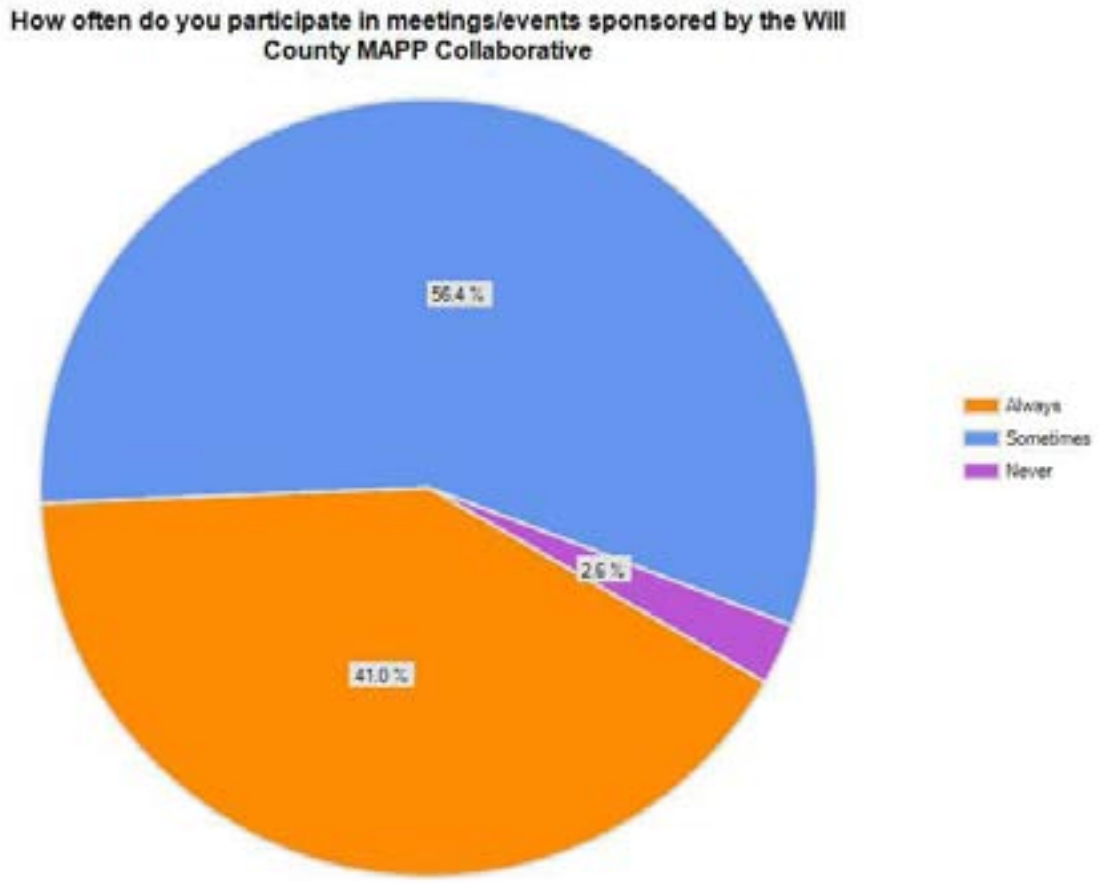
All 39 responses were recorded for this question of in what year they became involved with the Will County MAPP Collaborative. The majority of 25.6% answered in 2010, 23.1% each responded in 2009 and 2011, 15.4% in 2012, and 2.6% in 2013.

If you are no longer involved with the Will County MAPP Collaborative, please indicate why.



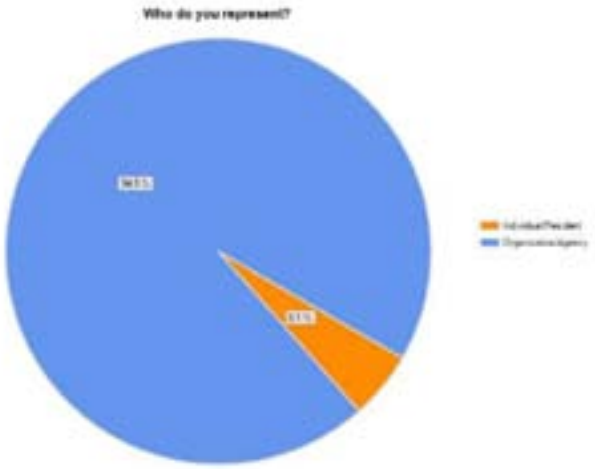
9 responses were recorded for this question. The majority of 77.8% is unable to attend meetings but is still interested in receiving information. 11.1% responded because of the time of meetings. Another 11.1% responded job responsibility changes. Other responses include "confusion over committee goals and where we fit," and "conflicts with other duties and deliverables."No one replied that the date of the meetings provided conflict and that they were no longer interested.

Participation in meetings/events



39 responses were recorded for this question. The majority of 56.4% sometimes participate in meetings/events sponsored by the Will County MAPP Collaborative. 41% always participate and 2.6% never participate.

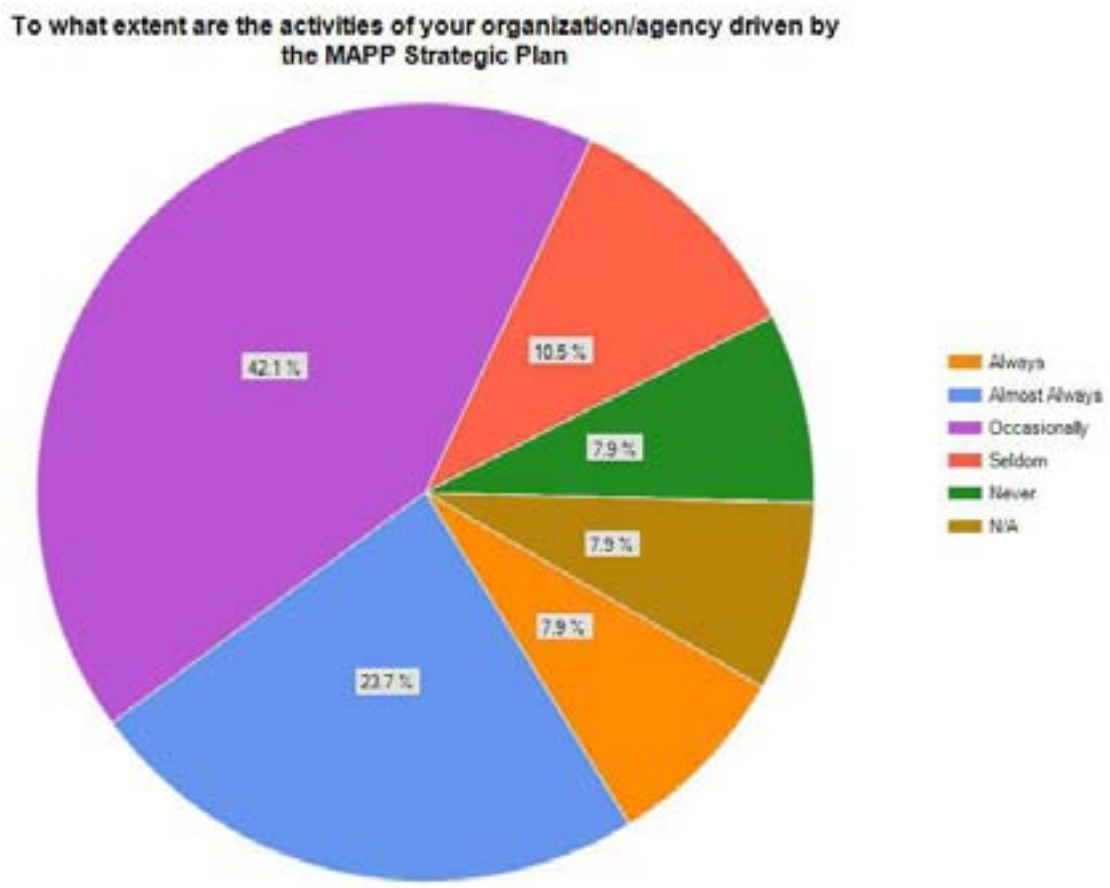
Representation



The majority of 94.9% of respondents represent an organization/ agency. Only 5.1% are represented as an individual/resident. 39 responses were recorded for this question.

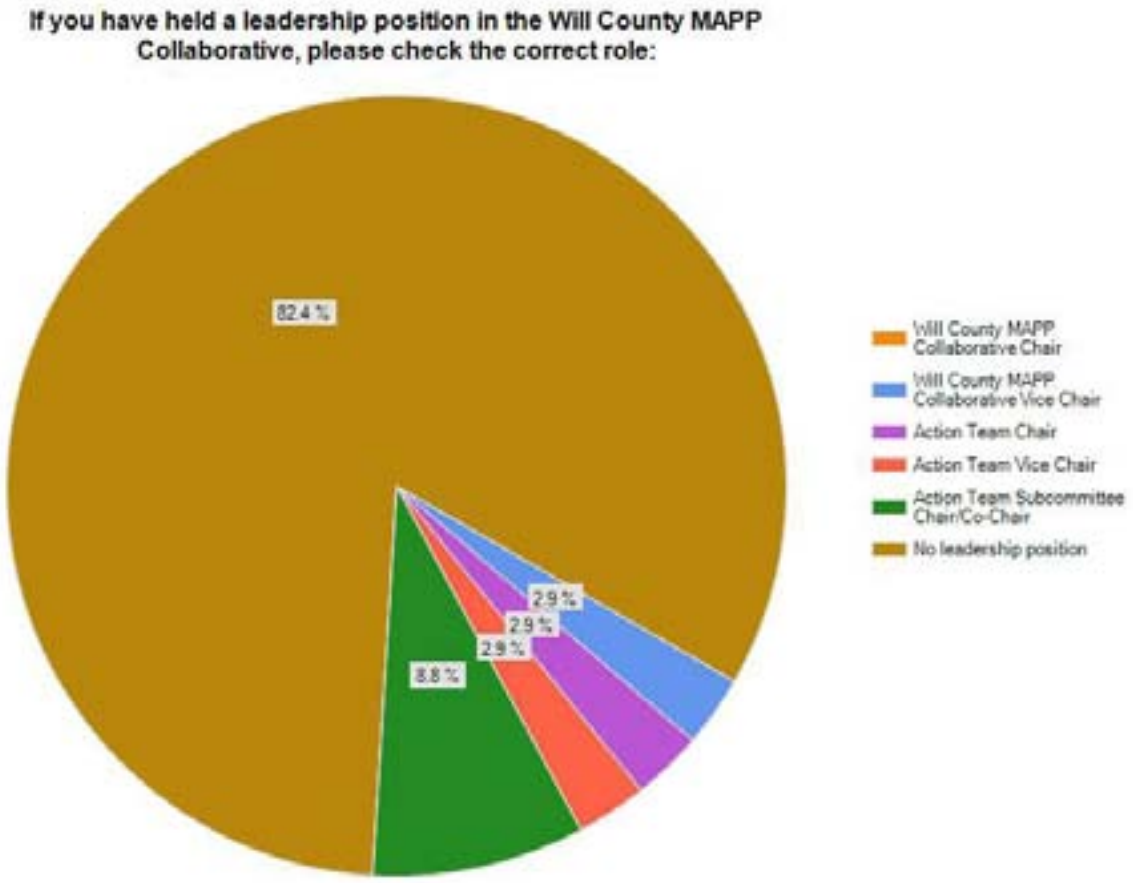
If they answered as part of an organization, the majority of respondents replied that they were part of a not-for –profit organization. 11.1% are in education, 22.2% are in government, 16.7% are in health care, 5.6% are in social services, and 5.6% answered other. 36 responses were recorded for this question.

MAPP Strategic Plan on Organization/Agency



The majority of 42.1% believe that their organizations/agencies have their activities occasionally driven by the MAPP Strategic Plan. 7.9% responded with always, 23.7% answered almost always, 10.5% answered seldom, 7.9% answered never, and 7.9% answered not applicable. 38 responses were recorded for this question.

Leadership Position

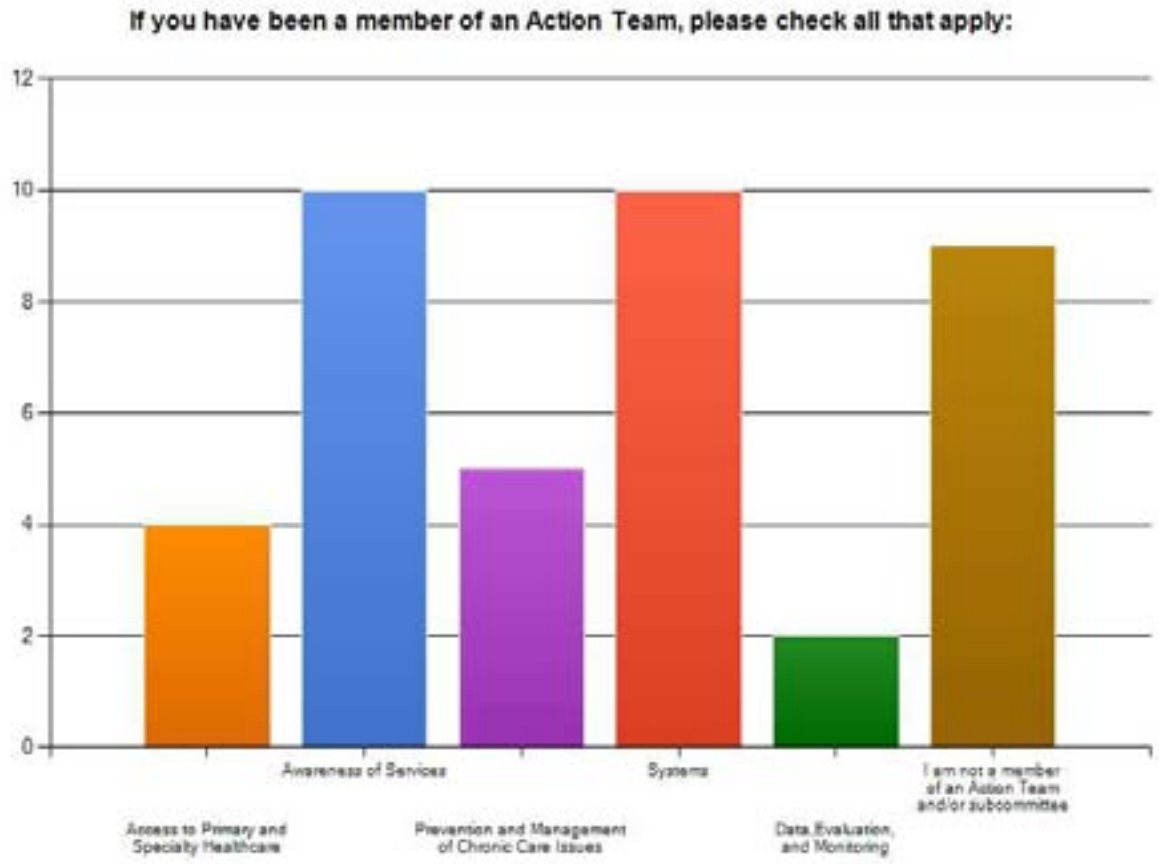


Out of the 34 responses recorded, the majority of 82.4% have no leadership position in the Will County MAPP Collaborative. 8.8% are Action Team Subcommittee Chairs or Co-chairs, and 2.9% each are Will County MAPP Collaborative Vice Chair, an Action Team Chair, and an Action Team Vice Chair.

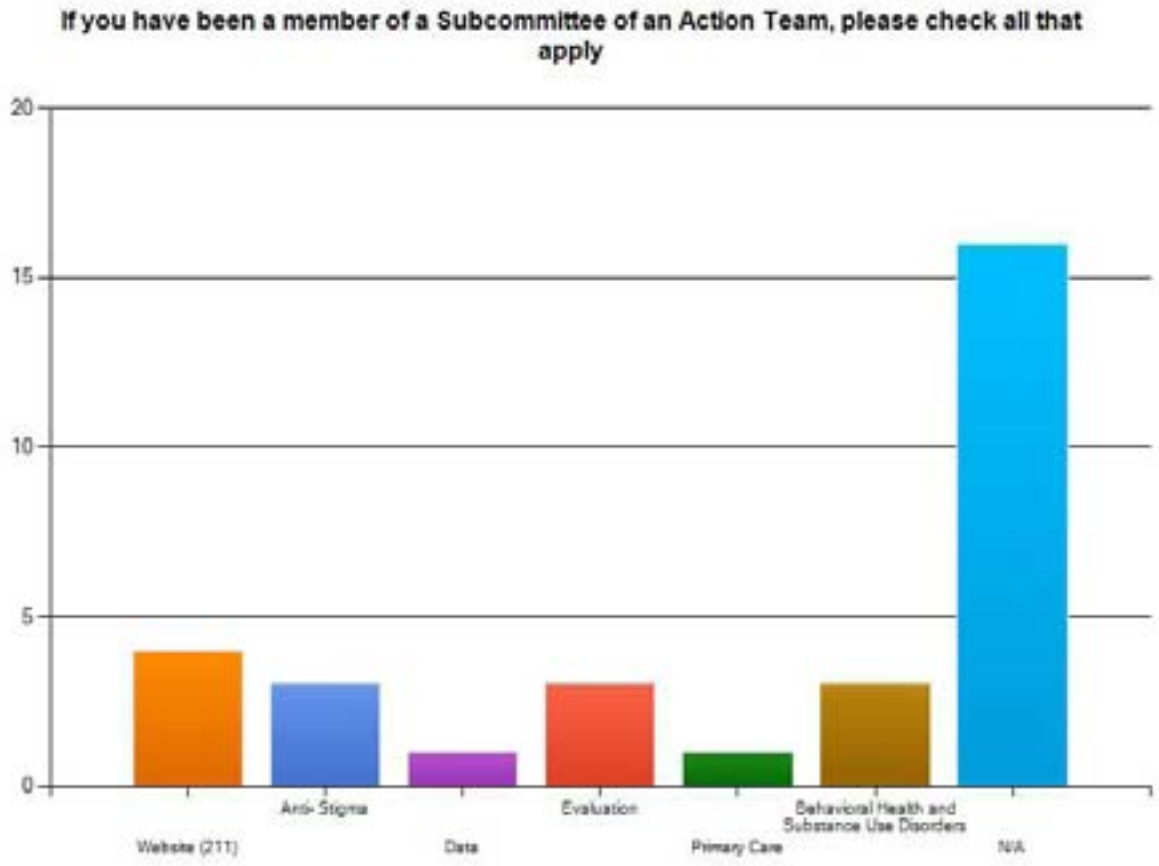
Improve the MAPP Collaborative

For this question, a comment box was used for the respondents to provide overall comments and suggestions to improve the MAPP Collaborative and what changes they would like to see in the future. 7 responses were recorded. Responses include getting action teams fully functioning with active chairs, more recruitment for new MAPP members, involvement from elected officials, awareness of MAPP throughout Will County, know the limits of how much work to take on, stay encouraged and work as a team despite challenges, more information should be shared throughout the community, and a comment that an action team chair has been very instrumental in establishing a relationship with a partner.

Action Team Member



This question specifically asks the respondents of the survey to check all of the action teams that they are involved with. 36 responses were recorded. 11.1% are part of Access to Primary and Specialty Health Care, 27.8% are involved with Awareness of Services, 13.9% are involved with the Prevention and Management of Chronic Care Issues Action Team, 27.8% are involved with the Systems Action Team, 5.6% are involved with the Data, Evaluation, and Monitoring Action Team, and 25% are not a member of an Action Team and/or Subcommittee.



Those involved with a Subcommittee of an Action Team are also asked to check all that apply. 28 responses were recorded. 14.3% are involved with Website (211), 10.7% are involved with Anti-Stigma, 3.6% are involved with Data, 10.7% are with Evaluation, 3.6% are in Primary Care, 10.7% are in Behavioral Health and Substance Use Disorders, and 57.1% replied not applicable.

Conclusion

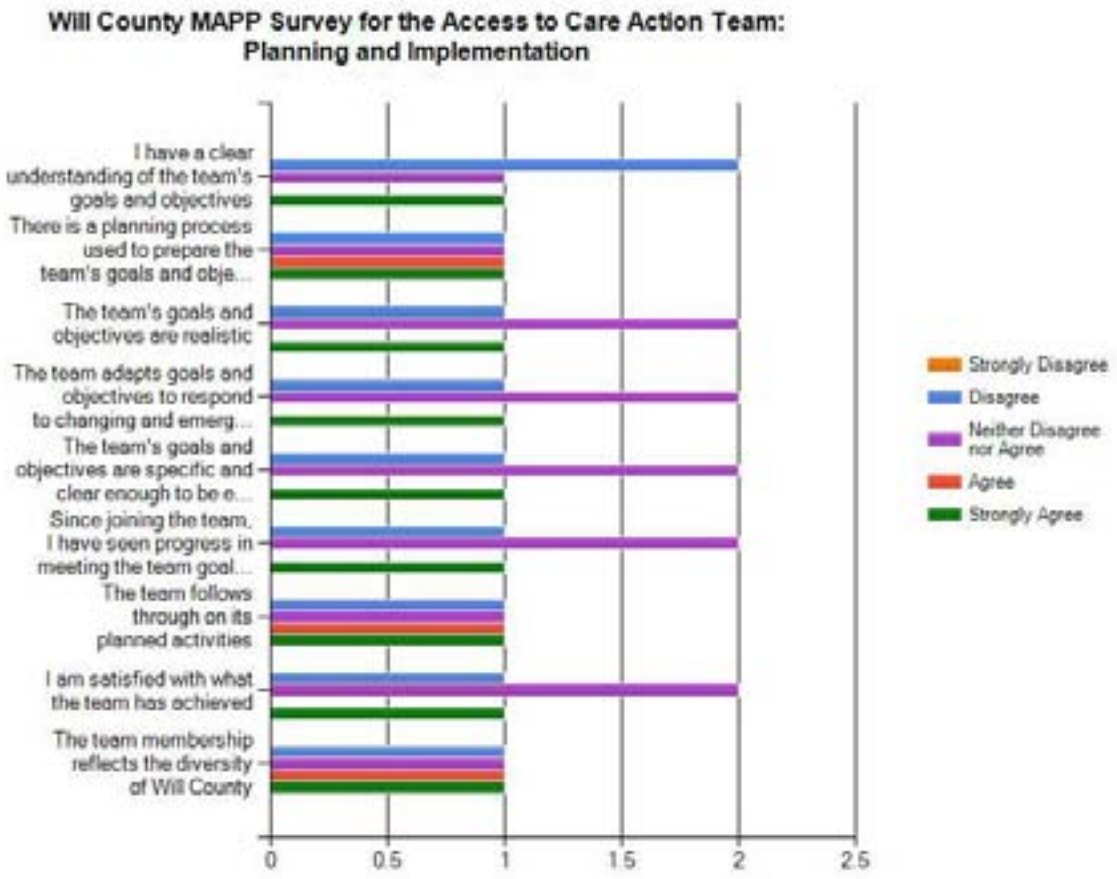
In conclusion, the majority of respondents have had a positive experience with the planning and implementation, leadership, communication, work, and progress/outcomes of the MAPP Collaborative. It is important to note that people decided to respond “not applicable” or “neither dissatisfied/uncertain/disagree nor satisfied/certain/agree” to many questions which may show that people need more information. A collective of 64.1% were “certain” or “very certain” that the MAPP Collaborative vision statement was reflective of Will County. However, a collective of 35.9% showed uncertainty or were “neither uncertain nor certain” which shows that there may need to be more clarification or re-evaluation of the vision statement in the future. Out of the amount of people who responded, the majority have been involved with the MAPP Collaborative for a few years. The majority of those who are not currently involved are still

interested in the MAPP Collaborative. Most people responded that their organizations occasionally use the MAPP strategic plan. Some recommendations for future surveys include adding an option for the Executive Committee in the question regarding leadership position. The majority of respondents stated that they were not in a leadership position which could be due to this lack of option. Another recommendation is to have respondents add their contact information if they were still interested in receiving MAPP Collaborative updates.

Access to Care Action Team

Planning and Implementation

There were 4 responses to these series of questions.

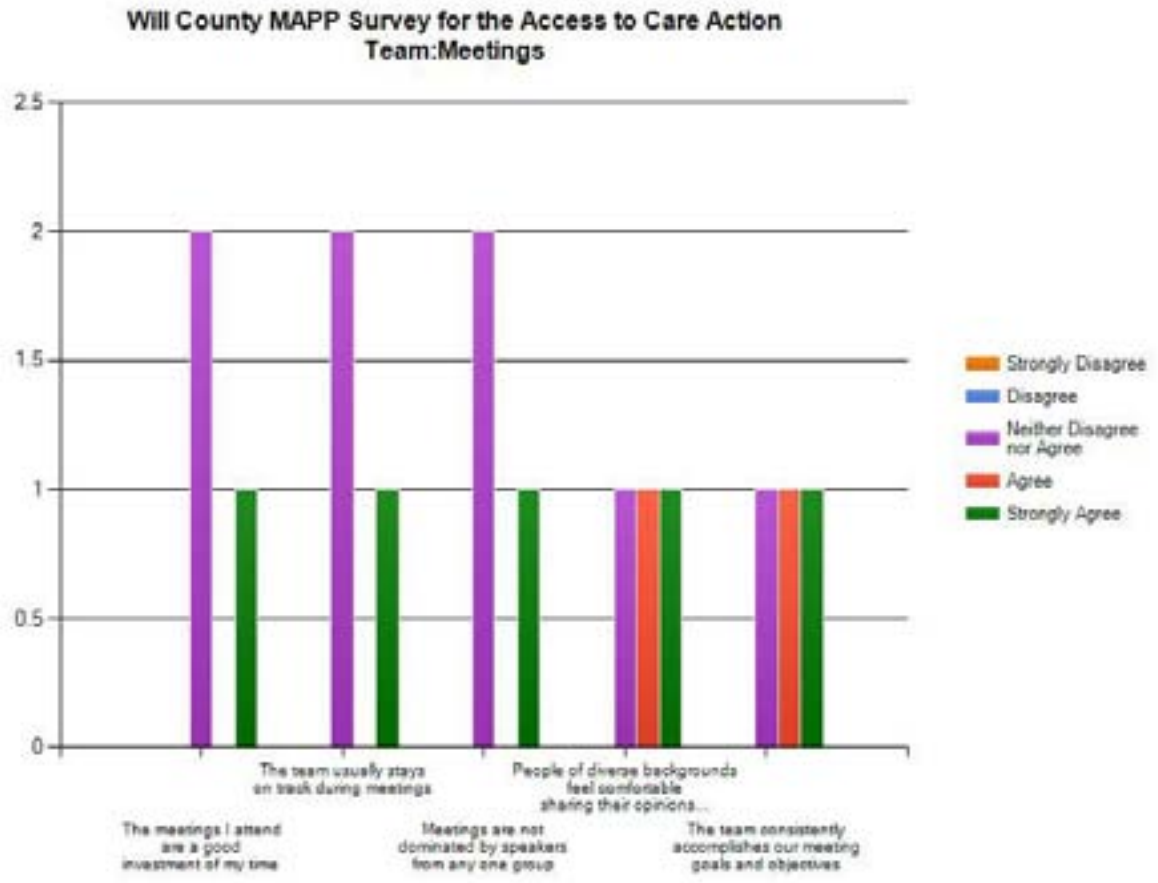


Out of the 4 responses, 2 people disagreed that they have a clear understanding of the team's goals and objectives. 1 person neither disagrees nor agrees, and 1 person strongly agrees with that statement. 1 person each chose disagree, neither disagree nor agree, agree, and strongly agree that there is a planning process used to prepare the team's goals and objectives. 1 person

disagrees, 2 people neither disagrees nor agrees, and 1 person strongly agrees that the team's goals and objectives are realistic. 1 person disagrees, 2 people neither disagree nor agree, and 1 person strongly agrees that the team adapts goals and objectives to respond to changing and emerging needs. 1 person disagrees, 2 people neither disagree nor agree, and 1 person strongly agrees that the team's goals and objectives are specific and clear enough to be evaluated. 1 person disagrees, 2 people neither disagree nor agree, and 1 person strongly agrees that since joining the team, they have seen progress in meeting the team goals and objectives. 1 person each chose disagree, neither disagree nor agree, agree, and strongly agree that the team follows through on its planned activities. 1 person disagrees, 2 people neither disagree nor agree, and 1 person strongly agrees that they are satisfied with what the team has achieved. 1 person each chose disagree, neither disagree nor agree, agree, or strongly agree that the team membership reflects the diversity of Will County.

Meetings

3 responses were recorded for these series of questions.

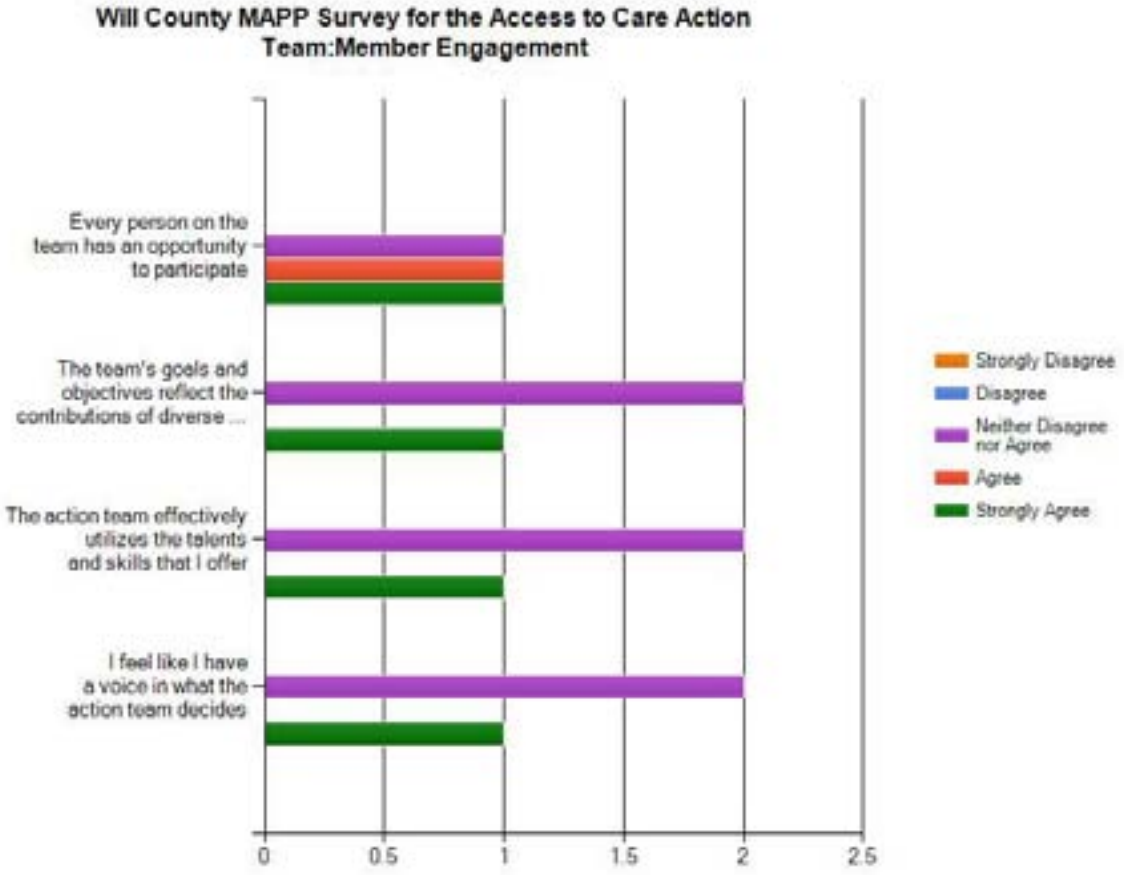


2 people neither disagree nor agree and 1 person strongly agrees that the meetings they attend are a good investment of their time, the team usually stays on track during meetings, and

meetings are not dominated by speakers from any one group. 1 person each chose neither disagree nor agree, agree, and strongly agree that people of diverse backgrounds feel comfortable sharing their opinions and participating in meetings, and that the team consistently accomplishes their meeting goals and objectives.

Member Engagement

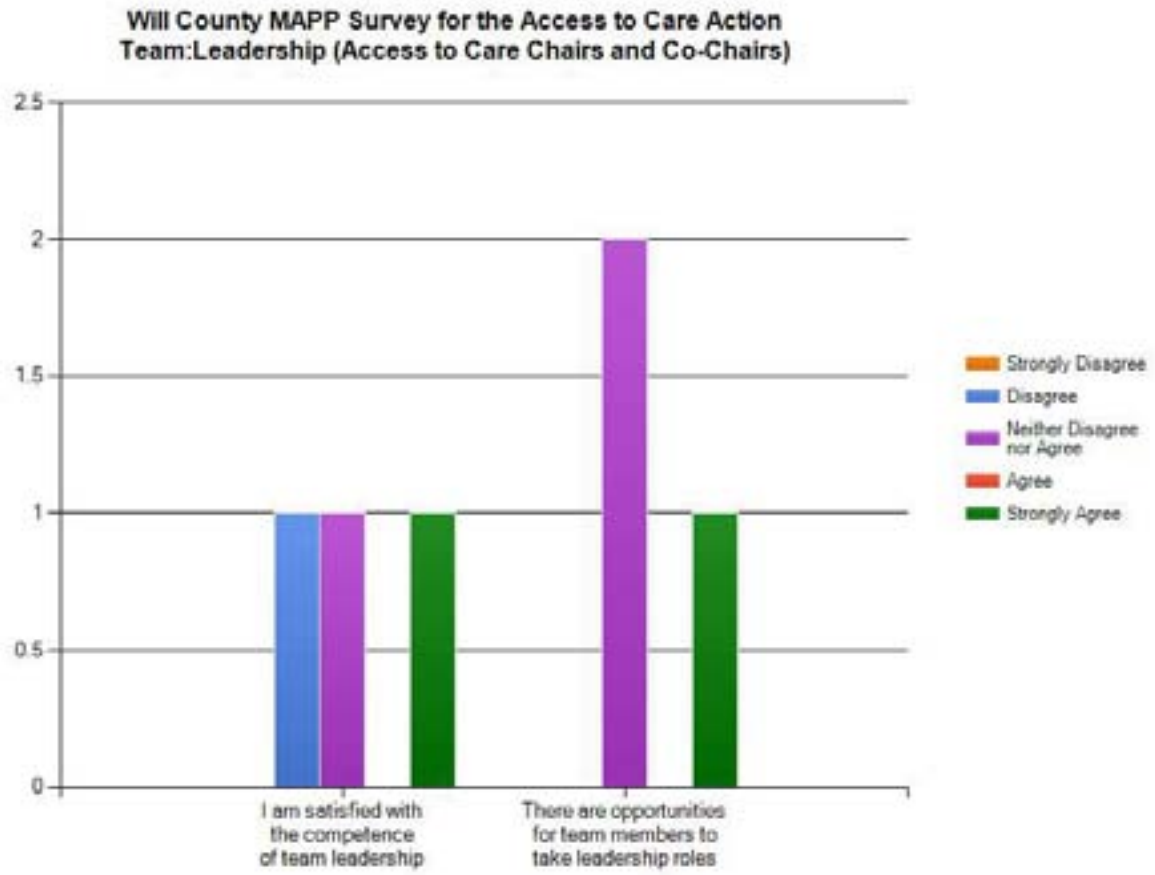
3 responses were recorded for these series of questions.



1 person each chose neither disagree nor agree, agree, and strongly agree that every person on the team has an opportunity to participate. 2 people neither disagree nor agree and 1 person strongly agrees that the team's goals and objectives reflect the contributions of diverse cultural/social groups, the action team effectively utilizes the talents and skills that they offer, and they feel like they have a voice in what the action team decides.

Leadership

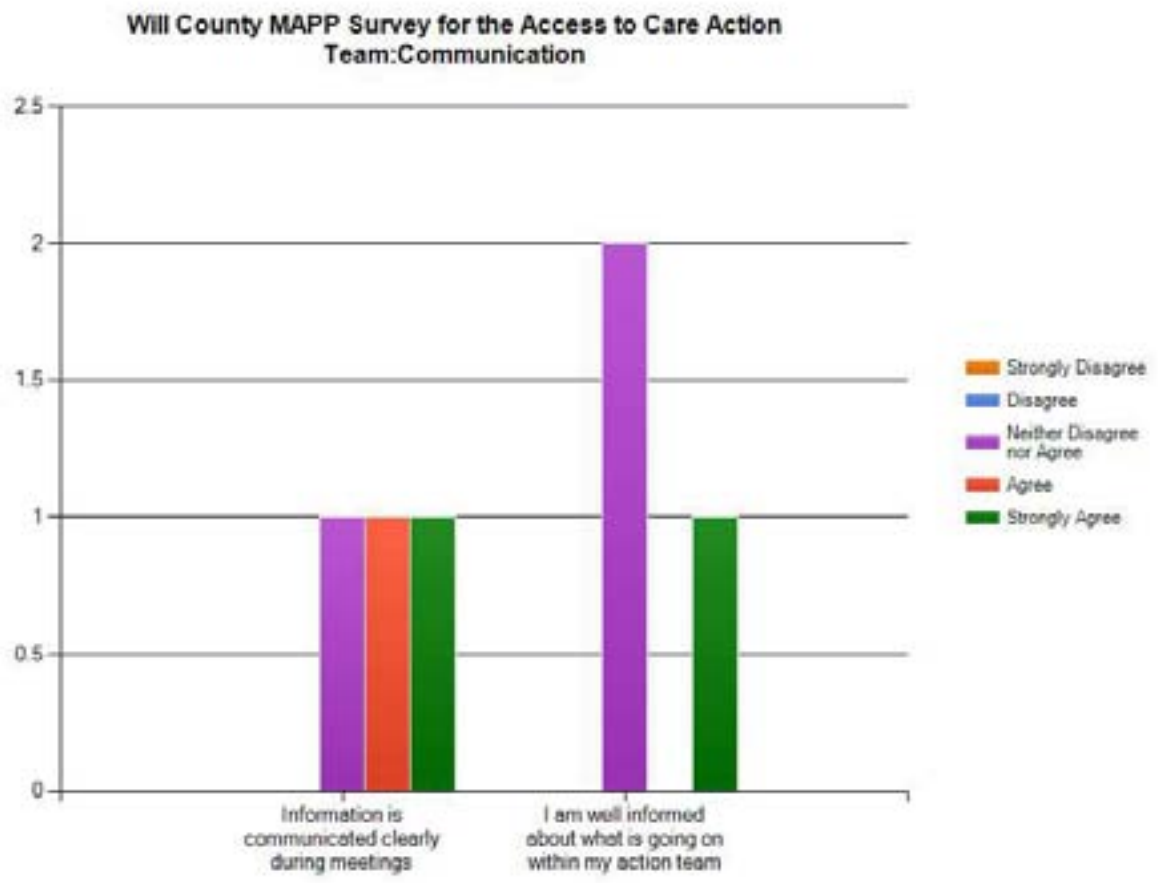
3 responses were recorded for these series of questions.



1 person each chose disagree, neither disagree nor agree, or strongly agree that they are satisfied with the competence of team leadership. 2 people neither disagree nor agree and 1 person strongly agrees that there are opportunities for team members to take leadership roles.

Communication

3 responses were recorded for these series of questions.



1 person each chose neither disagree nor agree, agree, and strongly disagree that information is communicated clearly during meetings. 2 people neither disagree nor agree and 1 person strongly agrees that they are well informed about what is going on within their action team.

Overall Comments and Suggestions for Improvement

No one offered any comments or suggestions to improve the Access to Care Action Team.

Other Action Team Involvement

Out of 5 responses, 4 people are involved with another action team and 1 person is not involved with another action team.

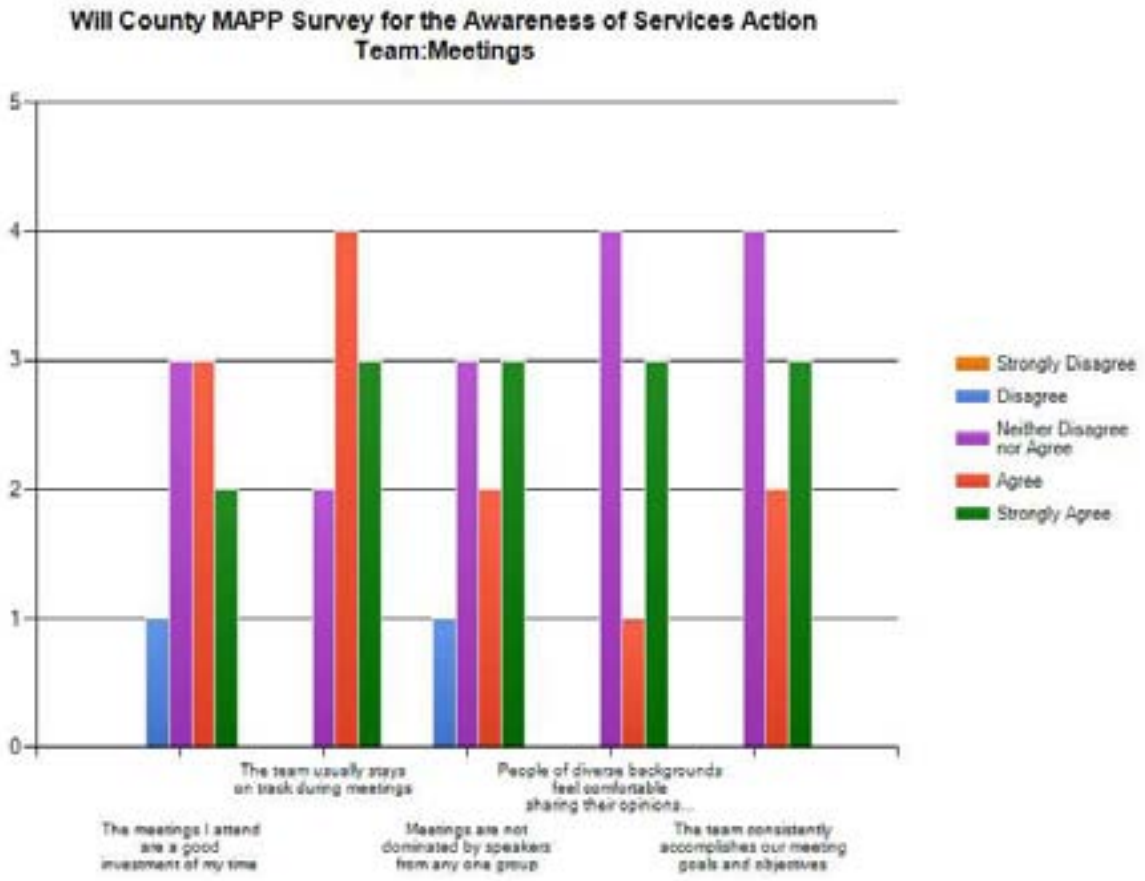
Awareness of Services Action Team

Planning and Implementation

9 responses were recorded for these series of questions.

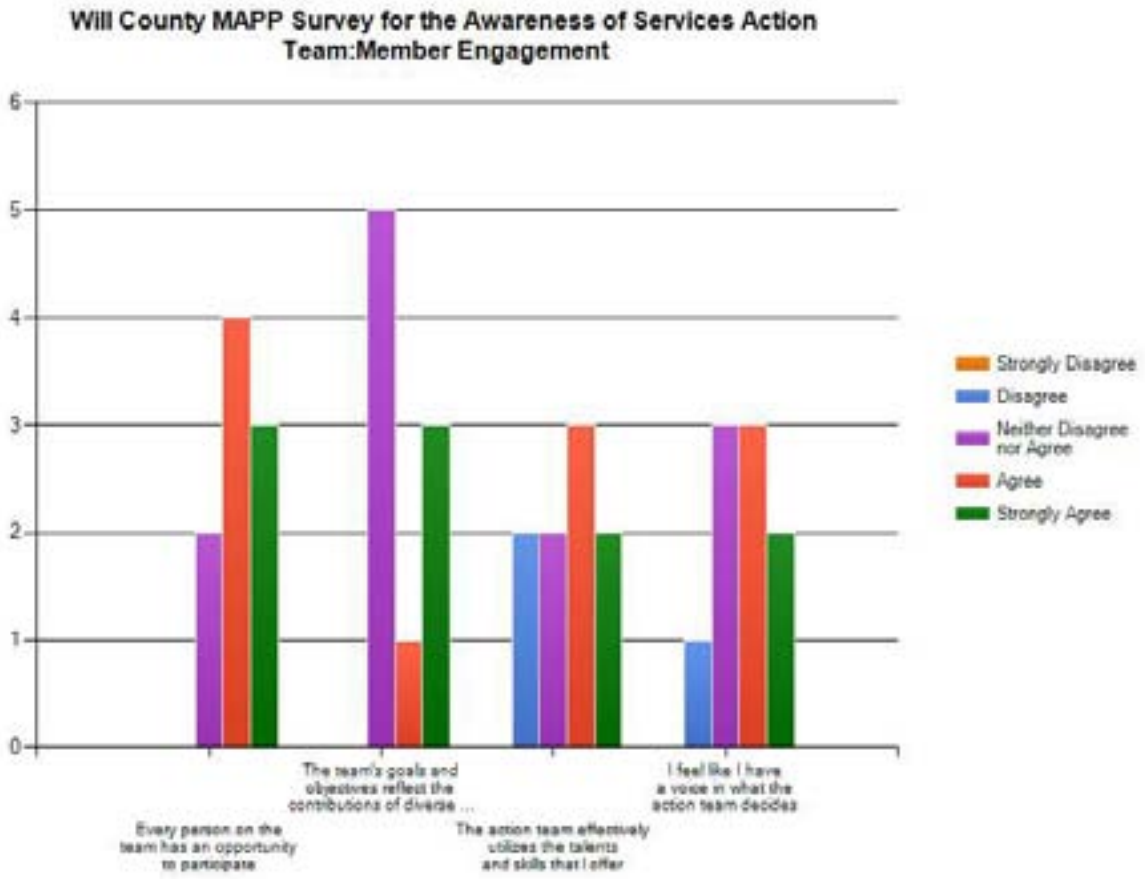
Out of these 9 responses, 2 people neither disagree nor agree, 3 people agree, and 4 people strongly agree that they have a clear understanding of the team's goals and objectives. 3 people each chose neither disagree nor agree, agree, and strongly agree that there is a planning process used to prepare the team's goals and objective, the team's goals and objectives are realistic, and the team's goals and objectives are specific and clear enough to be evaluated, and they are satisfied with what the team has achieved. 4 people neither disagree nor agree, 2 people agree, and 3 people strongly agree that the team adapts goals and objects to respond to changing and emerging needs. 2 people neither disagree nor agree, 4 people agree, and 3 people strongly agree that since joining the team, they have seen progress in meeting the team goals and objectives. 1 person neither disagrees nor agrees, 5 people agree, and 3 people strongly agree that the team follows through on its planned activities. Lastly, 4 people neither disagree nor agree, 1 person agrees, and 2 people strongly agree that the team membership reflects the diversity of Will County.

Meetings



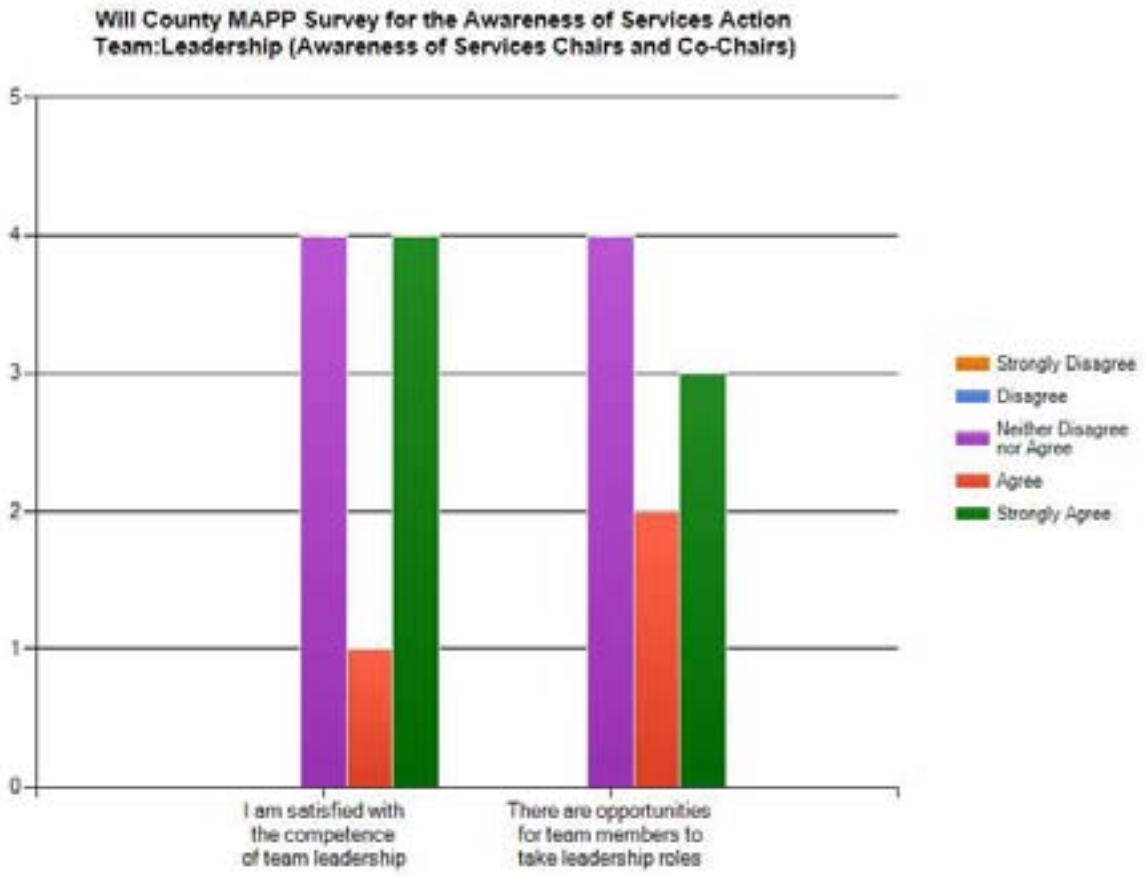
Out of 9 responses, 3 people neither disagree nor agree, 3 people agree, and 2 people strongly agree that the meetings they attend are a good investment of their time. 2 people neither disagree nor agree, 4 people agree, and 3 people strongly agree that the team usually stays on track during meetings. 3 people neither disagree nor agree, 2 people agree, and 3 people strongly agree that meetings are not dominated by speakers from any one group. Out of 8 responses, 4 people neither disagree nor agree, 1 person agrees, and 3 people strongly agree that people of diverse backgrounds feel comfortable sharing their opinions and participating in meetings. Again, out of 9 responses, 4 people neither disagree nor agree, 2 people agree, and 3 people strongly agree that the team consistently accomplishes their meeting goals and objectives.

Member Engagement



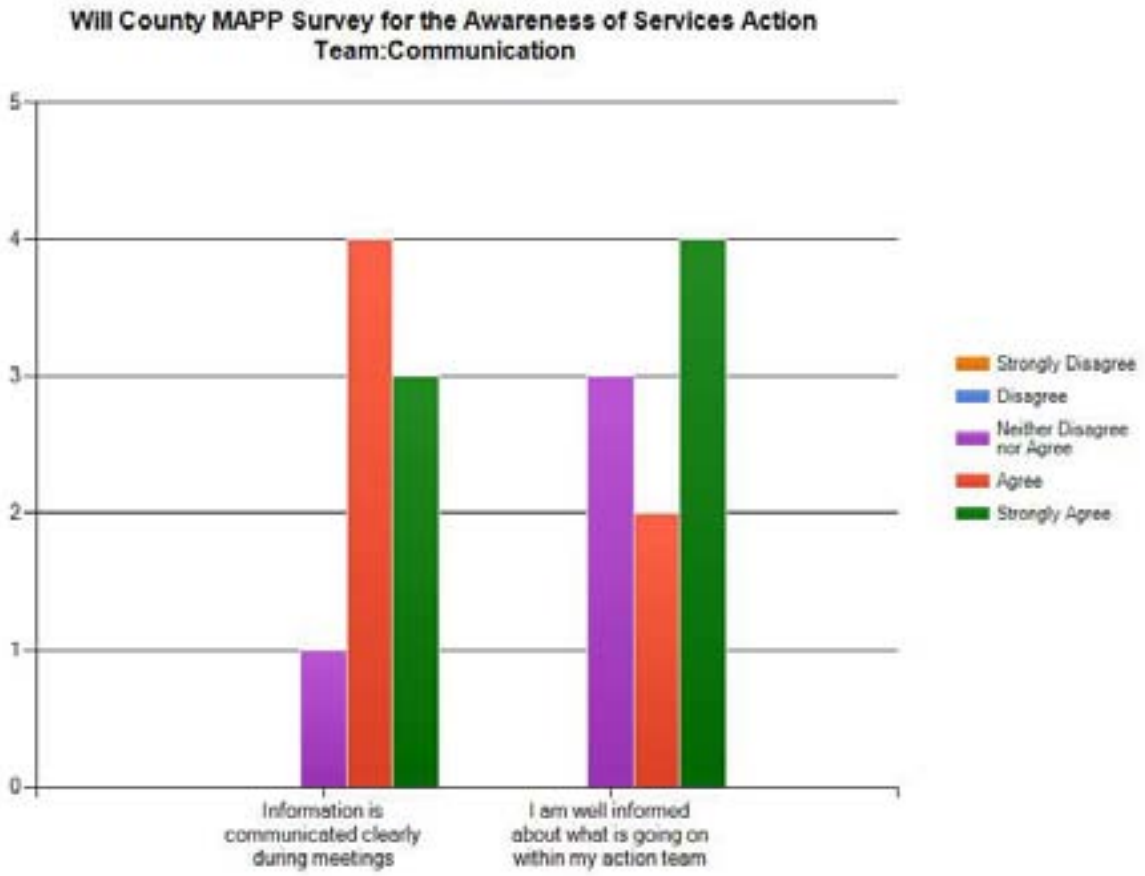
Out of 9 responses, 2 people neither disagree nor agree, 4 people agree, and 3 people strongly agree that every person on the team has an opportunity to participate. 5 people neither disagree nor agree, 1 person agrees, and 3 people strongly agree that the team's goals and objectives reflect the contributions of diverse cultural/social groups. 2 people disagree, 2 people neither disagree nor agree, 3 people agree, and 3 people strongly agree that the action team effectively utilizes the talents and skills they offer. Lastly, 1 person disagrees, 3 people neither disagrees nor agrees, 3 people agrees, and 2 people strongly agrees that they feel like they have a voice in what the action team decides.

Leadership



Out of 9 responses, 4 people neither disagree nor agree, 1 person agrees, and 4 people strongly agree that they are satisfied with the competence of team leadership. Also, 4 people neither disagree nor agree, 2 people agree, and 3 people strongly agree that there are opportunities for team members to take leadership roles.

Communication



Out of 8 responses, 1 person neither disagrees nor agrees, 4 people agree, and 3 people strongly agree that information is communicated clearly during meetings. Out of 9 responses, 3 people neither disagree nor agree, 2 people agree, and 4 people strongly agree that they are well informed about what is going on within their action team.

Overall Comments and Suggestions for Improvement

One comment was made in this section: "It would be nice if all those who are working on Awareness efforts could meet on our 4th Tuesday morning date."

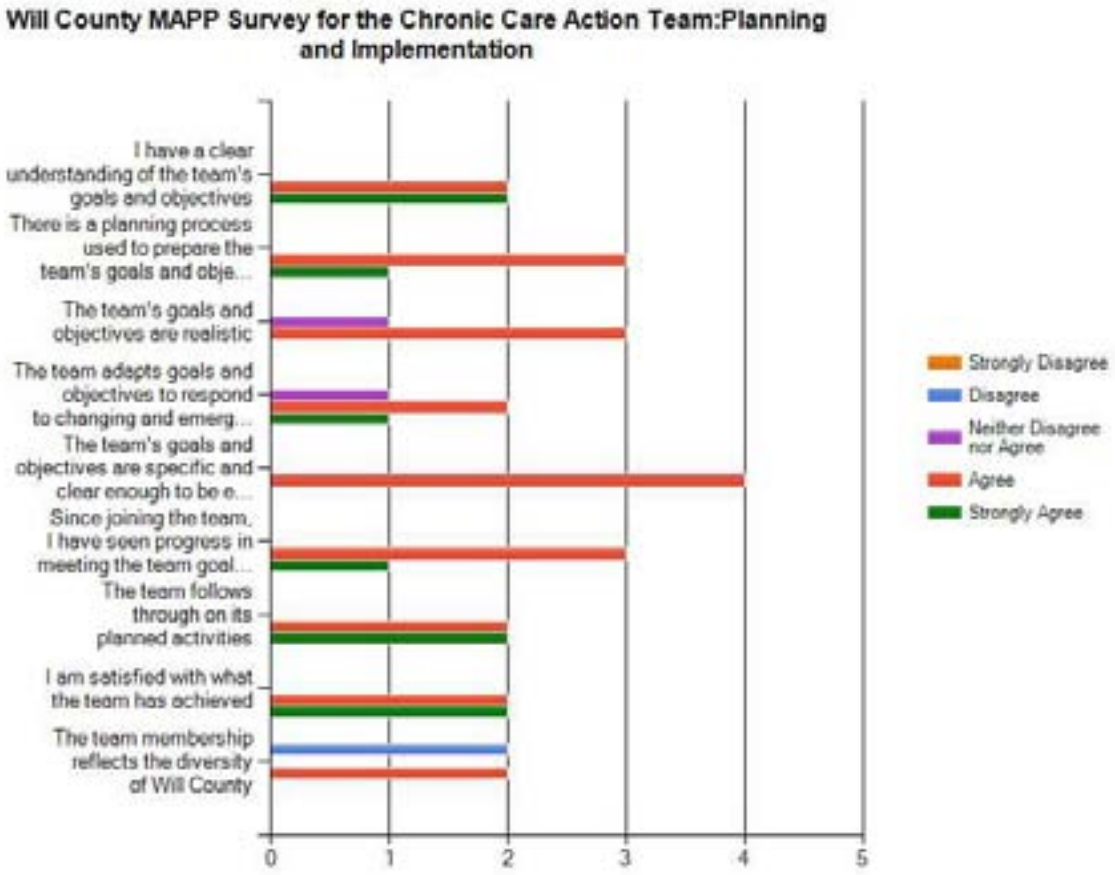
Other Action Team Involvement

Out of 9 responses, 3 people are involved with another action team and 6 people are not involved with another action team.

Prevention and Management of Chronic Care Issues

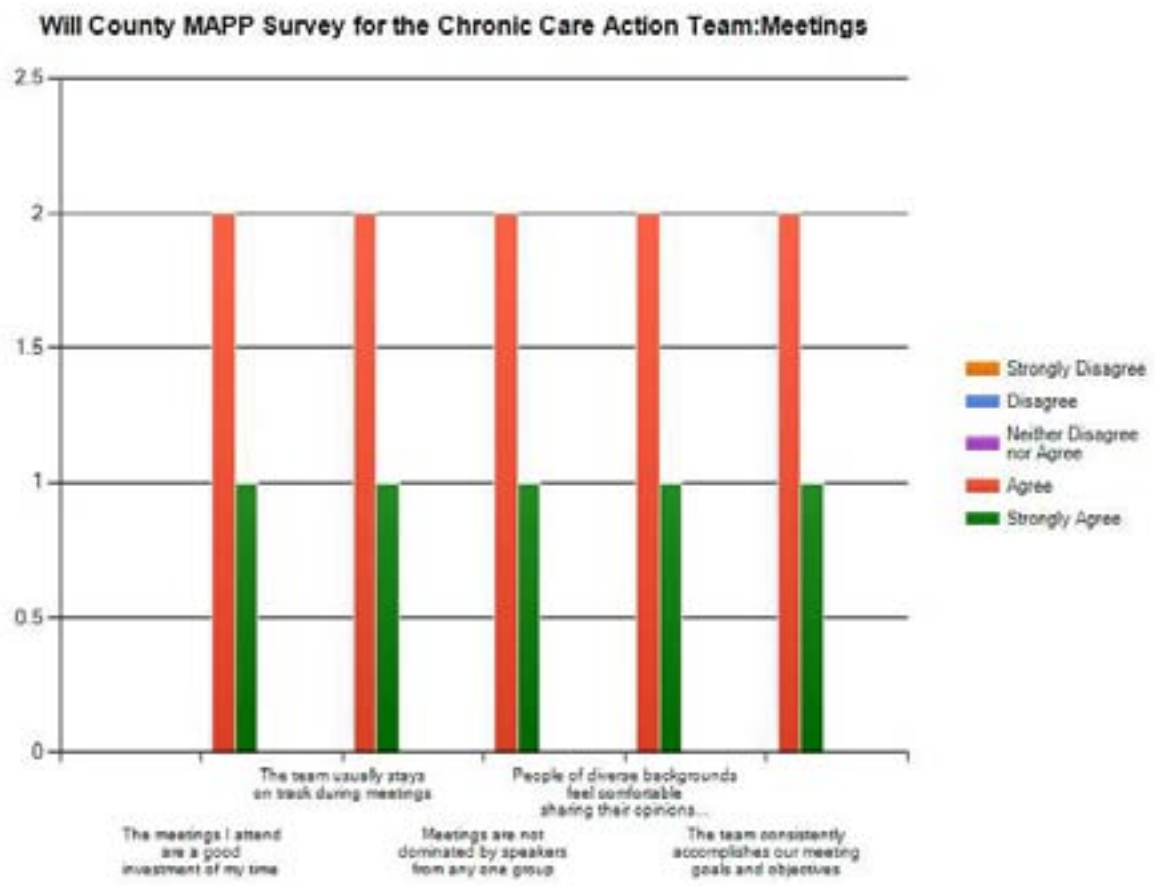
Planning and Implementation

4 responses were recorded for these series of questions.



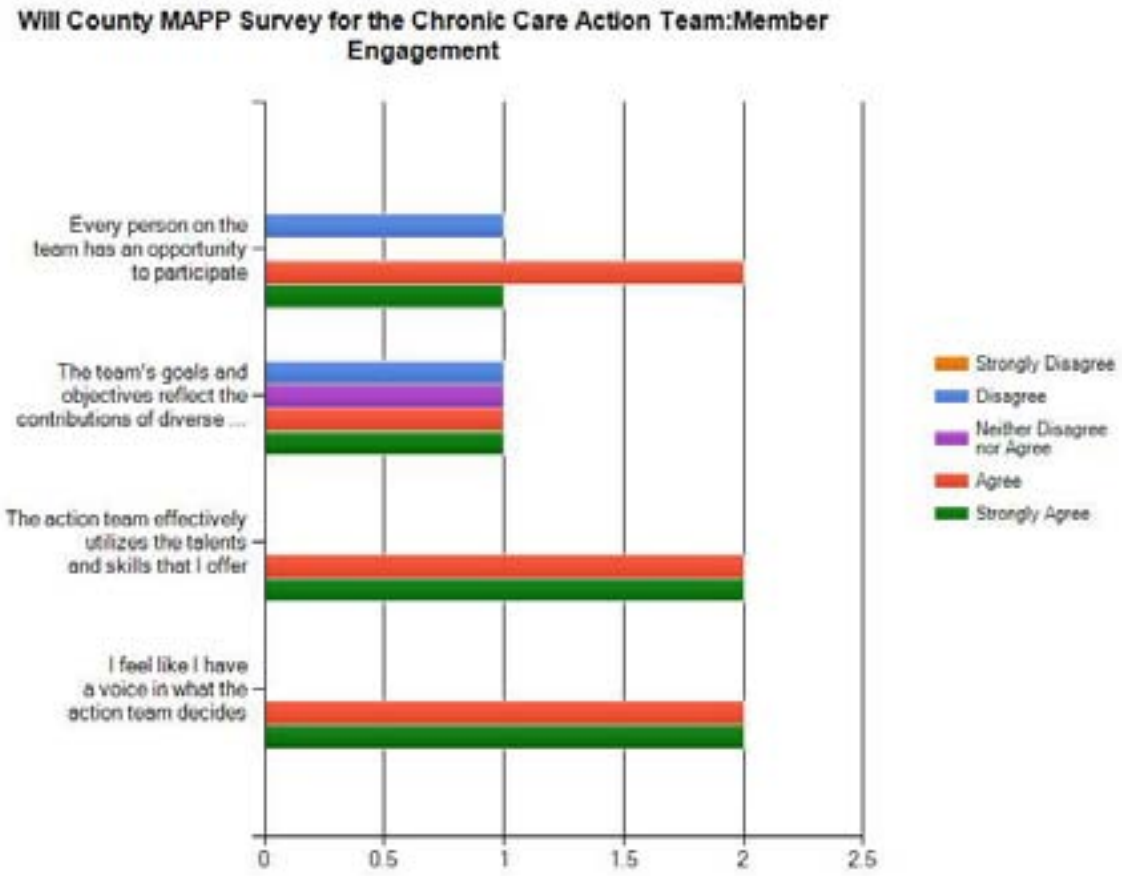
Out of the 4 responses, 2 people agree and 2 people strongly agree that they have a clear understanding of the team's goals and objectives, the team follows through on its planned activities, and they are satisfied with what the team has achieved. 3 people agree and 1 person strongly agrees that there is a planning process used to prepare the team's goals and objectives. 1 person neither disagrees nor agrees and 3 people agree that the team's goals and objectives are realistic. 1 person neither disagrees nor agrees, 2 people agree, and 1 person strongly agrees that the team adapts goals and objectives to respond to changing and emerging needs. All 4 respondents agree that the team's goals and objectives are specific and clear enough to be evaluated. 3 people agree and 1 person strongly agrees that since joining the team, they have seen progress in meeting the team goals and objectives. Lastly, 2 people disagree and 2 people agree that the team membership reflects the diversity of Will County.

Meetings



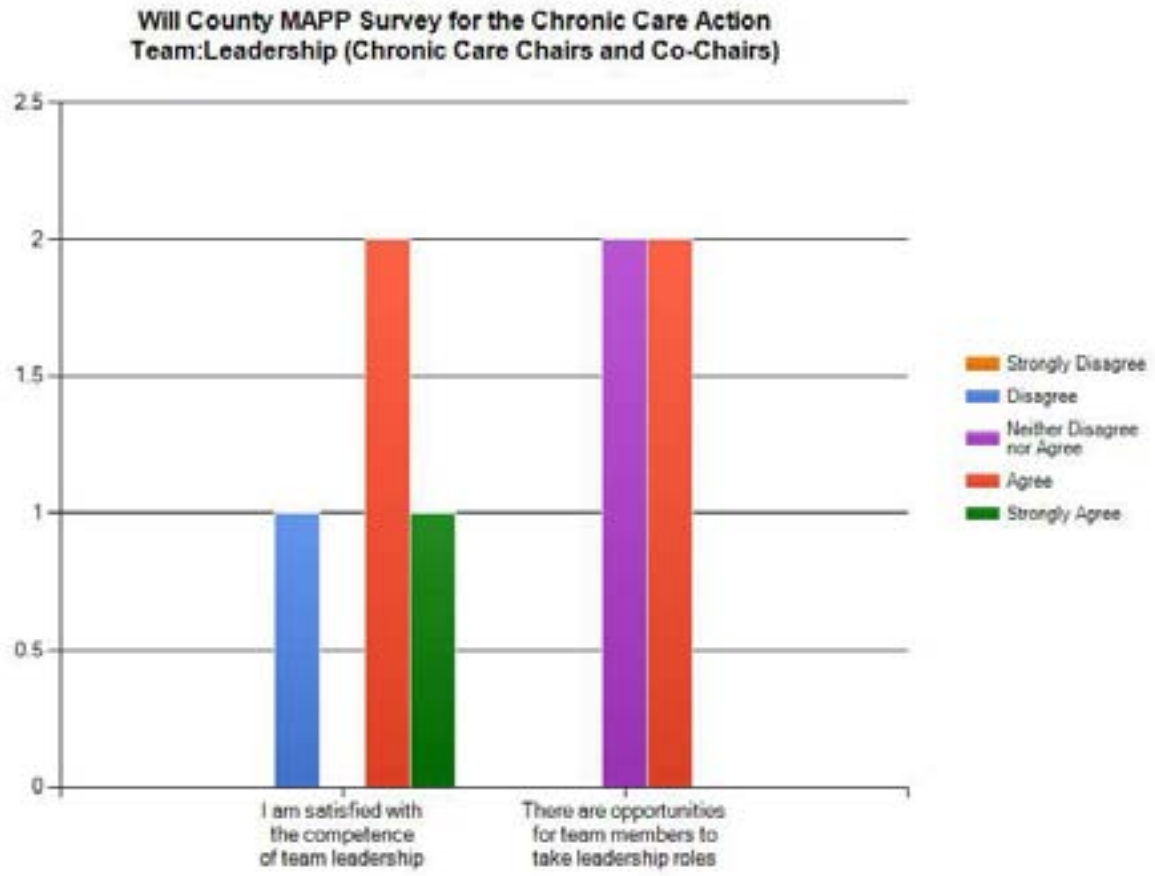
Out of 3 responses, 2 people agree and 1 person strongly agrees that the meetings they attend are a good investment of their time, the team usually stays on track during meetings, that meetings are not dominated by speakers from any one group, that people of diverse backgrounds feel comfortable sharing their opinions and participating in meetings, and that the team consistently accomplishes their meeting goals and objectives.

Member Engagement



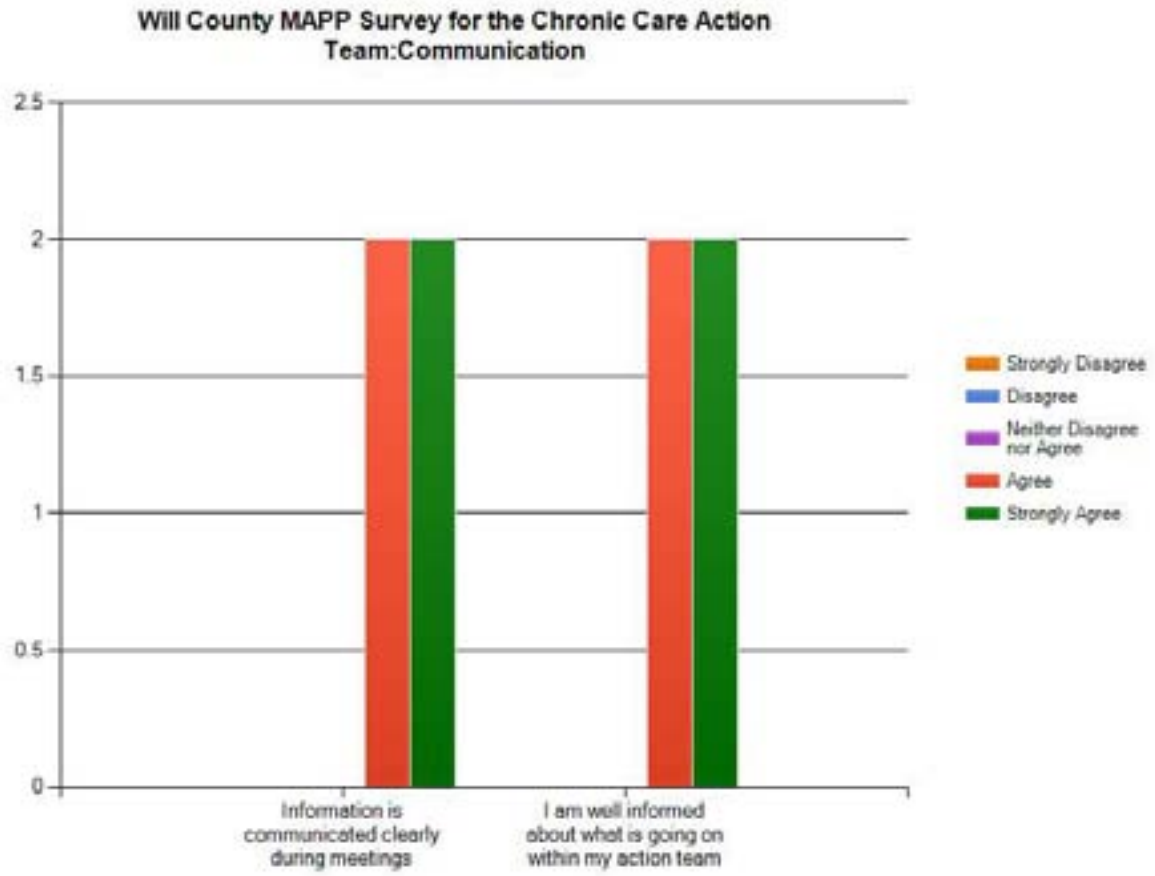
Out of 4 responses, 2 people agree and 2 people strongly agree that every person on the team has an opportunity to participate. 1 person each replied that they disagree, neither disagrees nor agrees, agree, or strongly agree that the team's goals and objectives reflect the contributions of diverse cultural/social groups. Lastly, 2 people agree and 2 people strongly agree that the action team effectively utilizes the talents and skills that they offer and they feel like they have a voice in what the action team decides.

Leadership



Out of 4 responses, 1 person disagrees and 2 people agree that they are satisfied with the competence of team leadership. 2 people neither disagree nor agree and 2 people agree that there are opportunities for team members to take leadership roles.

Communication



Out of 4 responses, 2 people neither disagree nor agree and 2 people agree that information is communicated clearly during meetings and they are well informed about what is going on within their action team.

Overall Comments and Suggestions for Improvement

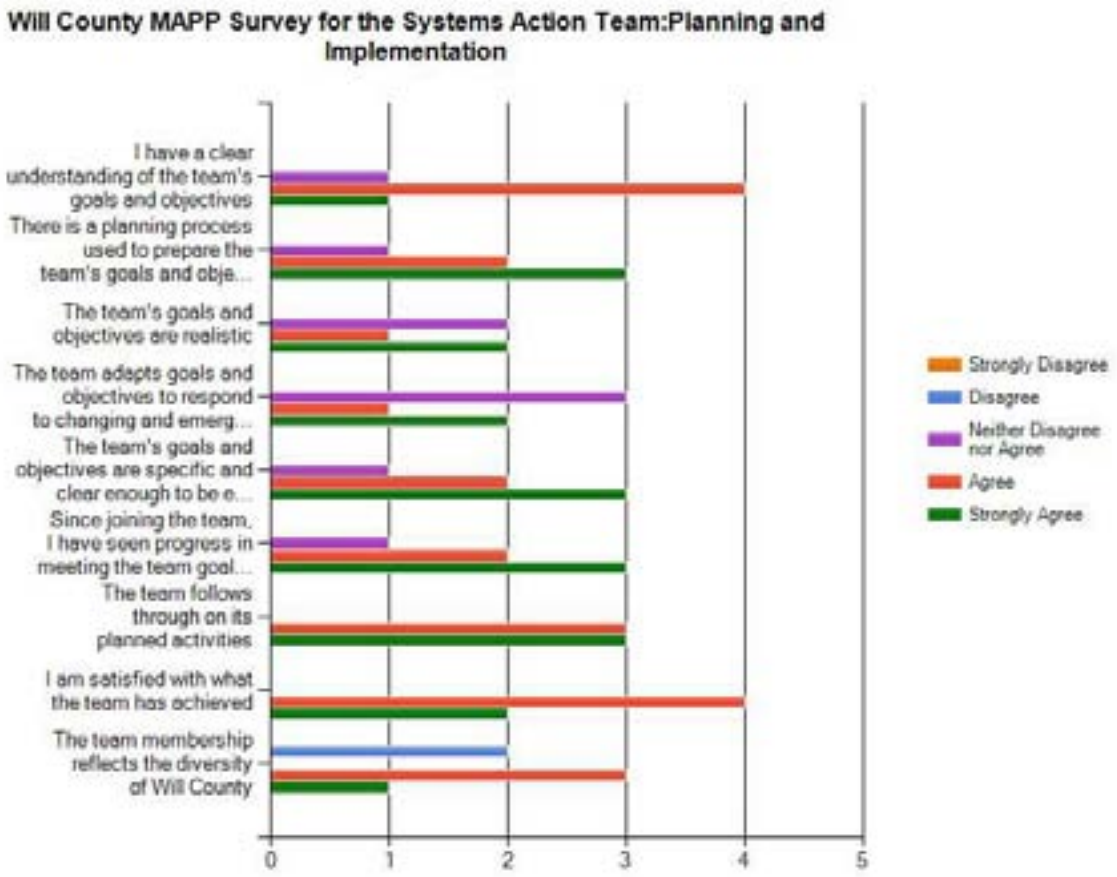
One comment was made in this section: "Like any coalition subcommittee, it can be frustrating to have some people do much of the work and some people do little to nothing to contribute."

Other Action Team Involvement

Out of 7 responses, 2 people are involved with another action team and 5 people are not involved with another action team.

Systems Action Team

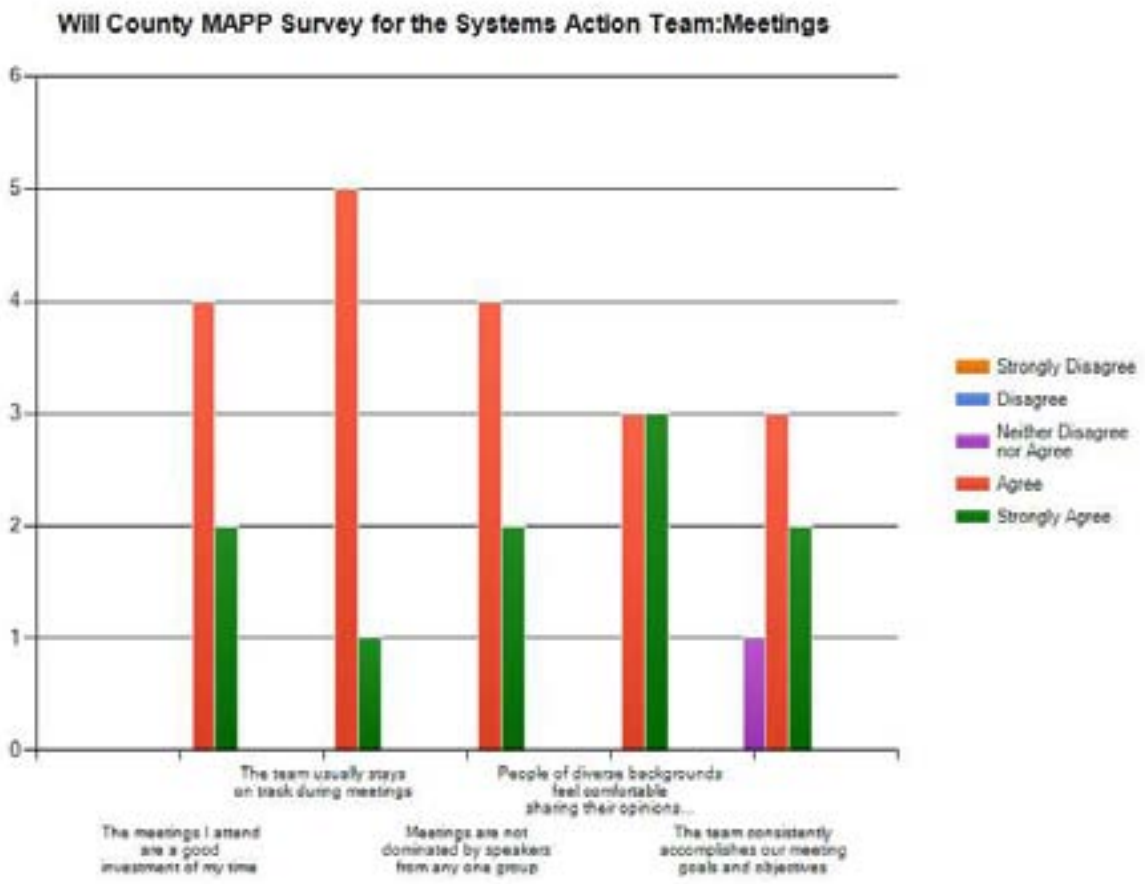
Planning and Implementation



Out of 6 responses, 1 person neither disagrees nor agrees, 4 people agree, and 1 person strongly agrees that they have a clear understanding of the team's goals and objectives. 1 person neither disagrees nor agrees, 2 people agree, and 2 people strongly agree that there is a planning process used to prepare the team's goals and objectives. Out of 5 responses, 2 people neither disagree nor agree, 1 person agrees, and 2 people strongly agree that the team's goals and objectives are realistic. 3 people neither disagree nor agree, 1 person agrees, and 2 people strongly agree that the team adapts goals and objectives to respond to changing and emerging needs. 1 person neither disagrees nor agrees, 2 people agree and 3 people strongly agree that the team's goals and objectives are specific and clear enough to be evaluated and that since joining the team, they have seen progress in meeting the team's goals and objectives. 3 people agree and 3 people strongly agree that the team follows through on its planned activities. 4 people agree and 2 people strongly agree that they are satisfied with what the team has achieved. 3 people

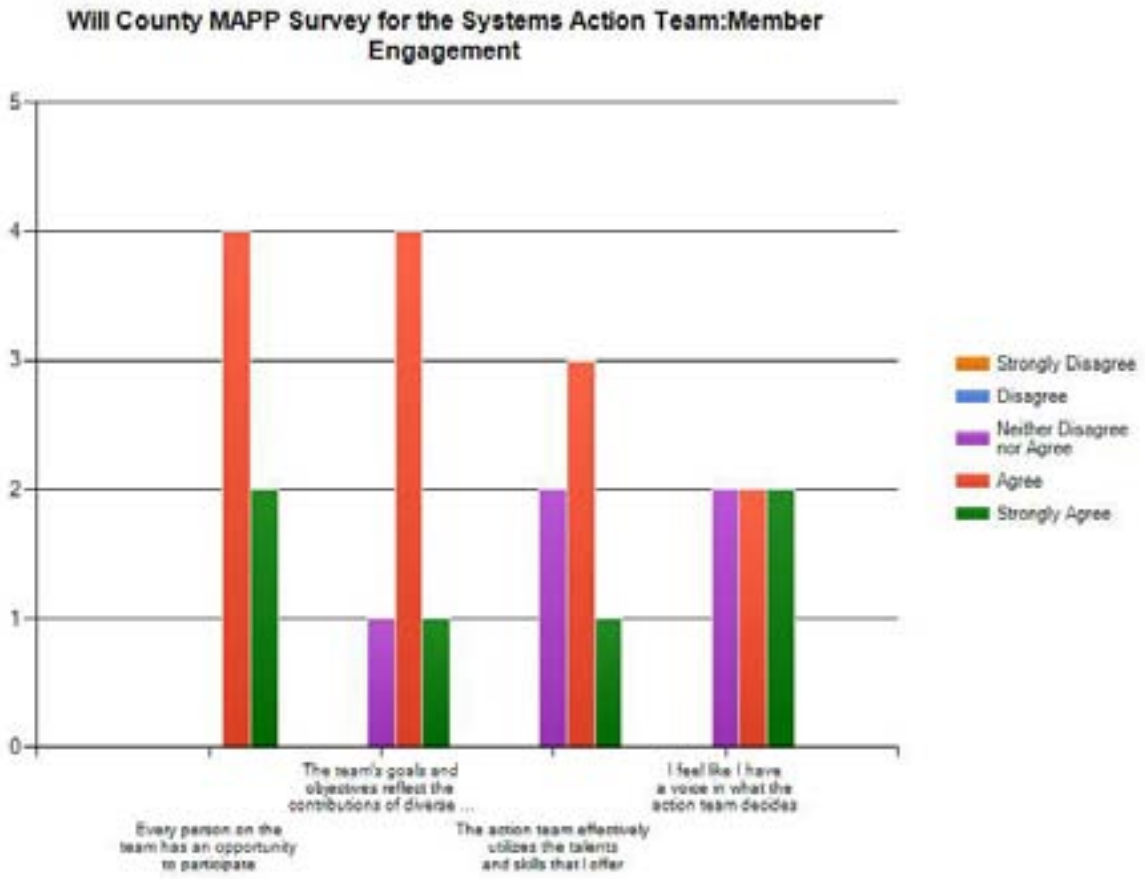
agree and 1 person strongly agrees that the team membership reflects the diversity of Will County.

Meetings



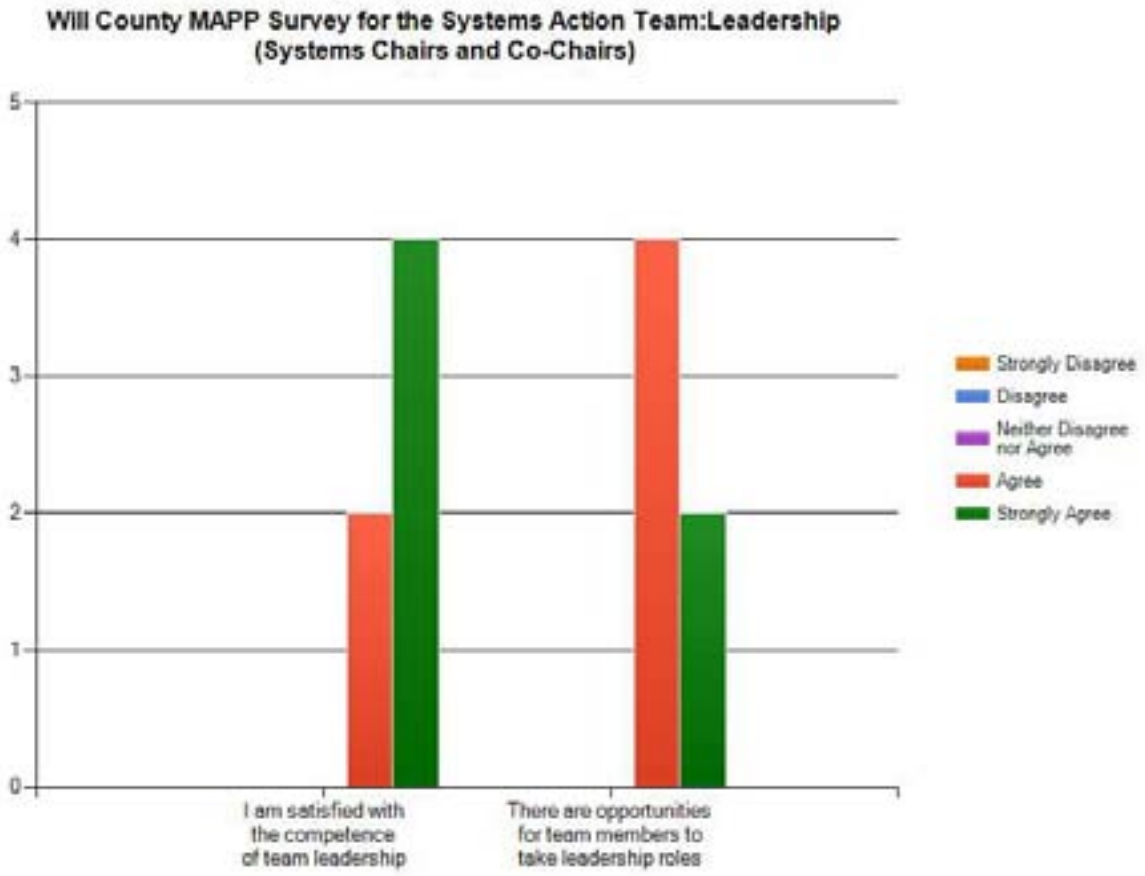
Out of 6 responses, 4 people agree and 2 people strongly agree that meetings that they attend are a good investment of their time and that meetings are not dominated by speakers from any one group. 5 people agree and 1 person strongly agrees tat the team usually stays on track during meetings. 3 people agree and 3 people strongly agree that people of diverse backgrounds feel comfortable sharing their opinions and participating in meetings. 1 person neither disagrees nor agrees, 3 people agree, and 2 people strongly agree that the team consistently accomplishes their meeting goals and objectives.

Member Engagement



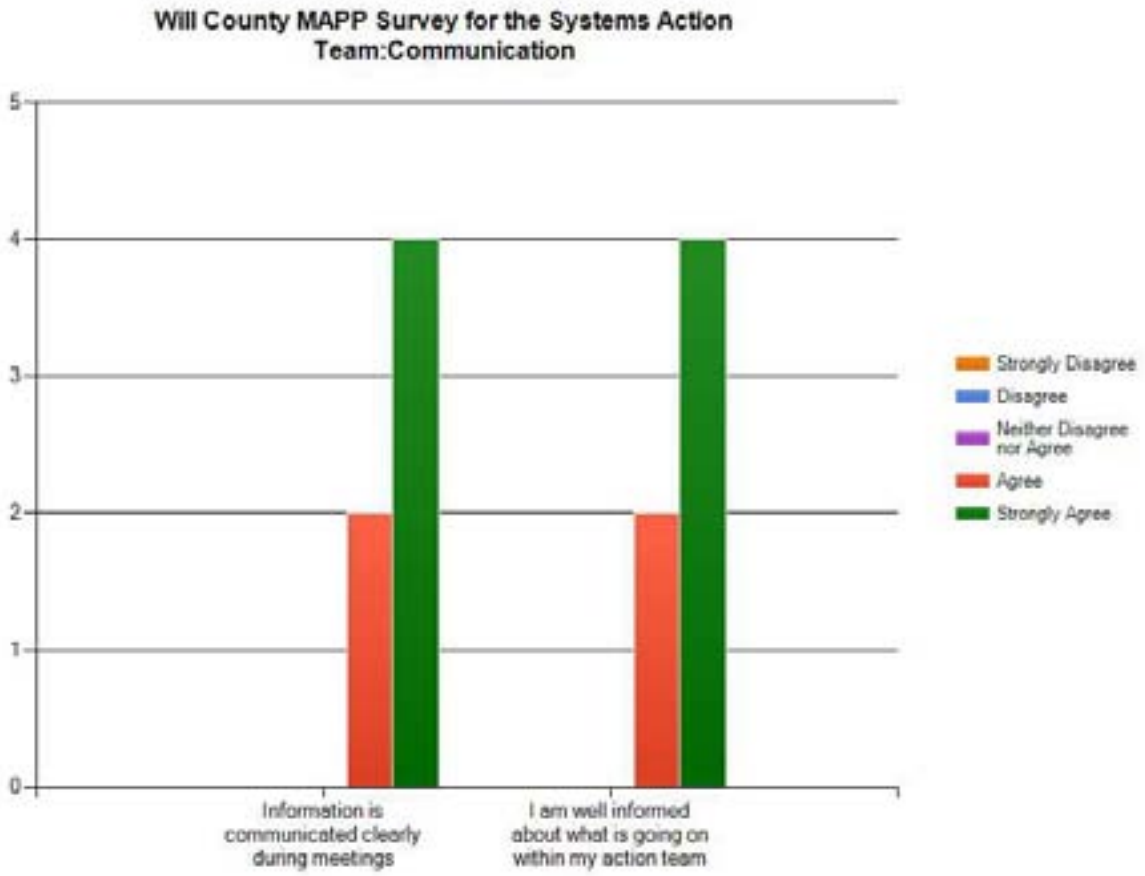
Out of 6 responses, 4 people agree and 2 people strongly agree that every person on the team has an opportunity to participate. 1 person neither disagrees nor agrees, 4 people agree, and 1 person strongly agrees that the team's goals and objectives reflect the contributions of diverse cultural/social groups. 2 people neither disagree nor agree, 3 people agree, and 1 person strongly agree that the action team effectively utilizes the talents and skills that they offer. 2 people each chose neither disagree nor agree, agree, and strongly agree that they feel like they have a voice in what the action team decides.

Leadership



Out of 6 responses, 2 people agree and 4 people strongly agree that they are satisfied with the competence of team leadership. 4 people agree and 2 people strongly agree that there are opportunities for team members to take leadership roles.

Communication



Out of 6 responses, 2 people agree and 4 people strongly agree that information is communicated clearly during meetings and they are well informed about what is going on within their action team.

Overall Comments and Suggestions for Improvement

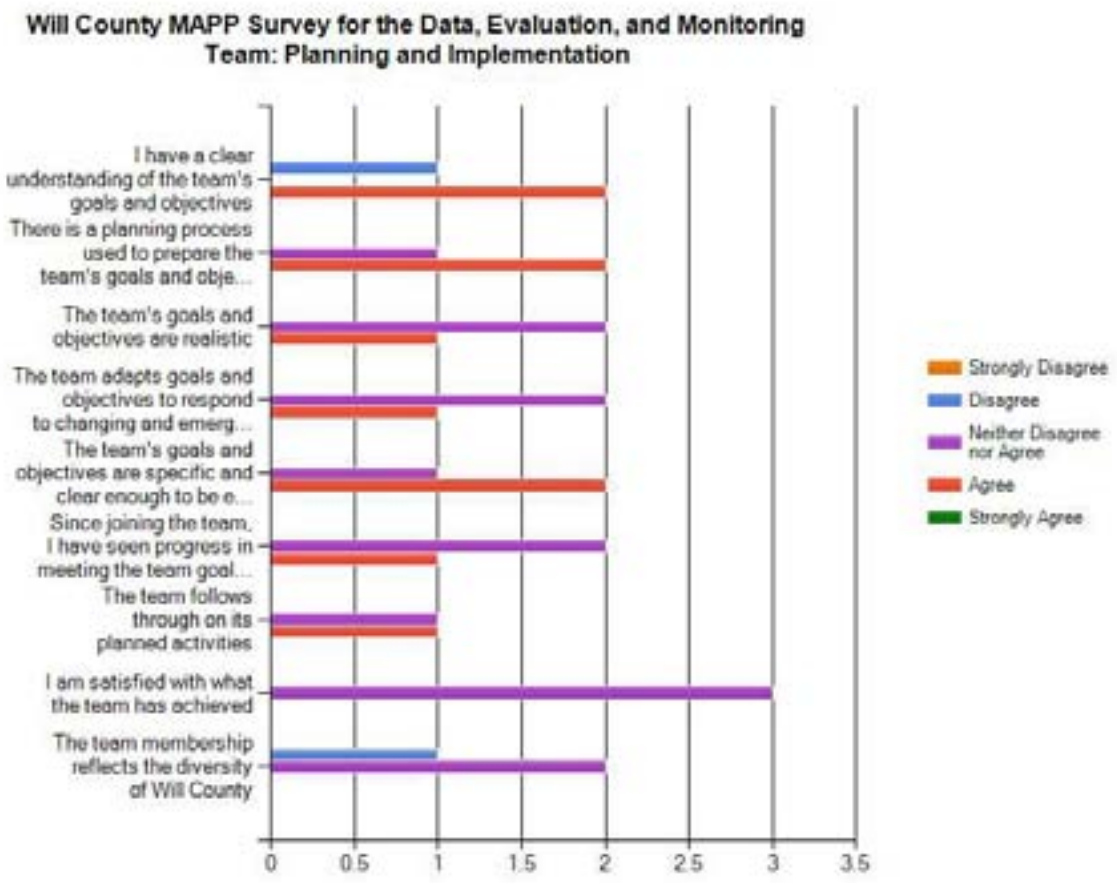
No one offered any comments or suggestions to improve the Systems Action Team.

Other Action Team Involvement

Out of 5 responses, 3 people are involved with another action team and 2 people are not involved with another action team.

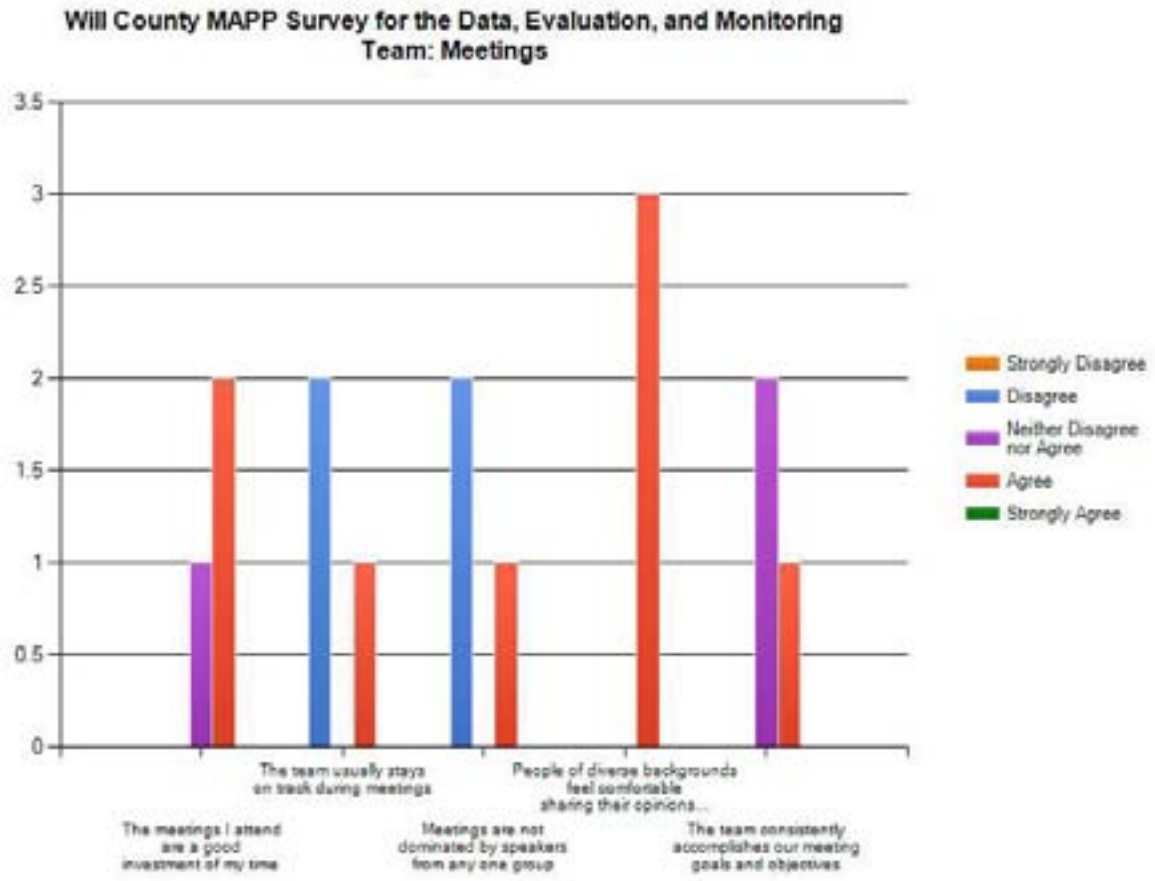
Data, Evaluation, and Monitoring Team

Planning and Implementation



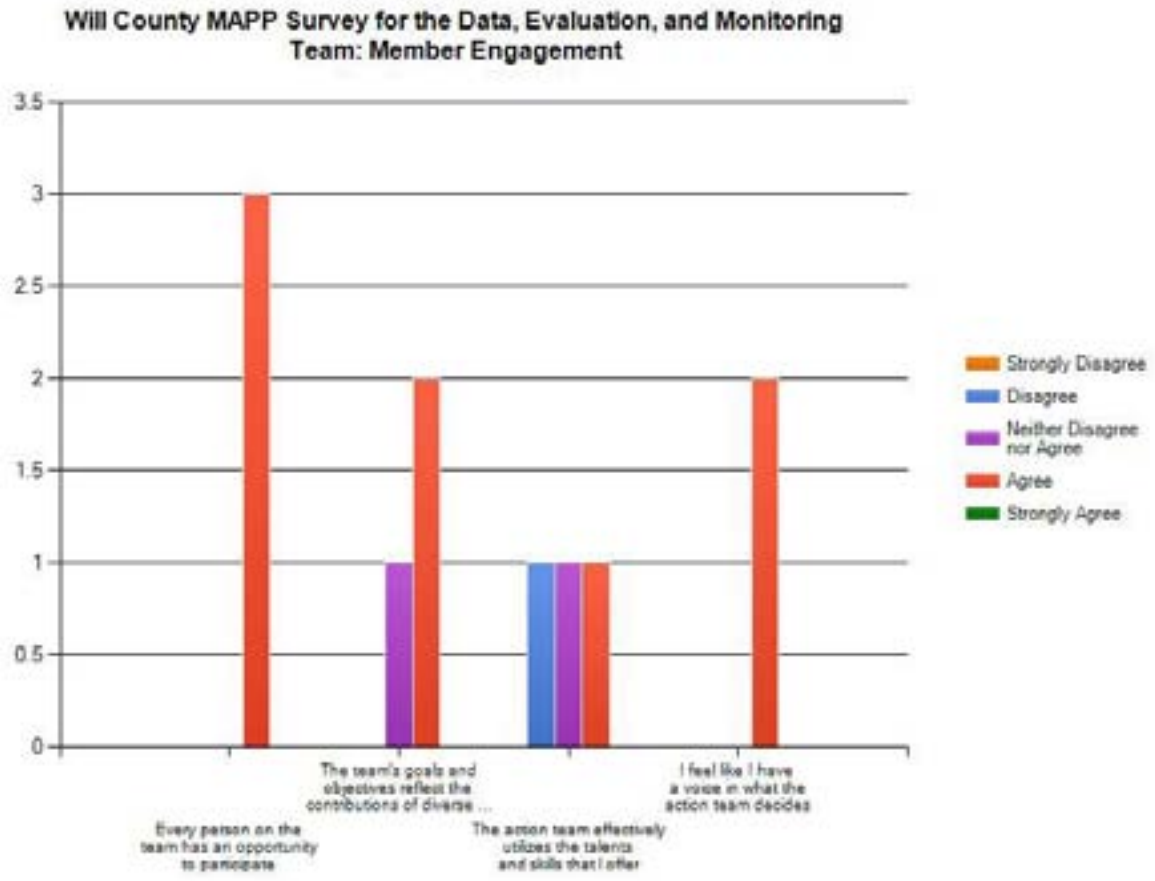
Out of 3 responses recorded for these series of questions, 1 person disagrees and 2 people agree that they have a clear understanding of the team's goals and objectives. 1 person neither disagrees nor agrees, and 2 people agree that there is a planning process used to prepare the team's goals and objectives and the team's goals and objectives are specific and clear enough to be evaluated. 2 people neither disagree nor agree and 1 person agrees that the team's goals and objectives are realistic, that the team adapts goals and objectives to respond to changing and emerging needs, and that since joining the team, they have seen progress in meeting the team goals and objectives. Out of 2 responses, 1 person each chose neither disagrees nor agrees and agrees that the team follows through on its planned activities. Out of 3 responses, all neither disagree nor agree that they are satisfied with what the team has achieved. 1 person disagrees and 2 people neither disagree nor agree that the team membership reflects the diversity of Will County.

Meetings



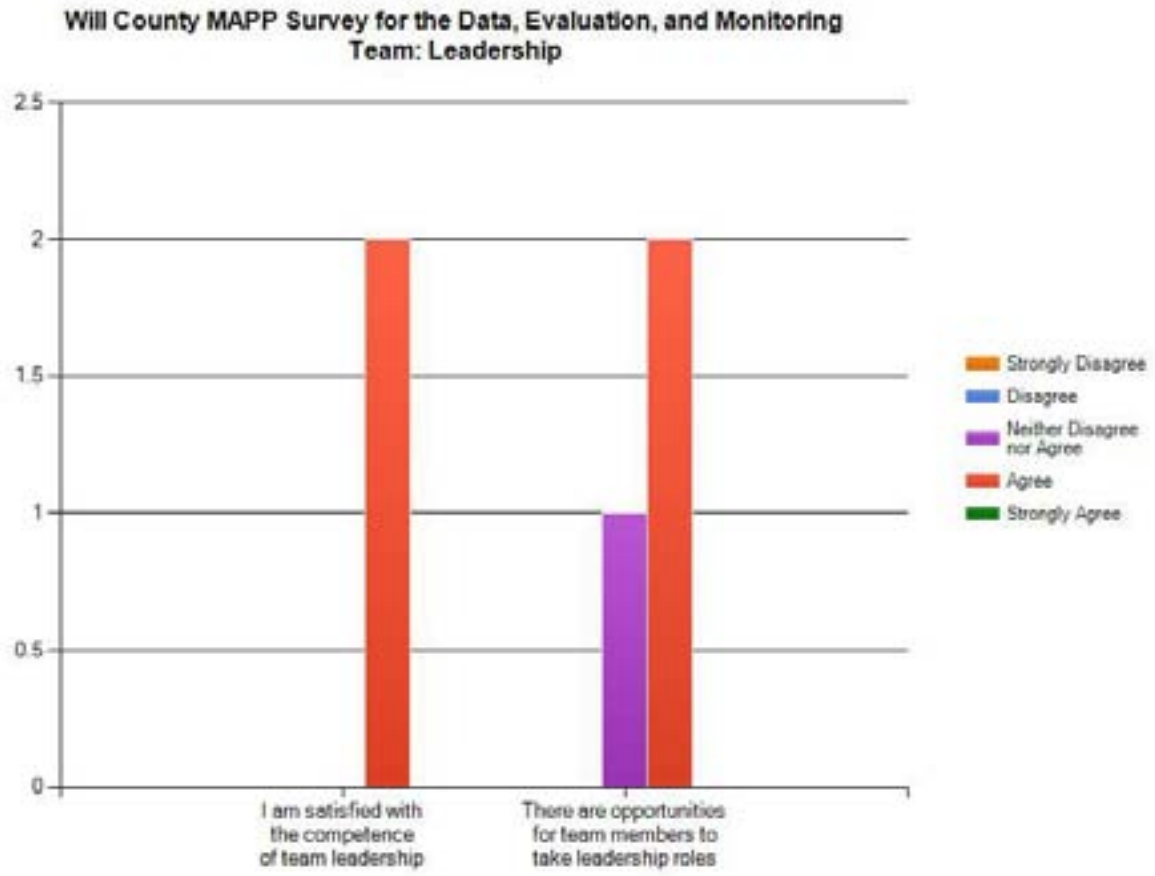
Out of 3 responses, 1 person neither disagrees nor agrees and 2 people agree that the meetings they attend are a good investment of their time. 2 people disagree and 1 person agrees that their team usually stays on track during meetings and meetings are not dominated by speakers from any one group. All 3 respondents agree that people of diverse background feel comfortable sharing their opinions and participating in meetings. 2 people neither disagree nor agree and 1 person agrees that the team consistently accomplishes their meeting goals and objectives.

Member Engagement



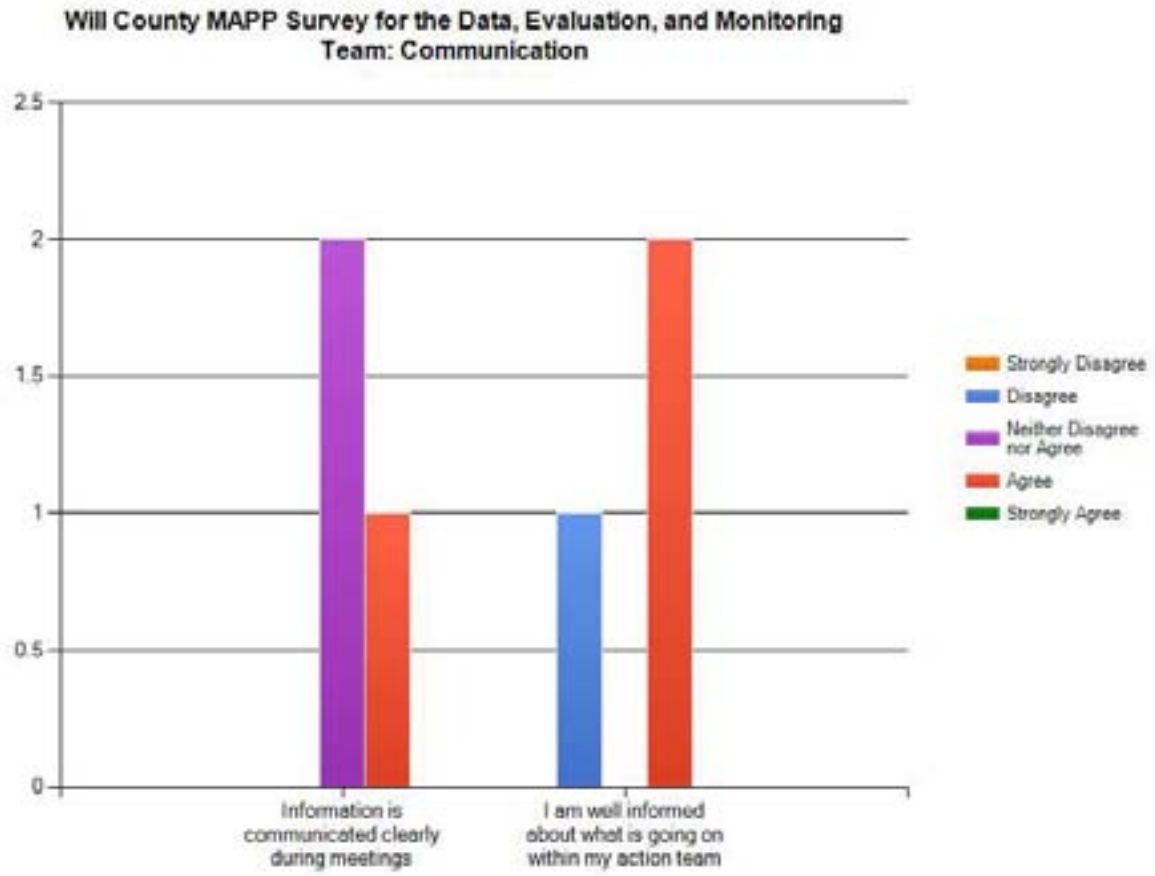
Out of 3 responses, all 3 agree that every person on the team has an opportunity to participate. 1 person neither disagrees nor agrees and 2 people agree that the team's goals and objectives reflect the contributions of diverse cultural/social groups. 1 person each chose disagree, neither disagree nor agree, and agree that the action team effectively utilizes the talents and skills that they offer. Out of 2 responses, both agree that that they feel like they have a voice in what the action team decides.

Leadership



Out of 2 responses, both agree that they are satisfied with the competence of team leadership. Out of 3 responses, 1 person neither disagrees nor agrees and 2 people agree that there are opportunities for team members to take leadership roles.

Communication



Out of 3 responses, 2 people neither disagree nor agree and 1 person agrees that information is communicated clearly during meetings. 1 person disagrees and 2 people agree that they are well informed about what is going on within their action team.

Overall Comments and Suggestions for Improvement

One comment was made in this section: "Too few members – need more participants with data/analysis background from other community agencies including health care."

Other Action Team Involvement

Out of 3 responses, all 3 people are not involved with another action team.

Conclusion

There were very few responses with respect to the action teams so it is difficult to make accurate conclusions. However, in this survey, the majority of respondents seem to have a positive experience with the planning and implementation, meetings, member engagement, leadership, and communication for their respective team. An important note is that many chose the answer choice “Neither disagree nor agree” for many of the statements related to the action teams. There was some dissatisfaction shown with each of the action teams. This is shown with the team leadership of the Access to Care and Prevention and Management of Chronic Care Issues action teams, utilizing talents and skills of members with the Awareness of Services action team and the Data, Evaluation, and Monitoring team, and that team membership reflects the diversity of Will County with the Data, Evaluation, and Monitoring team and the Awareness of Services, Prevention and Management of Chronic Care Issues, and Systems action teams, to name a few.

APPENDICES – Phase 3

Community Health Status Assessment Report

Community Themes and Strengths Assessment Report

Forces of Change Assessment Report

Local Public Health System Assessment Report

Will County
MAPP Collaborative

Will County Community Themes and Strengths Assessment Report

March 2014

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INTRODUCTION

The Community Themes and Strengths Assessment (CTSA) is one of the four assessments used in the Mobilizing for Action through Planning and Partnerships (MAPP) framework. In this assessment, community perceptions, thoughts, opinions, and concerns are gathered, providing insight into the issues of importance to the community. Listening to and communicating with the community are essential to any community-wide initiative. This assessment engages the community in the MAPP process by asking the following questions:

- What is important to our community?
- How is quality of life perceived in our community?
- What are the assets in our community?

This information leads to a portrait of the community as seen through the eyes of the residents; their perception about the quality of life, needs, strengths and assets in Will County. One of the benefits of including the community in the process is that it gives them a sense of ownership and responsibility for the outcomes. Additionally, community residents help to pinpoint important issues and highlight possible solutions. The themes and issues identified in the CTSA offer additional insight into the findings from the other three assessments in identifying strategic issues to be addressed in the overall Community Health Needs Assessment.

Community perception can be obtained through several methods. In Will County, the MAPP Collaborative collected data for the CTSA in three ways: random community surveys, targeted surveys, and photovoice.

ASSESSMENT METHODOLOGY

RANDOM SURVEY

MAPP core staff reviewed the survey tool used in the 2009 Community Health Needs Assessment. Recommended changes were made and forwarded to the Data, Evaluation and Monitoring (DEM) team for their feedback and input. Several meetings were held with the DEM team and revisions were made to the format and some of the questions. Many of the questions and the overall tool remained the same in order to capture data to compare findings from the previous survey cycle. To maintain consistency from one assessment period to the next, the MAPP Executive Committee decided to conduct the random surveys using the same marketing firm from 2009.

In September 2013, the survey was sent to 5,000 random heads of households throughout Will County. Respondents were given the option to complete and return a paper copy or to complete the survey online. The collection period ran from September 2013 to November 2013. Four hundred ninety-six surveys were returned, almost a 10% return rate. Staff, interns and volunteers input the data into survey monkey for analysis. Analysis and a preliminary report were completed by the epidemiologist of the Will County Health Department. Summary and key findings were completed by Presence Health's Community Health Strategy department.

TARGETED SURVEYS

Upon review of the preliminary analysis from the random survey, it was identified that the demographics were not reflective of the total Will County population. Underrepresented populations included the following populations: Latino/Hispanic, African American, Homeless, Uninsured, and Medicaid Recipients. Partner organizations in the MAPP Collaborative were solicited via email to volunteer to distribute surveys to their consumers falling within the identified populations. Eight organizations volunteered and surveys were distributed to: organizations serving the homeless, early childhood families, special needs, persons with substance abuse/use disorders, as well as African American and Latino populations. Eighty-three surveys were completed and returned. Data was entered into Survey Monkey and was analyzed by the Will County Health Department's epidemiologist.

PHOTOVOICE

Photovoice is a grassroots approach to social action that encourages residents to take photos of scenes and people around Will County that demonstrate quality of life. It serves as documentation and reflection of the community's strengths and weaknesses. Photovoice allows community members to provide feedback via photos of their environment. This approach allows for expression and stimulated dialogue with other residents, and eventually policy makers.

Flyers and photo submission forms were distributed through the MAPP Collaborative partners to promote the photovoice project. To increase the outlets of exposure, MAPP used Facebook as a forum for pictures to be posted and for additional dialogue to take place regarding the photo's representation of quality of life in Will County. Few responses were received through the social media option. In an effort to solicit more community feedback on the photos, poster board displays were set up in various sites throughout the county. With the assistance of an intern, the photos were placed and numbered on foam display boards.

ASSESSMENT METHODOLOGY

Contacts were made with member agencies volunteering to be host sites for the display. Comment cards and a collection box were provided for each site. The collection cards asked for the picture number and a brief description on how the picture reflected quality of life in Will County. Demographic data collected included age and zip code only. Boards were placed in two universities, one in Eastern Will County and the other in Northern Will County. Another board was displayed in a social service agency located in Joliet.

The themes and issues identified through photovoice were used in conjunction with the other MAPP assessments to identify the top needs of the community.

SUMMARY OF KEY FINDINGS

Will County Survey

There were significant differences in the demographics of the respondents to the random versus targeted surveys. The respondents in the targeted survey were from more vulnerable populations and were less likely to be employed. In addition to race and ethnicity differences, there were fewer home owners with the targeted surveys than with the random surveys (31% versus 94%).

For respondents and their families, the same health conditions were experienced, but at different rates. Heart disease was a condition noted in the top twelve rankings in the random survey sample, but not in the targeted surveys. Problems with alcohol were listed in the top twelve for our targeted survey sample and not in the random survey. While problems with allergies and asthma were more prevalent in children from both samples, in the targeted survey sample, the third top medical condition for children was bronchitis. In comparison to the 2004 and 2009 surveys, Will County households continue to have the same medical conditions although the ranking order and household percentages fluctuate slightly. (**Note, targeted surveys were not conducted in 2004 and 2009).

2013 Random Survey Health Condition	Percentage in Household with Condition N = 483
Allergies**	51%
High Blood Pressure	46%
Back Pain	39%
High Cholesterol	37%
Arthritis	35%
Dental Problems	25%
Obese/Overweight	24%
Diabetes	17%
Asthma**	17%
Stomach and Digestive Disorders	16%
Heart Condition	15%
Depression	11%

2013 Targeted Survey Health Condition	Percentage in Household with Condition N = 83
Allergies**	61%
Back Pain	53%
Dental Problems	50%
Asthma**	42%
High Blood Pressure	40%
Depression	39%
Arthritis	32%
Obese/Overweight	31%
Diabetes	26%
Alcohol	24%
Stomach and Digestive Disorders	21%
High Cholesterol	21%

**Conditions are especially prevalent among children.

SUMMARY OF KEY FINDINGS

2004 Survey Results Medical Conditions in the Household	% Responding	2009 Survey Results Medical Conditions in the Household	% Responding
Back Pain or Disc Disorder	37%	Allergies	43.7%
Arthritis	32%	Back Pain or Disc Disorder	41.7%
Overweight	31%	Arthritis or Rheumatism	41.5%
Chronic Sinus/Hay Fever	22%	Hypertension	32.2%
Heart Condition	18%	Overweight/Obesity	25.1%
Asthma	17%	Diabetes	22.0%
Diabetes	16%	Asthma	21.7%
Stomach Disorders	16%	Heart Condition	18.0%
Depression	13%	Digestive or Stomach Disorders	17.8%
Hearing Impaired	13%	Chronic Sinusitis (Chronic Sinus Infection or Hay Fever)	17.6%

Although there were significant differences in the demographics of the survey samplings, Will County residents still view quality of life as very positive. Both survey samples rated the overall quality of life in Will County as an 8 on a scale of 1 to 10, with 1 being the lowest and 10 being the highest. Pictures from the photovoice project also rendered very positive quality of life perceptions in Will County. Built environments, healthy food and drink choices and community involvement were themes of strengths found in the photos.

The top two most important factors contributing to positive quality of life remained the same for both survey sample groups: low crime rates/safe neighborhoods and a good place to raise children. This was also depicted in the photos received, showing safety and youth involvement.

Wilmington Youth

New Lights at Plainfield/ Naperville Road for Better Traffic Flow

For the random survey, respondents listed high performing schools as the third top factor contributing to quality of life while respondents in the targeted survey reported affordable housing as the third top factor.

SUMMARY OF KEY FINDINGS

Major resources or assets in the community remained mostly the same among both sample groups. Organizations seen as contributing to quality of life in the targeted survey that were not listed in the random survey included: Catholic Charities programs (Head Start and Daybreak Shelter), Community Health Centers (Aunt Martha's, Will County Community Center and Quick Care Clinics), National Hook-Up of Black Women, and Center for Community Concerns. Organizations listed in the random sample and not listed by respondents of the targeted survey included: the Chamber of Commerce, Knights of Columbus, American Legion Association and Senior Services.

Photovoice pictures also indicated the healthcare facilities, parks and horticultural centers as positive aspects of the community.

Transportation

- Congestion problems were seen more of a problem for those in the random survey than in the targeted survey (45% versus 34%).
- In the targeted survey, 50% saw transportation as a major or moderate problem as opposed to 35% of the random survey sample.

Access to Health and Social Services

- Respondents from the targeted survey saw access to dental services and availability of information on social services (60% and 69% respectively) as an issue.

Health and Public Safety

- Respondents from the targeted survey were more likely to see general safety as a major or moderate problem (47%) than respondents of the random survey (24%).
- Both groups were concerned with illegal drugs and alcohol as major and moderate problems.
- Respondents from the targeted sampling saw domestic violence (46%) as a third concern, whereas the random survey sample saw gangs (24%) as a major/moderate problem in the community.

Jobs and Education

- Both survey samples saw lack of jobs, access to job training/low wages and low paying jobs as major or moderate problems.

Housing

- Lack of affordable housing options was seen by both survey groups as a major problem.
- Homelessness was seen as a major or moderate problem by 57% of the respondents in the targeted survey sample.
- Housing for seniors was cited as a major or moderate problem by 30% of the random survey participants.

SUMMARY OF KEY FINDINGS

INDICATORS OF VULNERABLE POPULATIONS

Respondents in the targeted survey were more likely to be uninsured (67%) than those in the random sample (13%). In the targeted survey, more households reported being on some kind of public assistance (69%) as compared to the random sample (11%). The problem of not being able to see a healthcare provider or fill a prescription due to cost was seen more in the targeted surveys than in the random sample.

ASSESSMENT PARTICIPANTS

DEMOGRAPHICS OF SURVEY RESPONDENTS

Data from the random survey was used to determine the populations needed for the targeted survey. Respondents from the targeted survey represented members of the more vulnerable populations of early childhood, special needs, substance abuse, low-income and racial and ethnic differences. Significant differences are found in the age of respondents, income and employment as shown in the below chart.

Comparison of Survey Demographics		
	Random Survey N= 483	**Targeted Survey** N= 83
Gender	58% female	77% female
Age (25-65)	67%	86%
Race & Ethnicity:		
• Caucasian	92%	53%
• African American	4%	46%
• Hispanic/Latino	6%	23%
Income:		
• Over $100,000	25%	3.7%
• Under $100,000	9.8%	47%
• Choose not to answer	20.5%	15%
Employment:		
• Employed	54%	58%
• Retired	37%	1%
• Unemployed	9%	41%

DEMOGRAPHICS OF PHOTOVOICE PARTICIPANTS

Specific demographic data was not collected on the participants for the photovoice submissions. Pictures were submitted from the MAPP Collaborative partners, a local community coalition and nursing students from one of the local universities. The pictures were reflective of various communities throughout Will County. The responses from the community display were primarily from the 18-44 age group.

ASSESSMENT RESULTS

RANDOM SURVEYS

Surveys were distributed through the FMP marketing firm to 5,000 random households in Will County with four hundred and ninety-six returned.

Quality of Life (QOL)

The three most important factors contributing to positive quality of life in Will County:

1. Low crime rates/safe neighborhoods
2. Good place to raise children
3. High performing schools

Eighteen community organizations were most frequently endorsed as contributing to positive quality of life:

- Chamber of Commerce
- Churches
- Health Department
- Hospitals (Silver Cross Hospital and Presence Saint Joseph Medical Center)
- Libraries
- Park District
- Morningstar Mission
- Lions Club
- City Government
- Police
- United Way
- YMCA
- Knights of Columbus
- American Legion Association
- Food Pantry
- Fire Department
- Senior Services
- Veterans Services

Transportation

- 35% reported transportation is a moderate or major problem in Will County
- 45% reported moderate to major congestion problems
- 31% reported streets are in moderate to major disrepair

Access to Health and Social Services

- 30% reported lack of access to health care services is a moderate or major problem
- 26% reported lack of access to dental services is a moderate or major problem
- 25% noted a major problem regarding the availability of information on social services

ASSESSMENT RESULTS

Health and Public Safety

- 24% said general safety and security are moderate/major problems
- Specific safety concerns included: illegal drug use (40%), alcohol abuse (30%), and gangs (35%)

Jobs and Education

- Lack of jobs was indicated as a moderate/major problem by 53% of respondents
- Access to job training was cited by 32% as an issue
- 42% indicated low wages and low paying jobs to be moderate/major problems

Housing

- Lack of affordable housing options both in general (32%) and for seniors specifically (30%) were cited as a moderate to major barrier in Will County

Vulnerable Populations

- 30% of survey respondents indicated poverty in Will County is a moderate or major problem
- 13% of respondents were themselves uninsured
- 11% of respondents reported being on public assistance of some kind (cash assistance, food stamps, medical card, reduced price school meals)
- 12% of respondents could not see a health care provider in last 12 months due to cost
- 13% could not fill a needed prescription in the past 12 months due to high cost

TARGETED SURVEYS

Surveys were distributed through partners in the Will County MAPP Collaborative. Approximately three hundred surveys were distributed with eighty-three returned. Survey participants were from a homeless shelter, substance abuse treatment program, Head Start programs and a social service program for special needs children.

Quality of Life (QOL)

The three most important factors contributing to positive quality of life in Will County:

1. Low crime rates/ safe neighborhoods
2. Good place to raise children
3. Affordable Housing

18 community organizations were most frequently endorsed as contributing to positive quality of life:

- Catholic Charities Programs (Head Start and Daybreak Shelter
- Churches
- Health Department
- Hospitals (Silver Cross & Presence Saint Josheph Medical Center)
- YMCA
- Center for Community Concerns
- Food Pantry

- Fire Department
- Veterans Services
- Community Health Centers (Quick Clinics, Will County and Aunt Martha's)
- National Hook-Up of Black Women
- Libraries
- United Way
- Salvation Army
- Stepping Stones
- Park Districts (Joliet, Peotone and Channahon)
- Morning Star Mission
- Police Departments/Law Enforcement

Transportation

- 50% reported transportation is a moderate or major problem in Will County
- 34% reported moderate to major congestion problems
- 53% reported streets are in moderate to major disrepair

Access to Health and Social Services

- 39% reported lack of access to health care services is a moderate or major problem
- 60% reported lack of access to dental services is a moderate or major problem
- 69% noted a major problem regarding the availability of information on social services

Health and Public Safety

- 47% said general safety and security are moderate/major problems
- Specific safety concerns included: illegal drug use (66%), alcohol abuse (57%), and Domestic Violence (46%)

Jobs and Education

- Lack of jobs indicated as a moderate/major problem by 74% of respondents
- Access to job training cited by 56%
- 79% indicated low wages and low paying jobs to be a moderate/major problem

Housing

- Lack of affordable housing options both in general (70%) and homelessness (57%) were cited as a moderate to major barrier in Will County

Vulnerable Populations

- 53% of survey respondents indicated poverty in Will County is a moderate or major problem
- 67% of respondents were themselves uninsured
- 69% of respondents reported being on public assistance of some kind (cash assistance, food stamps, medical card, reduced price school meals)

- 49% of respondents could not see a health care provider in last 12 months due to cost
- 48% could not fill a needed prescription in the past 12 months due to high cost

Health Problems

- 70% indicated they had no problems obtaining non-emergency care for these conditions when needed

PHOTOVOICE

Twenty-eight photos were received from a number of residents in Will County. All pictures submitted depicted healthy and positive aspects of Will County. The pictures depicted healthy eating including healthy food and drink options, built environment and safety, tobacco-free campuses, community involvement, parks and recreations with opportunities for physical activity, health care facilities and youth and elected officials involvement in the community. Examples of some of the photos are included below.

Belletini Foods in Wilmington

Silver Cross Hospital

WILL COUNTY COMMUNITY SURVEY

COMMUNITY SURVEY FOR WILL COUNTY

Thank you for taking the time to complete this Community Survey for Will County. The purpose of the survey is to perform a community health needs assessment (CHNA) and plan for the local public health system in Will County. Please read the questions carefully and answer to the best of your ability. Keep in mind that your responses are confidential and cannot be associated with you. This survey usually takes less than fifteen minutes to complete.

Section I: Quality of Life Questions

*When completing this section, please keep in mind that **Quality of Life** is defined as "your personal satisfaction (or dissatisfaction) with the conditions in which you live."*

1. Which Will County community do you live in or near? (Please name the **city**, **town**, **village** or **unincorporated area**.) _____

2. In the following list, what do you think are the **three most important factors for quality of life** in this community**?**

   Check only three:
   - ☐ Good place to raise children
   - ☐ Low crime / safe neighborhoods
   - ☐ Low level of child abuse
   - ☐ High performing schools
   - ☐ Safe schools
   - ☐ Access to primary health care (i.e. family doctor)
   - ☐ Parks and recreation
   - ☐ Clean environment
   - ☐ Affordable housing
   - ☐ Arts and cultural events
   - ☐ Good race relations
   - ☐ Good jobs and healthy economy
   - ☐ Strong family life
   - ☐ Healthy behaviors and lifestyles
   - ☐ Low infant deaths
   - ☐ Religious or spiritual values
   - ☐ Other _____

3. How do you rate the overall quality of life in the community (city, town, or village) where you live? **Rate the quality of life from 1 to 10, with 10 being the highest and 1 being the lowest.** *(Circle one.)*

   1 2 3 4 5 6 7 8 9 10

4. Please list 1-4 organizations you think contribute to your community being healthy.
   1. _____
   2. _____
   3. _____
   4. _____

Section II: Assessment of Issues in Your Community

We need your opinion on some specific issues that you think may or may not be problems in your community. For each of the following issues, please mark if you think it is a major problem, moderate problem, minor problem or not a problem at all. Keep in mind your choices are confidential and cannot be associated with you.

TRANSPORTATION

1. To what extent is **transportation** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
2. To what extent is **traffic congestion** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
3. To what extent are **streets in disrepair** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐

ACCESS TO LOCAL SERVICES

4. To what extent is **affordable/ adequate health insurance** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
5. To what extent is **affordability/ accessibility of dental services** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
6. To what extent is **access to primary health care services** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
7. To what extent is **access to mental health care services** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
8. To what extent is **access to a major grocery store *(store that sells fresh produce/meat)*** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
9. To what extent are **availability/ affordability of recreational services** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
10. To what extent is **access to services for people with disabilities** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
11. To what extent is **access to affordable child care** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐

HEALTH/PUBLIC SAFETY

12. To what extent is **safety and security** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
13. To what extent is **illegal drug use** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
14. To what extent is **alcohol abuse** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
15. To what extent is **mental health** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
16. To what extent is **child abuse** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
17. To what extent is **elder abuse** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
18. To what extent are **gangs** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
19. To what extent is **domestic violence** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
20. To what extent is **sexual assault** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐

SOCIAL SERVICES

21. To what extent are **social services for youth** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
22. To what extent are **social services for seniors** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
23. To what extent is **availability of information on social services** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐

EDUCATION/JOBS

24. To what extent are **inadequate schools** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
25. To what extent is **access to higher education** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
26. To what extent is **lack of jobs** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
27. To what extent is **access to job training** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
28. To what extent does **having a criminal record limit access to jobs** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
29. To what extent are **low wages/low paying jobs** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
30. To what extent is **poverty** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐

HOUSING

31. To what extent is access to **affordable housing** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
32. To what extent is access to **affordable long-term care for seniors** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
33. To what extent is **homelessness** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐

COMMUNICATION (includes language, literacy, sign language, etc.)

34. To what extent is **communication** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐
35. To what extent are **interpreters for services** a problem in your community…	It's not a problem.	It's a minor problem.	It's a moderate problem.	It's a major problem.	Don't Know
	☐	☐	☐	☐	☐

Section III: Health Care Questions

When completing this section, please think about you and your household and not the community.

1. Is there anyone in your household that does not have health insurance that pays for all or part of his/her medical care?
   ☐ Yes ☐ No

   If yes, who? Check all that apply.
   ☐ Self
   ☐ Spouse
   ☐ Child
   ☐ Other_____

2. If you or anyone in your household has insurance, what type do you/they have? (***Check all that apply).***
   ☐ Major medical (for example Blue Cross, HMO, PPO, etc.)
   ☐ Medicaid
   ☐ Medicare, plus supplement
   ☐ Medicare, no supplement
   ☐ Other _____

3. Do you or anyone in your household plan to seek medical insurance coverage under Health Care Reform?
   ☐ Yes ☐ No ☐ Don't know

4. Please rate your overall health status:
   ☐ Excellent
   ☐ Very good
   ☐ Good
   ☐ Fair
   ☐ Poor

5. Where do you usually go when you are sick or need health care? *(Check all that apply.)*
   ☐ Private practice/family health care providers
   ☐ Hospital Emergency Department
   ☐ Community Health Center
   ☐ Free Clinic (i.e. Will-Grundy Medical Clinic)
   ☐ Veteran's Clinic (Old Silver Cross Hospital)
   ☐ Other *(Please specify.)*
   _____

6. Where do you usually go for dental services?
   ☐ Private dentist
   ☐ Hospital Emergency Department
   ☐ Community Health Center
   ☐ Free Clinic (i.e. Will-Grundy Medical Clinic)
   ☐ Veteran's Clinic (Old Silver Cross Hospital)
   ☐ Other *(Please specify.)*
   _____

7. Was there a time in the past 12 months when you needed to see a health care provider but could not because of cost?
   ☐ Yes ☐ No ☐ Don't know

8. In the past 12 months, have you avoided filling a prescription because you couldn't afford to?
   ☐ Yes ☐ No ☐ Don't know

9. Does anyone in your household receive public assistance (i.e. food stamps, cash assistance, medical card, reduced price school meals, etc.)?
   ☐ Yes ☐ No ☐ Don't know

10. Do you or anyone in your household have any of the following conditions or problems? If so, please answer the applicable questions.

Health condition or problem.	Who in your household has this medical condition or problem?		
Alcohol Problem	☐	☐	☐
	You	Other Adult	Child
Allergies	You	Other Adult	Child
	☐	☐	☐
Arthritis or rheumatism	You	Other Adult	Child
	☐	☐	☐
Asthma	You	Other Adult	Child
	☐	☐	☐
Back pain or disc disorders	You	Other Adult	Child
	☐	☐	☐
Bipolar disorder	You	Other Adult	Child
	☐	☐	☐
Bronchitis or emphysema	You	Other Adult	Child
	☐	☐	☐
Cancer	You	Other Adult	Child
	☐	☐	☐
Dental Problems	You	Other Adult	Child
	☐	☐	☐
Diabetes	You	Other Adult	Child
	☐	☐	☐
Digestive or stomach disorders	You	Other Adult	Child
	☐	☐	☐
Depression	You	Other Adult	Child
	☐	☐	☐
Drug problem	You	Other Adult	Child
	☐	☐	☐
Epilepsy	You	Other Adult	Child
	☐	☐	☐
Heart condition	You	Other Adult	Child
	☐	☐	☐
High blood pressure	You	Other Adult	Child
	☐	☐	☐
High cholesterol	You	Other Adult	Child
	☐	☐	☐
Medical disability	You	Other Adult	Child
	☐	☐	☐
Mobility impairment	You	Other Adult	Child
	☐	☐	☐
Overweight/obesity	You	Other Adult	Child
	☐	☐	☐
Panic disorder	You	Other Adult	Child
	☐	☐	☐
Physical disability	You	Other Adult	Child
	☐	☐	☐
Schizophrenia	You	Other Adult	Child
	☐	☐	☐
Sexually Transmitted Infection (Including HIV)	You	Other Adult	Child
	☐	☐	☐
Other: _____	You	Other Adult	Child
	☐	☐	☐
	☐	☐	☐

11.. Have you or your immediate family members had any difficulties getting non-emergency care for any of the above conditions that you've checked? ☐ Yes ☐ No

12. If so, please list which conditions. _____

13. Within the past year, what type of health services did you or your immediate family members receive **outside of Will County?** *(Check all that apply.)*

- ☐ None
- ☐ Cancer treatment
- ☐ Cardiovascular/heart problems
- ☐ Dental care
- ☐ Ear, nose, throat care
- ☐ Emergency room service
- ☐ Endocrine
- ☐ Eye/vision care
- ☐ Family planning
- ☐ Gastrointestinal (GI)
- ☐ General practitioner care
- ☐ General surgery
- ☐ Hearing services
- ☐ HIV testing/treatment
- ☐ Immunizations
- ☐ Laboratory work (i.e. blood tests)
- ☐ Mental health services
- ☐ Neurology
- ☐ Obstetrics/gynecology
- ☐ Orthodontia
- ☐ Orthopedic/bone care
- ☐ Podiatry care
- ☐ Pulmonary/respiratory
- ☐ STD treatment
- ☐ Stroke
- ☐ Urology care
- ☐ Weight loss counseling/treatment
- ☐ X-ray/MRI/Ultrasound
- ☐ Other *(Please specify.)* _____

14. If you or your immediate family received health care services outside of Will County, select the response that best explains why.

- ☐ My doctor or specialist of choice is in another county.
- ☐ There are no providers in Will County for the services I need.
- ☐ My insurance only covers doctors or services in another county.
- ☐ There are no appropriate doctors or service providers that accept Medicare/Medicaid in Will County.
- ☐ My doctor referred me for services outside of Will County.
- ☐ Other: _____

Section IV: Background Information

For statistical purposes only. The Will County MAPP Collaborative will not share this information with any other organization.

1. What is your gender?
   ☐ Male ☐ Female ☐ Transgender

2. What is your age?
   ☐ 24 yrs or younger ☐ 25-34
   ☐ 35-44 ☐ 45-54
   ☐ 55-59 ☐ 60-64
   ☐ 65-80 ☐ 81 and over

3. What is your highest level of education? *(Check only one.)*
   ☐ Less than High School
   ☐ Some High School
   ☐ High School diploma/GED
   ☐ Some college
   ☐ Two-Year college Associate degree
   ☐ Four-year college degree
   ☐ Post-graduate degree
   ☐ Other _____

4. Are you currently a student?
   ☐ Yes
   ☐ No

5. Do you have a desire to pursue additional education?
   ☐ Yes ☐ No ☐ Don't know

6. If you answered yes, what is the major barrier that keeps you from pursuing that additional education?
   _____

7. How many years have you lived in Will County?
   _____years

8. What is the primary language spoken in your household?
   ☐ English ☐ German
   ☐ Spanish ☐ Italian
   ☐ French ☐ Other: _____

9. Are you a veteran?
   ☐ Yes ☐ No

10. What is your residential zip code?
    ☐ 60401 ☐ 60403 ☐ 60404
    ☐ 60408 ☐ 60410 ☐ 60417
    ☐ 60421 ☐ 60423 ☐ 60431
    ☐ 60432 ☐ 60433 ☐ 60435
    ☐ 60436 ☐ 60440 ☐ 60441
    ☐ 60442 ☐ 60446 ☐ 60448
    ☐ 60449 ☐ 60451 ☐ 60468
    ☐ 60481 ☐ 60490 ☐ 60491
    ☐ 60544 ☐ 60564 ☐ 60585
    ☐ 60586 ☐ Other _____

11. Which best describes your living situation?
    ☐ Own my home
    ☐ Rent or lease my home
    ☐ Live with friends or family
    ☐ Other _____

12. What is your Ethnicity?
    ☐ Hispanic /Latino
    ☐ Non-Hispanic/Latino

13. What is your Race?
    ☐ American Indian/Alaskan Native
    ☐ Asian
    ☐ Black/African-American
    ☐ Multiracial
    ☐ Native Hawaiian/Pacific Islander
    ☐ White
    ☐ Other: _____

14. What best describes your current employment status?
    ☐ Full Time ☐ Part Time
    ☐ Retired ☐ Self-employed
    ☐ Unemployed

15. How many people, including yourself, live in your household?
    Adults: _____ Children: _____

16. What is your total annual ***household*** income from all sources before taxes?
    - ☐ Less than $25,000
    - ☐ $25,000 to $34,999
    - ☐ $35,000 to $49,999
    - ☐ $50,000 to $74,999
    - ☐ $75,000 to $99,999
    - ☐ $100,000 or more
    - ☐ I prefer not to answer

17. If you are currently employed either full- or part-time, how secure do you feel 12 months from now?
    - ☐ Very likely
    - ☐ Somewhat likely
    - ☐ Somewhat unlikely
    - ☐ Very unlikely
    - ☐ Don't know
    - ☐ Not applicable

18. Do you consider yourself a member of a religious congregation?
    ☐ Yes ☐ No ☐ I choose not to answer

Thank you for your time! If you have any questions about this survey, please call the Will County Health Department at 815-727-5089.

SURVEY RESULTS – RANDOM SURVEY

Will County MAPP Collaborative

2014 Community Health Survey: Key Findings

Response Rate: 5%; N = 496

QUALITY OF LIFE (QOL)

- The three most important factors contributing to positive quality of life in Will County:
  1. Low crime rates/ safe neighborhoods
  2. Good place to raise children
  3. High performing schools
- 18 community organizations were most frequently endorsed as contributing to positive QOL
- Chamber of Commerce
- Churches
- Health Department
- Hospitals (Silver Cross & PSJMC)
- Libraries
- Park District
- Star Mission
- Lions Club
- City Government
- Police
- United Way
- YMCA
- Knights of Columbus
- American Legion Association
- Food Pantry
- Fire Department
- Senior Services
- Veterans Services

TRANSPORTATION

- 35% reported transportation is a moderate or major problem in Will County
- 45% reported moderate to major congestion problems
- 31% reported streets are in moderate to major disrepair

ACCESS TO HEALTH AND SOCIAL SERVICES

- 30% reported lack of access to health care services is a moderate or major problem
- 26% reported lack of access to dental services is a moderate or major problem
- 25% noted a major problem regarding the availability of information on social services

HEALTH AND PUBLIC SAFETY

- 24% said general safety and security are moderate/major problems
- Specific safety concerns included: illegal drug use (40%), alcohol abuse (30%), and gangs (35%)

JOBS AND EDUCATION

- Lack of jobs indicated as a moderate/major problem by 53% of respondents
- Access to job training cited by 32%
- 42% indicated low wages and low paying jobs to be a moderate/major problem

HOUSING

- Lack of affordable housing options both in general (32%) and for seniors specifically (30%) were cited as a moderate to major barrier in Will County

VULNERABLE POPULATIONS

- 30% of survey respondents indicated poverty in Will County is a moderate or major problem
- 13% of respondents were themselves uninsured
- 11% of respondents reported being on public assistance of some kind (cash assistance, food stamps, medical card, reduced price school meals)
- 12% of respondents could not see a health care provider in last 12 months due to cost
- 13% could not fill a needed prescription in the past 12 months due to high cost

HEALTH PROBLEMS

- For respondents and their families, the following conditions are experienced at the indicated rates:

Health Condition	Percentage in Household with Condition
Allergies**	51%
High Blood Pressure	46%
Back Pain	39%
High Cholesterol	37%
Arthritis	35%
Dental Problems	25%
Obese/Overweight	24%
Diabetes	17%
Asthma**	17%
Digestive and Stomach Disorders	16%
Heart Condition	15%
Depression	11%

**conditions that are especially prevalent among children

- 95% indicated they had no problems obtaining non-emergency care for these conditions when needed

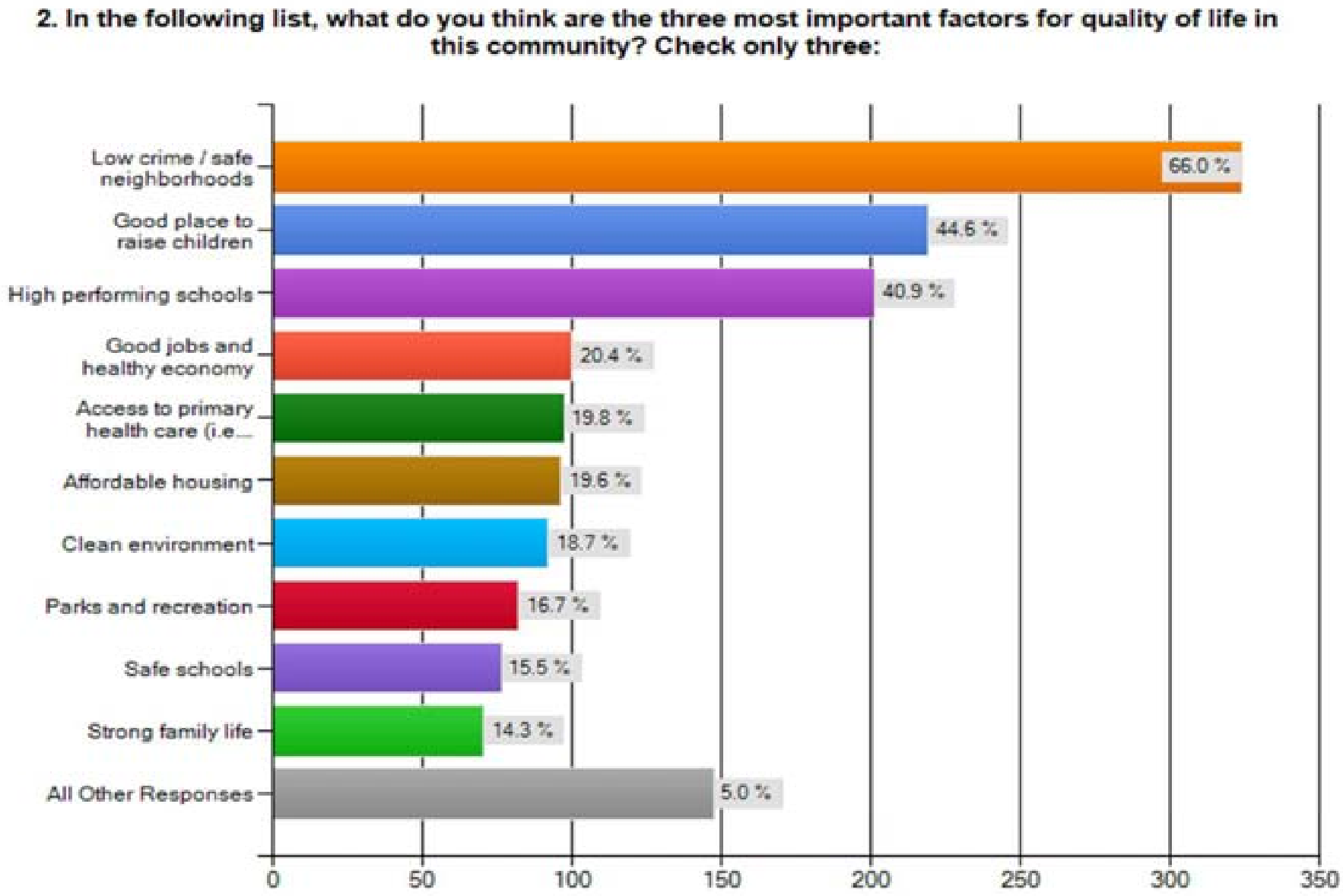
DEMOGRAPHICS OF SURVEY RESPONDENTS

- 22 Community areas (cities, towns, townships) and 25 zip codes were represented by having at least 5 respondents indicate residence in this area
- 58% female
- Age breakdown: majority of respondents were aged 25-65 (67%); 33% were 65 or older; only 0.2% were aged 25 or younger
- 81% had completed at least some college
- 99% reported English as the primary language in their household
- 13% are Veterans
- 94% own their own home
- Racial/Ethnic breakdown: 92% Caucasian, 4% African American, 6% Hispanic/Latino
- 54% Employed, 37% Retired, 9% Unemployed
- 25% + survey respondents have household incomes greater than $100,000

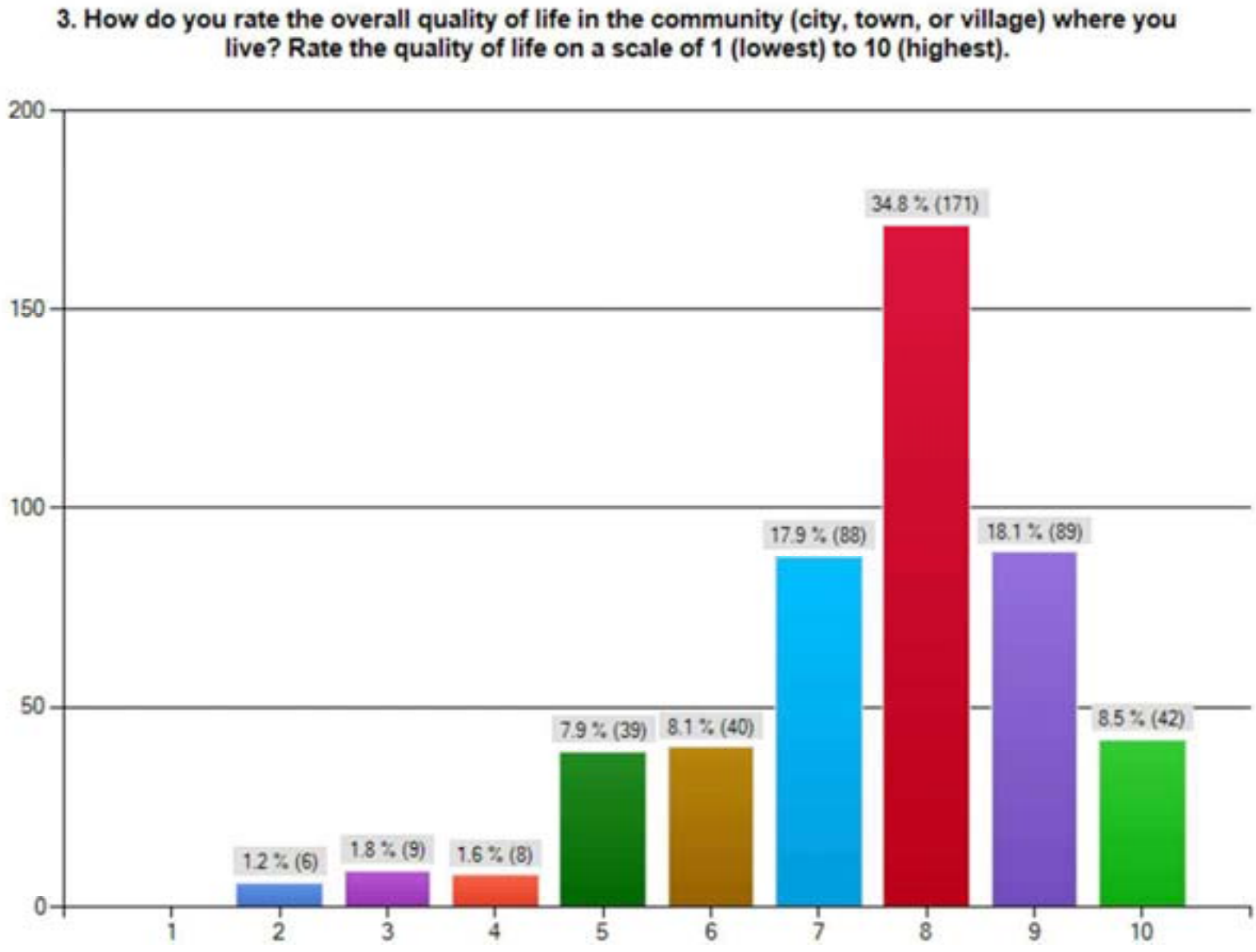
Question 1: Place of Residence (City, Town, Village etc.)

		Frequency	Percent
	Joliet	57	11.5
	Plainfield	41	8.3
	Naperville	33	6.7
	New Lenox	25	5.0
	Bolingbrook	24	4.8
	Homer Glen	22	4.4
	Lockport	20	4.0
	Frankfort	18	3.6
	Romeoville	17	3.4
	Mokena	16	3.2
	Shorewood	14	2.8
	Beecher	12	2.4
	Crete	12	2.4
	Crest Hill	11	2.2
	Left Blank	15	3.0
	Other Communities		
	Total	496	100.0

Question 2: Three Most common factors for quality of life

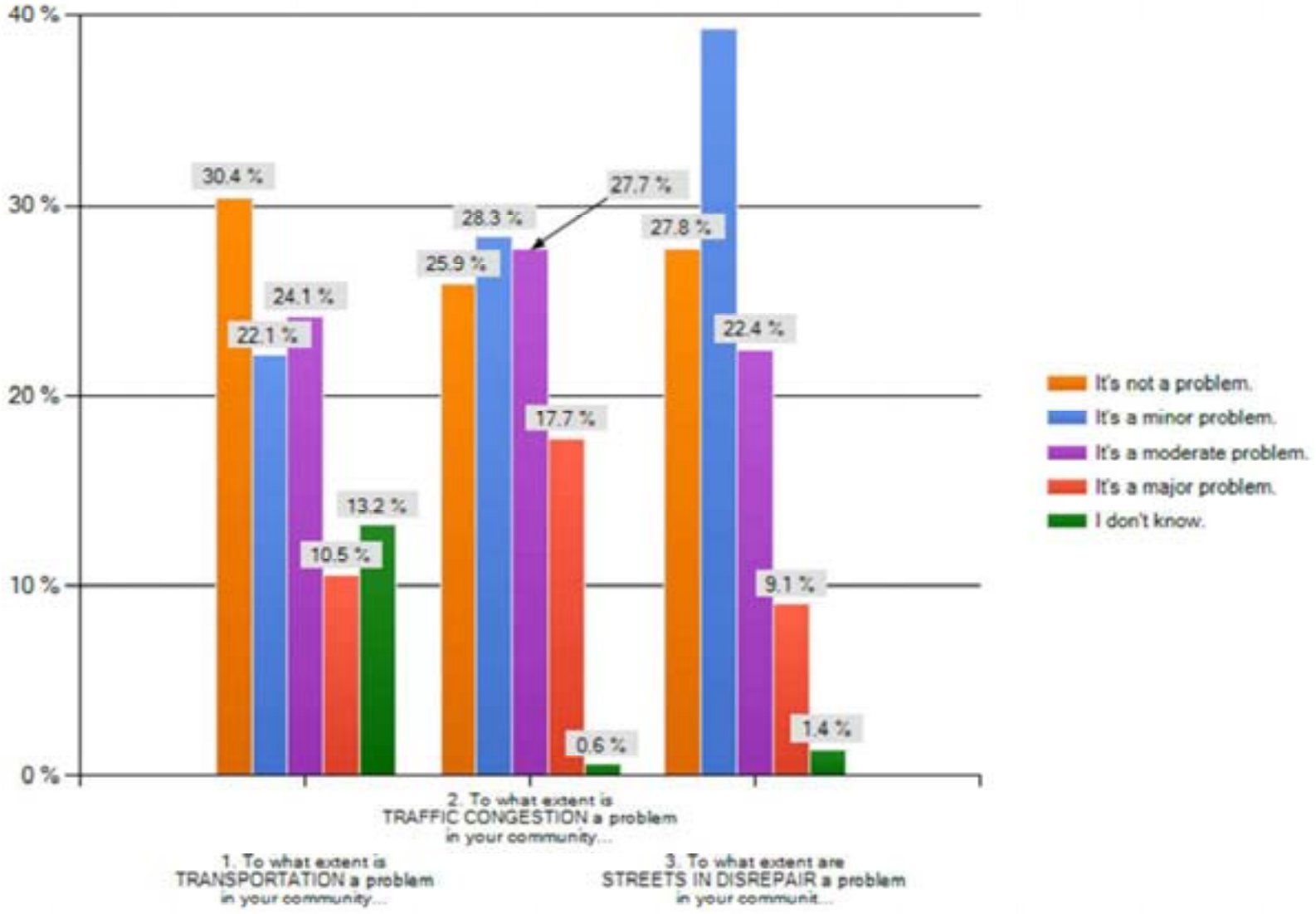


Question 3: Overall Quality of Life (on scale of 1 to 10)

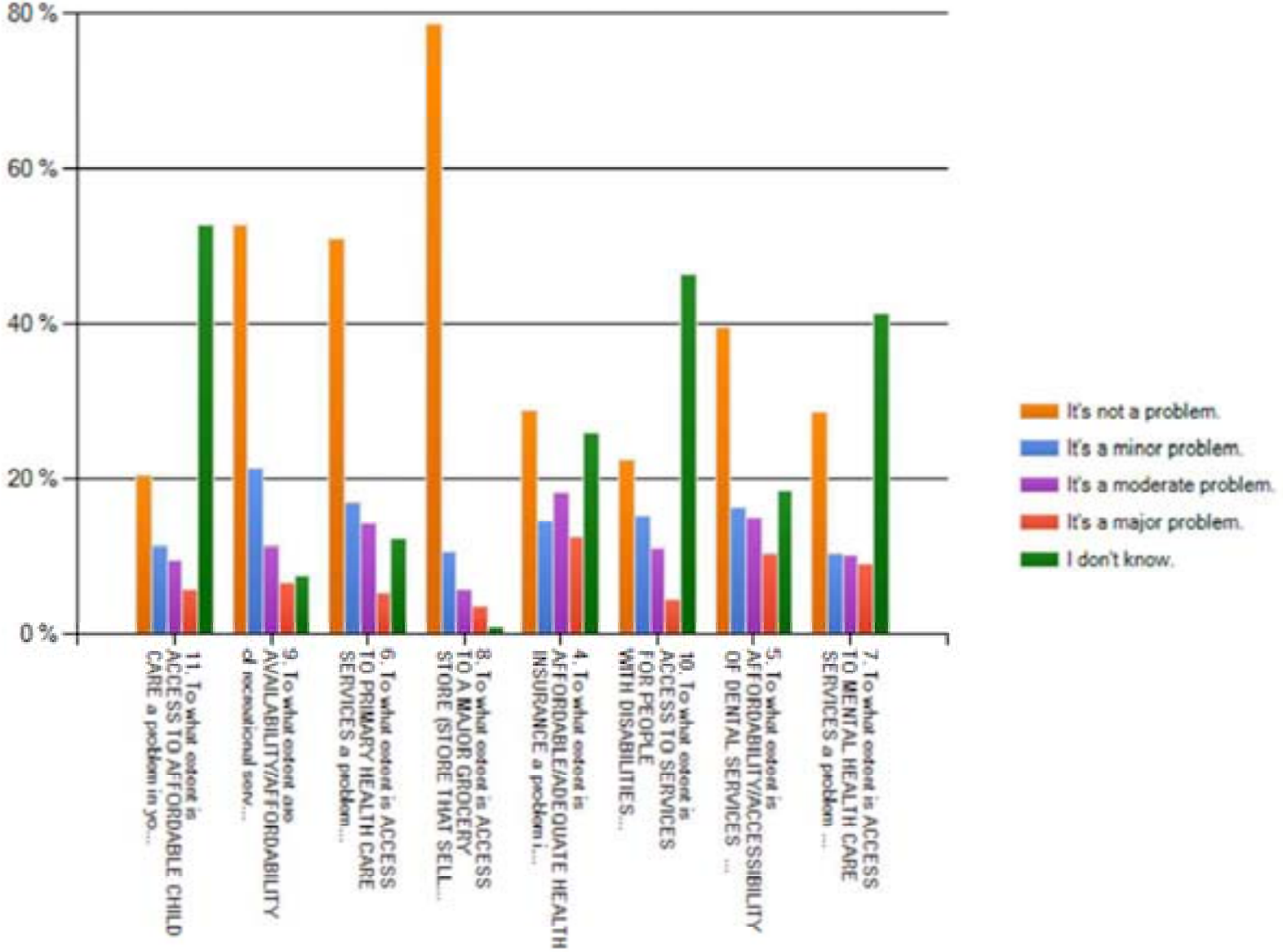


Assessment of Issues in Community:

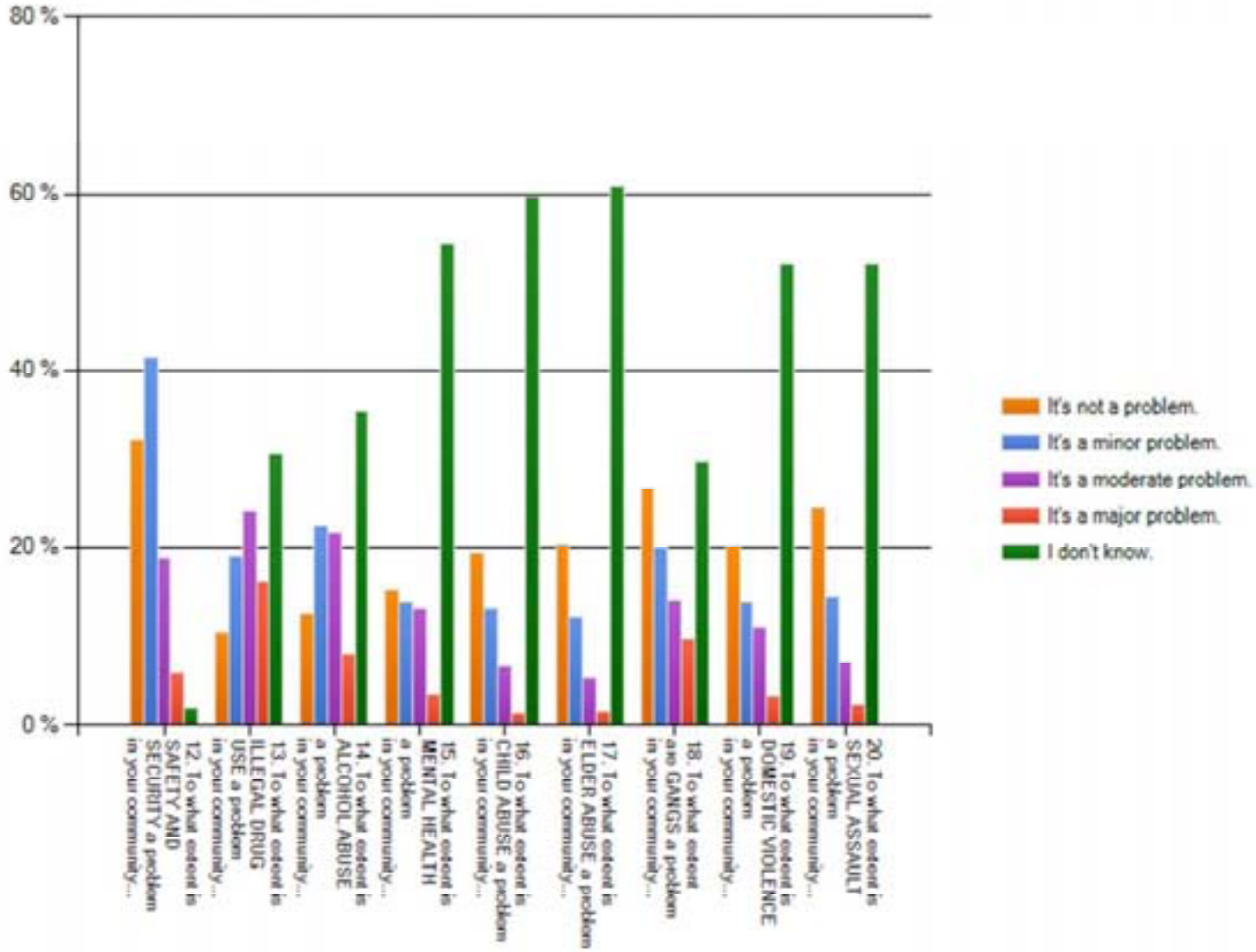
Transportation



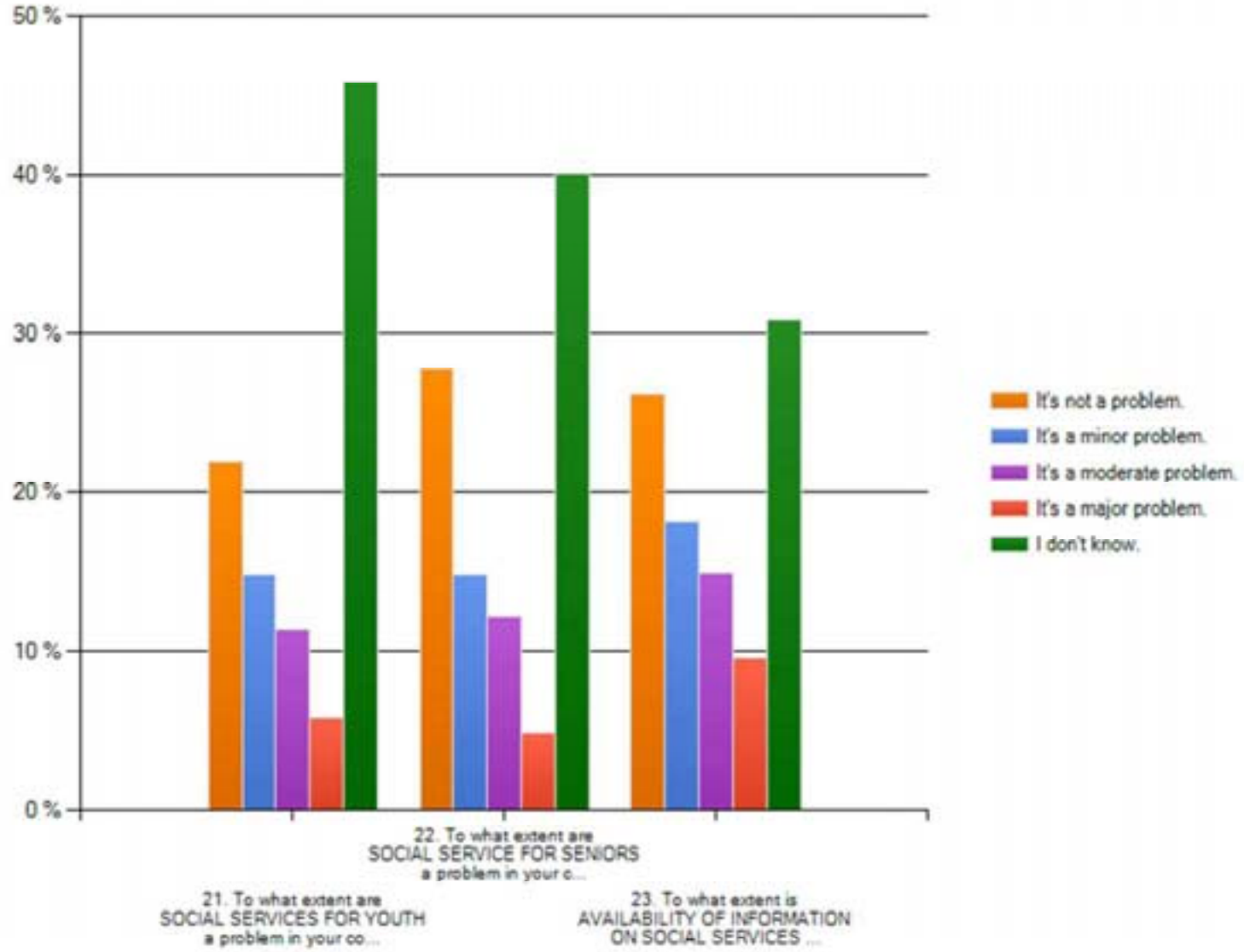
Access to local services



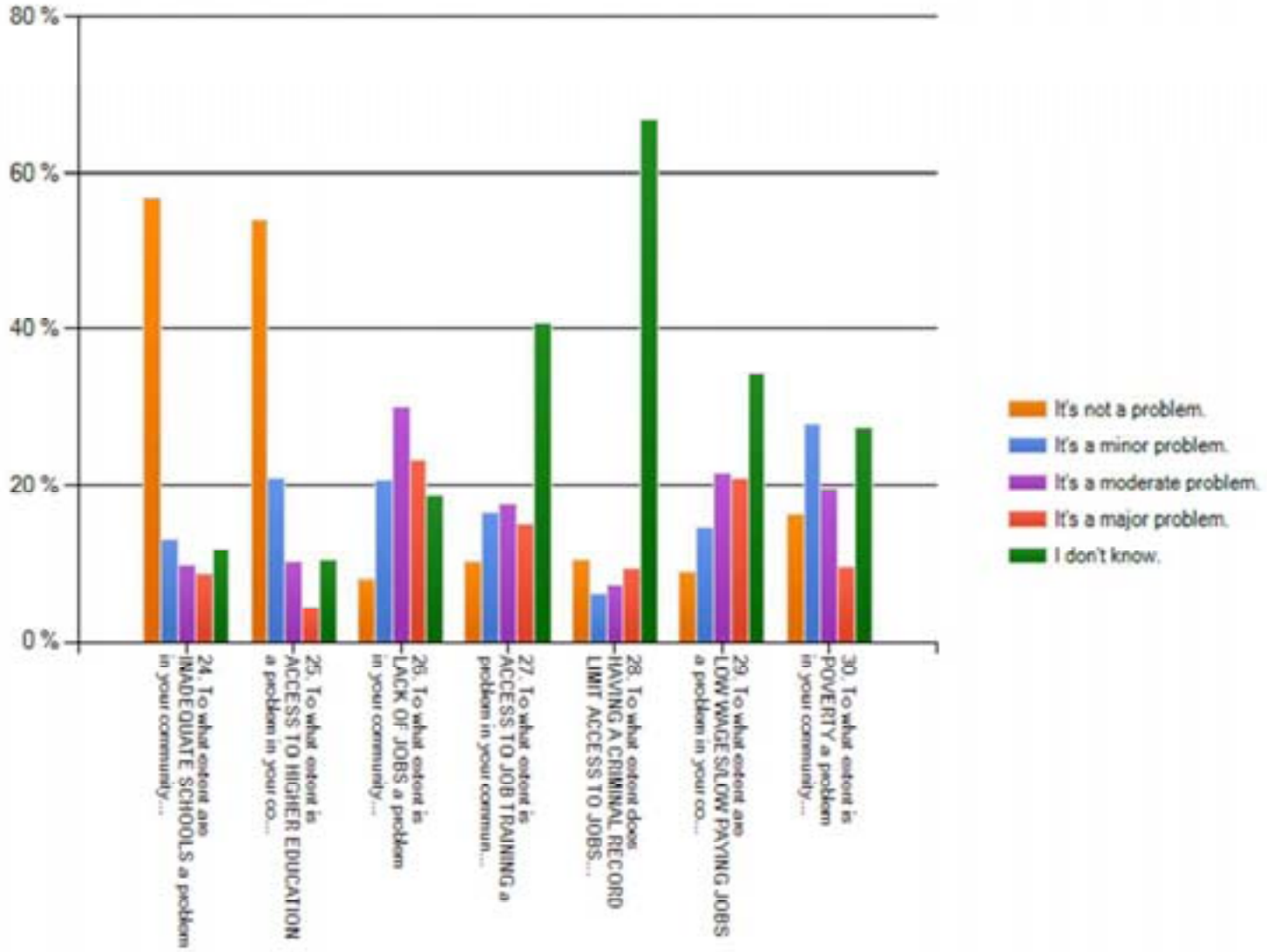
Health / Public Safety



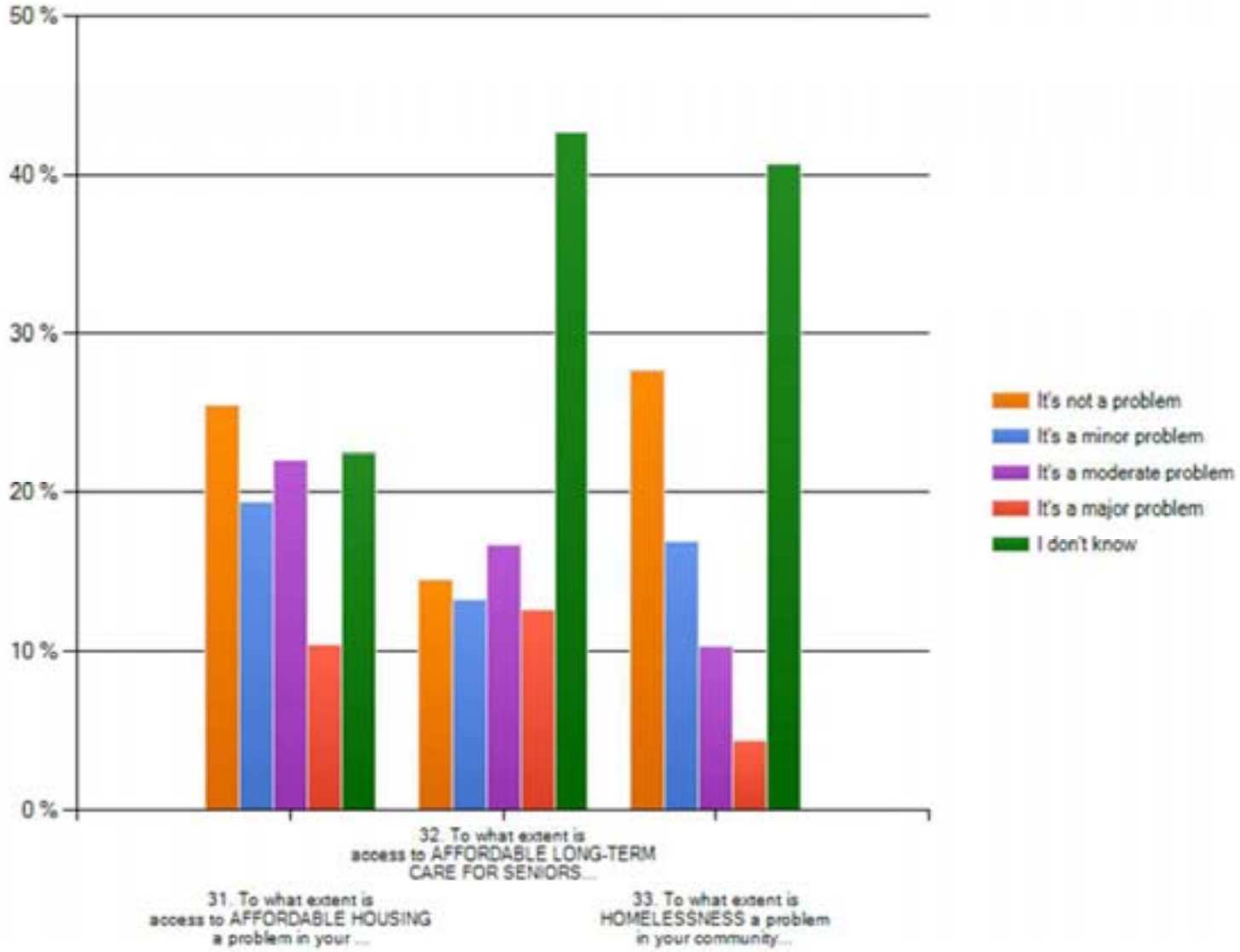
Social Services



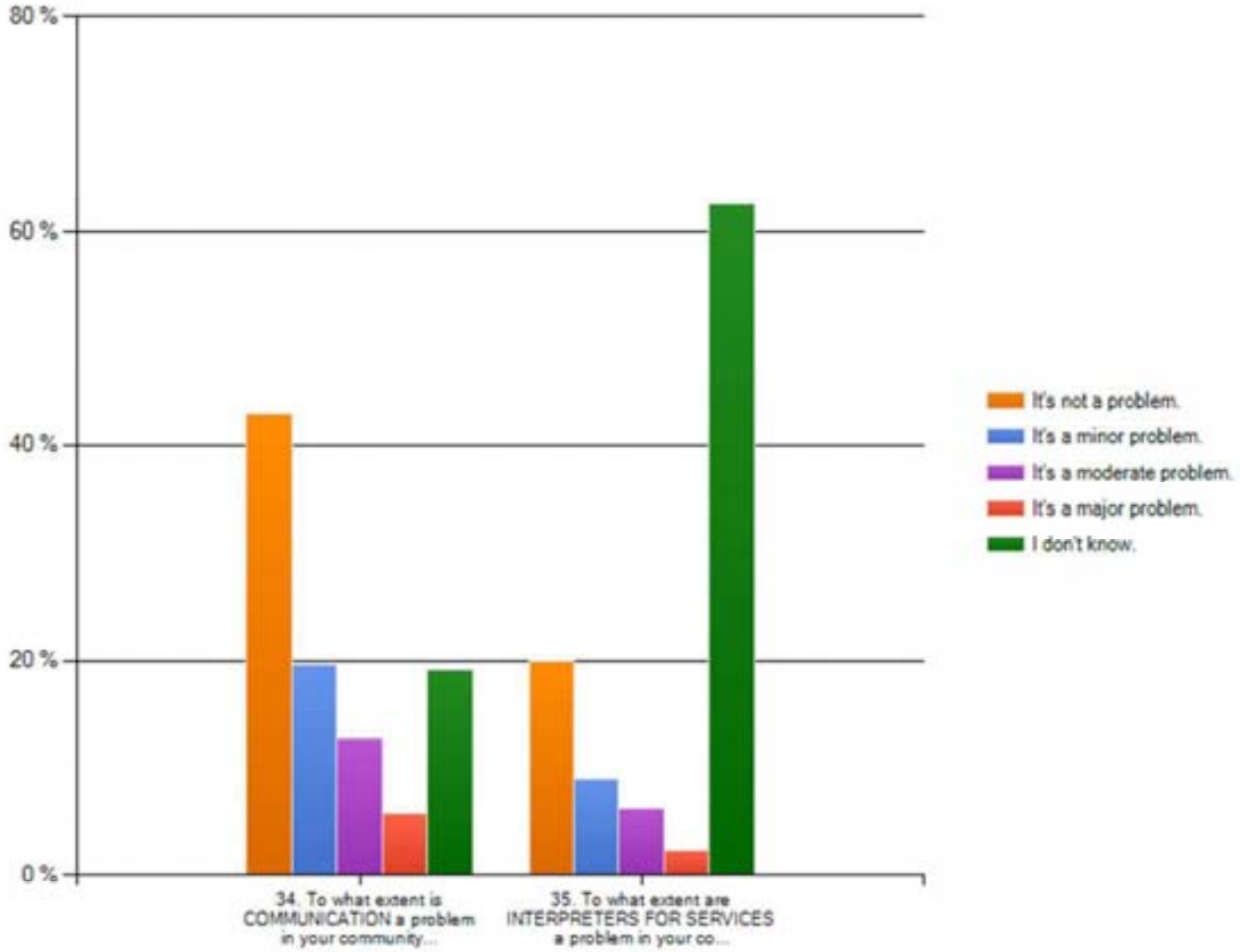
Education / Jobs



Housing


50 %
40 %
30 %
20 %
10 %
0 %
It's not a problem
It's a minor problem
It's a moderate problem
It's a major problem
I don't know
31. To what extent is access to AFFORDABLE HOUSING a problem in your ...
32. To what extent is access to AFFORDABLE LONG-TERM CARE FOR SENIORS...
33. To what extent is HOMELESSNESS a problem in your community...

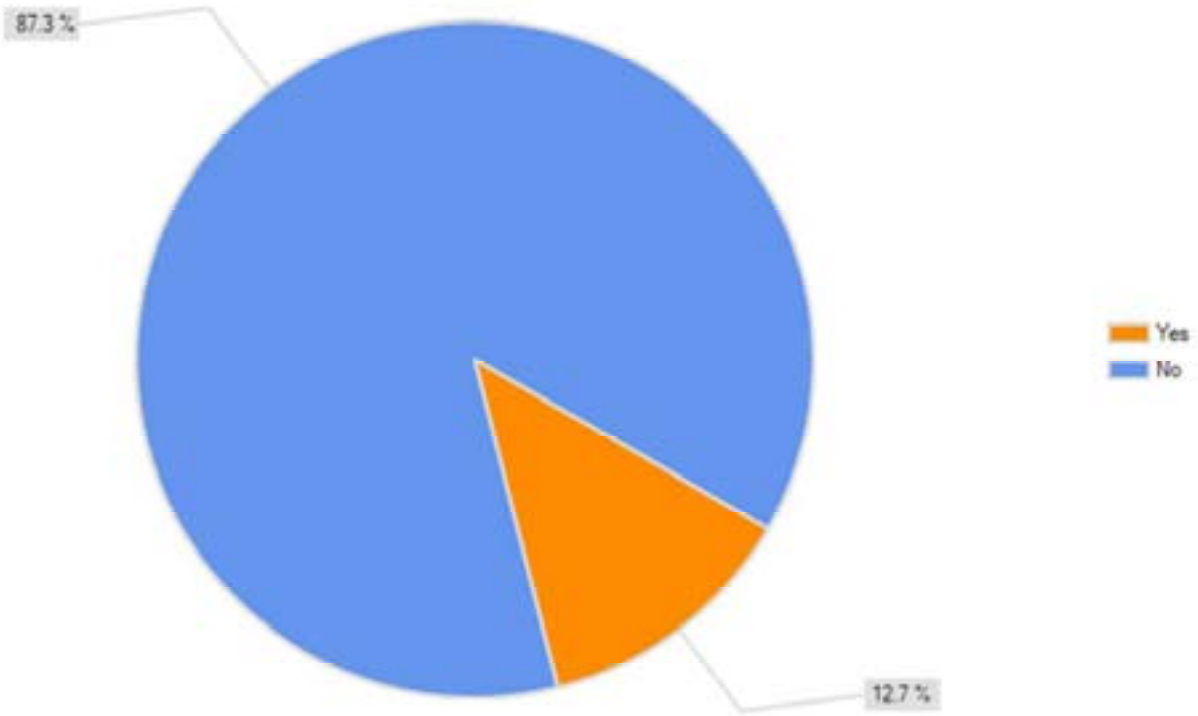
Communication



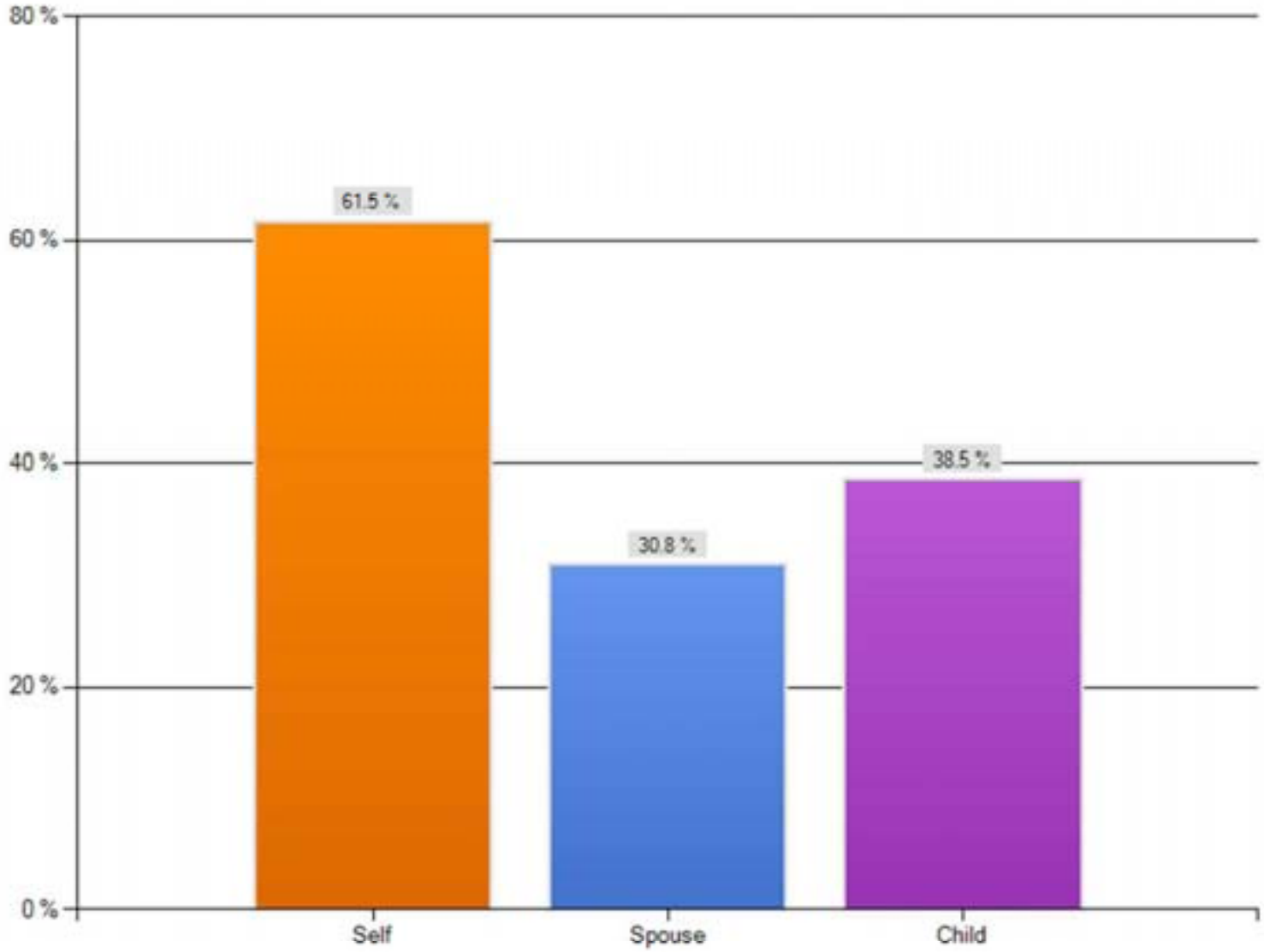
Section III: Healthcare

Health Insurance

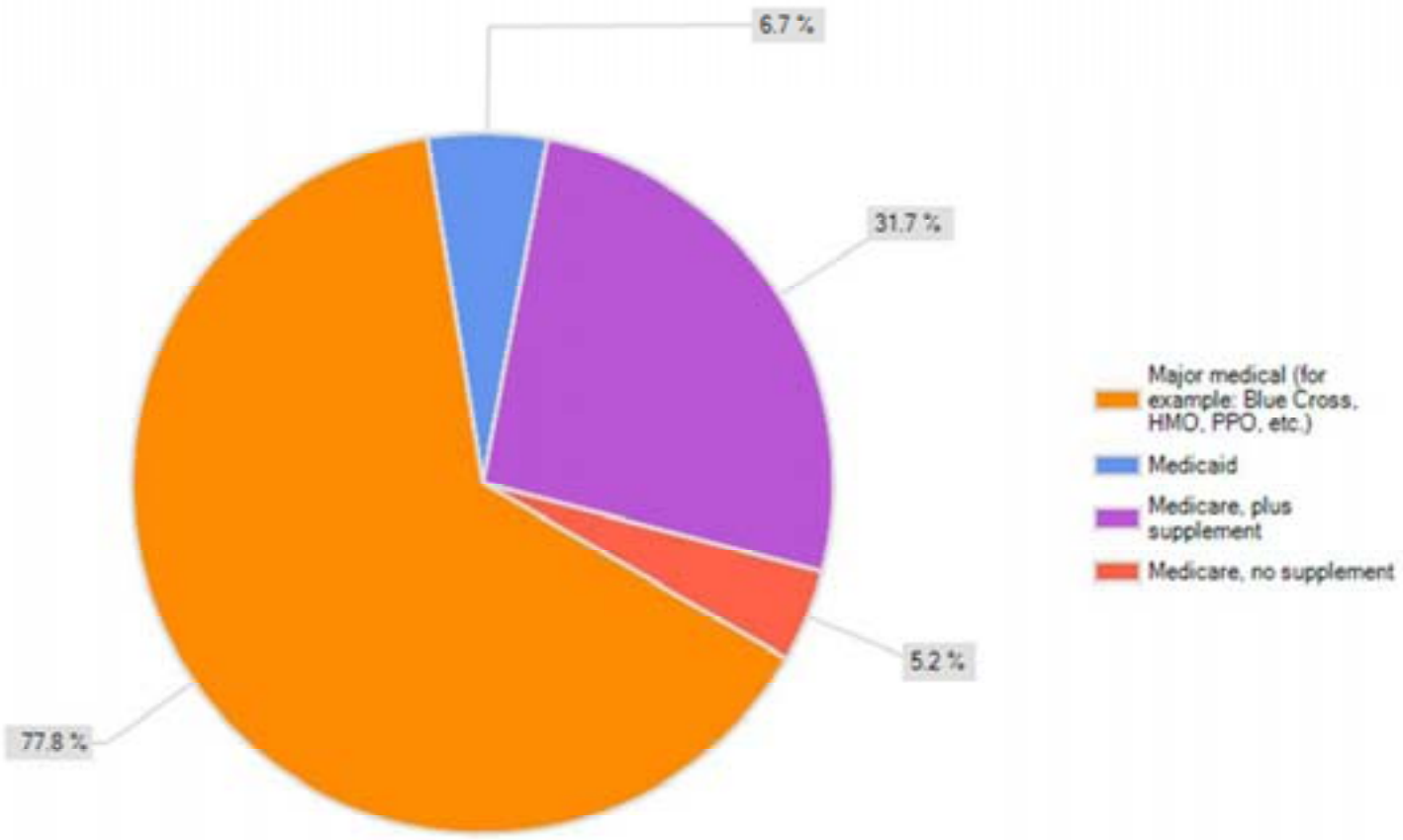
Any one in household without health insurance that pays for all or part of his/her medical care.



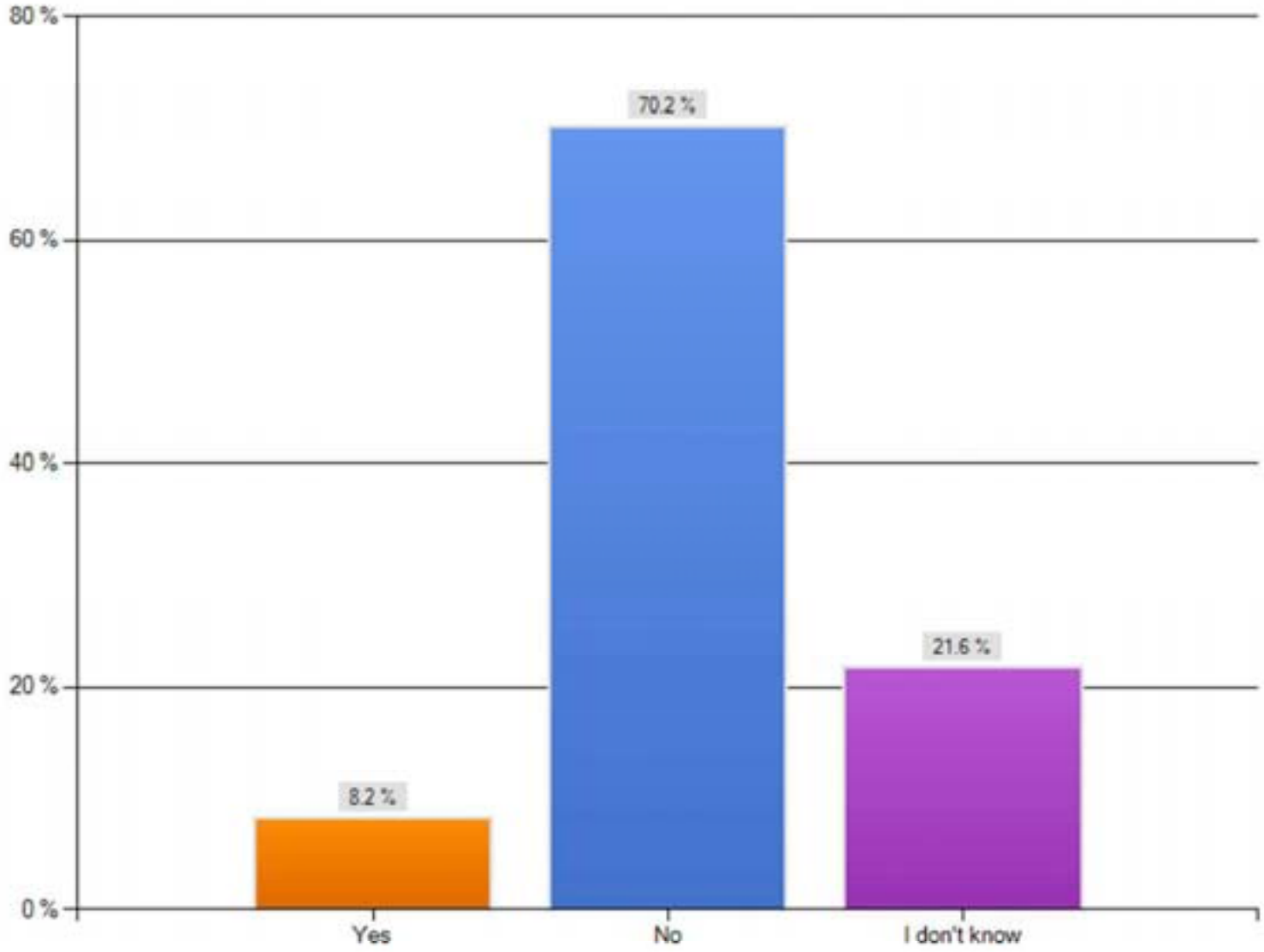
If yes, who pay for it?



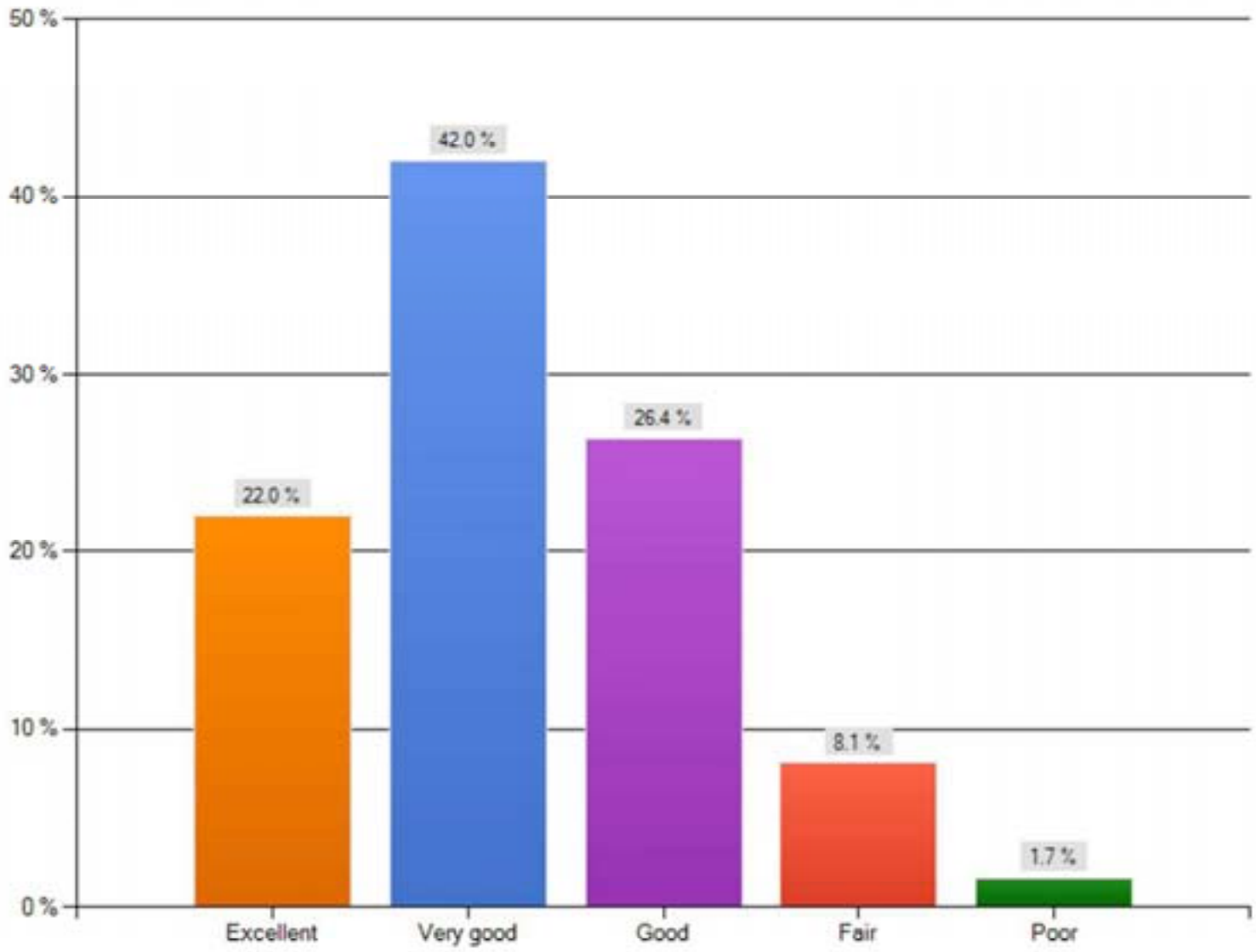
Insured? Type of Insurance



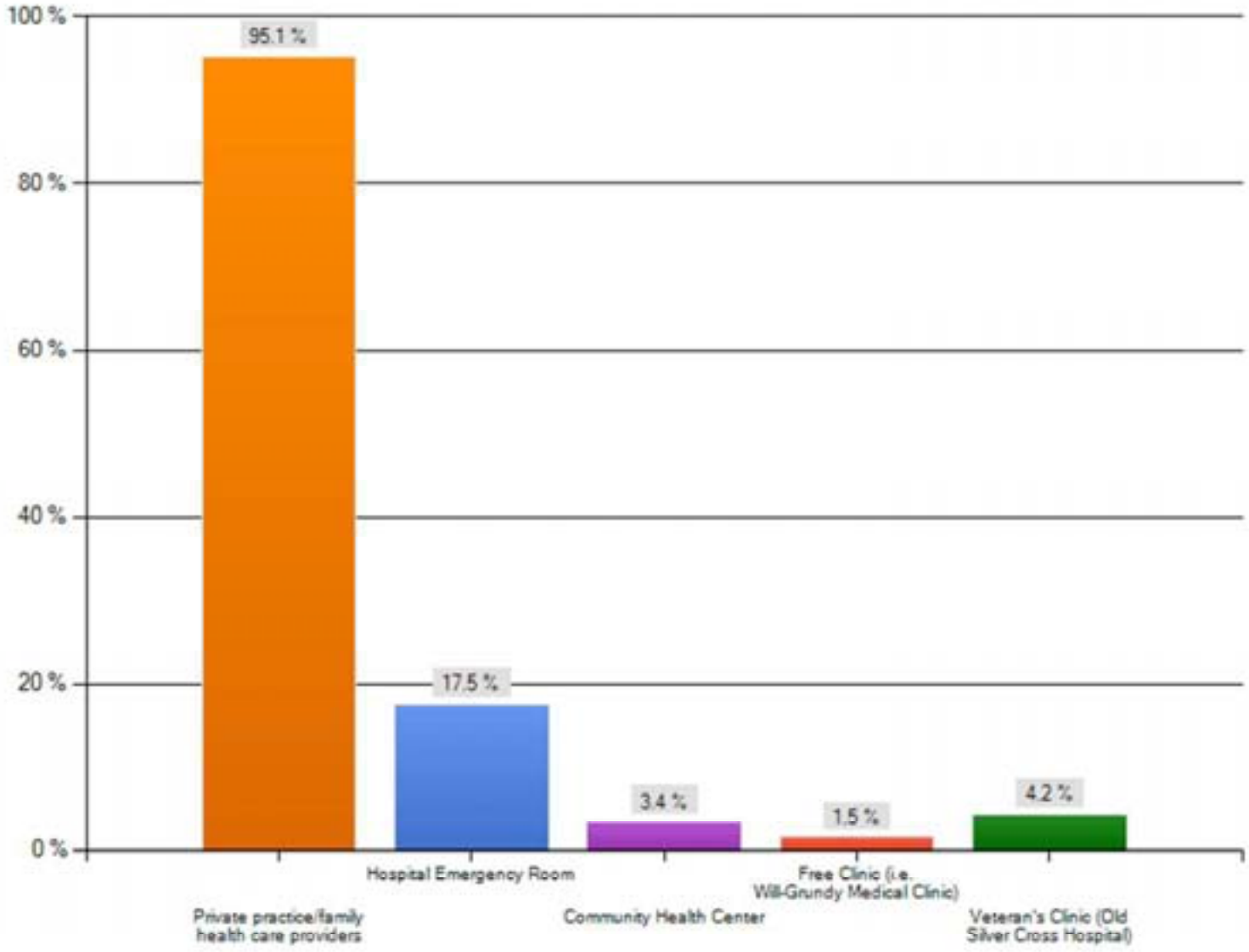
Seeking medical insurance coverage under healthcare reform?



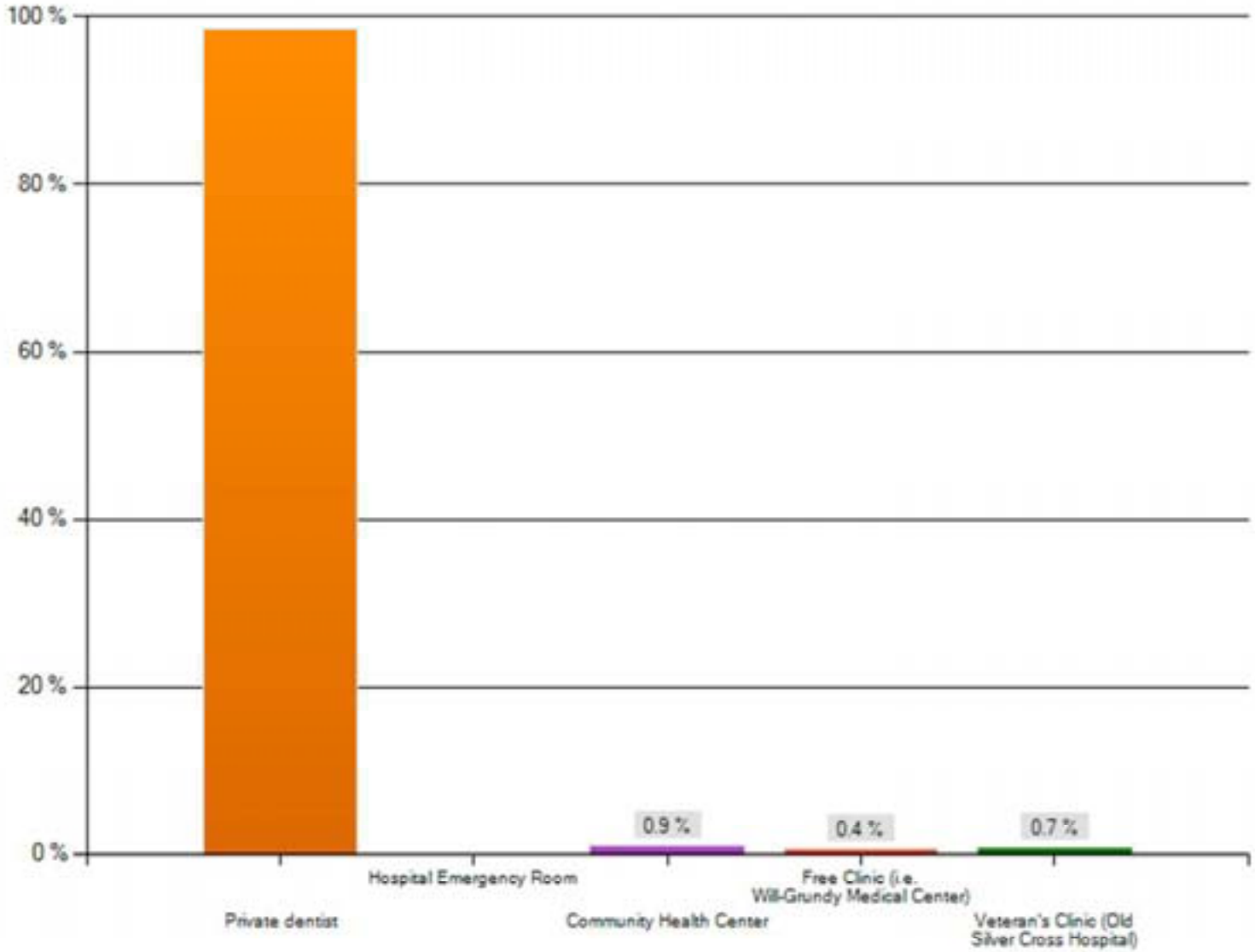
Overall Health Status



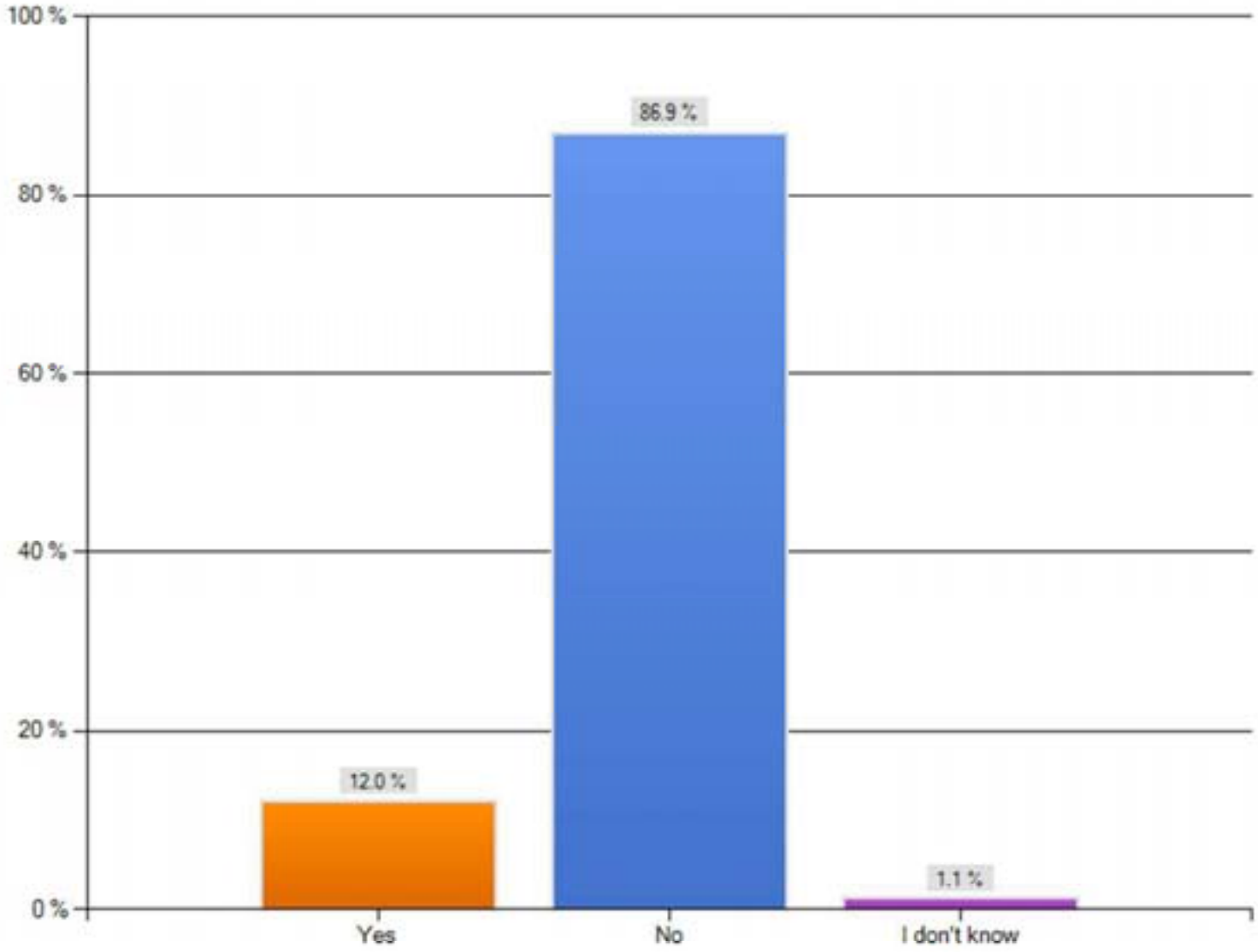
Where do you go when sick or need health care?



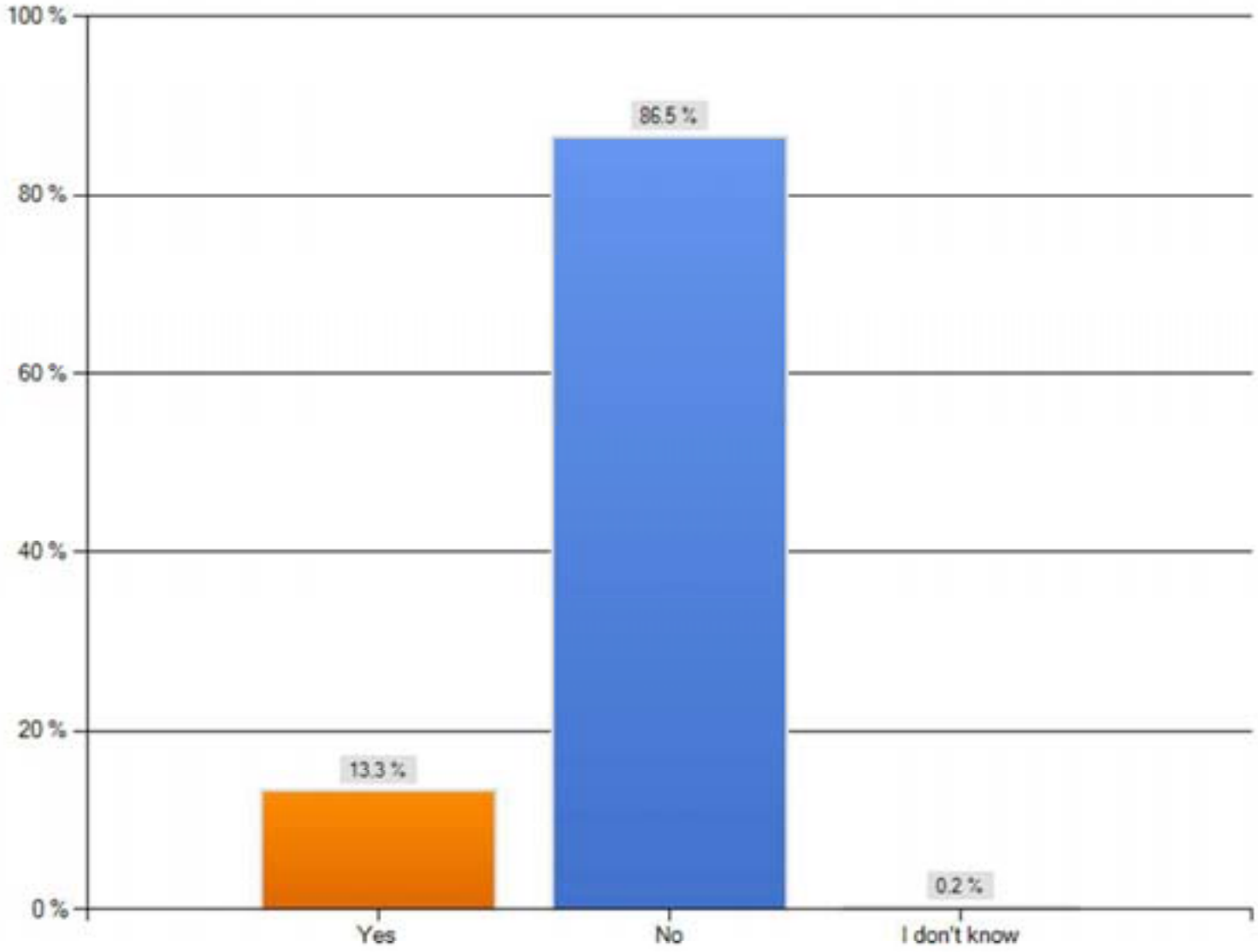
Dental Services



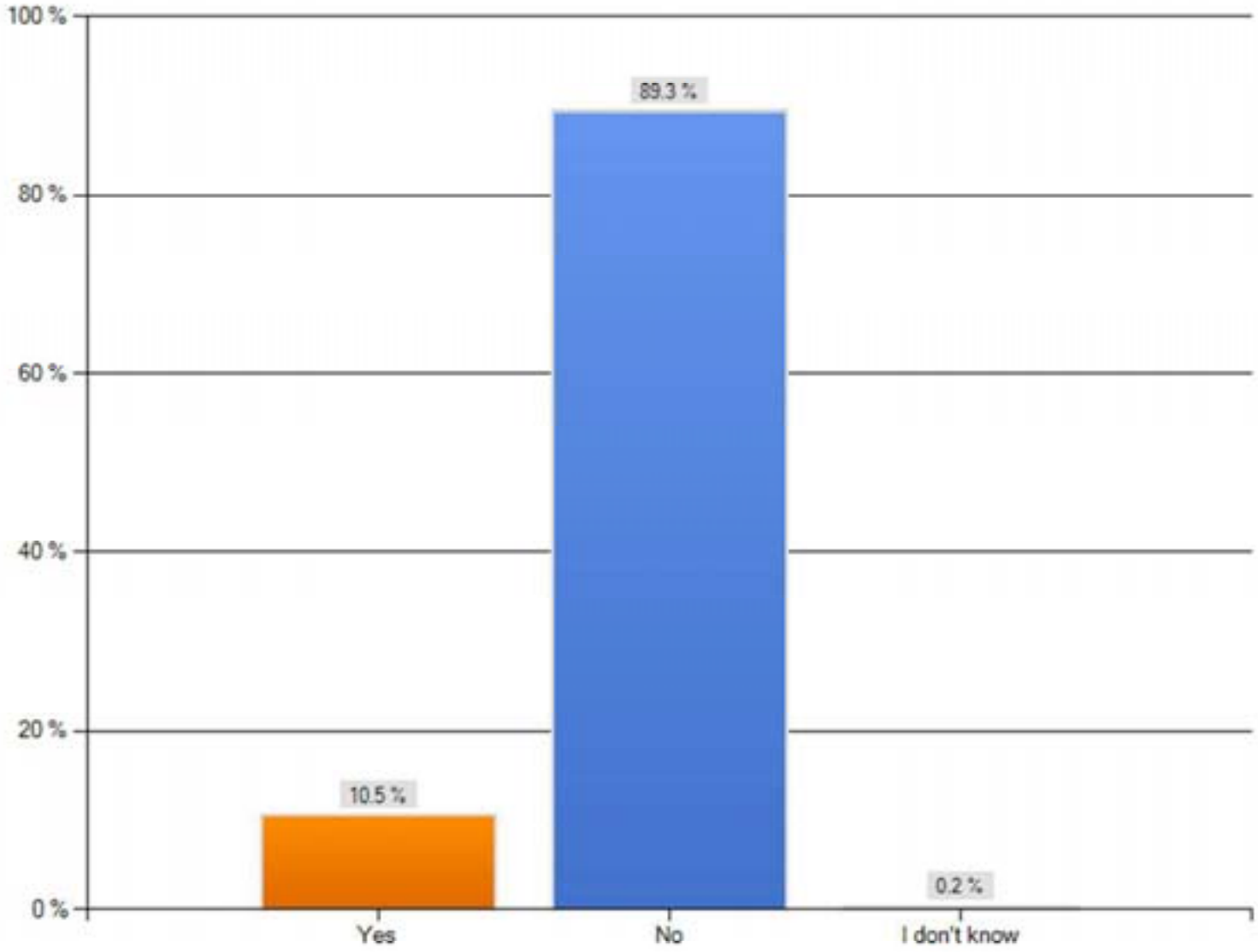
In past 12 months was there a time when you needed to see healthcare provider, but could not because of cost?



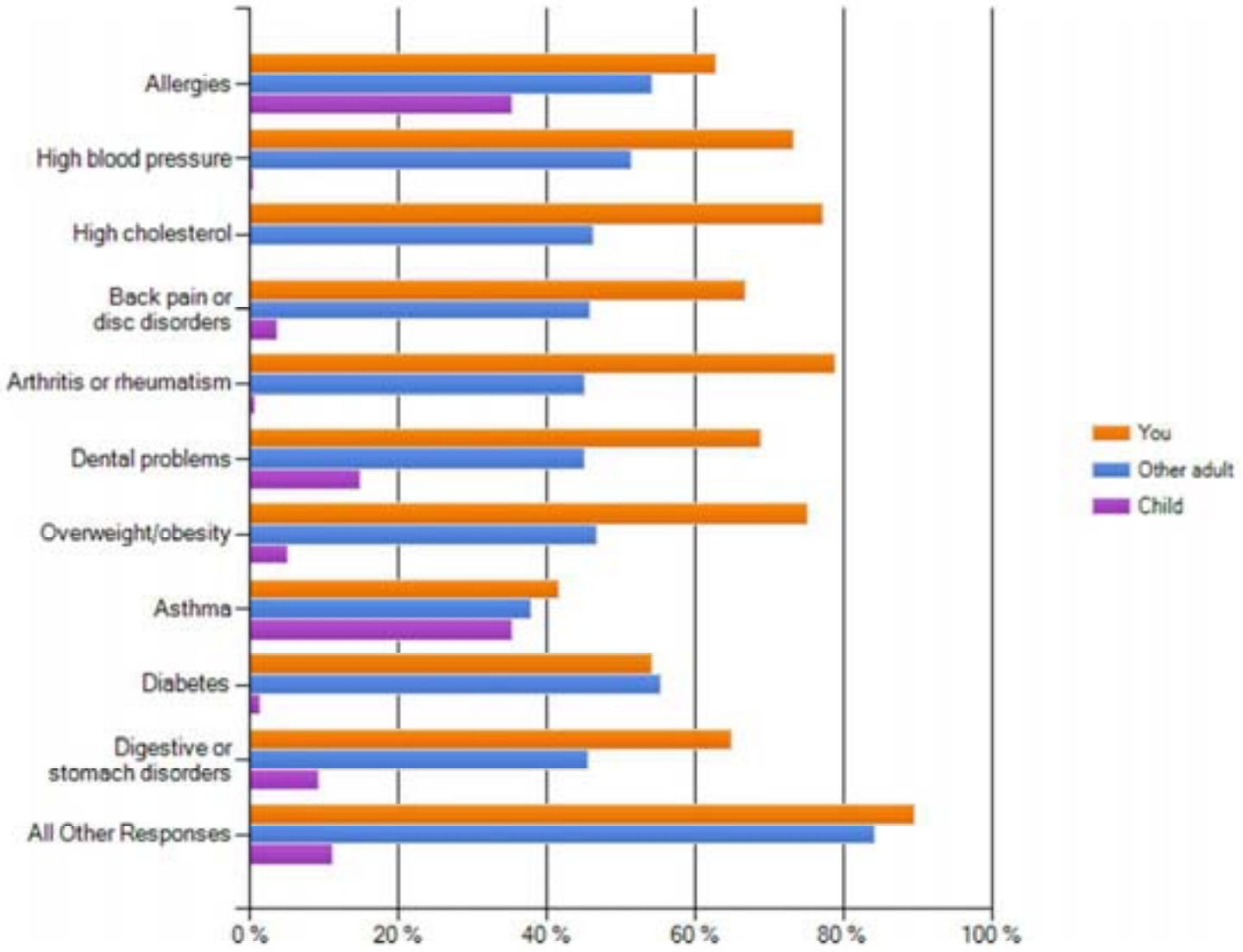
In past 12 months avoided filling prescription because couldn't afford?



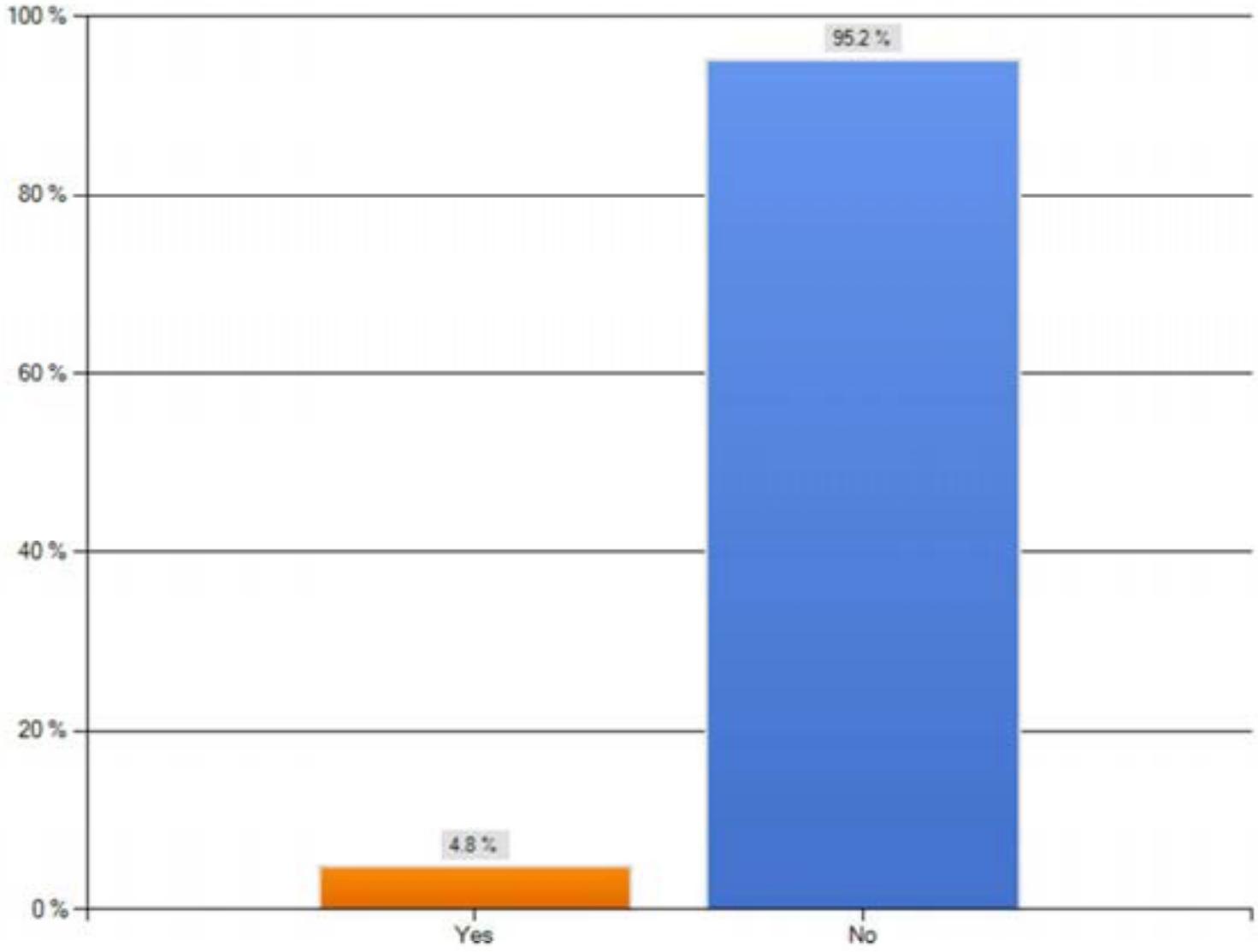
Anyone in household receives public assistance (i.e., food stamp, cash assistance, medical card, reduced price school meal, etc.)



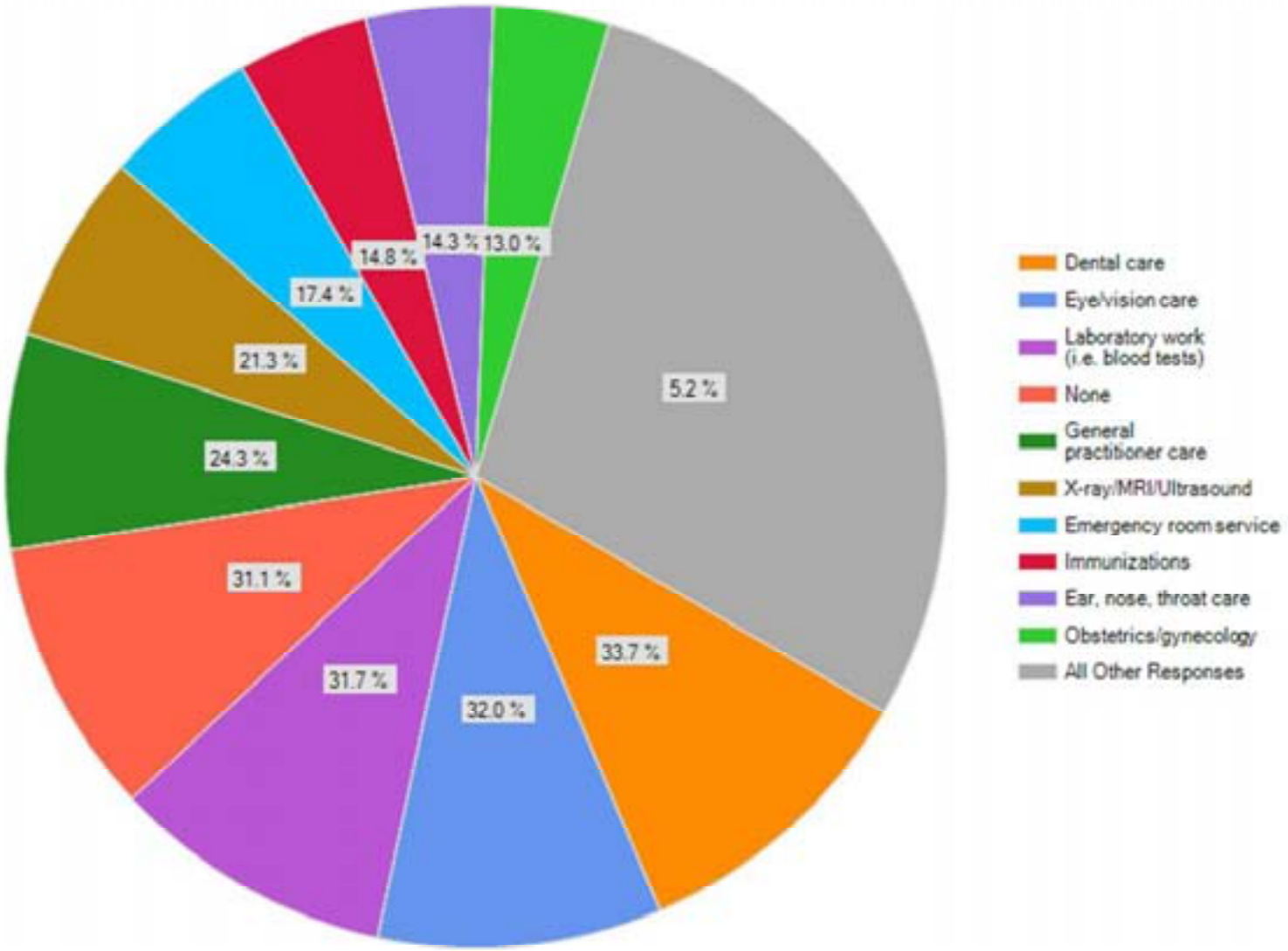
You or anyone in your household has any of the following conditions



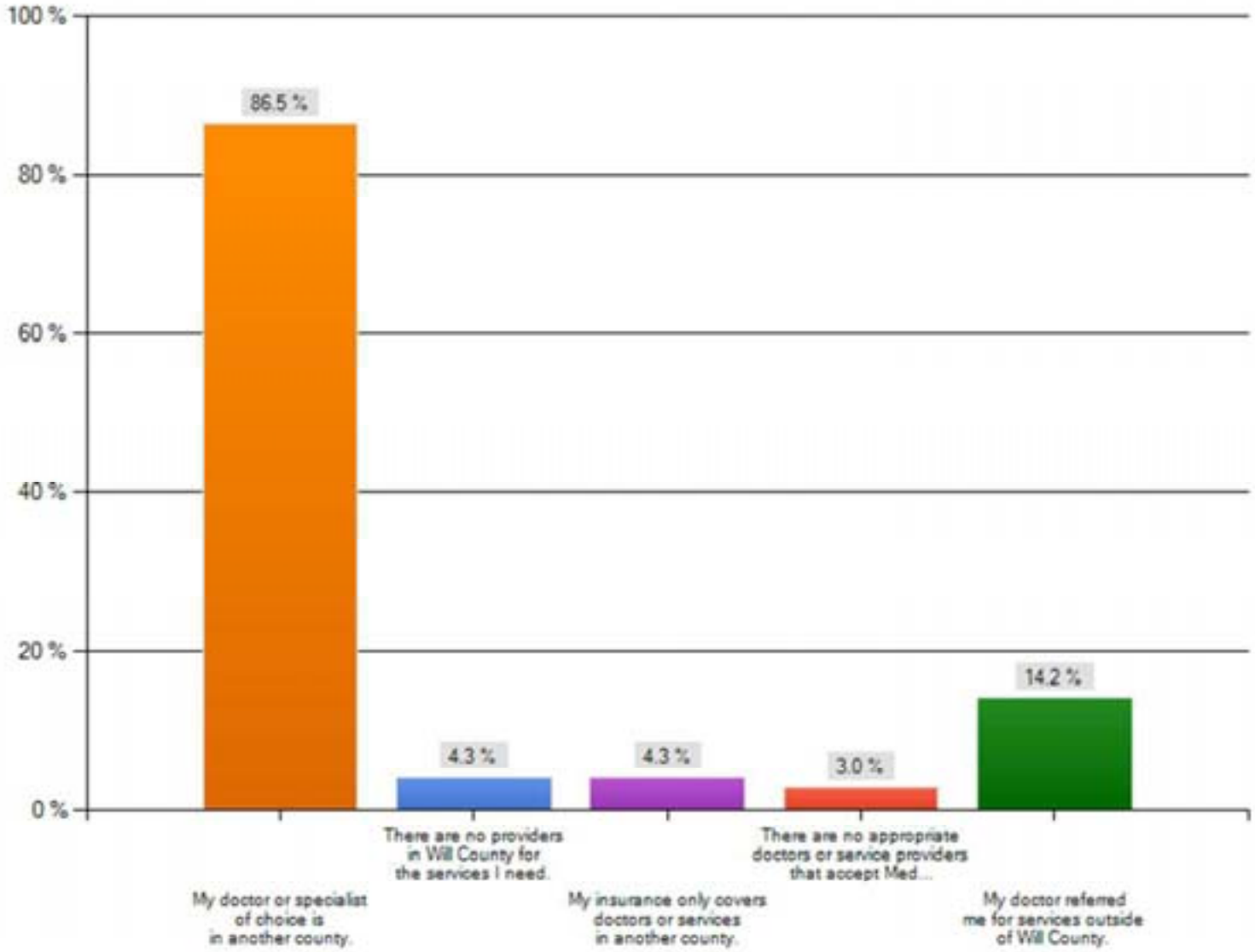
You or any family members had any difficulties getting non-emergency care for the above mention conditions?



Within past year, types of health services received outside of Will County



Reasons for receiving healthcare services out of Will County.

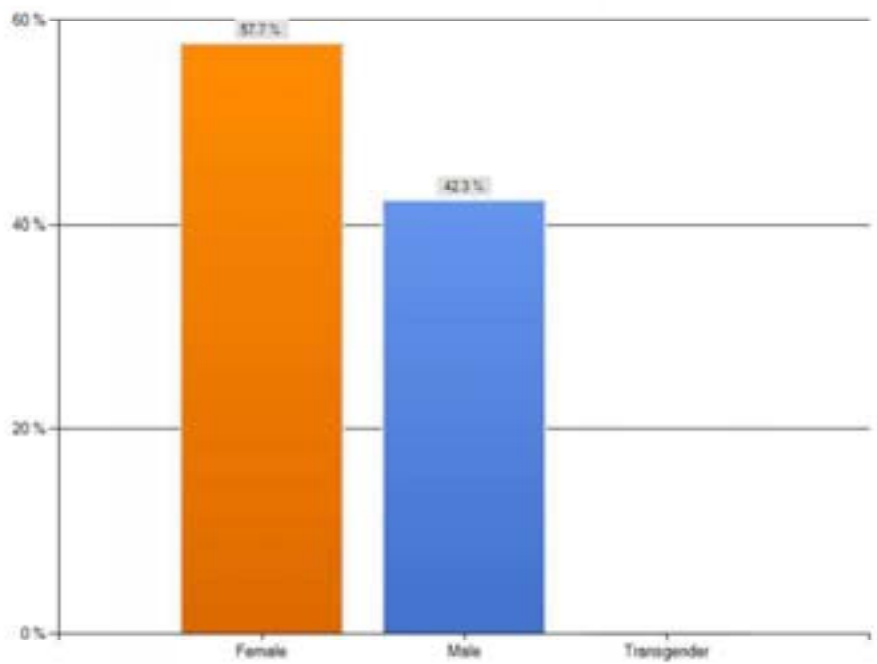


Demographic Breakdown of Responders

N =

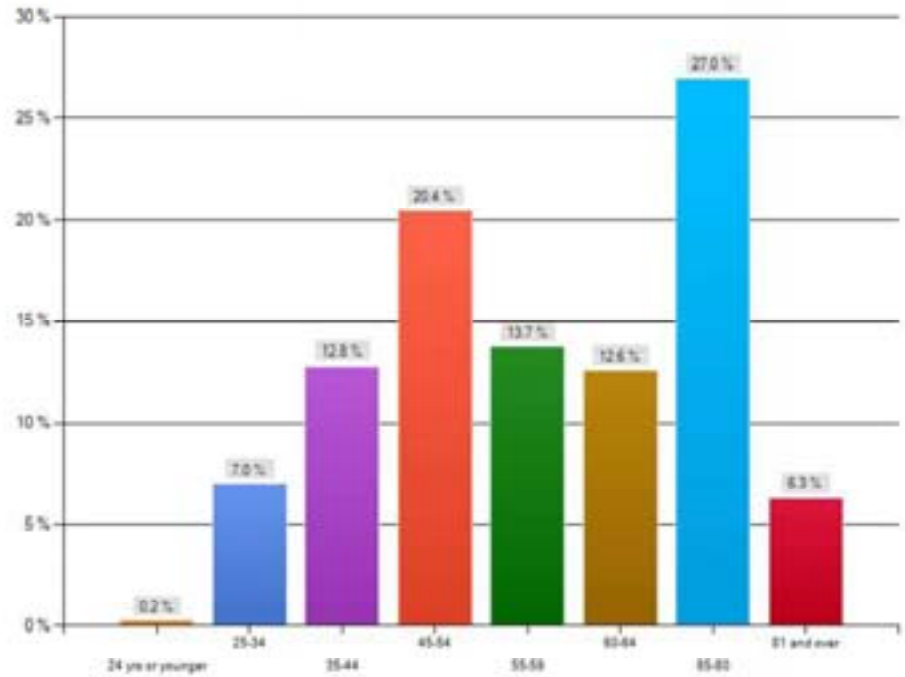
Gender

(N = 444)



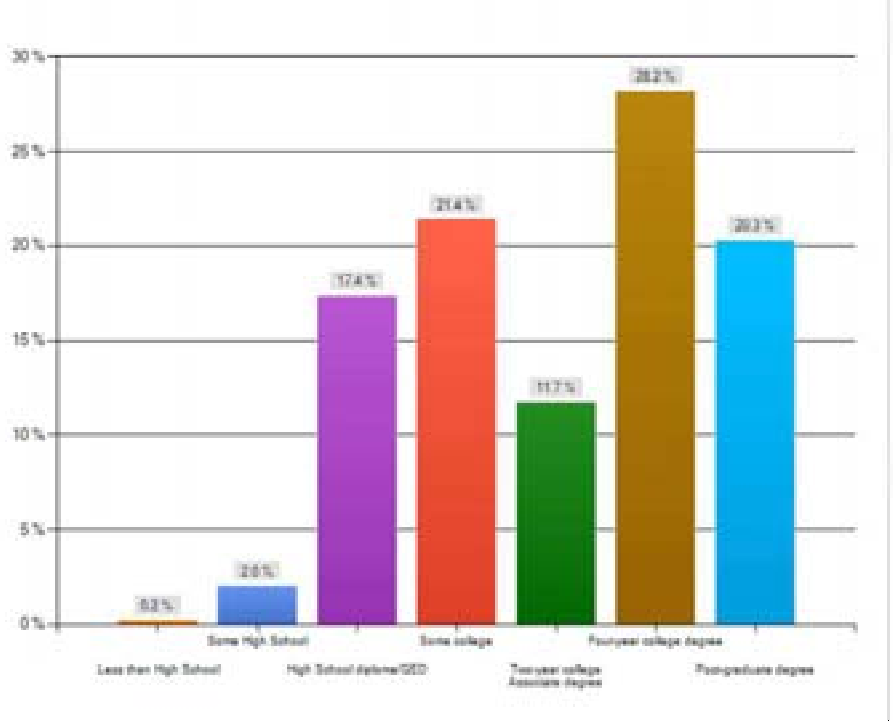
Age Group

(N = 445)



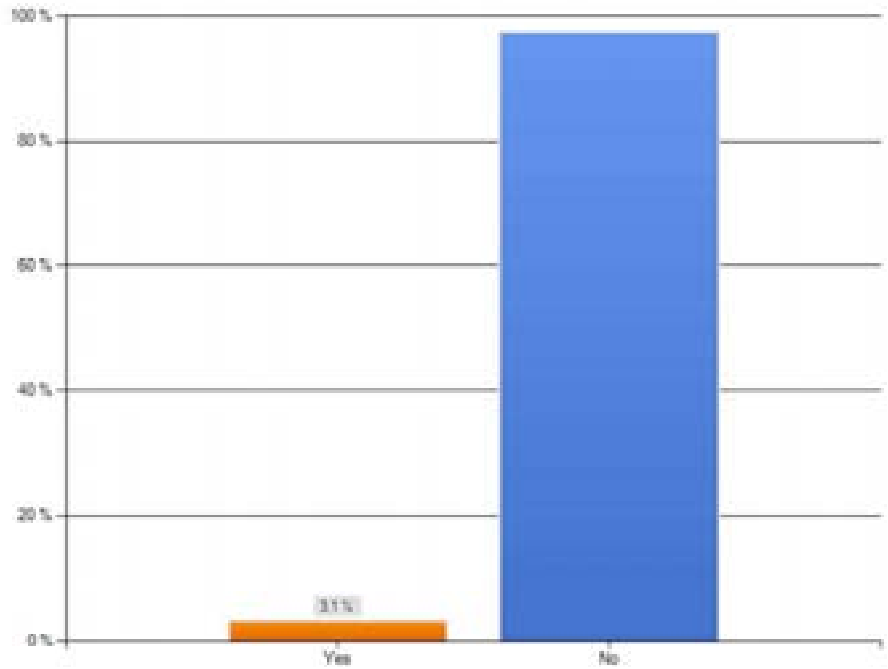
Education Level

(N = 443)



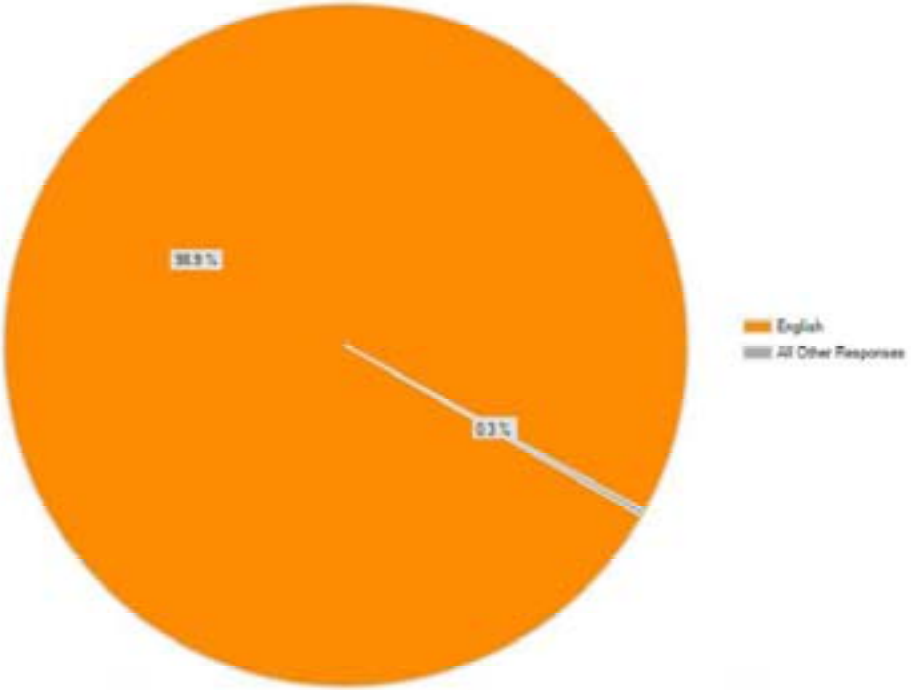
Student?

(N = 449)



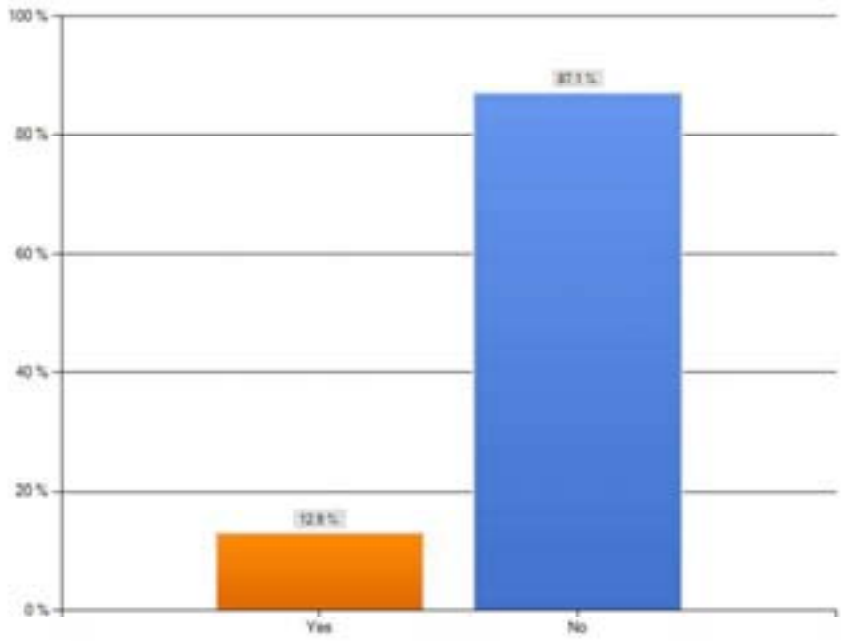
Primary Language Spoken

(N = 442)

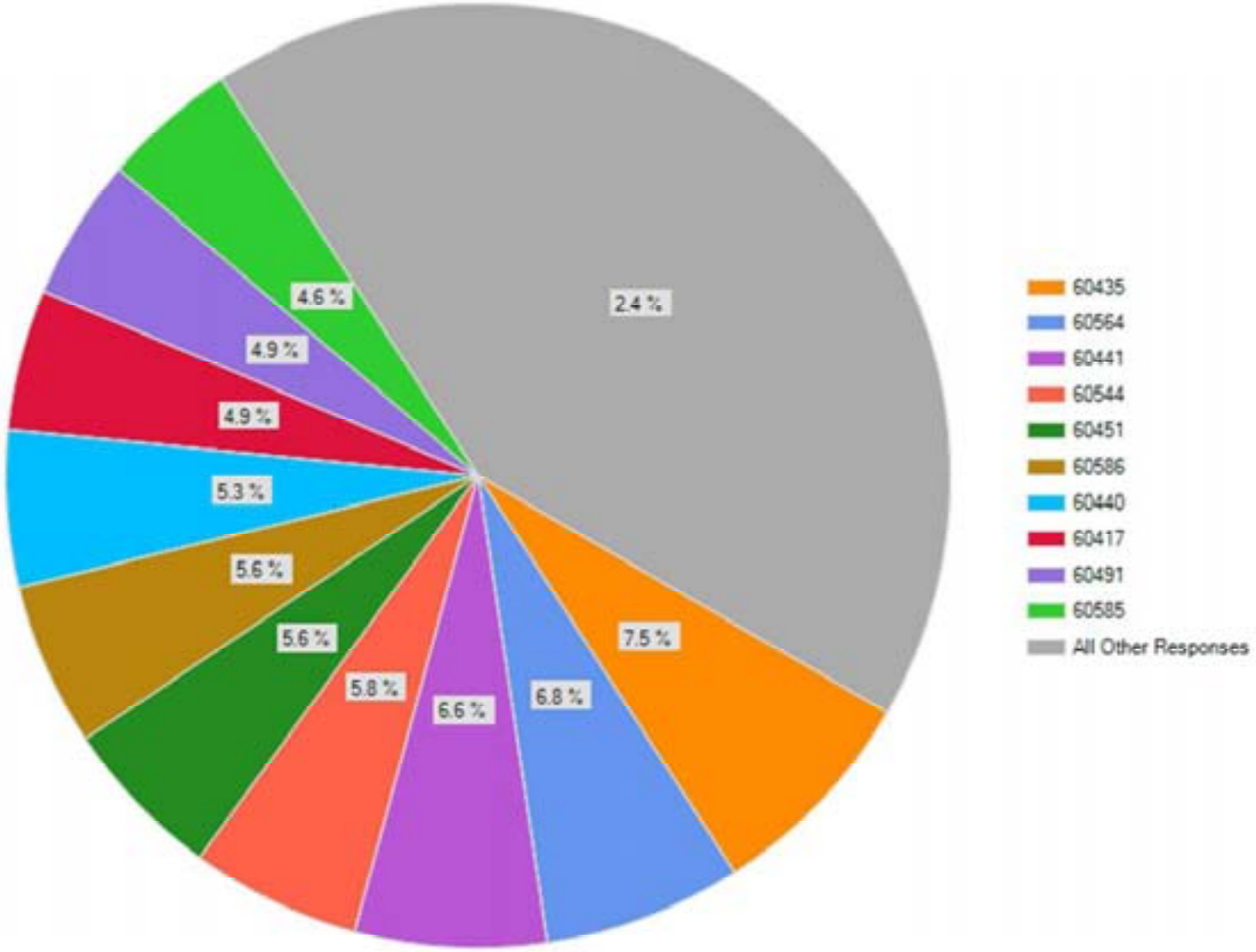


Veteran

(N = 443)

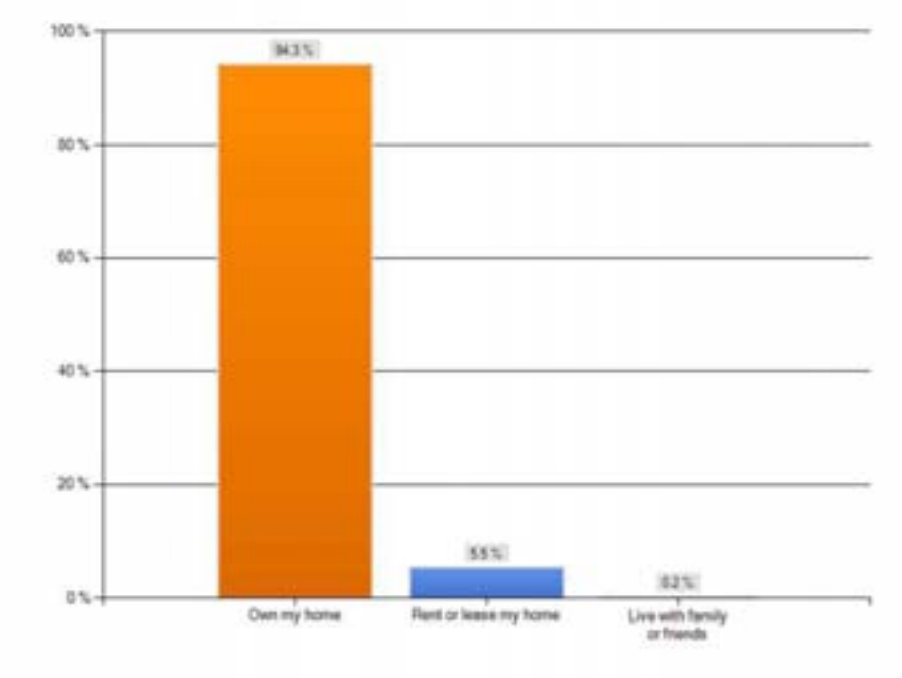


Residential Zip Code



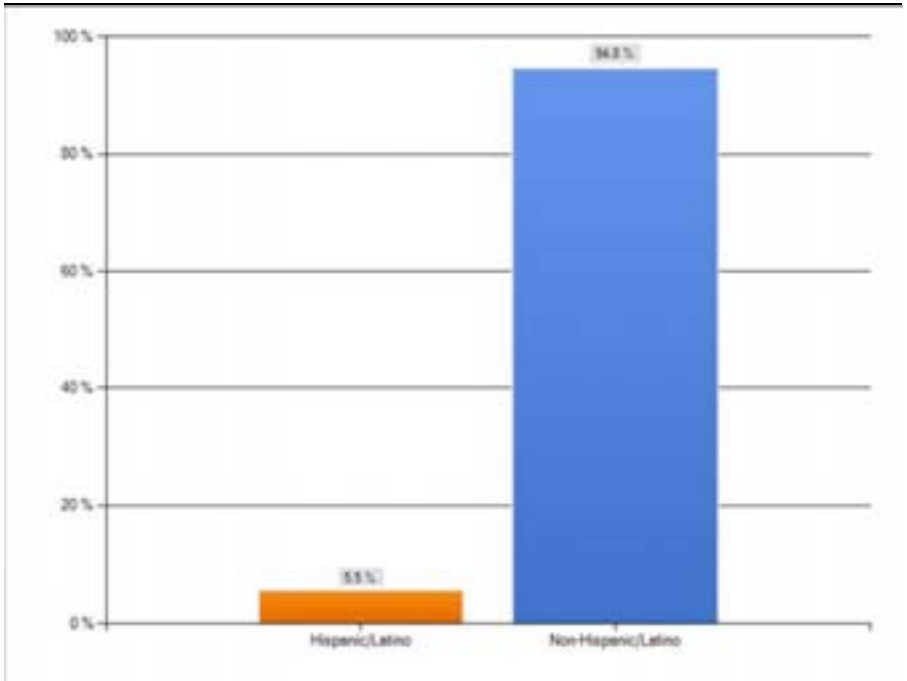
Living Situation

(N = 437)

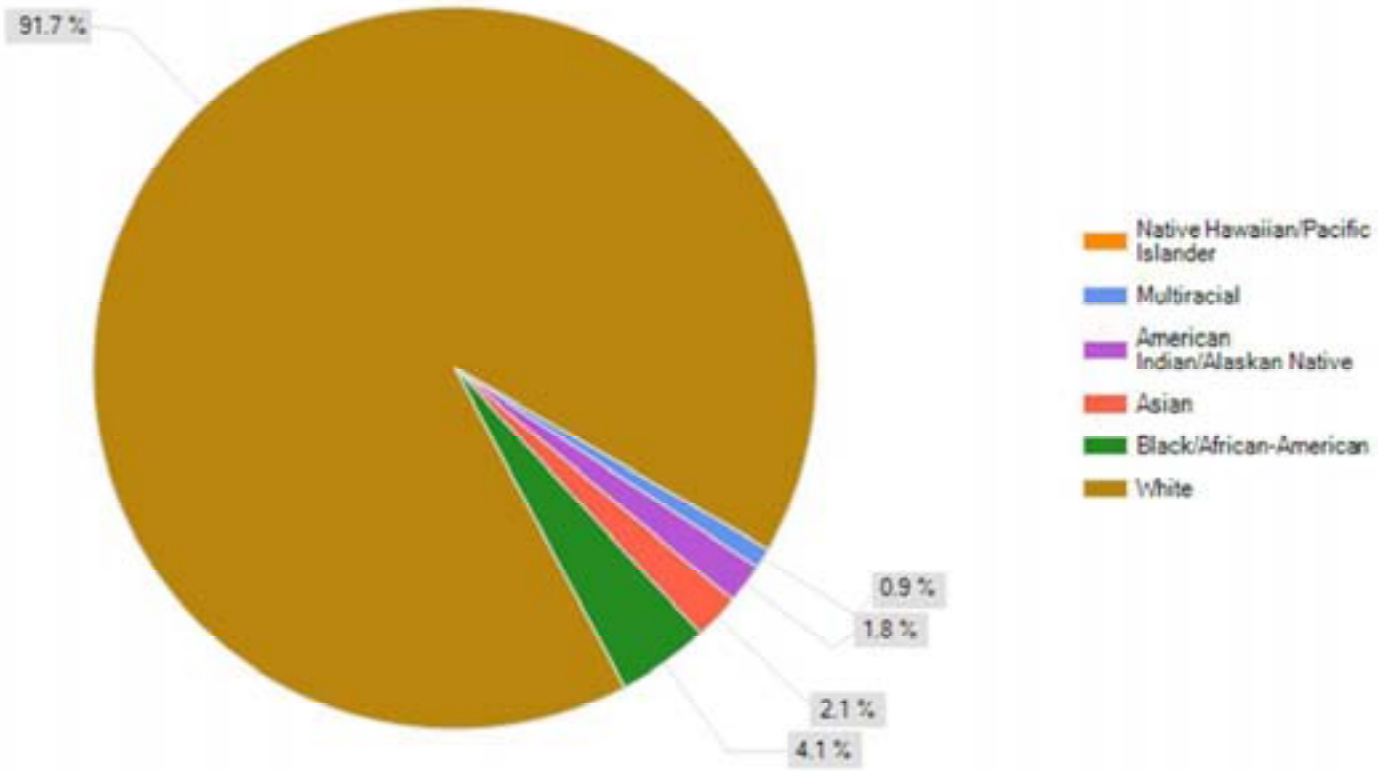


Ethnicity

(N = 400)

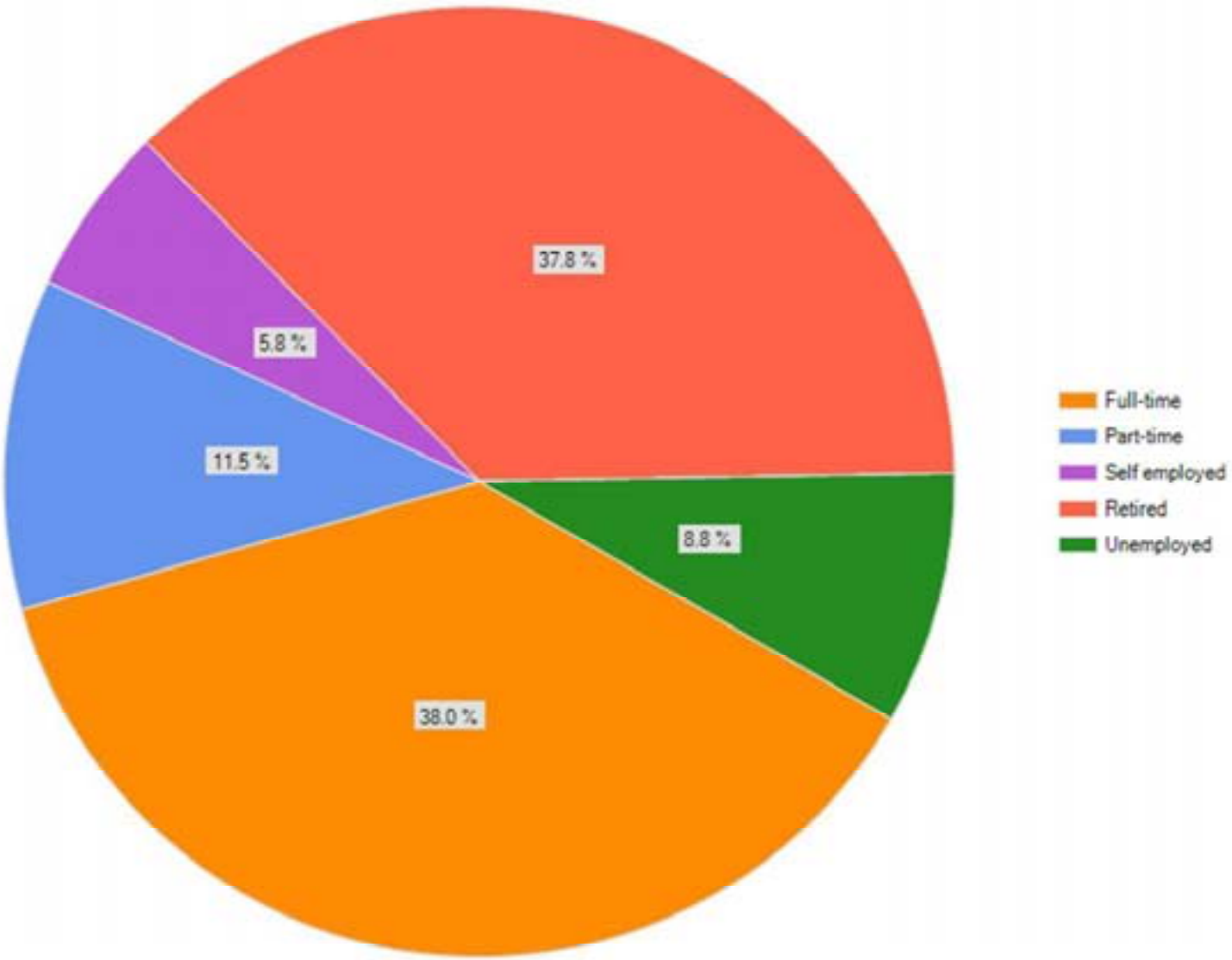


Race
(N = 436)


91.7 %
0.9 %
1.8 %
2.1 %
4.1 %
Native Hawaiian/Pacific Islander
Multiracial
American Indian/Alaskan Native
Asian
Black/African-American
White

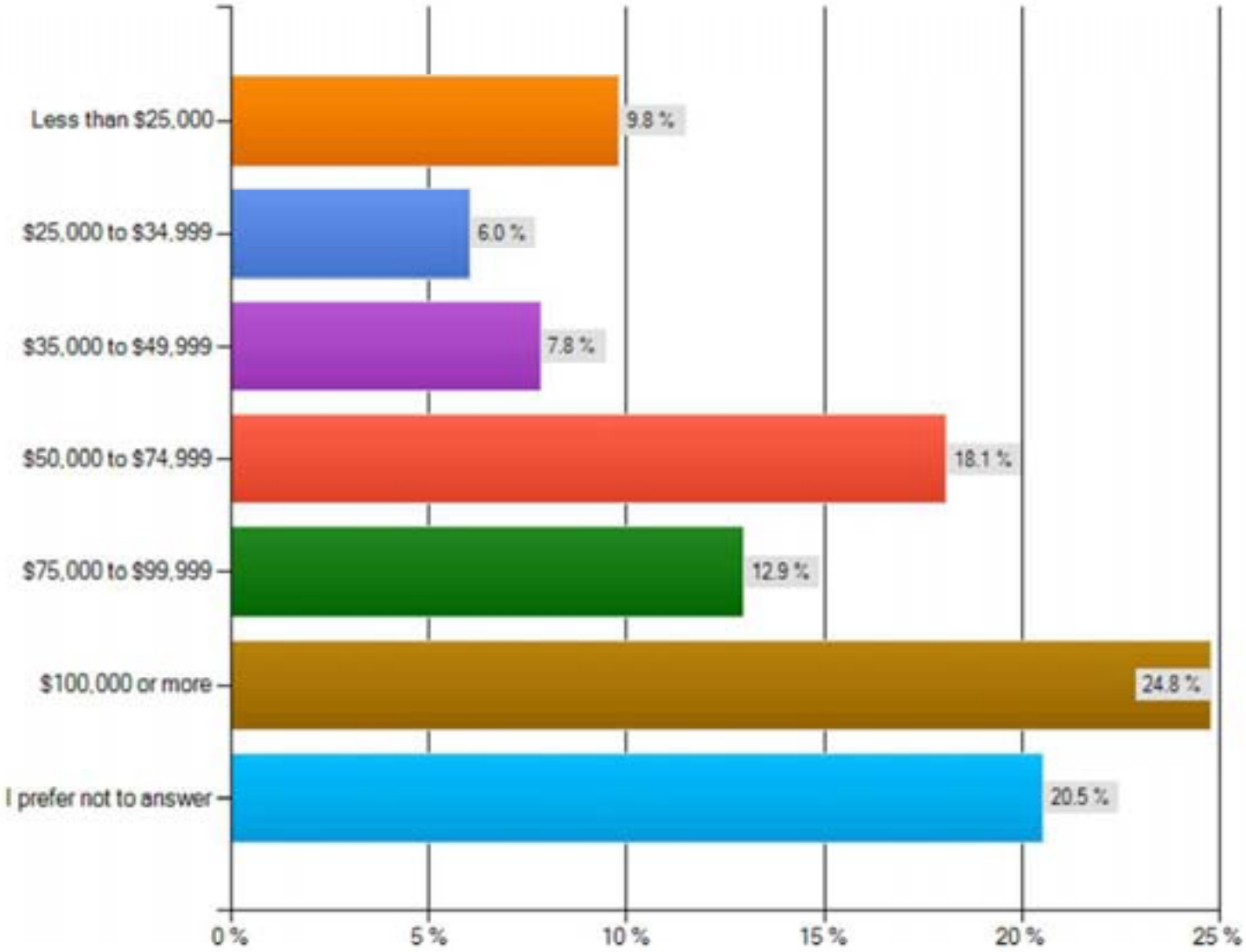
Employment

(N = 436)



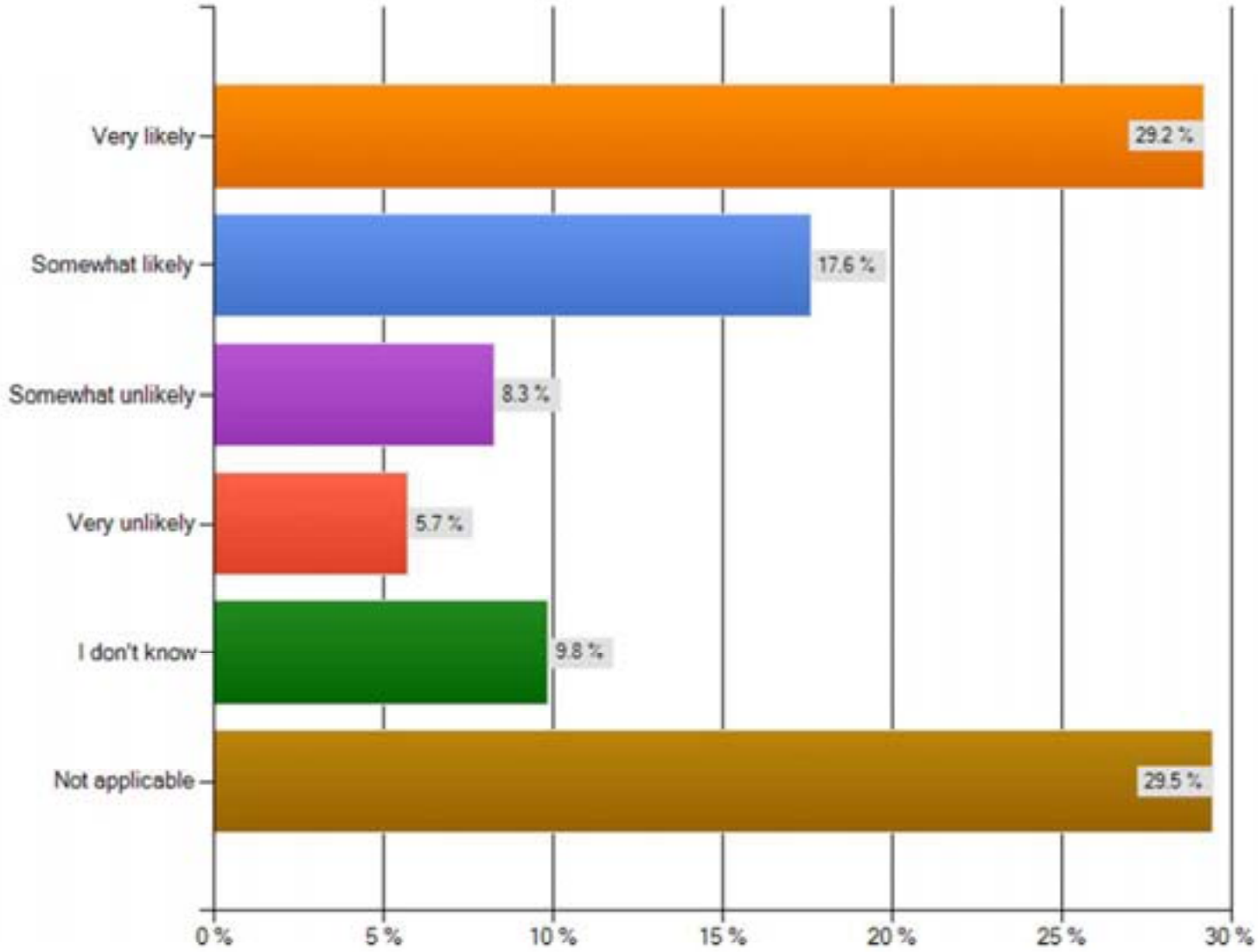
Household Income

(N = 448)



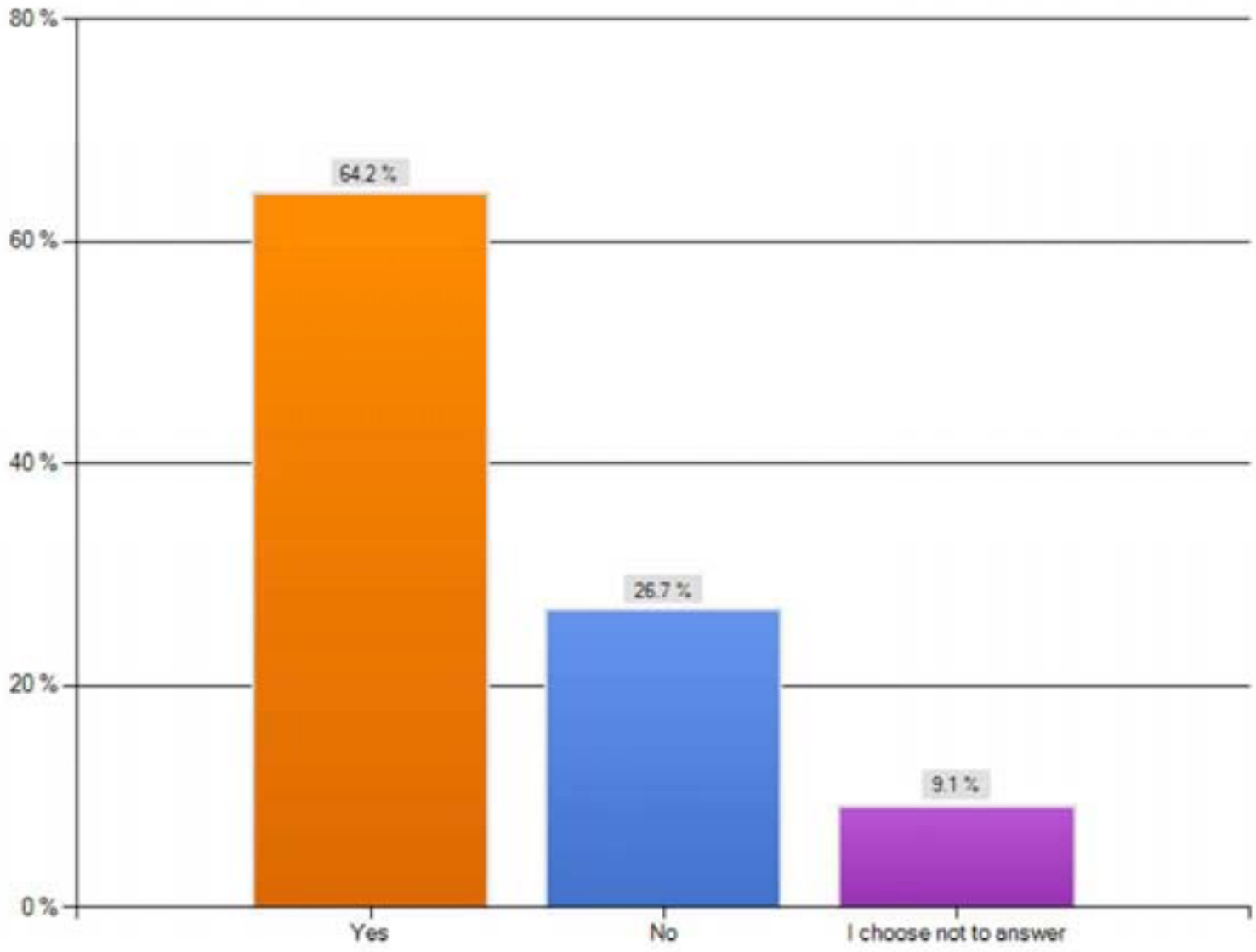
If employed? How secured you feel 12 months from now?

(N = 387)



Member of religious congregation

(N = 450)

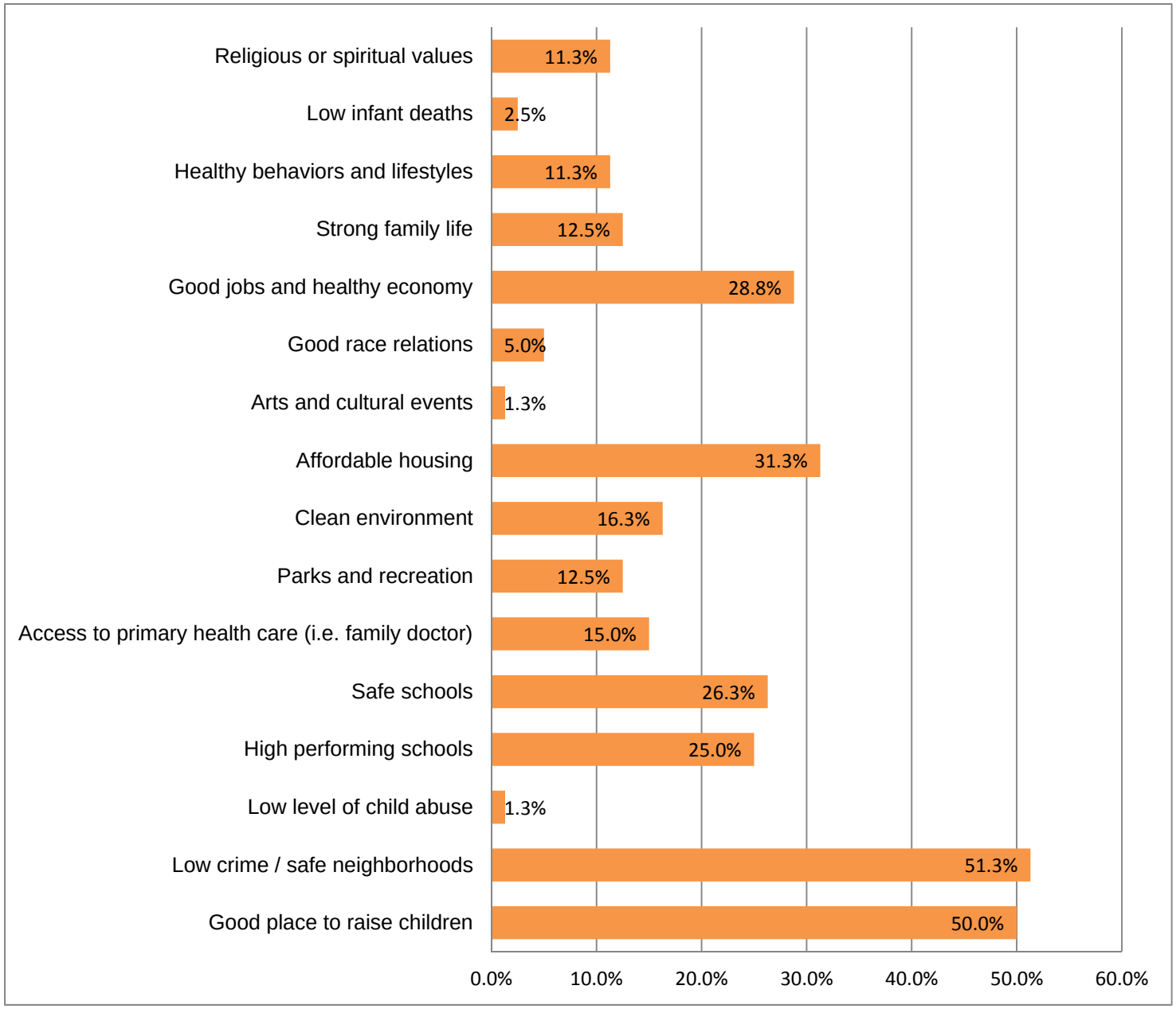


SURVEY RESULTS – TARGETED SURVEY

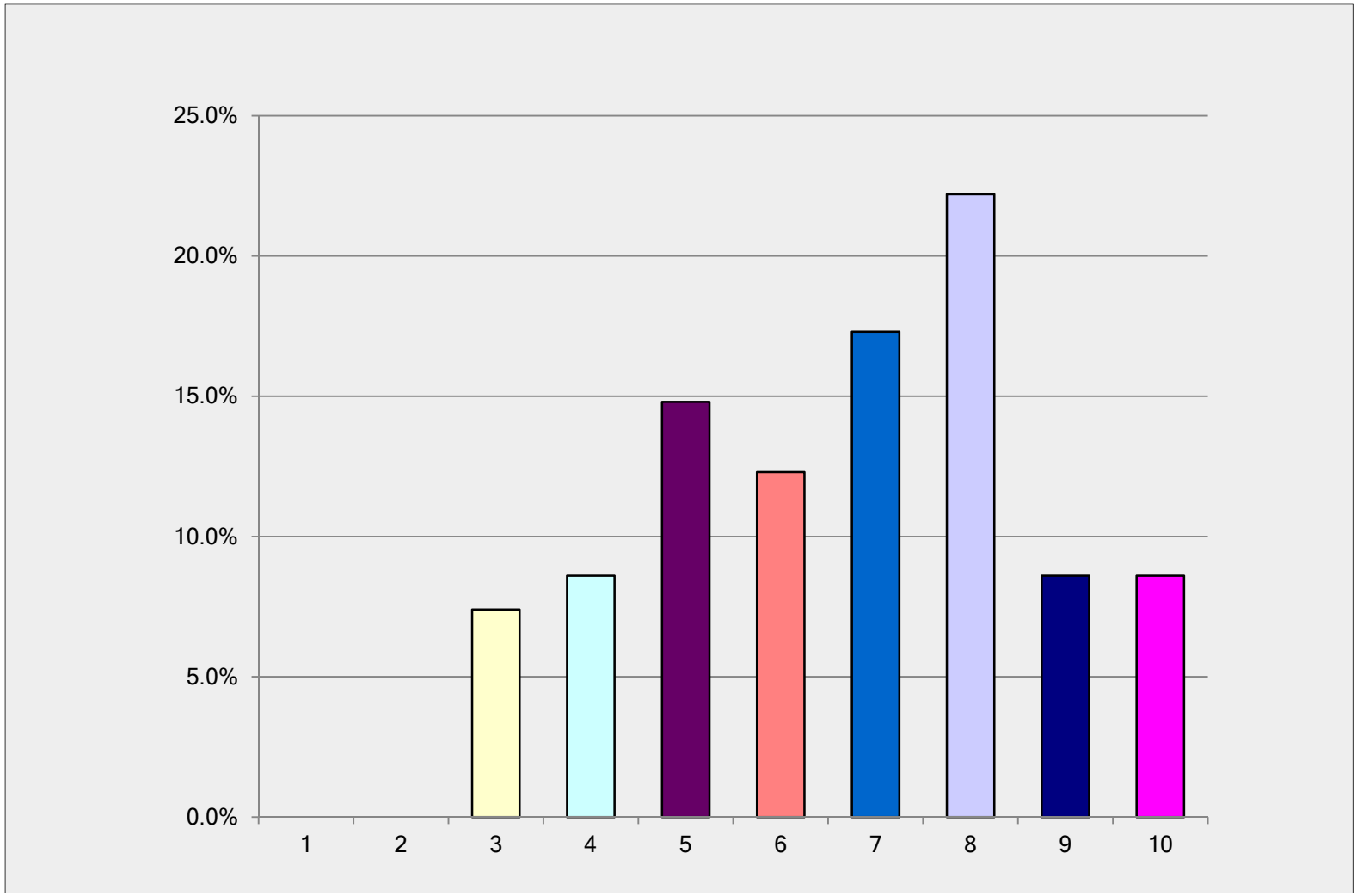
Question 1: Place of Residence (City, Town, Village etc.)

		Frequency	Percent
	Joliet	45	54.2
	Bolingbrook	5	6.0
	Crest Hill	4	4.8
	University Park	4	4.8
	Channahon	3	3.6
	Plainfield	3	3.6
	Peotone	2	2.4
	Other	17	20.5
	Total	83	100.0

Question 2: Three Most common factors for quality of life



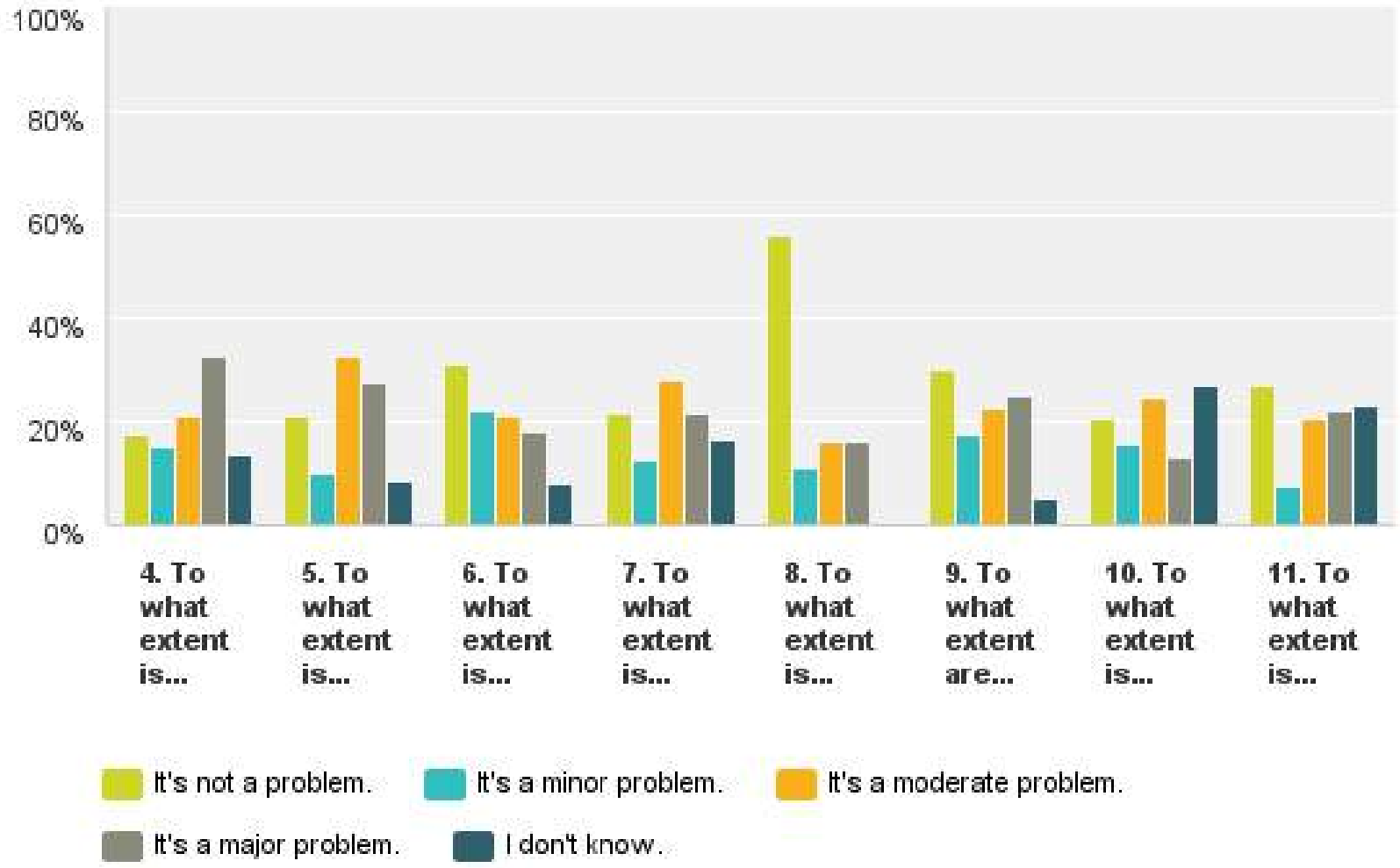
Question 3: Overall Quality of Life (on scale of 1 to 10)



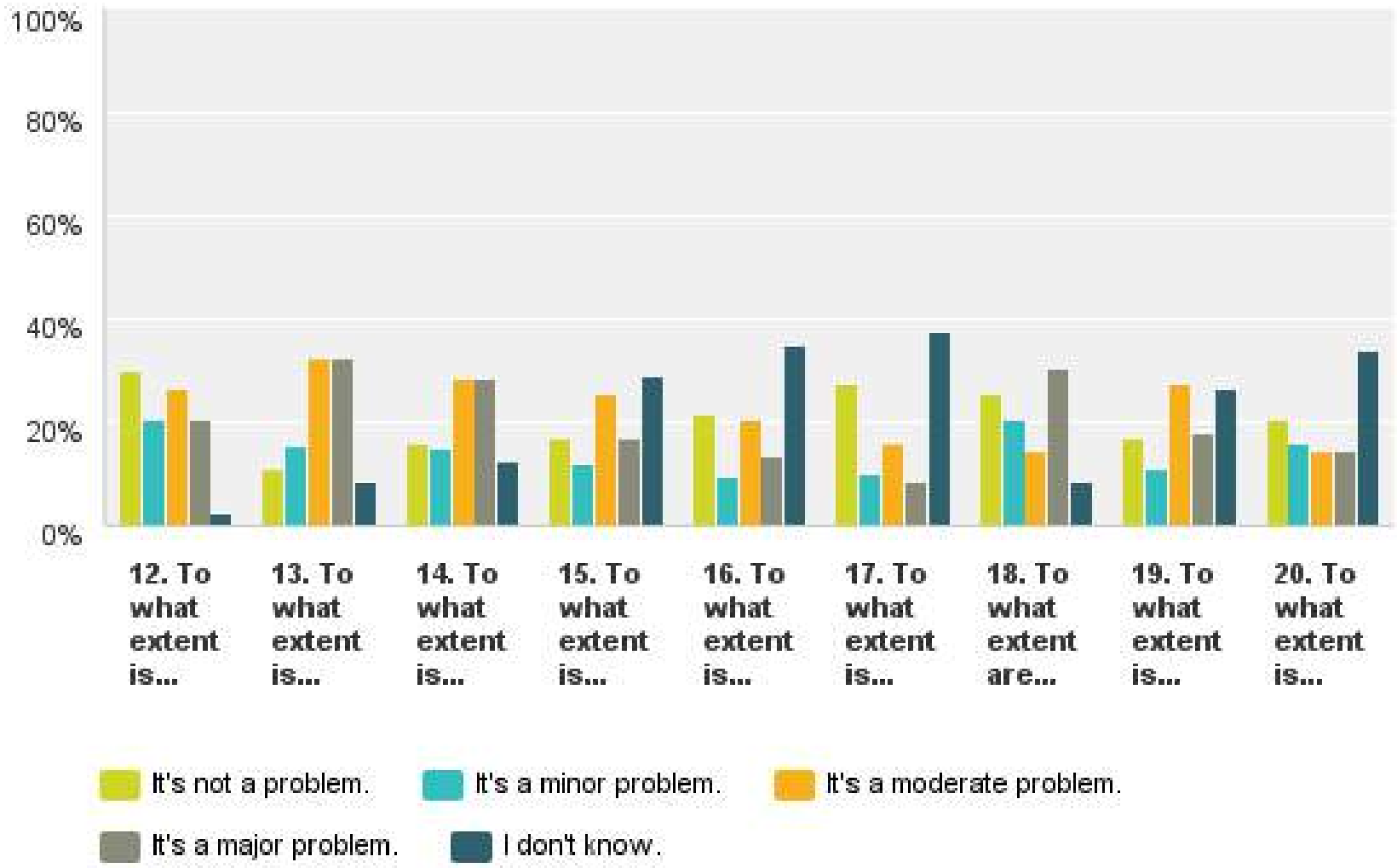
Assessment of Issues in Community:

Transportation

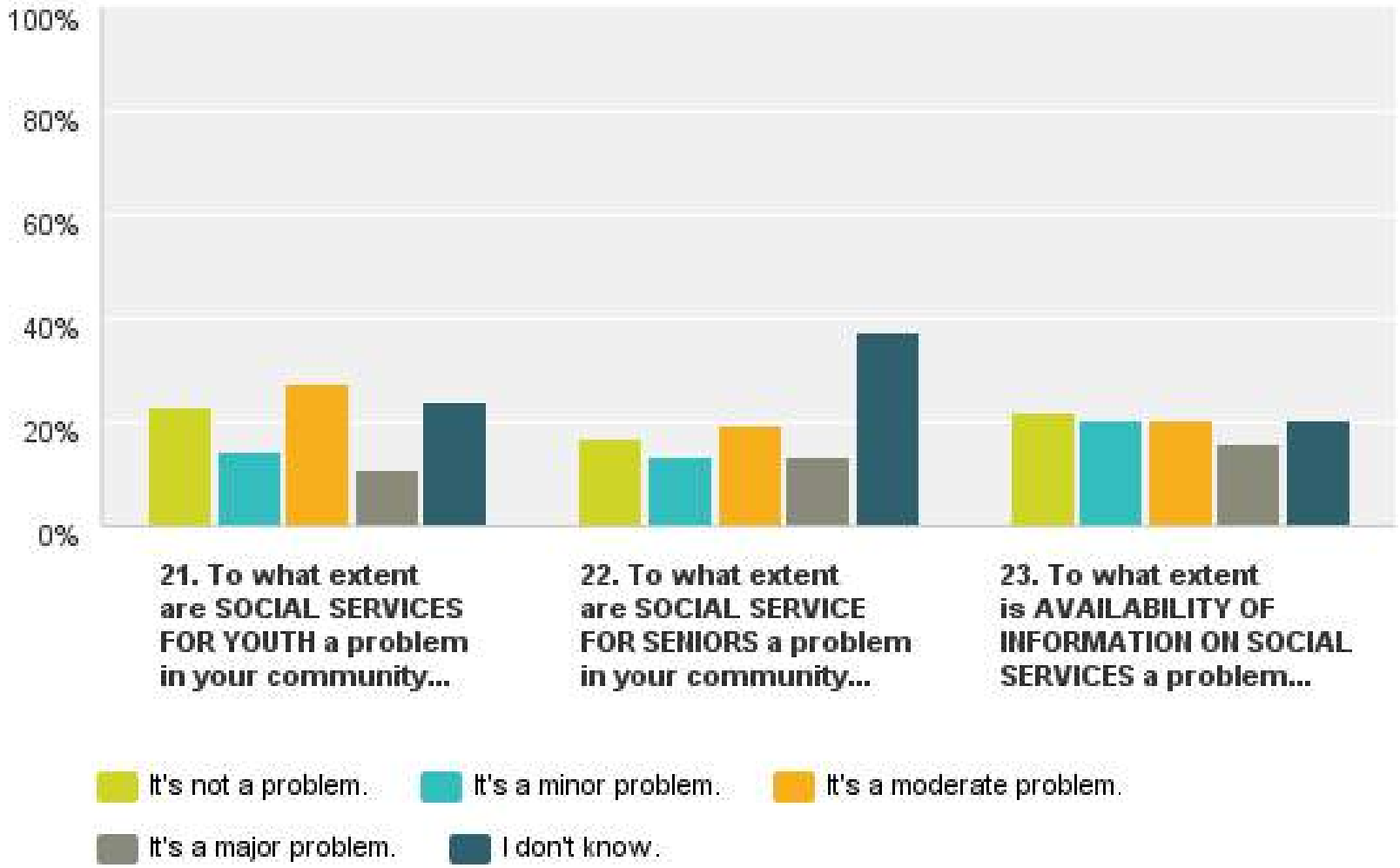
Access to local services



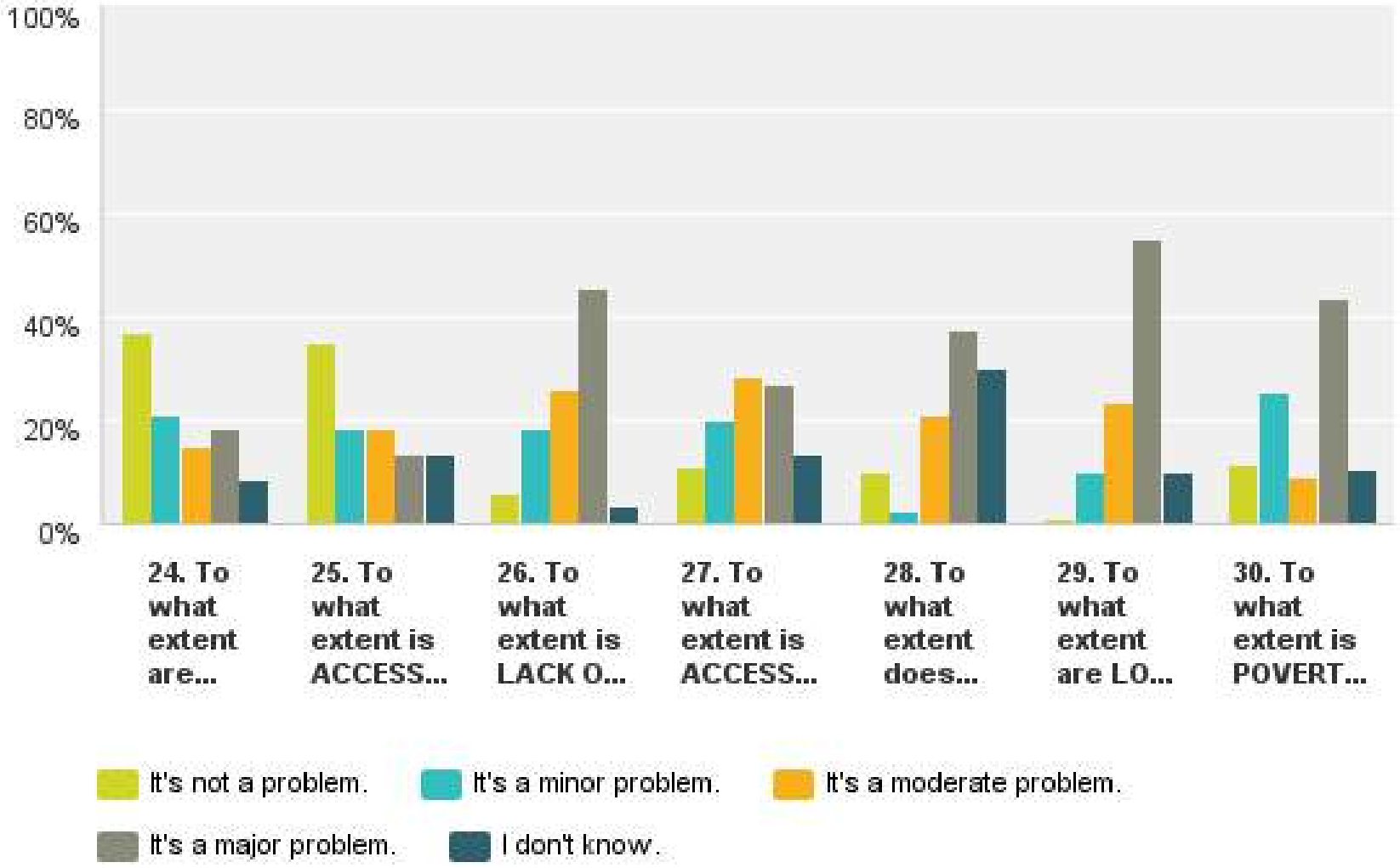
Health / Public Safety



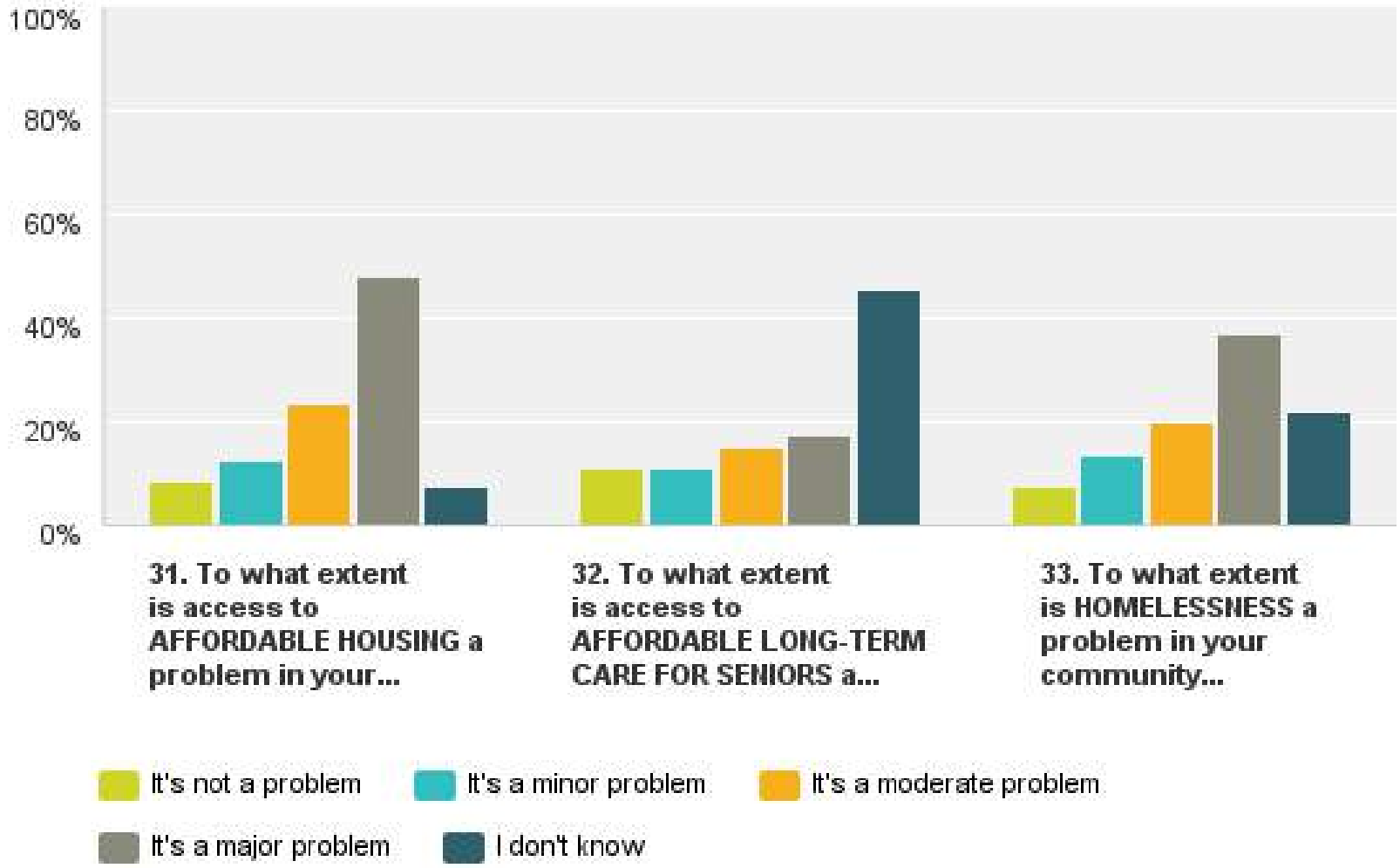
Social Services



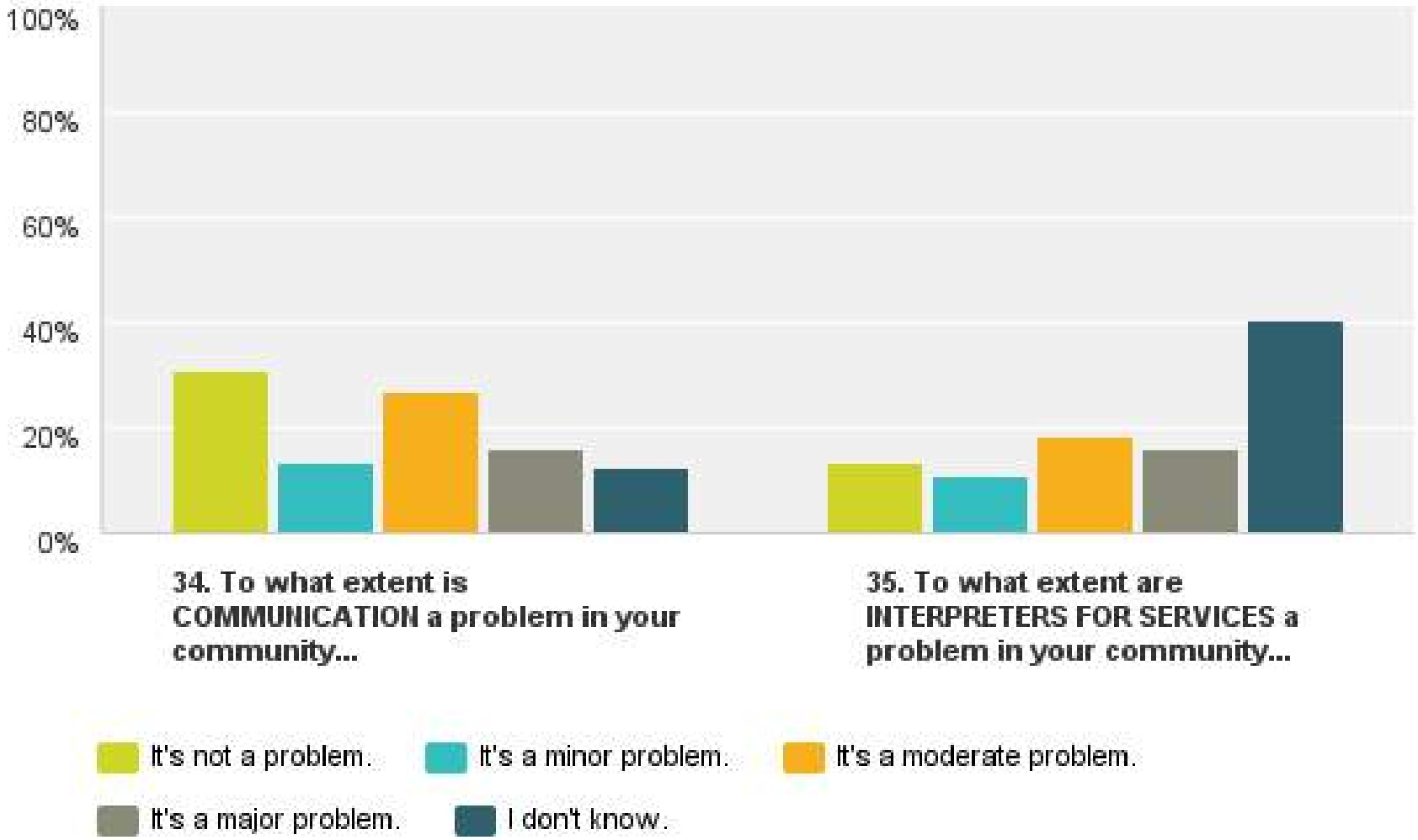
Education / Jobs



Housing


100%
80%
60%
40%
20%
0%
31. To what extent is access to AFFORDABLE HOUSING a problem in your...
32. To what extent is access to AFFORDABLE LONG-TERM CARE FOR SENIORS a...
33. To what extent is HOMELESSNESS a problem in your community...
It's not a problem
It's a minor problem
It's a moderate problem
It's a major problem
I don't know

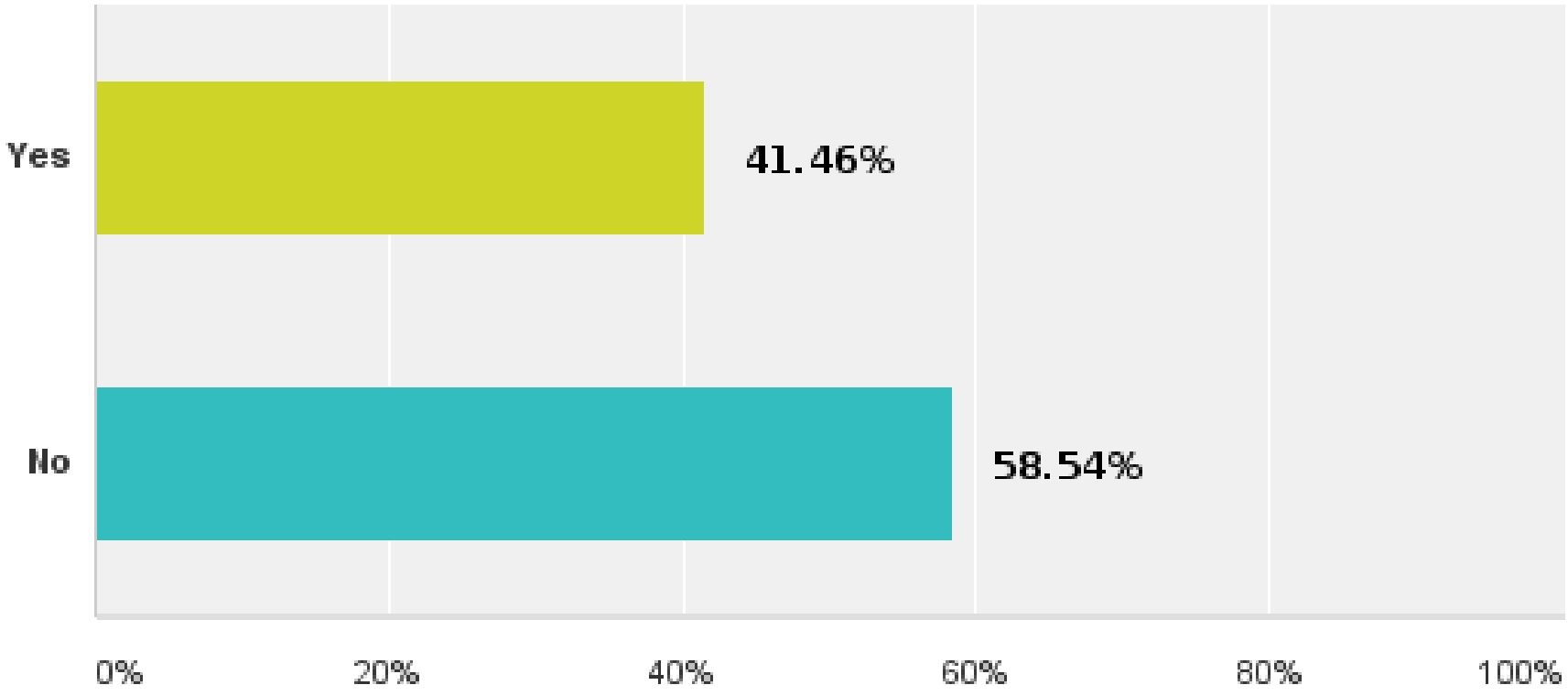
Communication



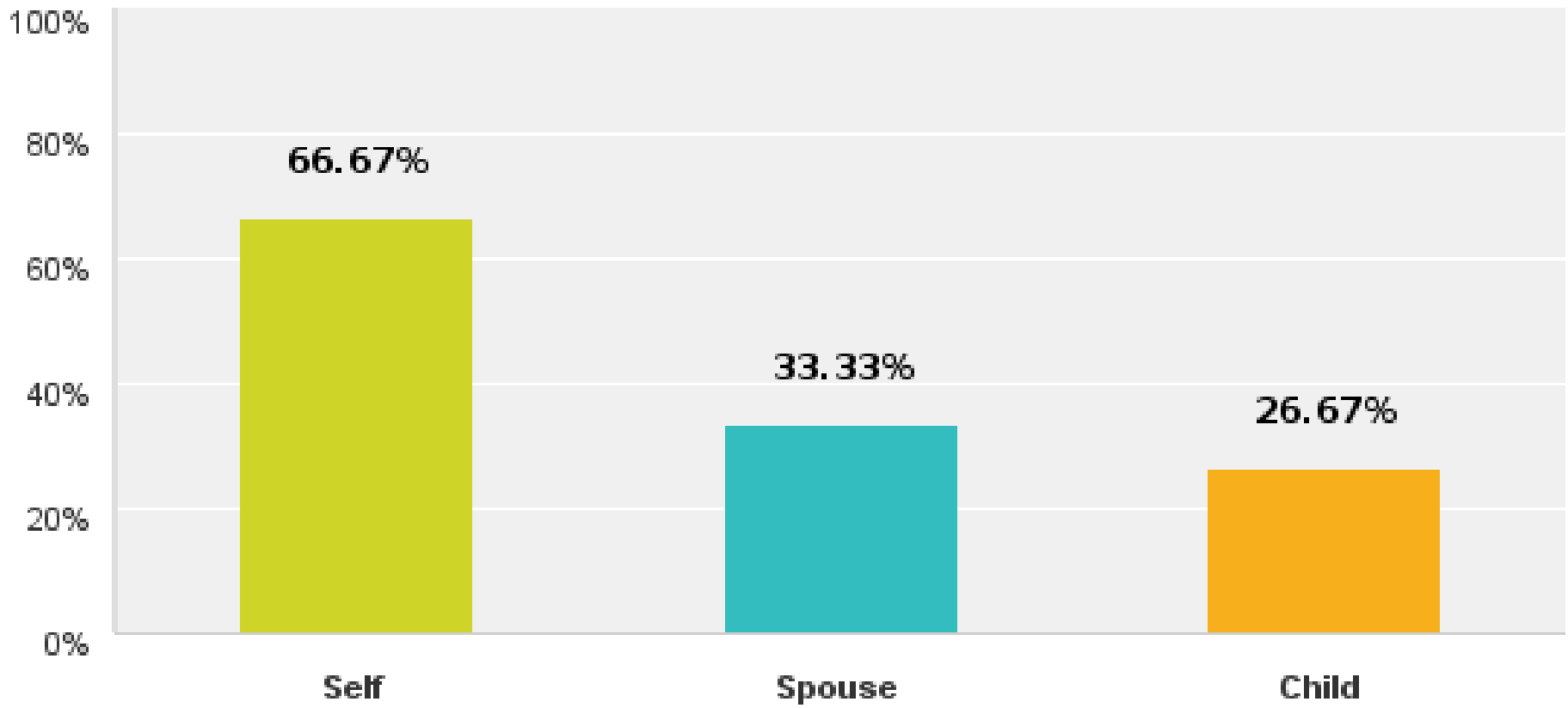
Section III: Healthcare

Health Insurance

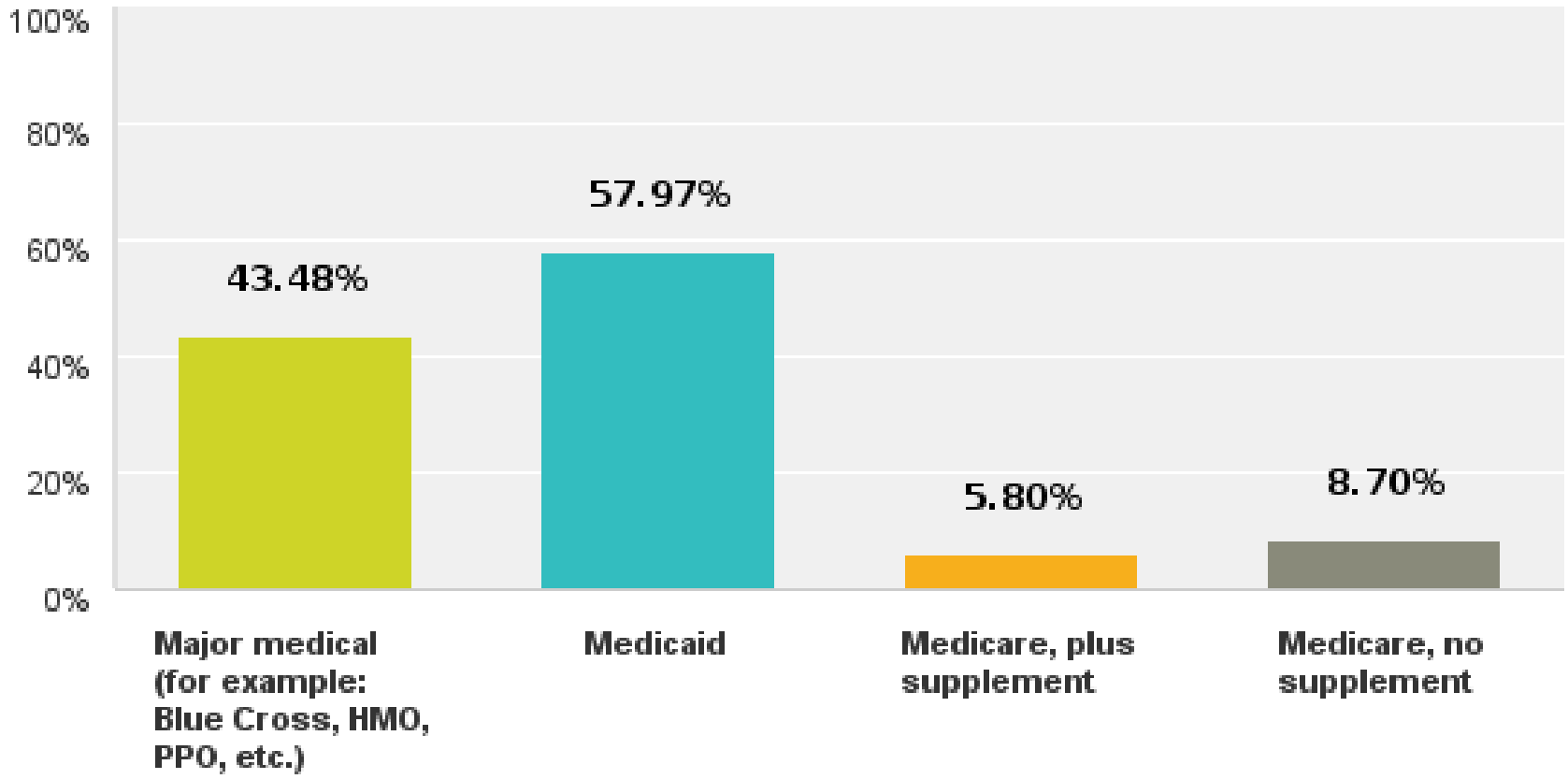
Any one in household without health insurance that pays for all or part of his/her medical care.



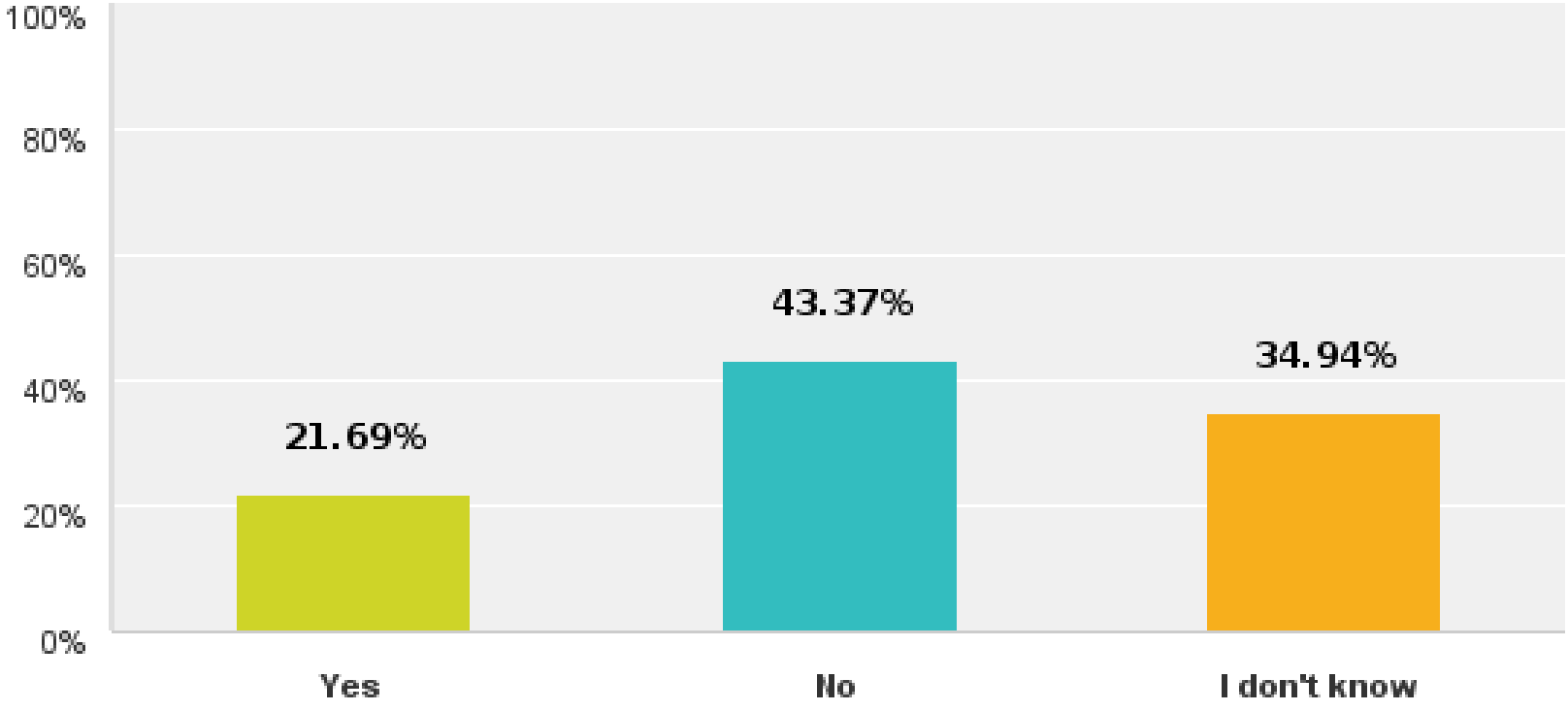
If yes, who pay for it?



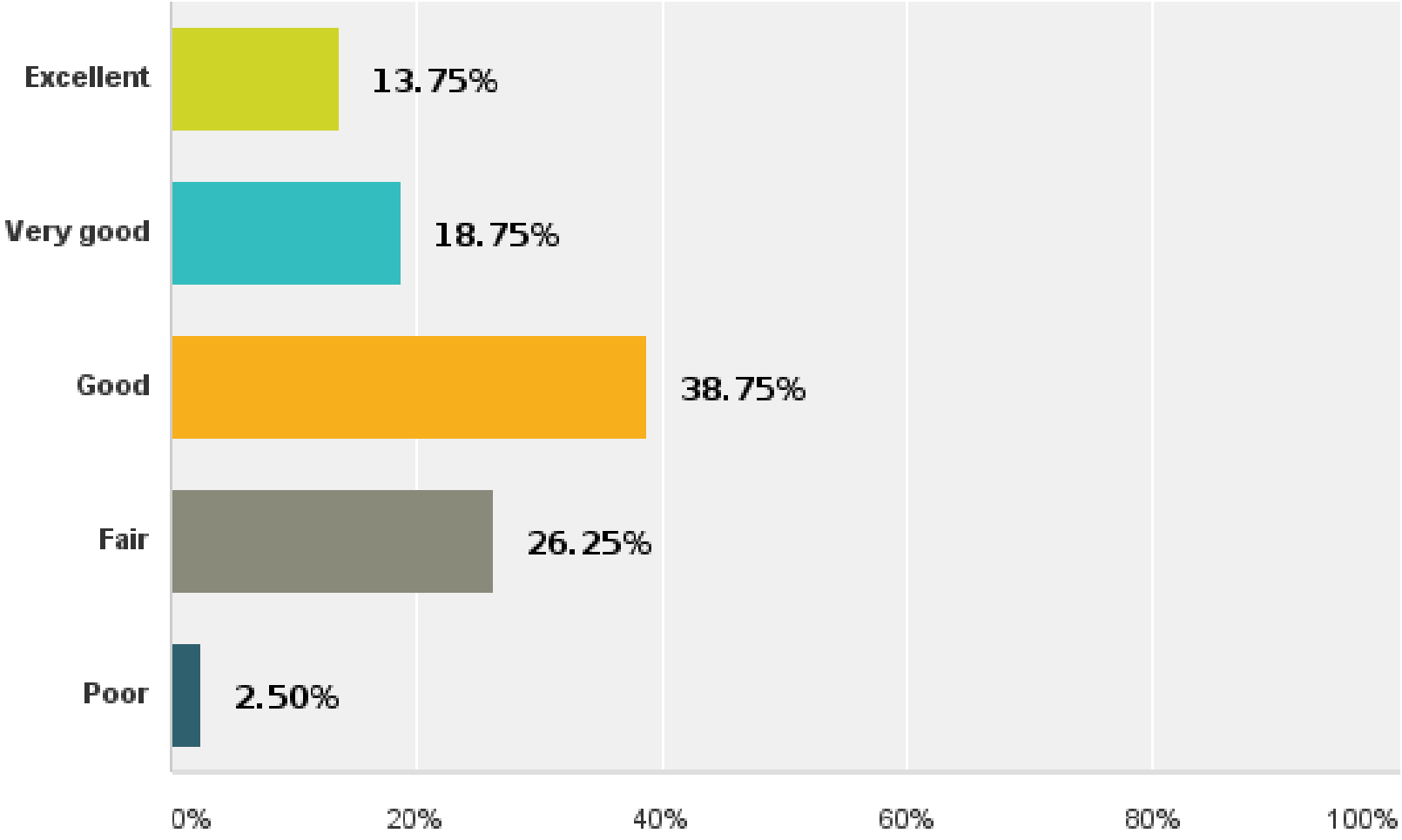
Insured? Type of Insurance



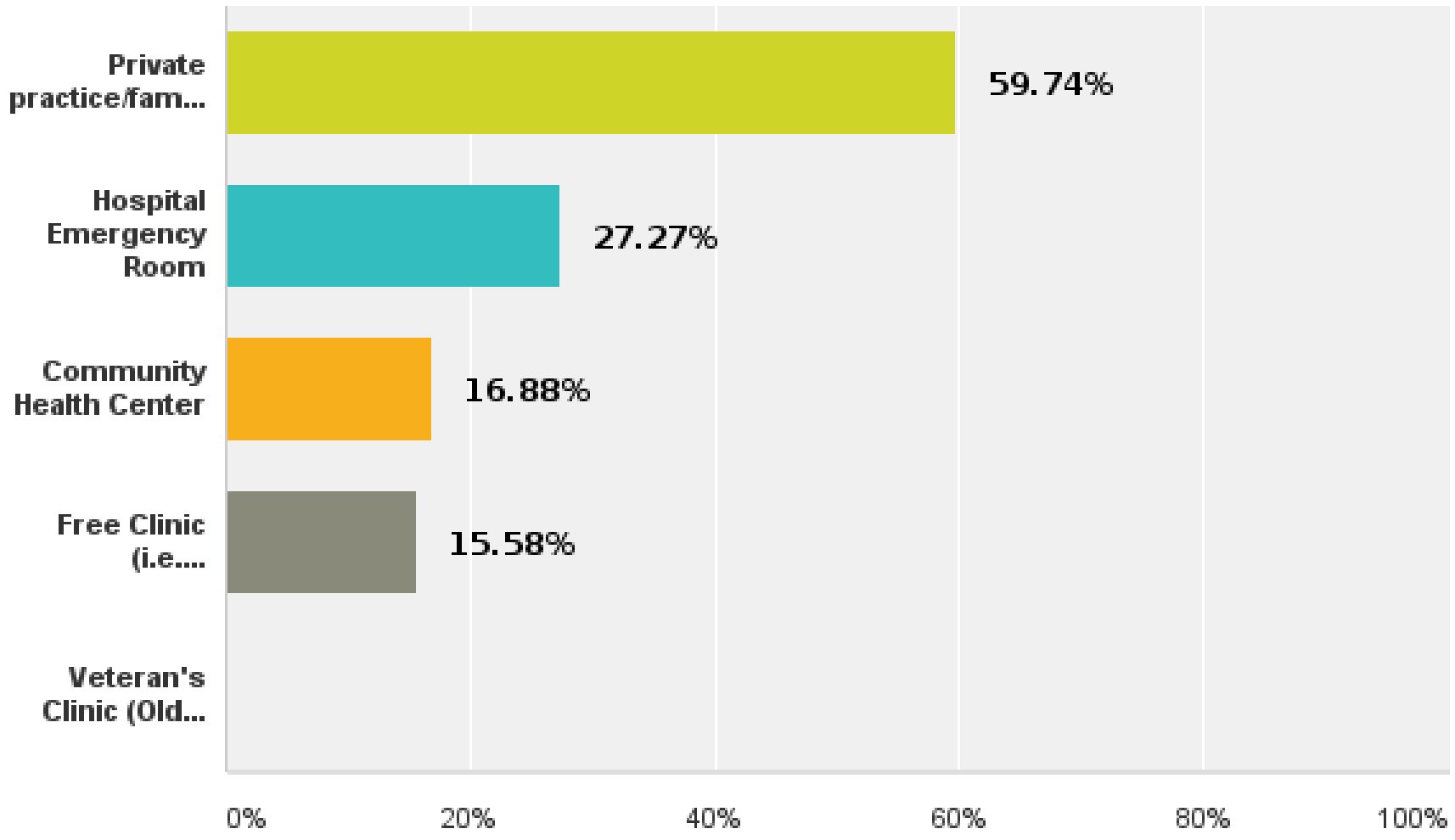
Seeking medical insurance coverage under healthcare reform?



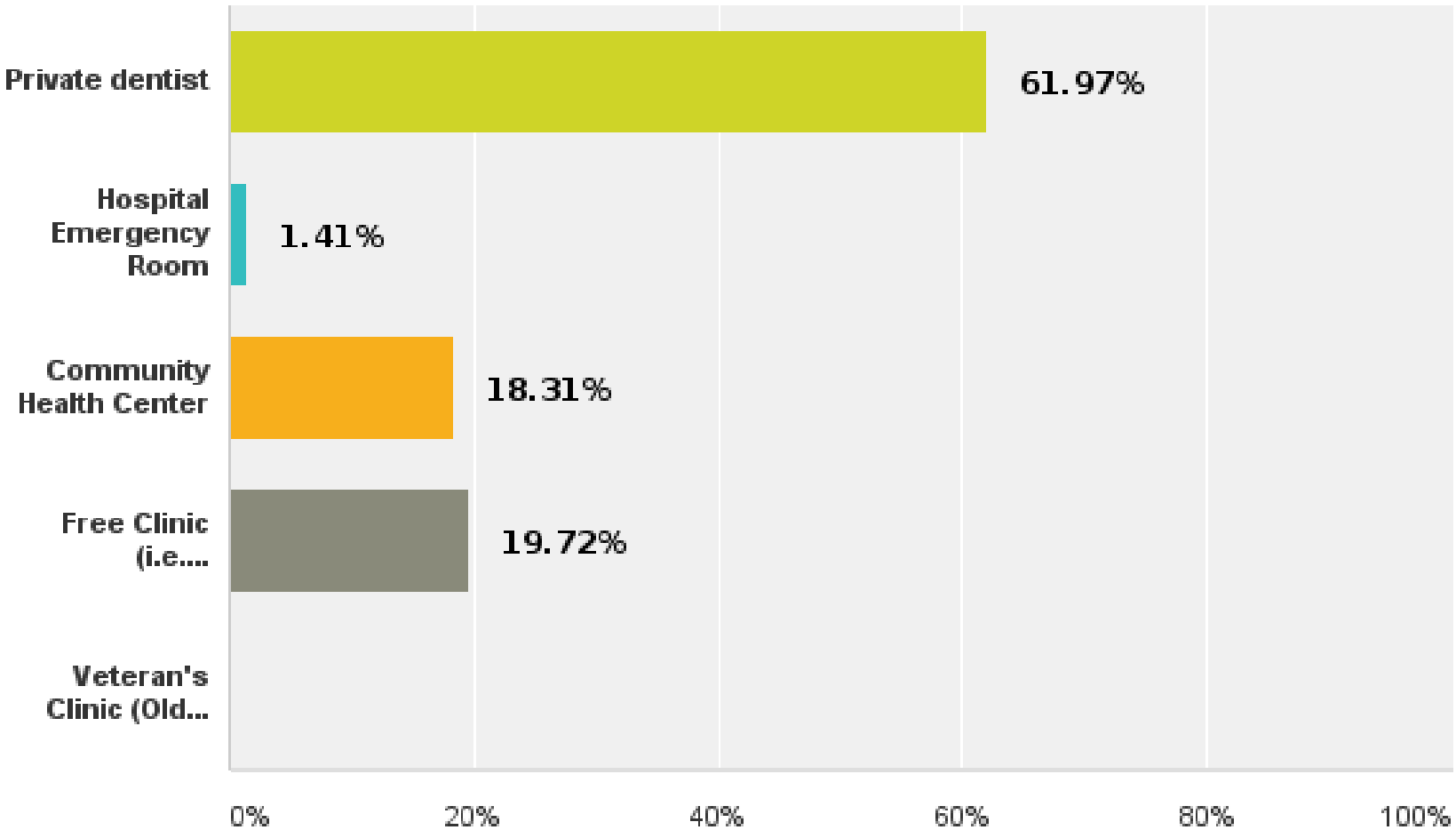
Overall Health Status



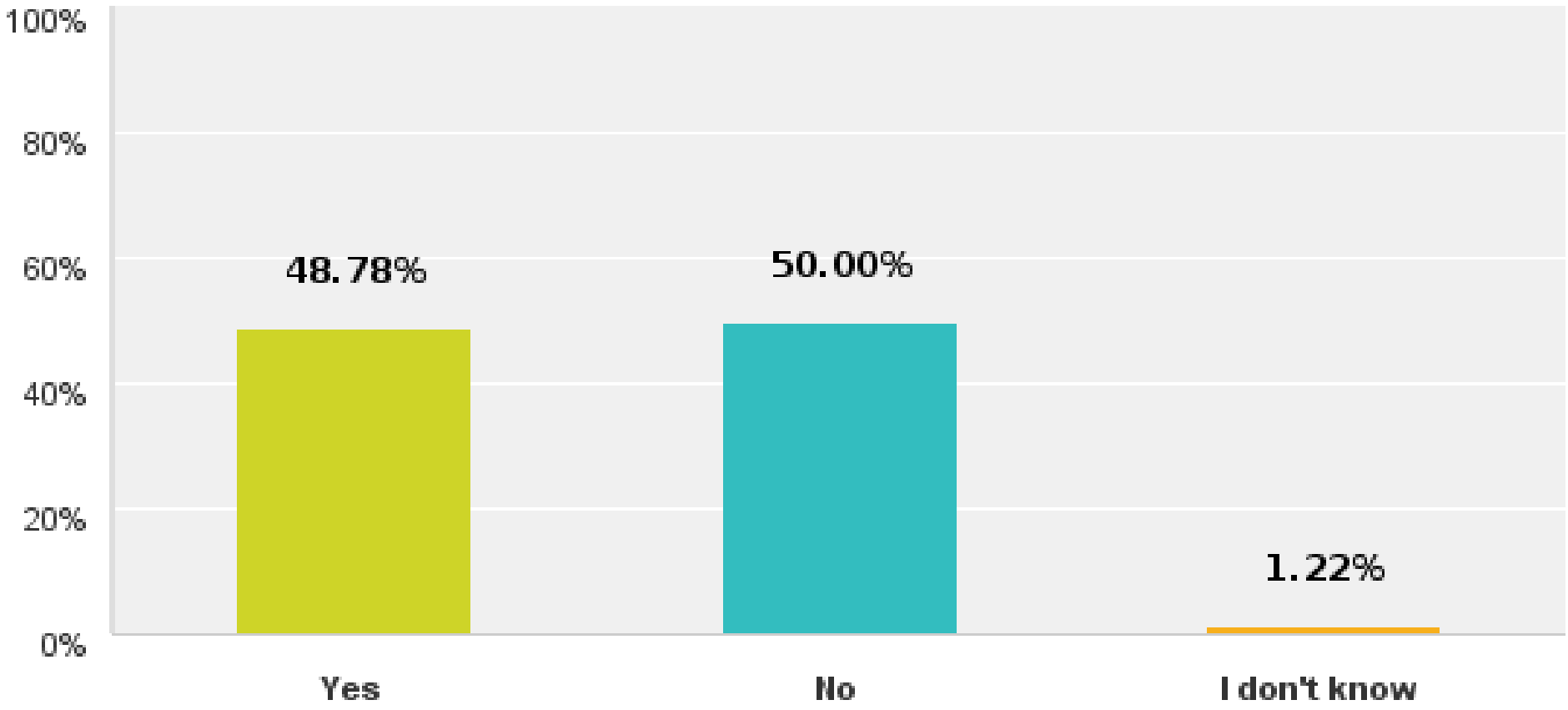
Where do you go when sick or need health care?



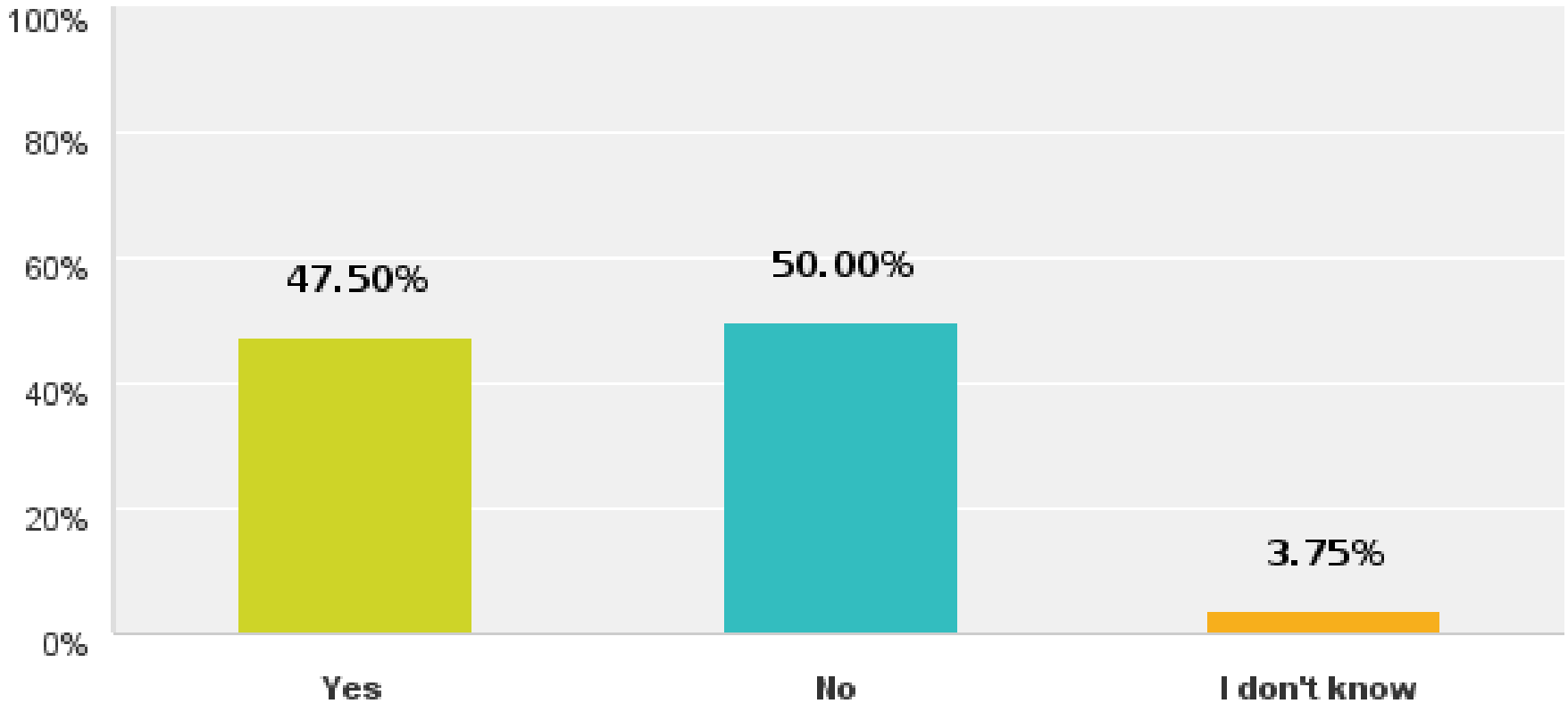
Dental Services



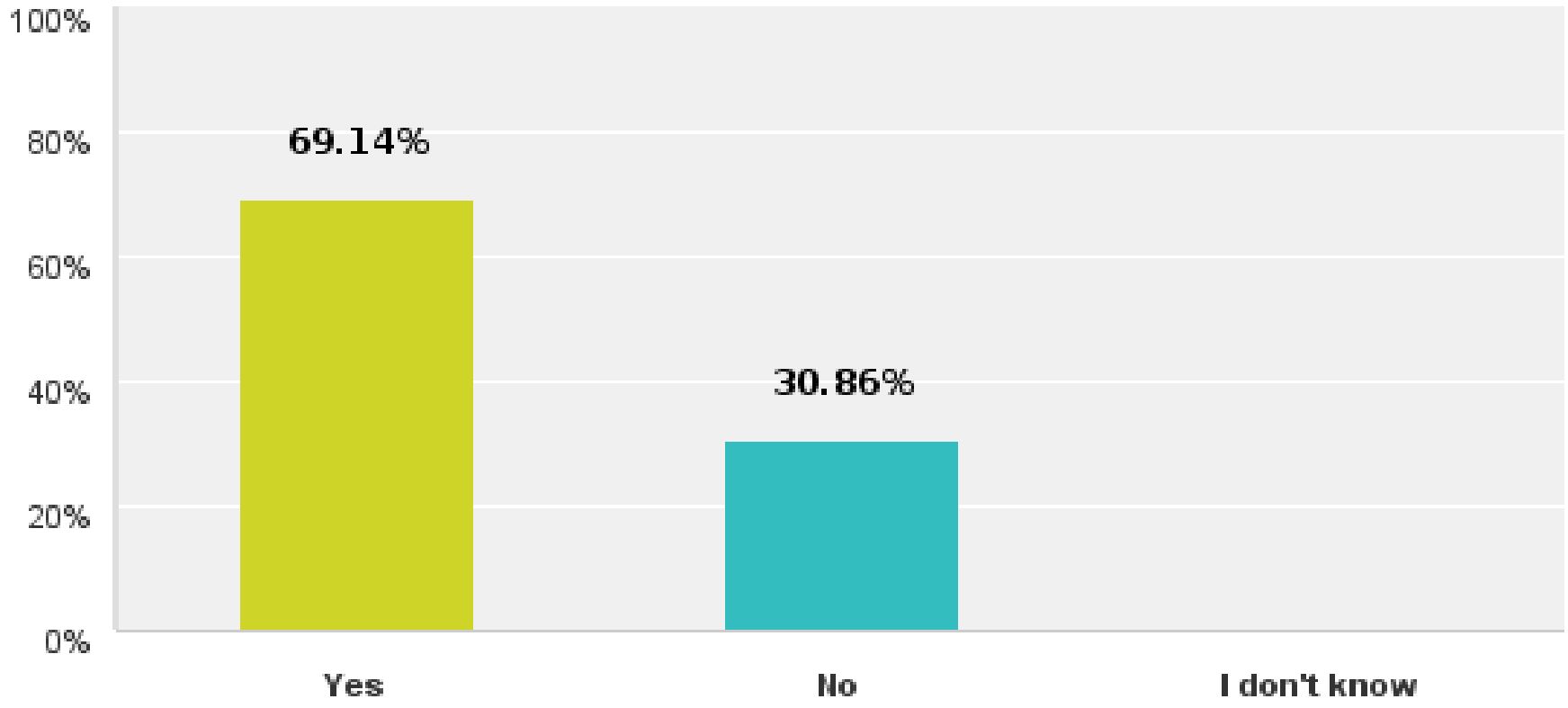
In past 12 months was there a time when you needed to see healthcare provider, but could not because of cost?



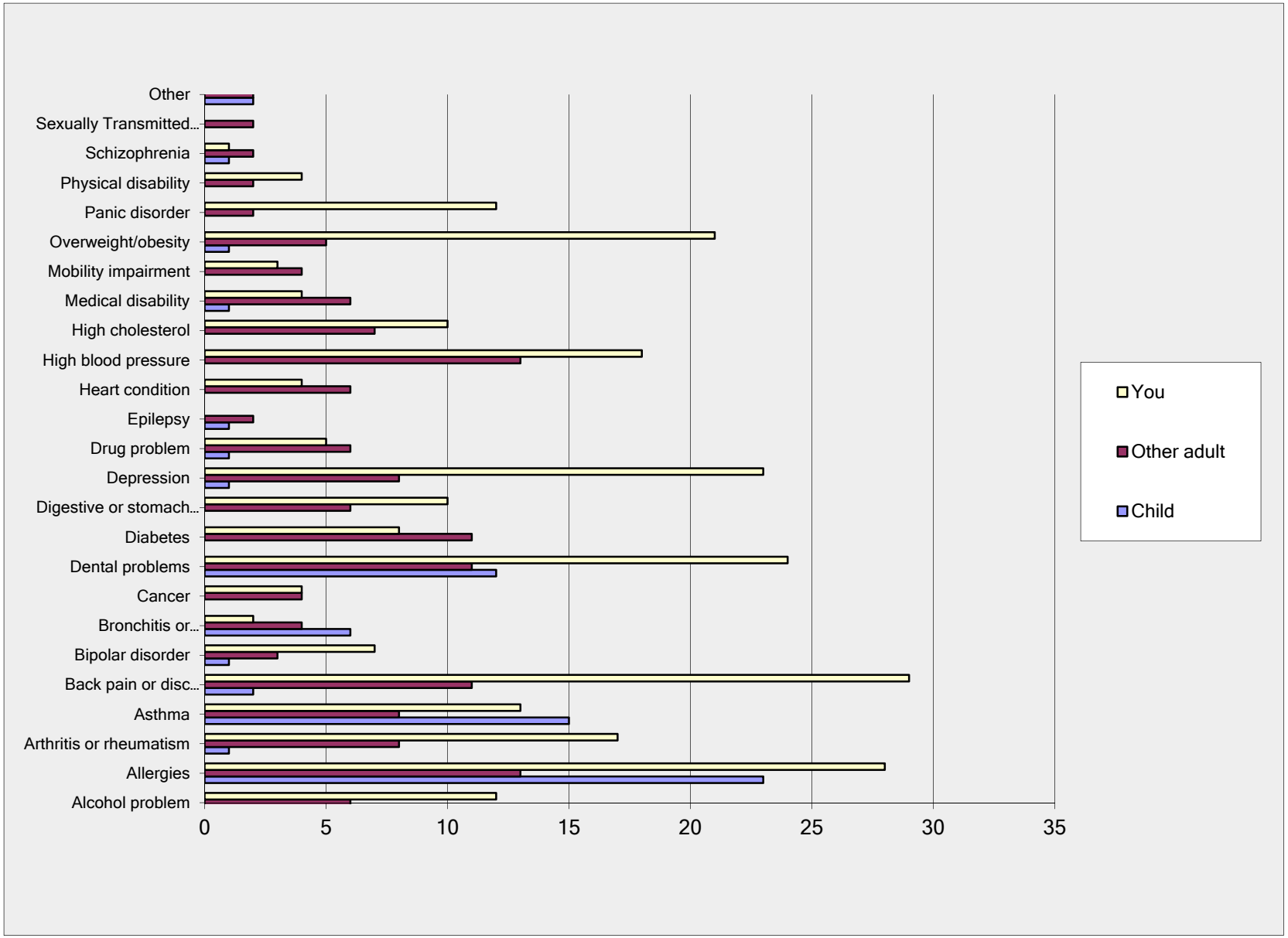
In past 12 months avoided filling prescription because couldn't afford?



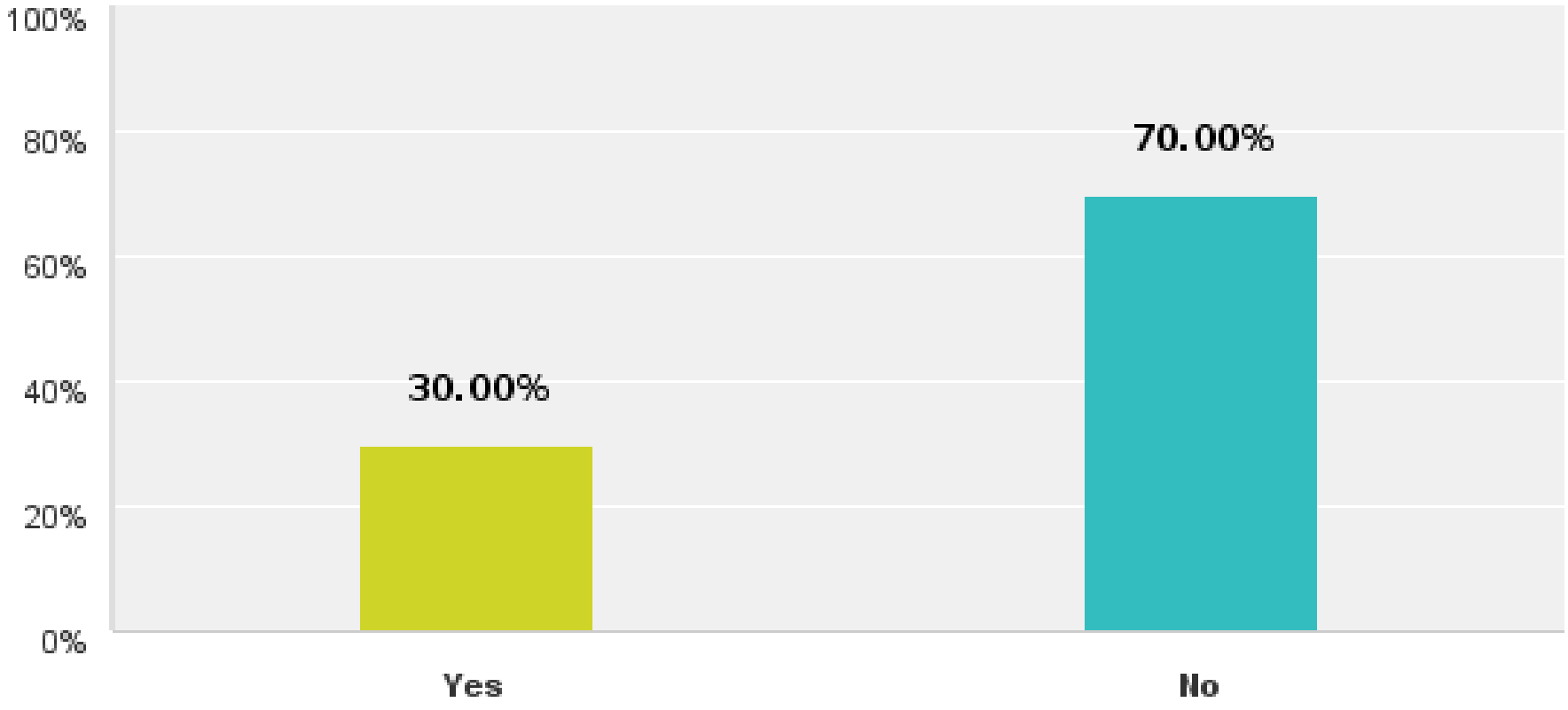
Anyone in household receives public assistance (i.e., food stamp, cash assistance, medical card, reduced price school meal, etc.)



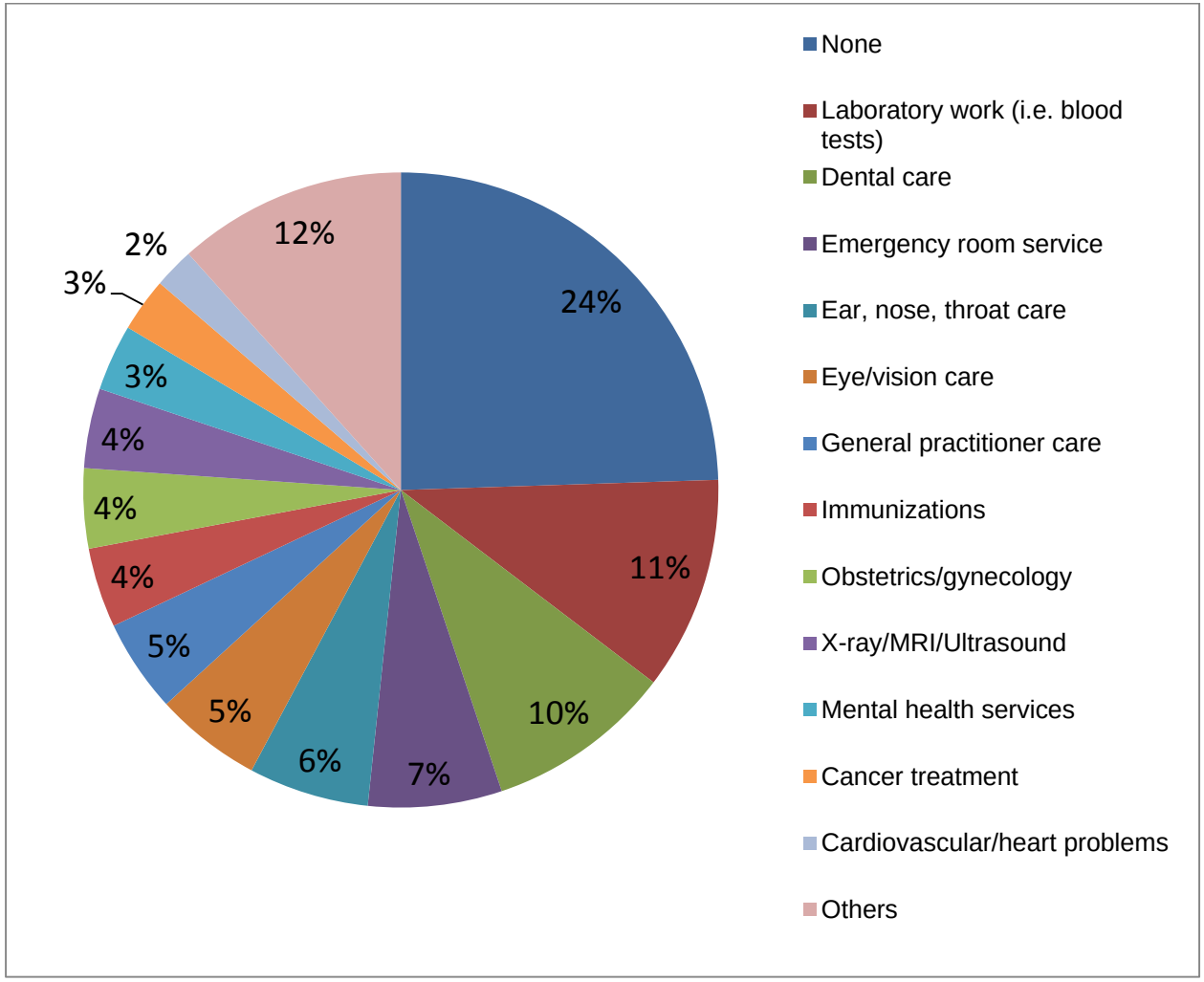
You or anyone in your household has any of the following conditions



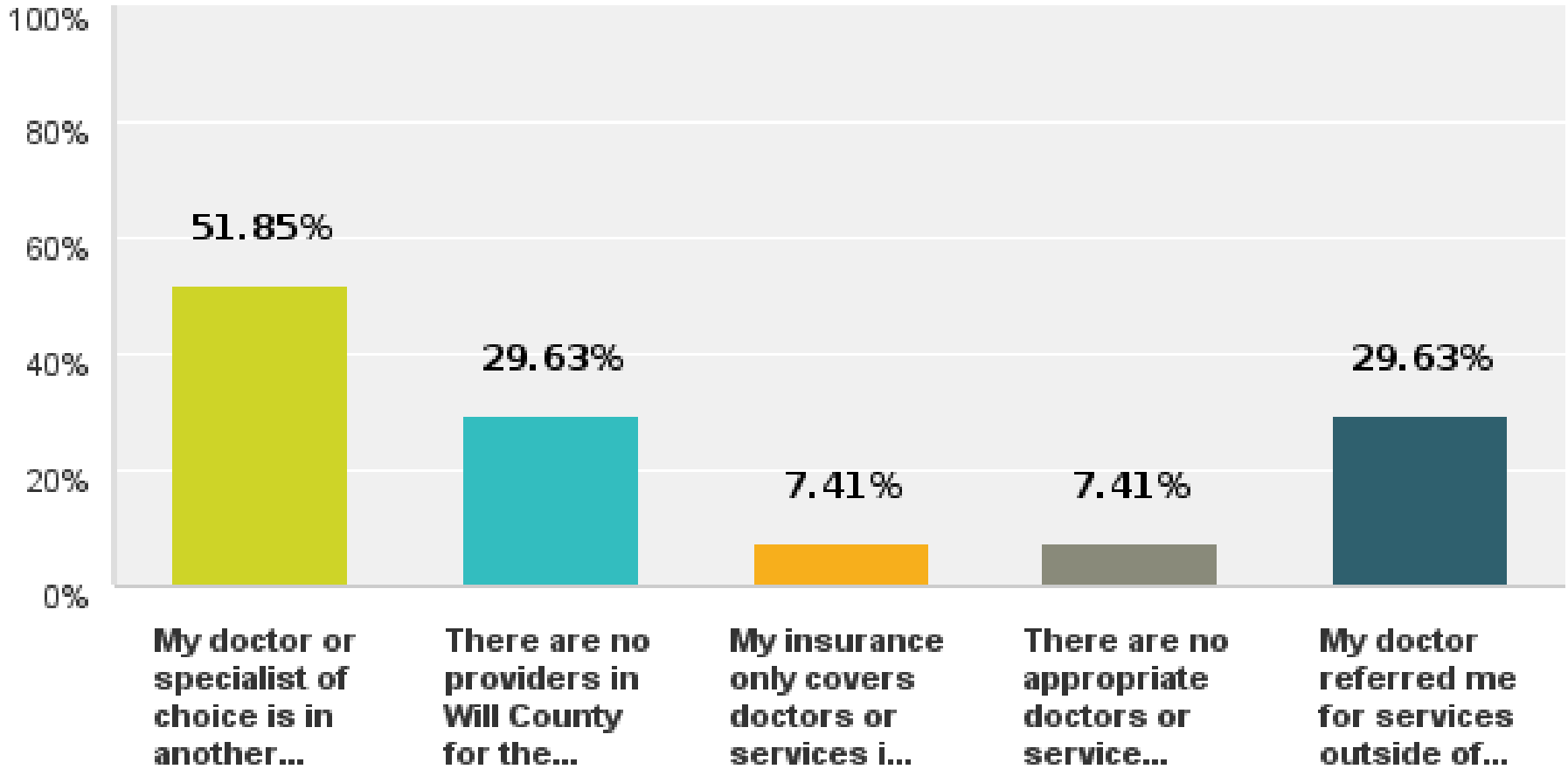
You or any family members had any difficulties getting non-emergency care for the above mention conditions?



Within past year, types of health services received outside of Will County



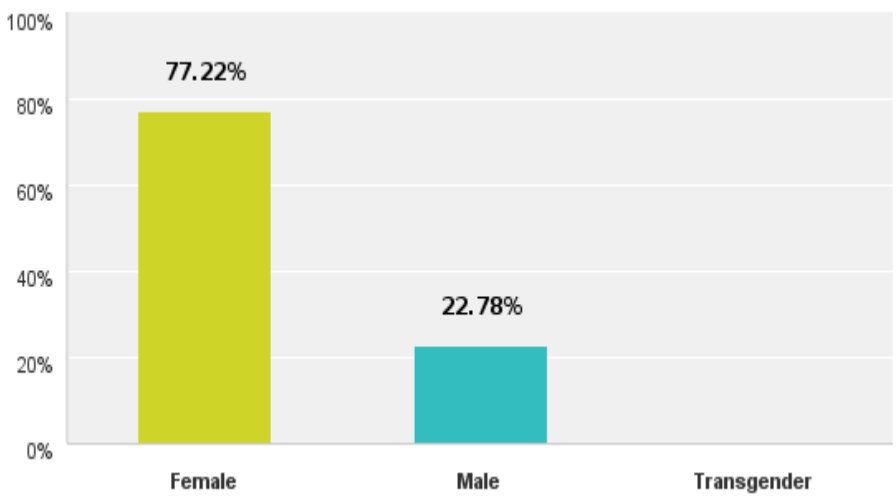
Reasons for receiving healthcare services out of Will County.



Demographic Breakdown of Responders

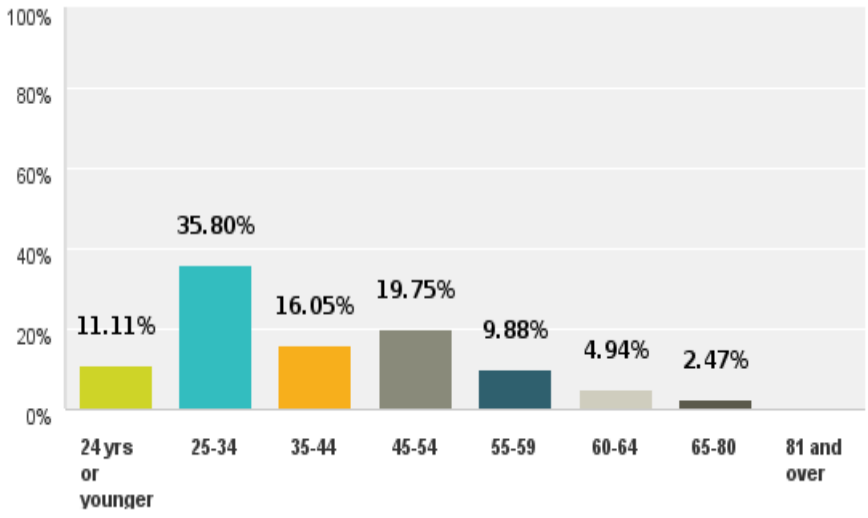
Gender

(N = 79)



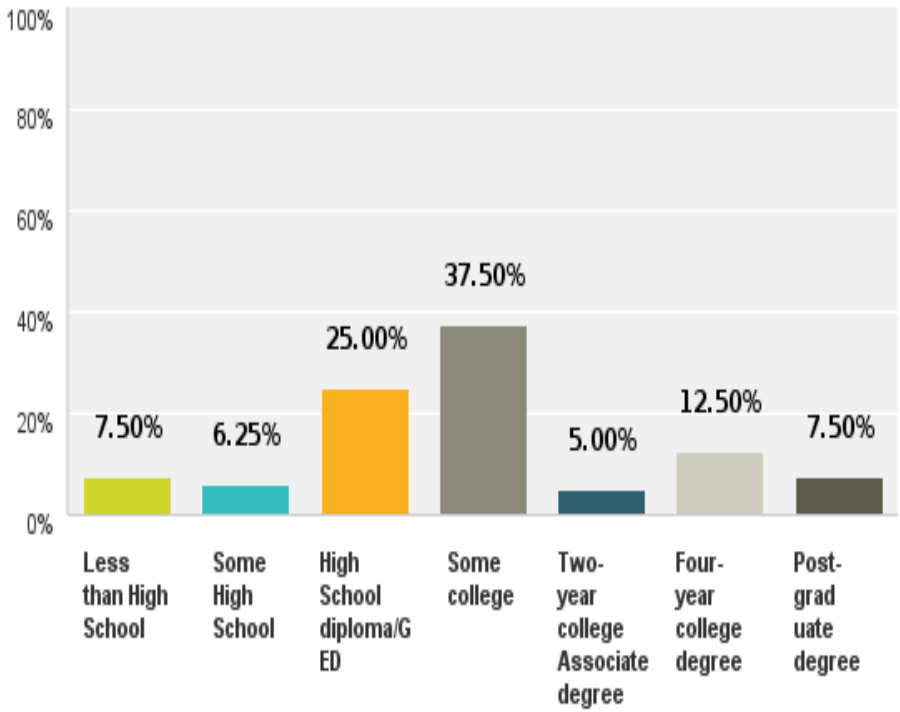
Age Group

(N = 81)



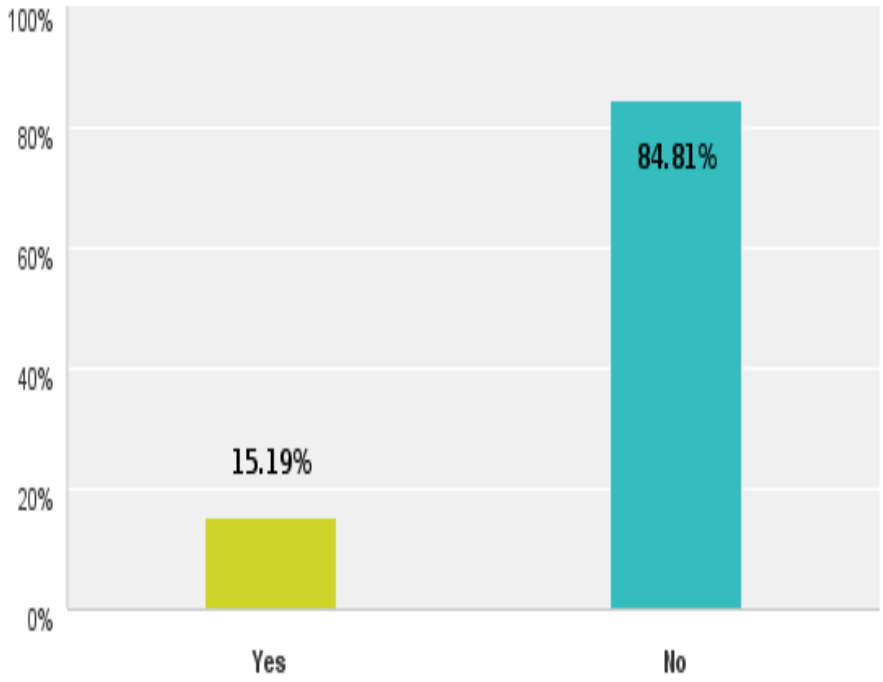
Education Level

(N = 80)



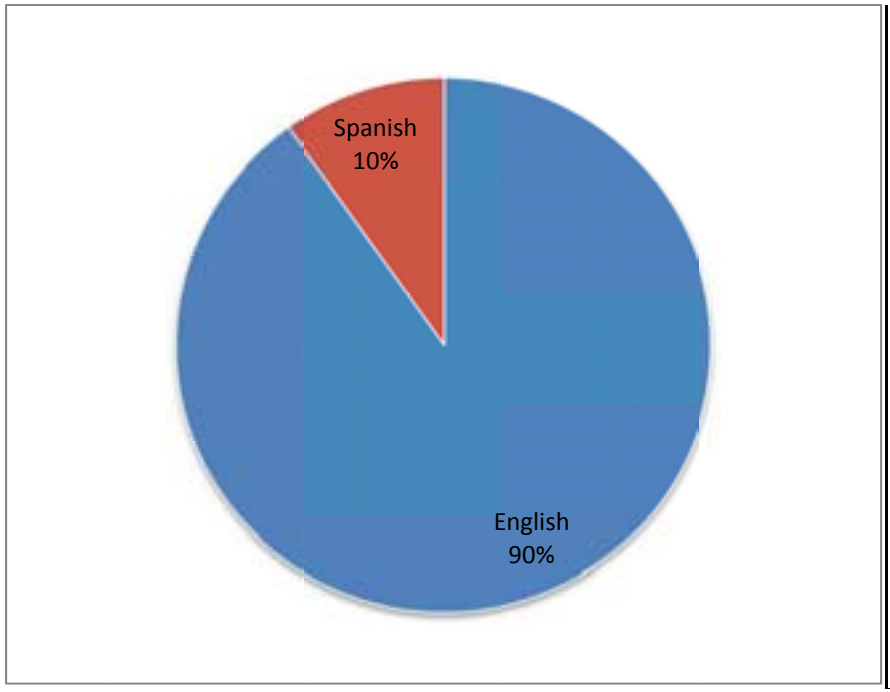
Student?

(N = 79)



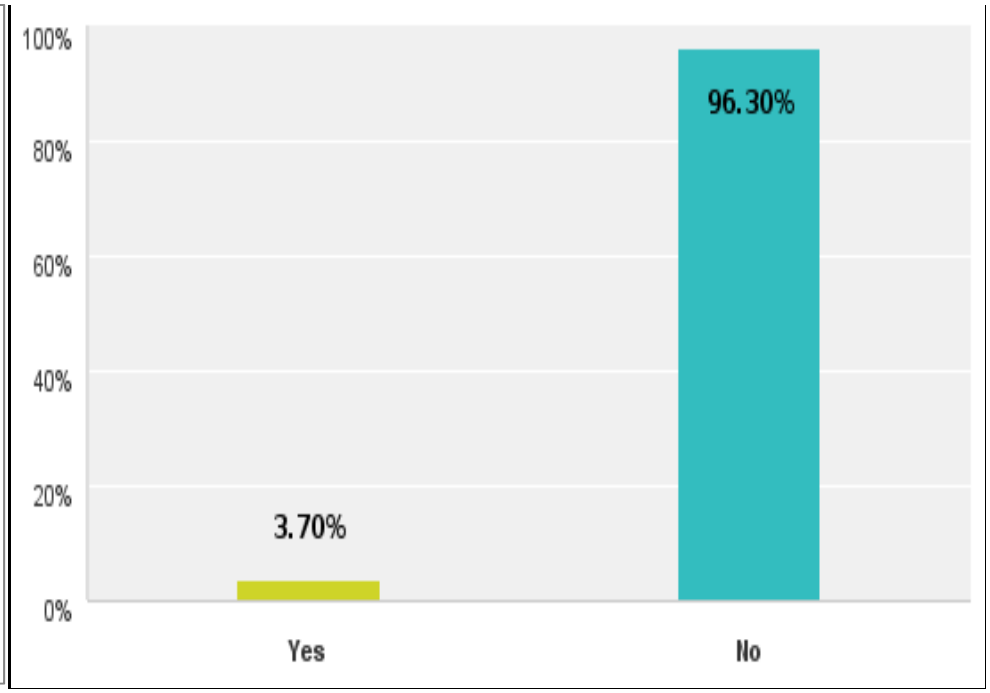
Primary Language Spoken

(N = 80)

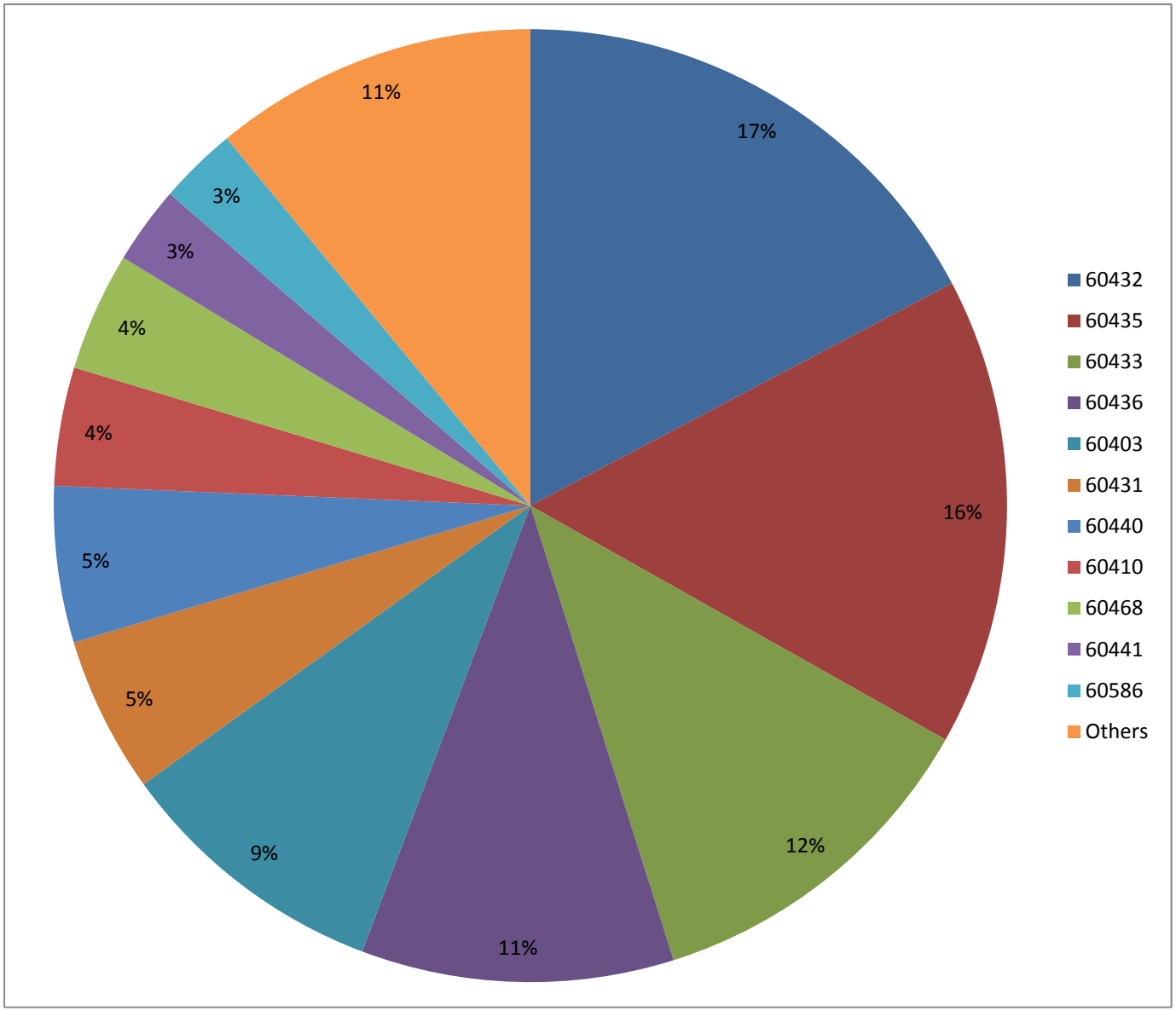


Veteran

(N = 81)

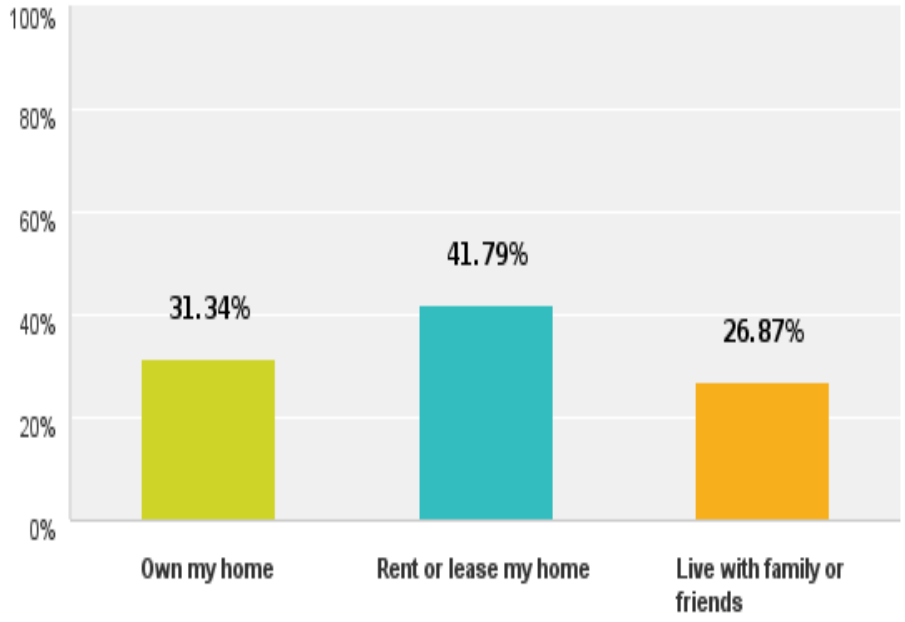


Residential Zip Code



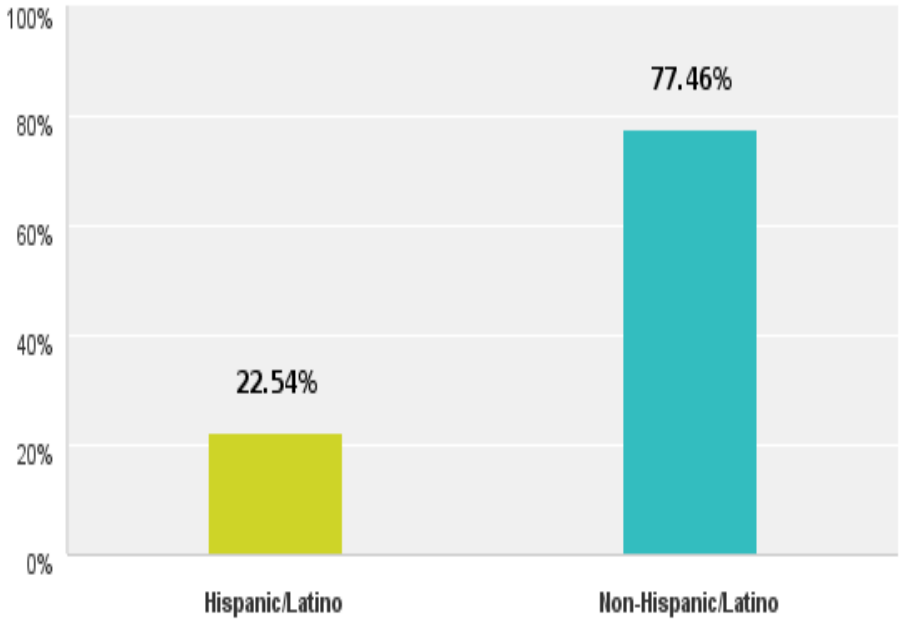
Living Situation

(N = 67)

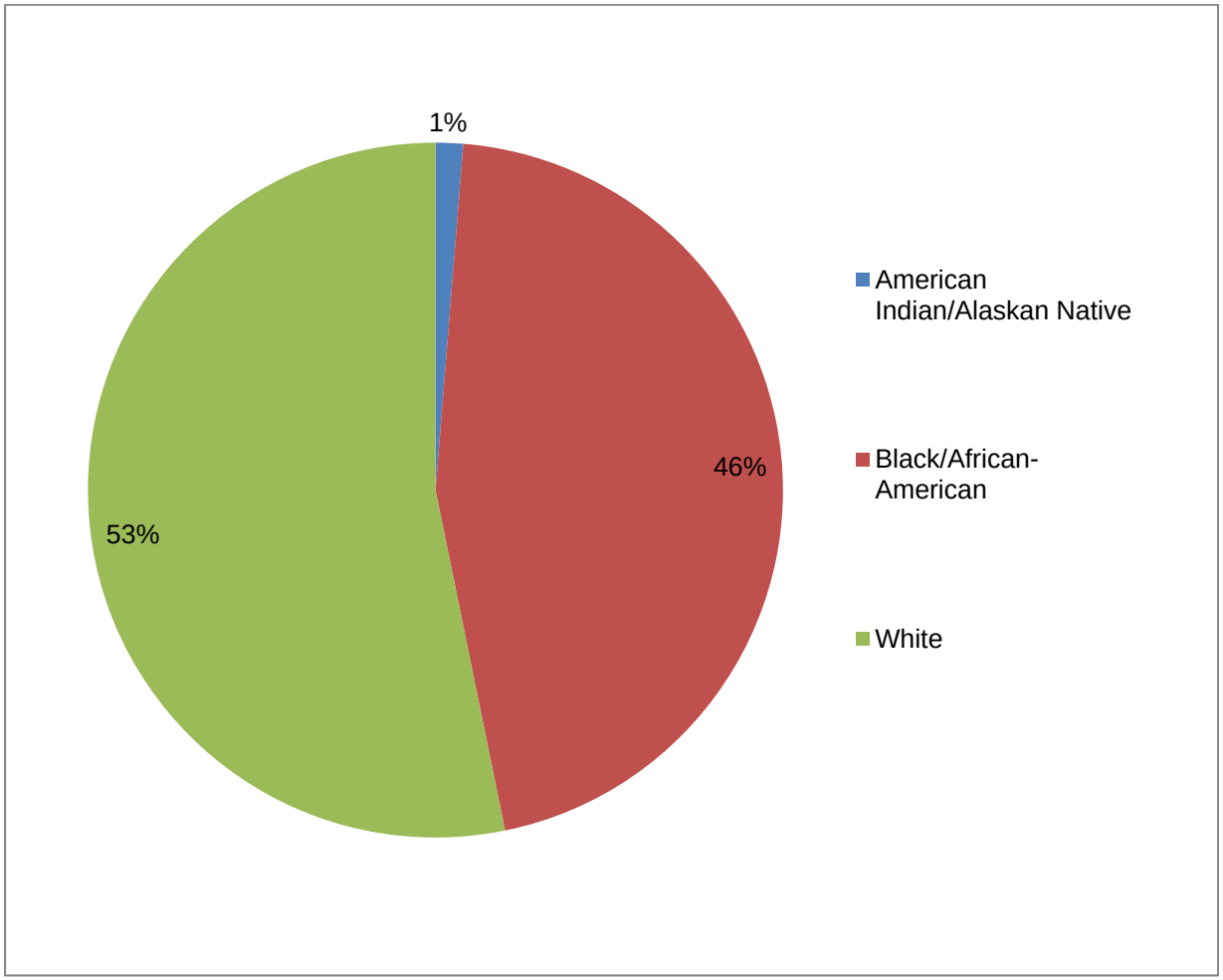


Ethnicity

(N = 71)

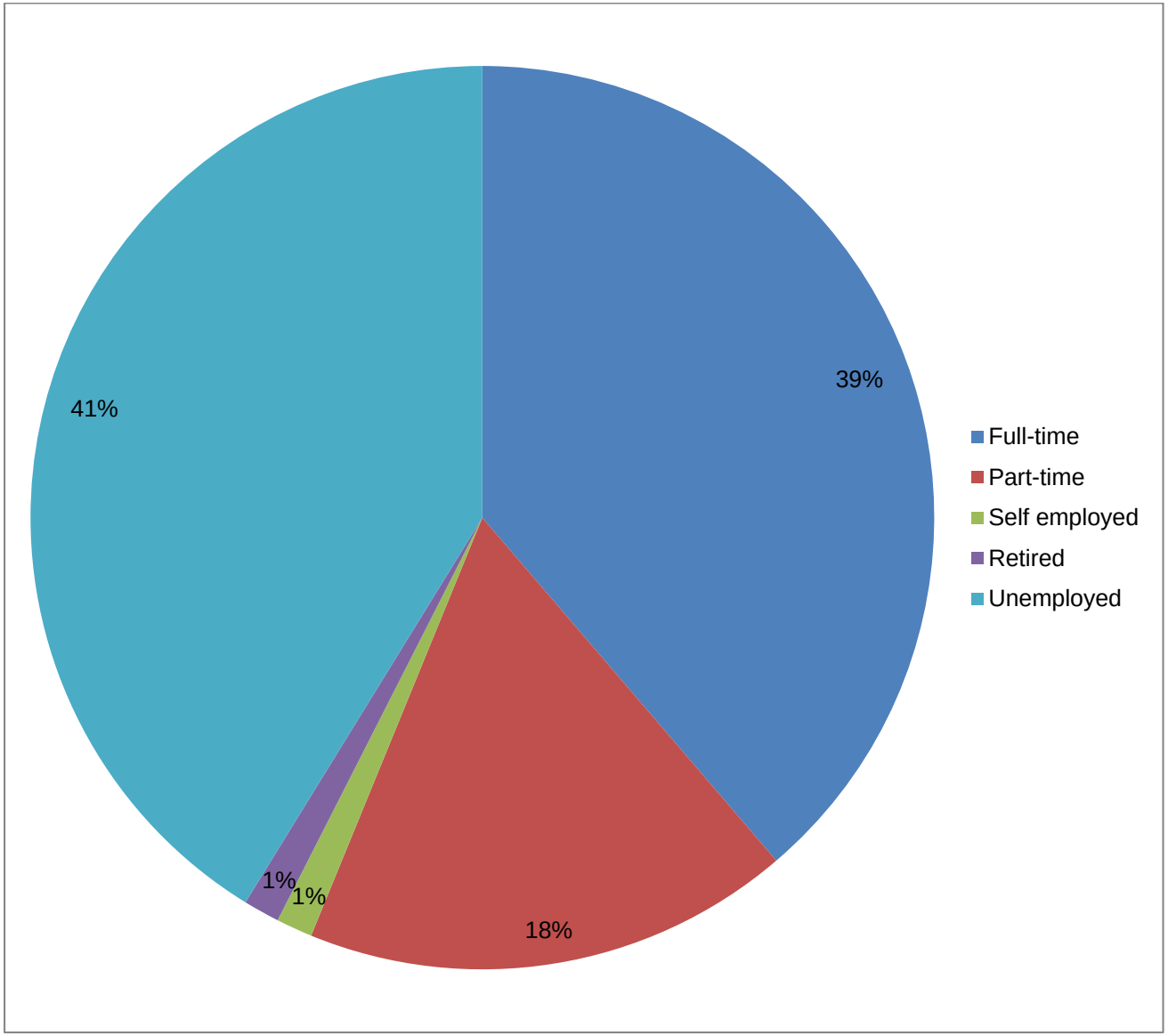


Race
(N = 76)


1%
46%
53%
American Indian/Alaskan Native
Black/African-American
White

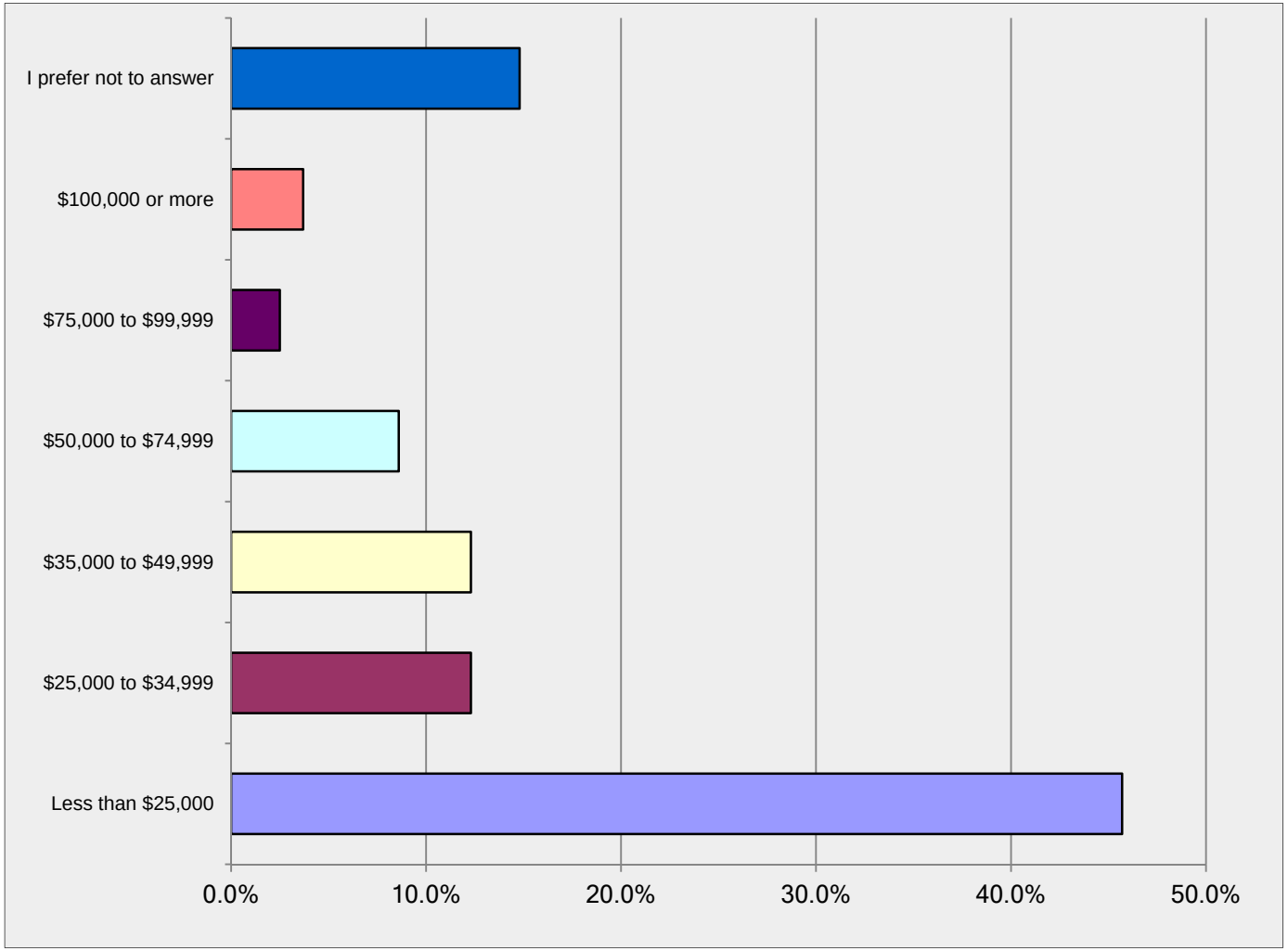
Employment

(N = 80)



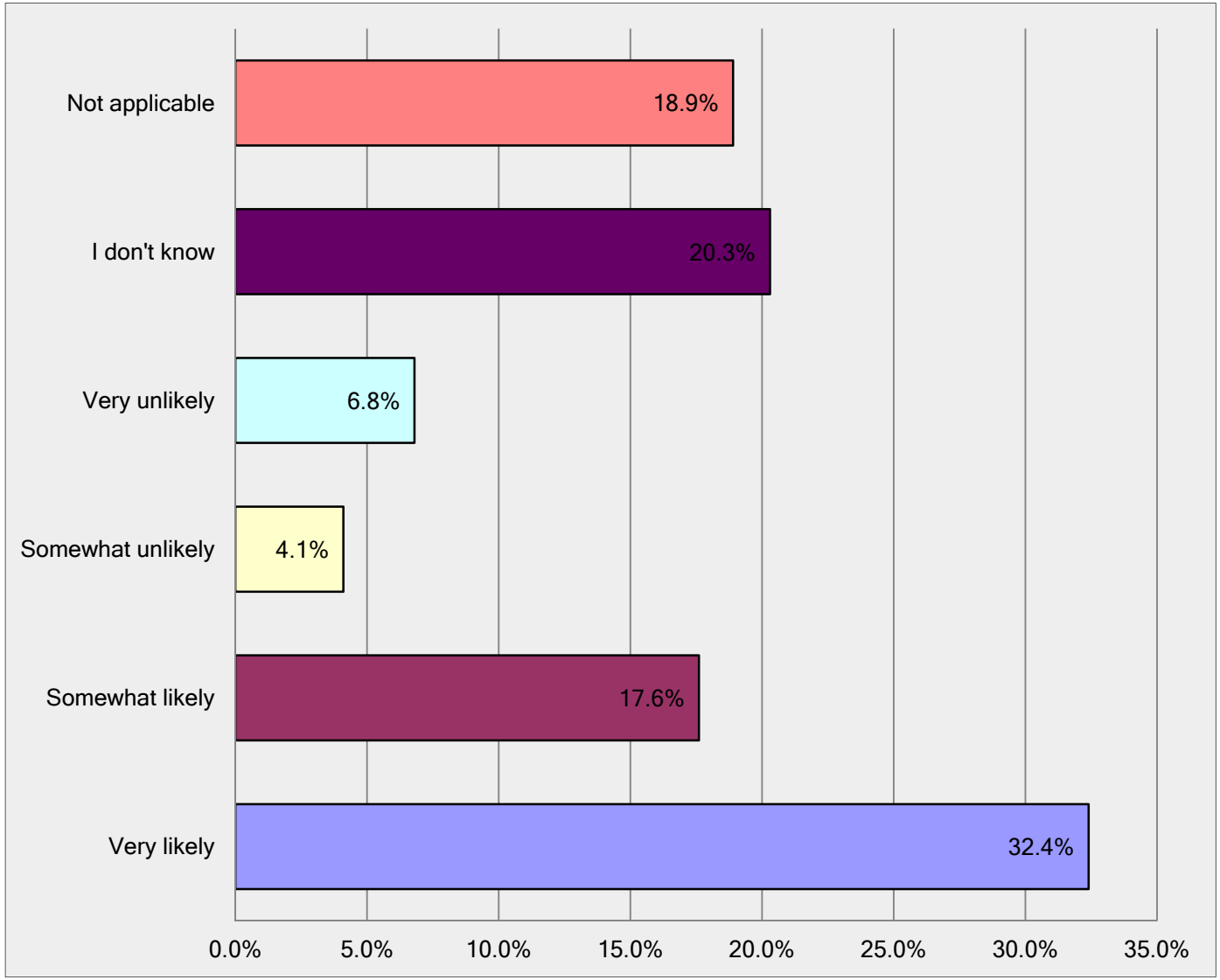
Household Income

(N = 81)



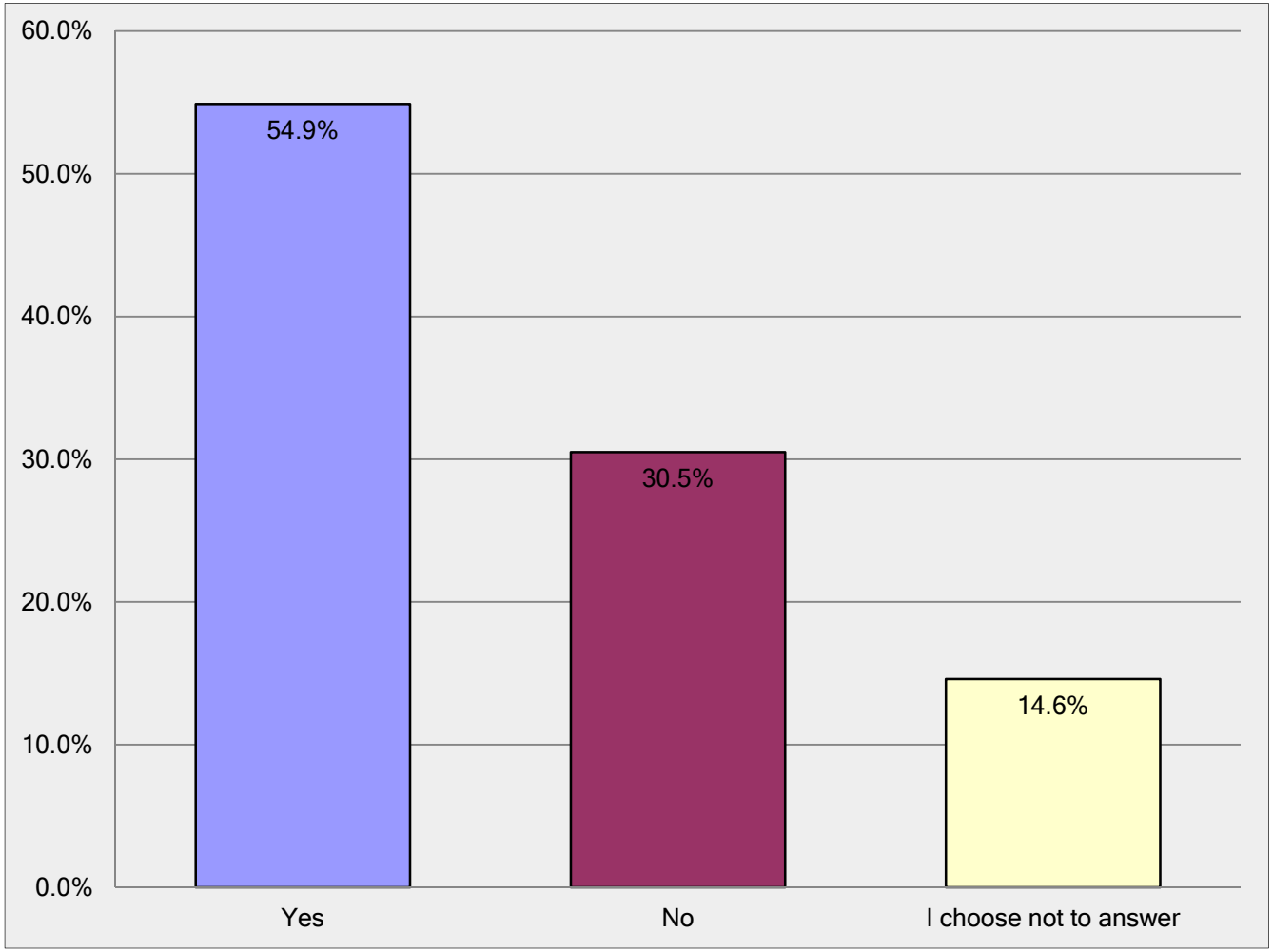
If employed? How secured you feel 12 months from now?

(N = 74)



Member of religious congregation

(N = 82)



PHOTOVOICE PROJECT DETAILS

Will County MAPP Collaborative
Photovoice Project 2013

I. Program Summary:

As a part of the Community Themes and Strengths Assessment, the Will County MAPP Collaborative is gathering information regarding what is important to Will County residents and how they perceive quality of life in their communities. Through the Photovoice project, MAPP would like to identify community assets and areas needing improvement. In order to provide community members with a greater sense of ownership and responsibility for the outcomes, MAPP will use Photovoice to make residents' concerns visible and engaging. Photovoice allows community members to provide feedback via photographs of their environment. This approach allows for expression and stimulated dialogue with other residents, and eventually policy makers. To increase the outlets of exposure, MAPP will utilize Facebook and Twitter sites as a forum for pictures to be posted. The themes and issues identified through Photovoice will be used in conjunction with the other MAPP assessments to identify the top needs of the community. Residents may submit photos between October 8 and November 30 to be used in this project.

II. Program Goals:

Photovoice acts as a grassroots approach to social action through taking photos of scenes and people around Will County that demonstrate quality of life. It serves as documentation and reflection of the community's strengths and weaknesses. The community residents will serve as advocates for change. Once the data is analyzed and shared, the recommendations can serve as a resource for policy makers and organizations to make appropriate change.

For participants, the primary goal is to "get out into the community." Photovoice engages any and all residents to highlight positive areas in Will County or areas they would like to see changed. Being heard and validated by other group members can positively impact residents, particularly those who might be isolated or more vulnerable.

The goals of Photovoice are simple:

- Identify pros and cons of Will County through the photos submitted to the Photovoice project. Affect positive change in the community through exposure from Photovoice and the awareness of issues depicted in the photographs. This helps demonstrate the "reality" of conditions in communities and how it impacts quality of life.
- Engage residents on a deeper level. This will occur in the dialogue section of the photos posted.
- Another goal of the project is the concrete action that is taken. This is considered a 'next step' of the Photo voice project, where the insight gained will be utilized in a helpful manner.

III. Program Outcomes or Outcome Objectives:

The overall objective of this project is to gain community input regarding quality of life through photos. For participants, the objective is to gain awareness and involvement. Specifically, community residents will identify areas needing improvement and/or areas they are proud of. This portion will be measured by the number of relevant submissions and trend of responses.

Photovoice is designed to be the primary method of expression. In this project, Facebook and Twitter are the social media techniques to share photos. They are utilized to provide a forum to share photos and stimulate dialogue among participants online. Photos can also be e-mailed or mailed in for those without access to social media. The data collected from Photovoice and the community surveys will be applied to the overall Community Themes and Strengths Assessment, which is a part of the overall MAPP community health needs assessment.

IV. Methods, Strategies and Interventions:

MAPP intends to accomplish goals and objectives through the use of Photovoice, in addition to the Facebook and Twitter's public forum. MAPP project administrators will monitor the location of photo submissions: email account, Facebook, and twitter. The order of activities will go as followed:

1.) Project administrators will contact friends, stakeholder organizations, and local organizations to share the project, network, and encourage participation. In order to target the underrepresented populations, specifically youth and elderly, the project administrators will contact local community agencies to ensure flyers are shared across high schools/colleges in the community and senior living facilities.
2.) Project administrators will provide example photo submissions by including a relevant photo with a caption, where the photo was taken and why it demonstrates quality of life. The example picture will help stimulate interest and dialogue regarding issues.
3.) Once a decent following and network has been established on Facebook and Twitter, the project administrators will begin adding 'Quality of Life' questions as status updates. This will give followers an opportunity to interact with others and comment on photo submissions. MAPP will be able to collect data via a direct-questioning approach.
4.) MAPP should post questions/thoughts, useful tips, resources and links if certain trends are identified. The site is designed to encourage participation and a sense of community.
5.) Project administrators will monitor the site and add comments to get the ball rolling. Since Facebook doesn't have threaded commenting, project administrators will address specific followers by @name to "tag" them in the comments.
6.) MAPP will encourage others to follow the social media pages by 'sharing' posts on friends, family, and community partners' Facebook pages.
7.) MAPP will use the events option to notify followers of new questions, new status updates, or other community engagement events of importance. The @tag option will strategically tag friends as the post will show up on their walls and help with networking/awareness of the group.
8.) The Facebook page will be linked along with Twitter via http://facebook.com/twitter. Admins will collect pictures posted and comments in order to analyze data and identify community assets, issues, and overall trends regarding Quality of Life in Will County.

Will County Mobilizing for Action through Planning and Partnerships (MAPP) Collaborative

We Need *Your Input!*

Show us your Quality of Life through PHOTOS

Will County's Mobilizing for Action through Planning and Partnerships (MAPP) Collaborative is calling all community residents to take part in their latest project, Photovoice, to share information about their communities through pictures.

With Photovoice, everyone has a chance to be involved in assessing problems facing their community and considering solutions to those problems.

PHOTOVOICE DETAILS

- We encourage residents to take photos related to their quality of life to show the strengths and weaknesses in the county.
- Timeframe to submit photos: October 8 – November 30.
- Pictures submitted should have been taken between January 1, 2012 and now.
- Photos should be either e-mailed or mailed to:
  - vnewsome@willcountyhealth.org
  - Vanessa Newsome, Will County Health Department, 501 Ella, Joliet, IL 60433
- Photos can also be submitted on Facebook:
  - **Facebook:** Will County Mobilizing for Action through Planning and Partnerships (MAPP)
- Photos must be submitted in the following format:
  - Jpg format with 200 dpi resolution
  - Limit of 5 photo submissions per participant
- **Questions?** Contact Vanessa Newsome at 815-727-5089.

The walkway near Wal-Mart on Jefferson Street in Joliet has ample room for pedestrians. This allows walkers/bikers to safely travel without being affected by traffic.

Theodore Marsh Park is a great outdoor area to walk dogs or take children to the park. There are walking paths and a nice park area.

This picture signifies the city of Joliet "Going Green" with its recycling program.

BARBER AND OBERWORTMANN HORTICULTURAL CENTER

BELLETINI FOODS PRODUCE

Photo depicting the top-notch and ever-expanding produce selection at Bellettini Foods in Wilmington, IL.

BIKE LANE FOR SAFETY

A bike lane along a busy road to promote safe travels for bikers.

GOLF AT BIG RUN GOLF COURSE

IT’S NEVER TOO EARLY FOR HEALTHY EATING

LITTLE LEAGUE

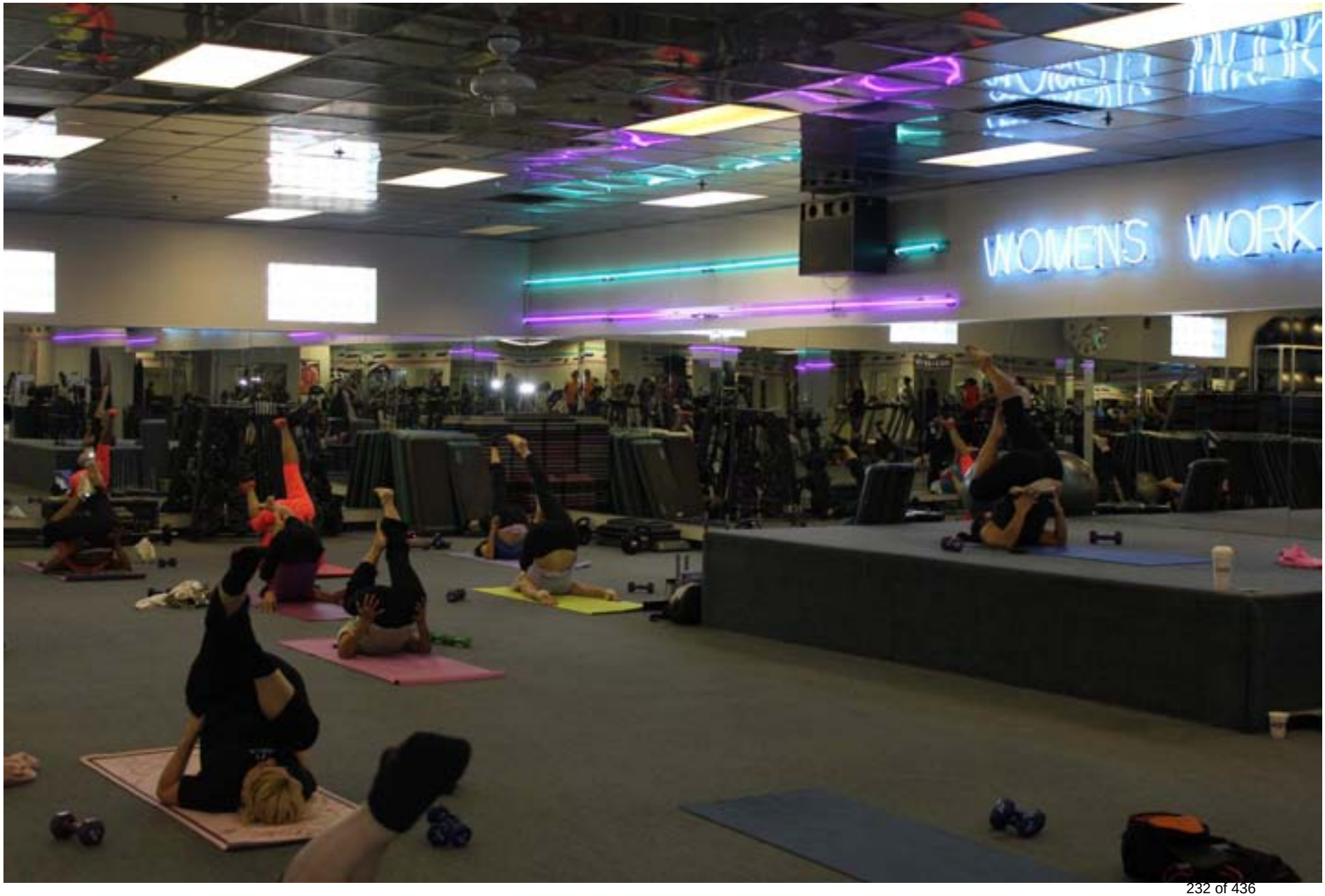
Residents enjoying some Will County little league!

PEDESTRIAN CROSSWALK

A pedestrian crosswalk on a busy road to enable pedestrians to cross the road safely.

PILATES

This class promotes both physical and mental wellness through strength training exercises and relaxation techniques.



SILVER CROSS

Promoting healthy behaviors in Will County and beyond.

WALKWAY NEAR WAL-MART ON JEFFERSON IN JOLIET

This pictures shows ample room between the walkway and the street. Trees line the street to beautify the area.

WILMINGTON BLOCK PARTY

WILMINGTON BLOCK PARTY PTO

AVERY YMCA SIDEWALK BEING COMPLETED

Completing the sidewalk from the YMCA, Ira Jones Middle School and the Wallin Woods subdivision to downtown Plainfield.

AQUAFINA VENDING MACHINE AT LEWIS UNIVERSITY

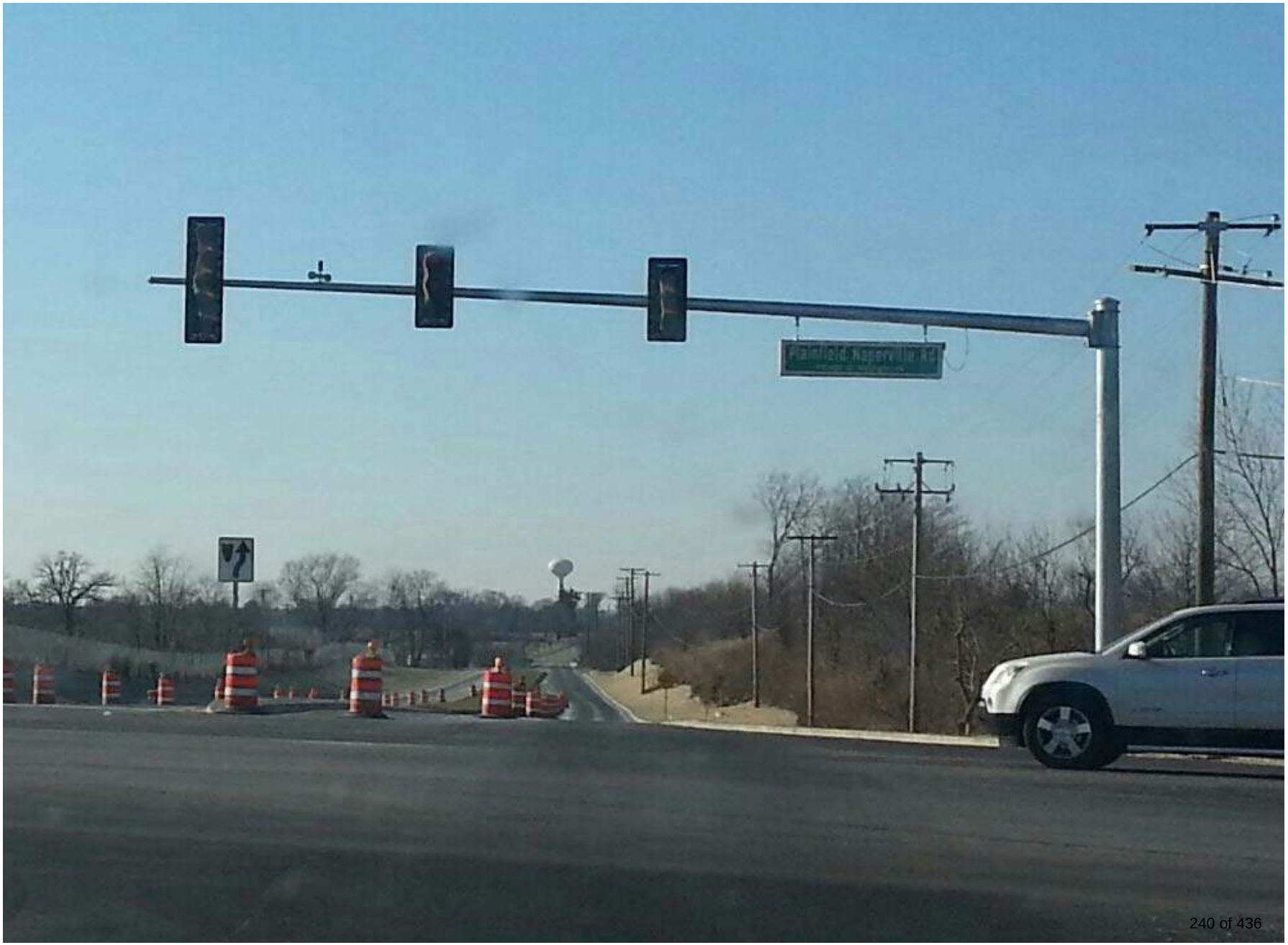
Easily accessible, zero sugar, zero calorie drink options to promote healthy hydration on the go.

COMMISSIONERS PARK ON 111TH AND 248TH IN NAPERVILLE

A large park that accommodates various athletic areas from in-line skating, cricket, basketball, and stretching stations for athletes as well as those recommended for people in wheelchairs. Commissioners Park has something to offer visitors during every season.

NEW STOP LIGHTS AT THE CORNER OF PLAINFIELD/NAPERVILLE ROAD AND 119TH

These new lights will be a great improvement to the traffic flow and safety of our neighborhood residents in this growing community.



FRUIT ARRANGEMENT

This is a picture of a fruit arrangement in Katherine Pula's home. Although winter has fewer options of fresh fruit to choose from, it is important to keep them in your daily diet. By eating fruit daily, her quality of life improves greatly.

DRINK WATER

We drink water instead of other drinks.

Also, we drink tap water out of our fridge instead of bottled water, to reduce trash.

WHEATLANDS PARK

BALANCE OF NATURE IN WILL COUNTY

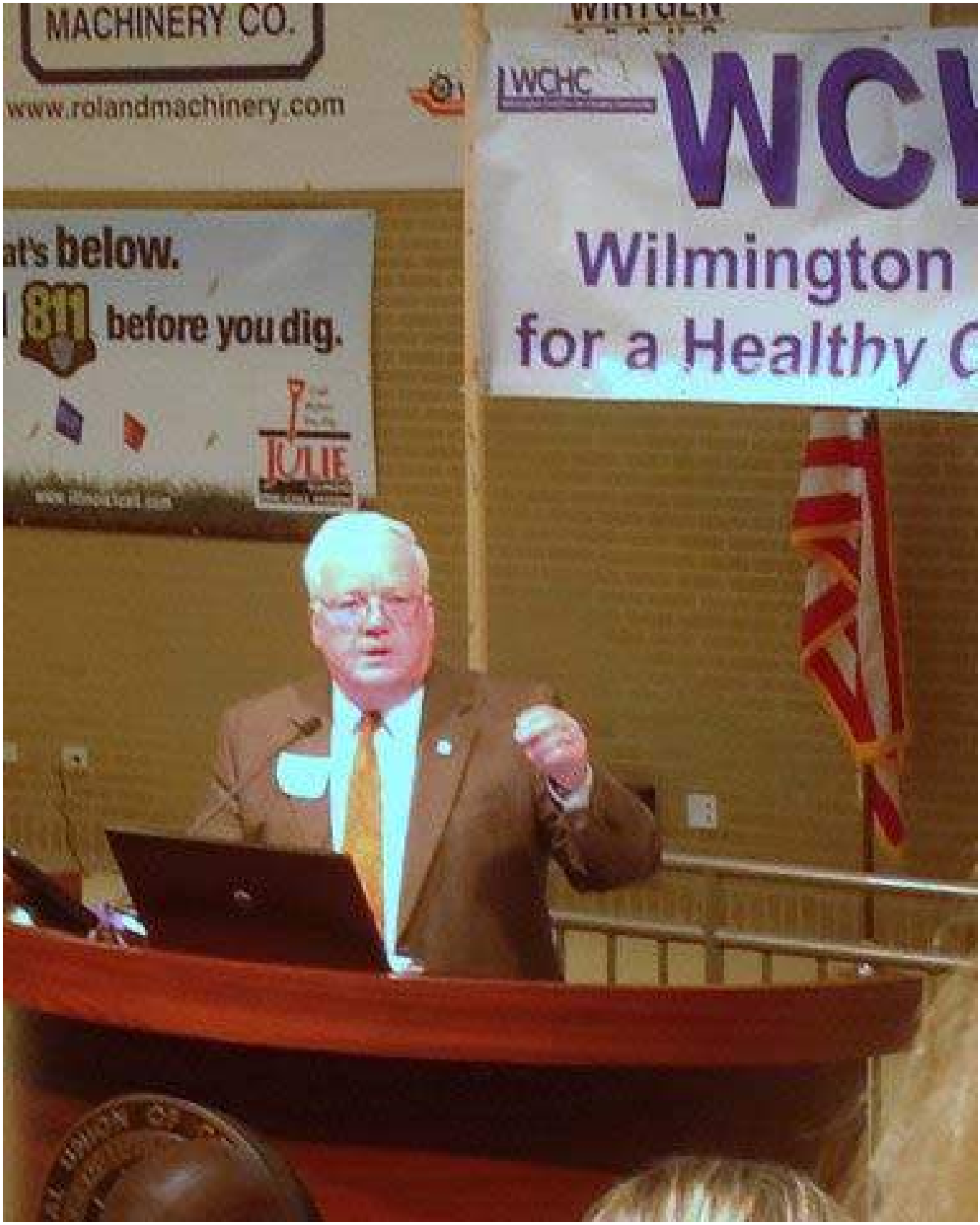
This photograph portrays the excellent balance of nature that can still be found in Will County.

RECYCLING AT ROMEOVILLE ICE ARENA

FLU VACCINATIONS

Will County Walgreen's efforts to promote flu vaccinations.

WILMINGTON YOUTH COMMUNITY ACTION TEAM


MACHINERY CO.
www.rolandmachinery.com
WIRTGEN
LWCHC
WCW
Wilmington
for a Healthy C
at's below.
811 before you dig.
TULIE

Welcome
To our
Tobacco-Free
Campus
TOBACCO-FREE
CAMPUS

I Pledge
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Will County Mobilizing for Action through Planning and Partnerships (MAPP) Collaborative

Will County Vision Statement

In Will County, every life has value. All individuals have the opportunity to realize their full potential and to achieve the highest quality of life. We are a community rich in diversity, where involvement and commitment have deep roots among our residents.

We strive to be a progressive community that maximizes the use of community partnerships and collaboration among all sectors to ensure, enhance and promote comprehensive, quality and equitable education, healthcare and social services.

This assessment is made possible by funds from the Will County MAPP Collaborative.

A special thanks to our financial contributors:

Will County Health Department & Community Health Center

Will County MAPP Collaborative

2013 Forces of Change Assessment

Prepared by the Illinois Public Health Institute

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Introduction

In 2013, the Will County MAPP Collaborative convened to conduct the second iteration of the Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a community-driven strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them as defined by the 10 Essential Public Health Services. The MAPP process includes four assessments, as shown in the graphic below.

MAPP Model, Achieving Healthier Communities MAPP User's Handbook
http://www.naccho.org/topics/infrastructure/MAPP_Handbook_fnl.pdf

One of the four assessments is the Forces of Change Assessment (FOCA). The FOCA is aimed at identifying forces – such as trends, factors, or events – that are or will be influencing the health and quality of life of the community and the work of the local public health system.

- **Trends** are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- **Factors** are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- **Events** are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

During the FOCA, participants answer the following questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

Forces to be considered should include the following categories of influence: (1) Social, (2) Economic, (3) Political, (4) Legal, (5) Environmental, (6) Technological, (7) Scientific, and (8) Ethical. The group is also able to add other categories that may be influential.

Assessment Methodology

The Will County MAPP Collaborative participated in the Forces of Change Assessment through a two phase process.

On September 19, 2013, the Will County MAPP Collaborative participated in the first phase of the FOCA. A neutral facilitator guided participants through the following process:

1. The components of the Forces of Change Assessment were reviewed.
2. Flip charts for each category of influence were placed around the room.
3. The participants divided into small groups and joined an initial category of influence.
4. Each small group brainstormed and listed relevant forces of influence and accompanying threats and opportunities.
5. After a specified period of time, the small groups moved clockwise around the room to the next category of influence flip chart, where they added to the previous group's ideas.
6. This process of review and expansion of notes was repeated until every small group had the chance to contribute ideas for each category of influence.
7. Participants rejoined their original category of influence and selected the most important forces within that category.
8. Participants came back together as one large group to discuss each of the categories of influence and to report out on each group's selection of the most important forces within their category of influence.
9. The facilitator asked the group about other forces that were discussed that they felt should be ranked as among the most prominent forces of change, and what forces of change did not surface in the assessment that should be included.

Following the initial compilation of Forces of Change by community members, the forces were combined into cross-cutting themes and a neutral facilitator guided the MAPP Executive Committee through the second phase of the process.

1. Cross-cutting themes identified in the community input phase were reviewed.
2. Committee members participated in a facilitated dialogue in which they identified additional forces.
3. Committee members then reviewed each cross-cutting force/theme and identified specific opportunities or threats to the Will County community and local public health system related to those themes.

Executive Summary: Core Issues Emerging from the Forces of Change Assessment

The Forces of Change identified in this assessment represent important issues affecting the local public health system in Will County, and their potential implications on the health and quality of life of county residents and on the public health system.

The analysis of the themes from all categories within the Forces of Change Assessment by community members and the MAPP Executive Committee produced 12 cross-cutting issues. These issues include:

- Economic and Social Equity
- Community Well-Being and Safety of Vulnerable Populations
- Community Cohesion
- Mental Health, Behavioral Health, and Substance Abuse
- Changing Workforce Needs
- Health Care Reform
- Environmental Health
- Increasing Use of Social Media and Technology
- Changing Demographics
- Increasing Collaborations and Partnerships
- Transportation
- Increasing Reliance on Faith-Based Organizations as Service Providers

These twelve cross-cutting issues will be described in detail on the following pages.

References to the critical role of social determinants of health[1] were threaded throughout the Forces of Change Assessment. Social and economic forces, including poverty, racism, and other structural disadvantages have a profound impact on the wellbeing and quality of life of all community members in Will County. Special consideration should be given to addressing these disparities to improve health and wellbeing for the most vulnerable Will County residents to achieve greater health equity and quality of life.

[1] The Centers for Disease Control and Prevention defines social determinants of health as the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

Cross-Cutting Forces of Change in Will County

Economic and Social Equity

Socioeconomic disparities and inequities were a principle concern that surfaced throughout the dialogue during the Forces of Change Assessment. Inequity in educational quality and resources across the county was noted as a concern. Participants cited perceptions of unequal distribution of vocational and job-readiness training opportunities among different high schools as an example of educational inequity, which could lead to further inequity if differential access to vocational training results in future employment disparities when youth graduate and enter the workforce. Income disparities, the foreclosure crisis, growing food insecurity, the increasing cost of living, and disparate distribution of economic resources and opportunities across the county further contribute to social and economic disparities. Participants specifically pointed to disparities in distribution of economic and community resources between east and west Joliet and urban and rural Will County.

Community Well-Being and Safety of Vulnerable Populations

Related to trends in growing socioeconomic inequities, participants referenced several factors and trends that threaten overall community well-being, but disproportionately impact vulnerable populations, particularly youth, low-income families, and communities of color. Participants expressed concern about the impact of unequal distribution of community resources on children in low-income neighborhoods. Participants reported a lack of good schools, parks, and libraries in many neighborhoods, which they perceived as compromising neighborhood safety and putting youth at risk for exposure to violence. Participants also perceived elevated violence and crime throughout Will County, and expressed concern regarding the role of violence in community health, which may prevent community members from exercising outside if they feel unsafe in their neighborhoods. Feelings of being unsafe in one's community may also elevate stress, which can have a detrimental impact on physical health. Participants reported that it is important to explore the connections between the built environment, violence, and physical health and to determine how to effectively address the root causes of violence in the community. Participants suggested advocating for more equal funding across the community and exploration of the impact of current gun laws as potential opportunities to address this force.

Community Cohesion

Throughout the Forces of Change Assessment, participants referenced a broad spectrum of social and political trends that have been very polarizing in the community. Will County is perceived by many community members as having a strong religious and traditional heritage. Given this heritage, some community members have expressed concern regarding what they perceive as changing social and cultural values that threaten the social and moral fabric of the community. Throughout the community, there are vastly differing political and moral

perspectives about pending state and federal legislation, including employer mandates to provide contraceptive coverage to employees, legalization of gay marriage, legalization of medical marijuana, legalization of concealed carry, and immigration reform. While viewpoints on these issues are very complex, participants reported a broad sense of political division across the community, threatening community cohesion.

Mental Health, Behavioral Health, and Substance Abuse

Increasing incidence of mental and behavioral health issues and the lack of resources with which to address these problems were frequently cited as being among the most critical public health issues in Will County. Participants reported overburdened and under-resourced mental health services, as well as the lack of a mental health safety net for low income and uninsured individuals. Participants remarked that instead of funding a mental health safety net in Illinois, we instead invest in prisons to institutionalize individuals with mental illness. They also reported a shortage of mental health providers, noting that there are virtually no mental health providers in the county that accept Medicaid, meaning that Medicaid patients frequently need to travel to Chicago to seek services during a mental health crisis. While there are minimal resources to support mental and behavioral health in the community, Will County is currently experiencing a marked increase in need for such resources, with increasing suicide and substance abuse rates. Rising heroin use and incidence of death from accidental overdose are particularly troubling. Participants also expressed a concern with the use of tobacco and e-cigarette products, calling for more stringent policies and greater enforcement of existing policies that limit community exposure to secondhand smoking. They further called for laws restricting youth access to e-cigarettes, which are largely unregulated. Participants mentioned the need to encourage area schools to participate in the Illinois Youth Survey to generate data that will help the community better understand substance abuse patterns and other behavioral health issues.

Changing Workforce Needs

Participants in the Forces of Change Assessment expressed concern regarding Will County's readiness to adapt to the changing economy and job market. Participants perceive a lack of quality jobs throughout the community, noting the increasing prevalence of low wage employment, consistent with national trends. Participants called for the need to attract new industry to create good jobs for community members, but noted that there is a need for greater investment in job readiness training to make the community competitive in attracting new businesses. Participants expressed concern that high schools are not adequately preparing youth for the current job market, and post-secondary education is cost-prohibitive for many people, and creates high levels of student debt causing significant financial burden and negatively affecting economic growth. Participants also noted that the country's punitive prison system underemphasizes rehabilitation and skill development, and leaves incarcerated individuals unprepared to reintegrate into the economy when they are released, contributing to high rates of recidivism, which in turn negatively impacts the economy. Participants suggested that Will County can respond to this force of change by investing in strong vocational training

programs in local high schools, creating job readiness training programs for community members, and advocating for investment in education and vocational development programming in prisons so incarcerated individuals are more prepared to find employment and reintegrate into the community upon release.

Health Care Reform

The Affordable Care Act was cited by participants as a prominent force of change for public health. Participants expressed concern regarding the implementation of legislation, including rollout of the insurance marketplace and Medicaid expansion. While insurance subsidies will make insurance accessible to people who could not previously afford it and increase access to health care, participants questioned whether the federal government's determination of expected personal contribution should actually be considered affordable. Participants also expressed concern that the public was not well-informed about what to expect during the rollout process, and the enrollment process may be difficult, especially for those without access to the internet. Participants perceived a broad range of concerns among community members related to uncertainties of the impact of health care reform, including fears that expanded access to health care may negatively affect quality of care across the health care system, or that the employer mandate will slow job growth. Participants also noted that this legislation also has the potential to reduce rising health care costs while improving the health of the public by placing greater emphasis on preventative care. The chief concern related to Medicaid expansion is that while more low income people will be covered and have the ability to access health care services for the first time, increasing the number of Medicaid recipients will exacerbate existing barriers to accessing care for current Medicaid patients, resulting from low reimbursement rates and a shortage of providers willing to accept Medicaid patients. Participants perceived that the Affordable Care Act legislation falls short in assuring that there will be a sufficient number of Medicaid providers, and suggested that this can addressed by increasing reimbursement rates and creating provider incentives.

Environmental Health

Participants also expressed a broad range of concerns regarding environmental health in Will County. Among the most salient was environmental and safety concerns related to energy production in the community. Participants expressed concern regarding the impact of the local nuclear power plant on air quality, occupational safety, and community health, but noted that the plant is a valuable source of employment in Will County. Participants mentioned fracking as a source of energy that may be worth exploring, noting a potential to create new jobs, increase domestic energy, and decrease the cost of natural gas. However, participants also cited a number of serious environmental and health risks associated with fracking, including threats to the supply of fresh water, soil pollution, increased CO2 emissions, and unknown long-term health consequences. Participants identified the need for public dialogue and assessments weighing the environmental, health, and economic impacts of bringing fracking to the area. Wind energy was another energy source mentioned, though participants reported that some Will County residents may not want wind turbines in their communities. Throughout dialogue

related to energy production, participants noted concerns regarding the lack of industrial regulation to reduce pollution and protect public safety. Opportunities presented by this force include calling for further research to allow the community to make educated decisions about bringing in new industries, advocating for increased industrial regulation, and advocating for investment in green energy sources like wind and solar power.

Environmental and health impacts of industrial agriculture were also cited as sources of concern. Participants mentioned the detrimental effects of agricultural "run-off", which compromised water quality across the state. Participants also expressed uncertainty regarding the safety of genetically modified foods, identifying a need for further research and greater transparency regarding health impacts of these foods.

Increasing Use of Social Media and Technology

The trend toward increasing use of social media as a form of communication and entertainment was referenced throughout the assessment. Participants mentioned changing communication skills among youth as a potential threat resulting from increased reliance on texting and social media, perceiving weaker writing skills in students. However, participants also acknowledged that social media provides many opportunities to engage and communicate with the public to share information and health messaging. Smart phones and social media may be particularly useful for widely and rapidly communicating important safety information to the public in disasters or emergencies. An additional threat presented by social media is the increasing prevalence of cyber-bullying among youth, which can have serious implications for well-being.

Because technology skills will be increasingly important for youth to prepare for the future workforce, participants reported a trend toward greater use of electronics in education, with some schools providing iPads for each student. Participants noted, however, that technology resources are not distributed equally among schools in the community, contributing to disparities in education quality and investment across the community.

Changing Demographics

Throughout the assessment, participants cited changing community demographics as a significant force of change in the community, noting trends toward an aging, more diverse population. Participants noted that as the population in Will County ages, the community will need to develop a stronger infrastructure to support the needs of seniors. The community also must prepare for a significant portion of the population that is nearing retirement, identifying the need for succession planning. A significant opportunity presented by the large group of people exiting the workforce is the potential for highly skilled retired individuals to volunteer in the community. Participants called for greater engagement with networks of senior volunteers, like the Executive Service Corps, and creating opportunities for intergenerational mentoring. Participants reported that there is already a strong volunteer base in the county, but that they are a very underutilized resource that can be leveraged more effectively and significantly contribute to community improvement efforts.

Another significant demographic trend in Will County is an increasingly diverse population, specifically, a growing Latino population. While this growing population presents many significant opportunities for the community, participants also noted that Will County lacks the capacity to adequately serve non-English speaking populations and populations from diverse social and economic backgrounds. Will County can strengthen its support of diverse populations and better address their needs through cultural competency training for service providers across the county.

Increasing Collaborations and Partnerships

Participants reported a trend toward increasing collaboration and partnership across the community. Participants mentioned that widespread collaboration is a relatively recent development, but has been very beneficial in helping partners to share information and maximize resources. Participants called for continuing collaboration, but noted that partnerships take a significant amount of time and investment. They noted that reduced organizational capacity due to budget cuts is a threat to continuing collaboration, and cautioned against overburdening any partner in particular in order to maintain sustainable long-term collaborations.

Transportation

The potential development of the Illiana Expressway is a possible force of change that pose health, social, and economic implications for Will County. In particular, participants were concerned about the expressway's potential impacts on environmental health, workforce development, and community wellbeing as a result of trucking intermodals entering the area. Another aspect of the transportation system in the area mentioned in the assessment was limitations in area public transit. Bus routes are limited and transit fare was perceived by participants as being cost-prohibitive for low-income riders who rely on the bus system to access services and employment opportunities. Participants identified the opportunity to advocate for further investment in public transit to make the community more accessible for community members who cannot drive.

Increasing Reliance on Faith-Based Organizations as Service Providers

Participants perceived a trend toward increasing reliance on faith-based organizations to provide social services that the government has traditionally provided. This is a potential threat to these organizations, which may not have adequate resources to support expectations or their changing role as the provider of safety net services. This is also a potential opportunity because the faith community has an established history of being a trusted community partner. At the same time, this may be a potential threat for non-religious communities or populations who may perceive themselves as being stigmatized by faith communities, such as the LGBT community.

Conclusion

The Forces of Change identified by Will County Community Members and Will County MAPP Collaborative Executive Committee members in this assessment represent key issues that will have important implications for the Will County public health system and the health and quality of life of Will County residents.

The core issues that emerged as priorities in this assessment include:

- Economic and Social Equity
- Community Well-Being and Safety of Vulnerable Populations
- Community Cohesion
- Mental Health, Behavioral Health, and Substance Abuse
- Changing Workforce Needs
- Health Care Reform
- Environmental Health
- Increasing Use of Social Media and Technology
- Changing Demographics
- Increasing Collaborations and Partnerships
- Transportation
- Increasing Reliance on Faith-Based Organizations as Service Providers

Results from the Forces of Change Assessment will be analyzed with the reports from the other three assessments in the MAPP process, which include the Community Health Status Assessment (CHSA), Community Themes and Strengths Assessment (CTSA), and the Local Public Health System Assessment (LPHSA). Strategic analysis of these assessment results will inform the identification of prevailing health issues, which will be strategically prioritized. Goals and action plans will be developed for each of these priority health issues. These action plans will be implemented and aligned to improve the local public health system and ultimately the health and wellbeing of the Will County community.

Appendix 1: FOCA Worksheet

Forces of Change Assessment Worksheet

The following worksheet is designed for participants to use in preparing for the Forces of Change brainstorming session. During the Forces of Change assessment, participants answer the questions:

What is occurring or might occur that affects the health of our community or the local public health system?

What are Forces of Change?

Forces are trends, factors or events that are or may be influencing the health and quality of life of the community and the work of the local public health system assessment.

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

How To Identify Forces of Change

As you brainstorm potential forces of change, use the questions below to help spur ideas of specific factors, trends or events that are or may likely affect the local public health system or community.

1. What has occurred recently or may occur in the future that will likely affect our local public health system or community?
2. Are there any trends occurring that will have an impact? Describe the trends.
3. What forces are occurring locally? Regionally? Nationally? Globally?
4. What characteristics of our county or state may pose an opportunity or threat?
5. What may occur or has occurred that may pose a barrier to achieving the shared vision?
6. During other MAPP activities or discussions, what potential threats or opportunities were discussed that should be considered?

What Kind of Areas or Categories Are Included?

Forces of change typically emerge in the following categories. For this reason, we have provided spaces on the following pages for you to think about forces of change that may be specific to each of these areas.

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

Forces of Change Brainstorming Worksheet

Using the guidance on the cover page, list any ideas you identified as potential forces (trends, factors and events) under each category. If you identify a force of change that does not fit into one of the categories, list the force under the "other" category. For each force of change you identify, list the possible threat and/or opportunity posed by the force for our community or local public health system. If there is a force that you have a question about or think we may need to explore further, note the questions or needs in the final column. If you have more than 4 ideas per category and wish to add more rows electronically, go to the end of the last row in a category on the outside of the table and click enter. Please bring the completed brainstorm exercise to the assessment meeting on September 19th. If you have any questions, please contact Vanessa Newsome at vnewsome@willcountyhealth.org.

Forces of Change (Trend, Events, Factors)	Threats Posed to the LPHS or Community	Opportunities Created to the LPHS or Community	Questions/More Info Needed
Social			
Economic			

Political			
Technological			
Environmental			
Economic			
Scientific			
Legal			

Ethical			
Other			

Appendix 2: Priority Forces of Change Identified by Community Members

Following the identification of the Forces of Change listed above, participants identified and discussed leading forces of change in Will County, presented below.

Leading Social Forces of Change

- Loss of communication skills as a result of social media
- Increasing suicide rates
- Rising heroin use and accidental overdose
- Lack of individual and social responsibility
- Entertainment corruption and influence of sex, violence, and drug use on community norms

Leading Ethical Forces of Change

- Inequity in education quality across Will County
- Redefinition of marriage

Leading Political Forces of Change

- Uncertainties associated with the Affordable Care Act
- Lack of services and funding for mental and behavioral health
- Shortages of funding and mismanagement of funds locally and nationally
- Lack of policies to protect individuals with food allergies

Leading Environmental Forces of Change

- Water quality
- Safety of genetically modified foods
- Food deserts and food security
- Unsafe environments that prevent children from thriving
- Business responsibilities
- Second hand smoking

Leading Economic Forces of Change

- Lower standards of living due to growing income disparities
- Lack of quality jobs and job readiness training

Leading Legal Forces of Change

- Punitive prison system- lack of rehabilitation and skill development
- Need for better enforcement of smoke-free environments

Leading Scientific Forces of Change

- Medical marijuana/legalization of marijuana

Leading Technological Forces of Change

- Cyber bullying
- Smart phones and apps

Will County MAPP Collaborative

2013 Local Public Health Systems Assessment

Prepared by the Illinois Public Health Institute

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Introduction

The Will County Local Public Health System Assessment (LPHSA) was conducted on December 10, 2013 as one of the four assessments in the Will County for Mobilizing Action through Planning and Partnerships (MAPP) Collaborative process.

MAPP is a community-driven strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and identification of resources to address them as defined by the Ten Essential Public Health Services. The MAPP process includes four assessment tools, including the Local Public Health System Assessment.

The LPHSA, described in detail in the following section, is used to understand the overall strengths and weaknesses of the public health system based on the 10 Essential Public Health Services. Results from the LPHSA will be analyzed with the reports from the other three assessments in the MAPP process, which include the Community Health Status Assessment (CHSA), Community Themes and Strengths Assessment (CTSA), and the Forces of Change Assessment (FOCA). Strategic analysis of these assessment results will inform the identification of prevailing health issues, which will be strategically prioritized. Goals and action plans will be developed for each of these priority health issues. These action plans will be implemented and aligned to improve the local public health system and ultimately the health and wellbeing of the Will County community.

Executive Summary: Key Findings from the Will County Local Public Health System Assessment

Throughout the discussions of the 10 Essential Public Health Services, a number of cross-cutting themes emerged in the dialogue among each group. The themes arose as strategic areas to address to improve the functioning, capacity, and effectiveness of the local public health system (LPHS) in Will County. These include:

- Need for more **data on youth** , including school readiness data for young children and better participation in the Illinois Youth Survey to improve data quality for adolescents
- Need to **engage broader participation** across the LPHS in the Community Health Assessment, Community Health Improvement Plan, and implementation phase. Specific partners needed at the table include schools, elected officials, and first responders, as well as agencies from Southern and Eastern Will County
- **Budget constraints** have had a negative impact across the LPHS, and have led to reduced research and evaluation across organizations throughout Will County
- Need for a coordinated approach to workforce assessment and development across the LPHS
- **Limited and cost prohibitive transportation** barriers reduce access to health care and community resources for low income community members across Will County, but particularly in Southern and Eastern Will County
- **Unequal distribution of community resources** across Will County leads to disproportionate barriers for community members in Southern and Eastern Will County, particularly in accessing primary care and dental care
- Need for **community-specific health profiles** in Community Health Status Assessment that will help LPHS understand sub-regional needs and access disparities
- Need for greater **emphasis on addressing health inequities** in Community Health Assessment and Community Health Improvement Planning
- Need to **improve cultural competency** across LPHS to break patient/client-provider barriers and understand barriers to access

Key populations that were frequently cited as underserved included:

- **Undocumented** community members
- Community members with **mental illnesses and special needs**
- **Homeless** community members

- **Low income** community members

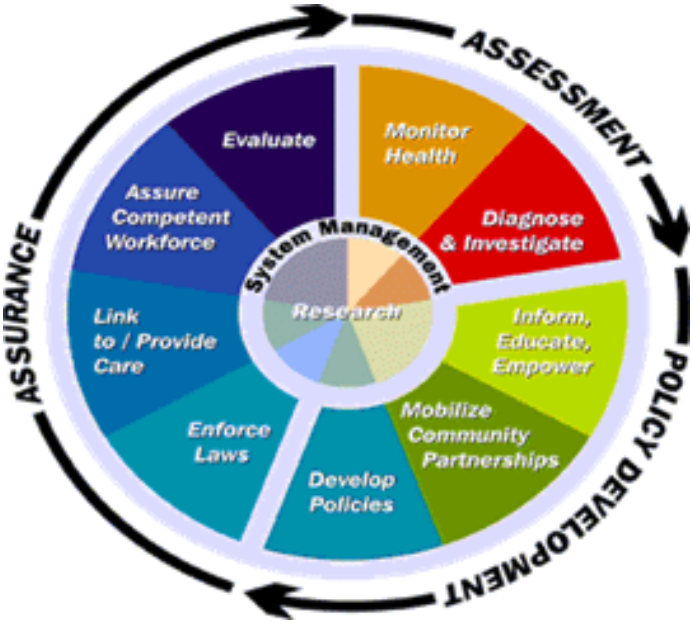
Key strengths of the LPHS that were noted throughout the assessment include:

- **Strong participation and collaboration** among partners across LPHS
- Good **relationships and coordination** between agencies across the LPHS
- Will County MAPP Collaborative engages LPHS partners in **one county-wide Community Health Needs Assessment and Community Health Improvement Planning process**, promoting data and resource sharing across the LPHS

The Assessment Instrument

The National Public Health Performance Standards (NPHPS) Assessment measures the performance of the LPHS -- 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. This may include organizations and entities such as the local health department, other governmental agencies, healthcare providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, and many others. Any organization or entity that contributes to the health or wellbeing of a community is considered part of the public health system. Ideally, a group that is broadly representative of these public health system partners will participate in the assessment process. By sharing their diverse perspectives, all participants will gain a better understanding of each organization's contributions, the interconnectedness of activities, and how the public health system can be strengthened. The NPHPS does not focus specifically on the capacity or performance of any single agency or organization.

The instrument is framed around the 10 **Essential Public Health Services (EPHS)** that are utilized in the field to describe the scope of public health. For each essential service in the local instrument, the model standards describe or correspond to the primary activities conducted at the local level. The number of model standards varies across the essential services; while some essential services include only two model standards, others include up to four. There are a total of 30 model standards in this instrument. For each standard in each essential service, there are a series of questions that break down the standard into its component parts.



Each EPHS model standard is scored by participants to assess system performance on the following scale:

Optimal Activity (76-100%)	The public health system is doing absolutely everything possible for this activity and there is no room for improvement.
Significant Activity (51-75%)	The public health system participates a great deal in this activity and there is opportunity for minor improvement.
Moderate Activity (26-50%)	The public health system somewhat participates in this activity and there is opportunity for greater improvement.
Minimal Activity (1-25%)	The public health system provides limited activity and there is opportunity for substantial improvement.
No Activity (0%)	The public health system does not participate in this activity at all.

NPHPS results are intended to be used for quality improvement purposes for the public health system and to guide the development of the overall public health infrastructure. Analysis and interpretation of data should also take into account variation in knowledge about the public health system among assessment participants: this variation may introduce a degree of random non-sampling error.

The Assessment Methodology

The assessment retreat was held on December 10, 2013 and began with a 60-minute plenary presentation to welcome participants, provide an overview of the process, introduce the staff and answer questions. Participants were then broken into five groups; each breakout group was responsible for conducting the assessment for two essential public health services, as follows:

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

Each group was professionally facilitated, recorded, and staffed by a note taker. The program ended with a plenary session where highlights were reported by members of each group. Event organizers facilitated the end-of-day dialogue, outlined next steps to enter and analyze and report NPHPS data to the Will County MAPP Collaborative and retreat participants. In addition, participants were given an opportunity to provide feedback on the event and sign-up for participation in further MAPP activities.

Assessment Participants

The Will County MAPP Collaborative developed a list of agencies to be invited to participate in a full day assessment retreat. The event organizers carefully considered how to balance participation across sectors and agencies and how to ensure that diverse perspectives as well as adequate expertise were represented in each breakout group.

The event drew 41 public health system partners that included public, private and voluntary sectors. The composition of attendees was apportioned as follows:

Constituency Represented	Total Attended
Businesses	1
Coalitions	1
Colleges and Universities	2
Community-Based Organizations	13
Faith-Based Institutions	1
Hospitals/Health Systems	14
Local Health Department	8
Local Government	1

According to the recommendation of the Centers for Disease Control and Prevention and NPHPS Program Office, the staff of the local health department, the agency responsible for the assurance of public health core functions, should comprise no more than one third of participants in the LPHSA.

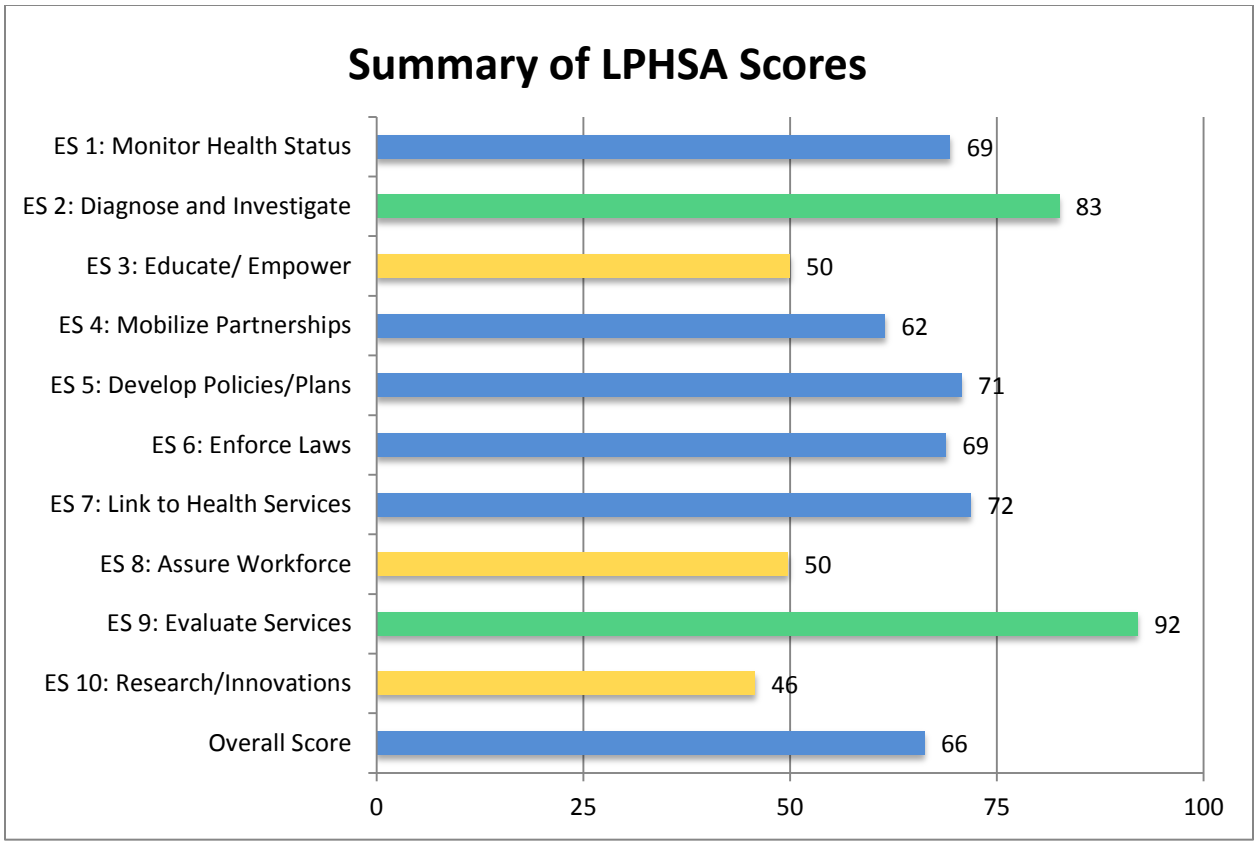
Due to lower attendance at this assessment than the previous LPHSA and limited representation from some sectors with expertise related to specific Essential Public Health Services (EPHS), a series of follow-up interviews was conducted with LPHS representatives, who reviewed the assessment results and added relevant insights From their perspectives. The highlights from the interviews are shared at the end of each EPHS scoring and narrative summary. Some summaries are longer than others based on the degree of feedback shared and number of interviewees who responded.

Results of the Will County Local Public Health System Assessment

How well did the system perform the ten Essential Public Health Services (EPHS)?
The table and graph below together provide an overview of the local public health system's performance in each of the 10 EPHS.

Summary Essential Public Health Service Scores			
EPHS	**EPHS Description**	**2013 Score**	**Overall Ranking**
1	Monitor health status to identify community health problems.	69 Significant	5th
2	Diagnose and investigate health problems and health hazards in the community.	83 Optimal	2nd
3	Inform, educate, and empower people about health issues.	50 Moderate	8th
4	Mobilize community partnerships to identify and solve health problems.	62 Significant	7th
5	Develop policies and plans that support individual and community health efforts.	71 Significant	4th
6	Enforce laws and regulations that protect health and ensure safety.	69 Significant	6th
7	Link people to needed personal health services and assure the provision of health services.	72 Significant	3rd
8	Assure a competent public and personal health care workforce.	50 Moderate	9th
9	Evaluate effectiveness, accessibility, and quality of personal/population-based health services.	92 Optimal	1st
10	Research for new insights and innovative solutions to health problems.	46 Moderate	10th
Overall Performance Score		**66**	

The table above provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each essential service. The scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to maximum of 100% (all activities associated with the standards are performed at optimal levels).



Highest Ranked: EPHS 9 (Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services) was assessed as **optimal** activity.

Lowest Ranked: EPHS 10 (Research for New Insights and Innovative Solutions to Health Problems) was assessed as **moderate** activity.

Overall Performance: The average of all EPHS scores resulted in a ranking of **significant** activity.

Will County Health Department Contribution to Local Public Health System Performance

In addition to measuring overall system performance, the LPHSA assesses the contribution of the local public health agency to the total system effort for each essential public health service. Participants indicated the contribution of the Will County Health Department using the numeric voting scale below:

- Agency contribution of 0 %
- Agency contribution of 1-25 %
- Agency contribution of 26-50 %
- Agency contribution of 51-75 %
- Agency contribution of 76-100 %

The agency contribution results are presented at the end of each EPHS section, following the model standard scores and summary of strengths, weaknesses, and opportunities for improvement. The agency contribution scores represent participant perceptions regarding how much of the activity related to the model standards is directly attributed to the Will County Health Department. There is no right or wrong answer as some EPHS and Model Standards require more or less health department involvement than others depending on the system. These contribution scores do not represent an evaluation of either the Will County Health Department or the performance of the local public health system.

Readers should only consider whether the agency is contributing an appropriate level of service and whether any change in that contribution would influence system performance. The agency contribution should not be treated as a stand-alone indicator, but should be taken into consideration with the measures of performance for each model standard.

Scores and Common Themes for each Essential Public Health Service

The following pages contain the performance score results for each EPHS.

A description of the assessment tool and the major activities assessed for the EPHS is included under each EPHS section. LPHSA results for each EPHS are reflected in the table. The overall score and performance category are indicated along with the overall ranking of the EPHS (its score relative to the other essential services assessed).

(example)

(Title of EPHS)	
(Overall Score)	(Overall Ranking)

(Key questions addressed by the EPHS)

(Description of what is encompassed by the EPHS)

A **table describes the sectors and partner representation in the EPHS section.** EPHS discussion groups were organized in an effort to maximize understanding of local activities in this area. The absence of representation from key stakeholders or sectors should be taken into account when interpreting the findings from each EPHS.

(example)

#	Organization Type	#	Organization Type

A table lists the model standards, descriptions, and scores.

(example)

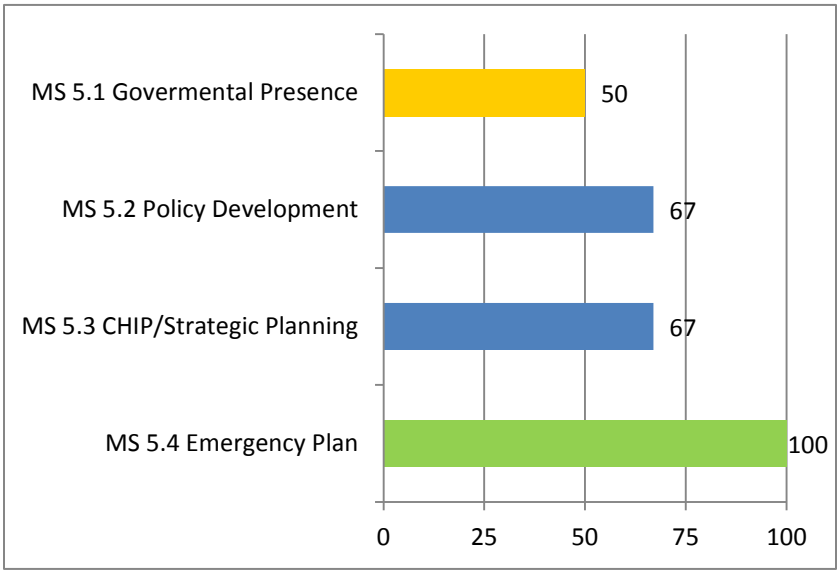
(EPHS Title)	
(Title of Model Standard)	(Overall Score for Model Standard)
(Description of the model standard)	
(Model Standard Indicators)	(Score)
(Title of Model Standard)	(Overall Score for Model Standard)
(Description of the model standard)	
(Model Standard Indicators)	(Score)

Essential Service Summary

A narrative summarizing major discussion themes and recommendations is included below in the score table. Recorders captured the tone and content of the discussion so that major themes and recommendations could be shared with planners. The highlighted comments and themes included here should not be considered as an exhaustive evaluation of the local public health system; however, these participant perspectives should be taken into consideration in future quality improvement efforts.

A **bar graph indicating the scores for each model standard** within that essential service and the overall score for the EPHS is included below the assessment scores table for each EPHS. Bars are color coded according to the range of the score [no activity (0%) = magenta; minimal activity (1-25%) = red; moderate activity (26-50%) = gold; significant (51-75%) = blue; optimal (76-100%) = green].

(example)



A **text box summarizing the group's assessment** of the Will County Health Department contribution to the activities described in the essential service is also included.

(example)

Will County Health Department Contribution to EPHS (EPHS Title)

(Model Standard Title)	51-75%
(Model Standard Title)	1-25%
(Model Standard Title)	26-50%

Strengths, weaknesses, short-term opportunities, and opportunities for long-term improvements are described for each EPHS (see next page for example).

(example)

Strengths	• (Summary of strengths within this EPHS as perceived by EPHS participants.)
Weaknesses	• (Summary of weaknesses within this EPHS as perceived by EPHS participants.)
Short Term Opportunities	• (Short-term opportunities for improvement within this EPHS as perceived by EPHS participants.)
Long Term Opportunities	• (Long-term opportunities for improvement within this EPHS as perceived by EPHS participants.)

Post-Assessment Interviews:

Due to lower attendance at this assessment than the previous LPHSA and limited representation from some sectors with expertise related to specific Essential Public Health Services (EPHS), a series of follow-up interviews was conducted with LPHS representatives, who reviewed the assessment results and added relevant insights From their perspectives. The highlights from the interviews are shared at the end of each EPHS scoring and narrative summary. Some summaries are longer than others based on the degree of feedback shared and number of interviewees who responded.

EPHS 1: Monitor Health Status to Identify Community Health Problems

Overall Score: 69 – Significant
Overall Ranking: 5th

To assess performance for Essential Public Health Service 1, participants were asked to address two key questions:

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

Monitoring health status to identify community health problems encompasses the following:

- Accurate, ongoing assessment of the community's health status.
- Identification of threats to health.
- Determination of health service needs.
- Attention to the health needs of groups that are at higher risk than the total population.
- Identification of community assets and resources that support the public health system in promoting health and improving quality of life.
- Use of appropriate methods and technology to interpret and communicate data to diverse audiences.
- Collaboration with other stakeholders, including private providers and health benefit plans, to manage multi-sectorial integrated information systems.

Group Composition and Perspectives:

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization Type	#	Organization Type
3	Community-Based Organizations	2	Hospitals/Health Systems
1	Health Department		

EPHS 1. Monitor Health Status To Identify Community Health Problems Model Standard Scores

1.1 Population-Based Community Health Assessment (CHA)	SIGNIFICANT	67

The local public health system (LPHS) develops a community health profile (CHP) using data from a detailed community health assessment (CHA) to give an overall look at the community's health. The CHA includes information on health status, quality of life, risk factors, social determinants of health, and strengths of the community at least every 3 years. Data included in the community health profile are accurate, reliable, and interpreted according to the evidence base for public health practice. CHP data and information are displayed and updated according to the needs of the community.

With a CHA, a community receives an in-depth picture or understanding of the health of the community. From the CHA and CHP, the community can identify the most vulnerable populations and related health inequities, prioritize health issues, identify best practices to address health issues and put resources where they are most needed. The CHP also tracks the health of a community over time and compares local measures to other local, state, and national benchmarks.

1.1.1	Community Health Assessment	100
1.1.2	Continuously update CHA with current information	50
1.1.3	Community-wide use of community health assessment or CHP data	50

1.2 Current Technology to Manage and Communicate Population Health Data	SIGNIFICANT	67

The local public health system (LPHS) provides the public with a clear picture of the current health of the community. Health problems are looked at over time and trends related to age, gender, race, ethnicity, and geographic distribution are examined. Data are shown in clear ways, including graphs, charts, and maps while the confidential health information of individuals is protected. Software tools are used to understand where health problems occur, allowing the community to plan efforts to lessen the problems and to target resources where they are most needed. The Community Health Profile (CHP) is available in both hard copy and online formats, and is regularly updated. Links to other sources of information are provided on websites.

1.2.1	Best available technology and methods to display data	75
1.2.2	Analyze health data to see where health problems exist	50
1.2.3	Use computer software to create chart, graphs, and maps to display complex data	75

1.3 Maintenance of Population Health Registries	SIGNIFICANT	75

The local public health system (LPHS) collects data on health-related events for use in population health registries. These registries allow more understanding of major health concerns, such as birth defects and cancer, and tracking of some healthcare delivery services, such as vaccination records. Registries also allow the LPHS to give timely information to at-risk persons. The LPHS assures accurate and timely reporting of all the information needed for health registries. Population health registry data are collected by the LPHS according to standards, so that they can be compared with other data from private, local, state, regional, and national sources. With many partners working together to contribute complete data, population registries provide information for policy decisions, program implementation, and population research.

1.3.1	Collect timely data consistent with current standards on specific health concerns	75
1.3.2	Use information from population health registries in CHAs	75

Essential Service 1 Summary

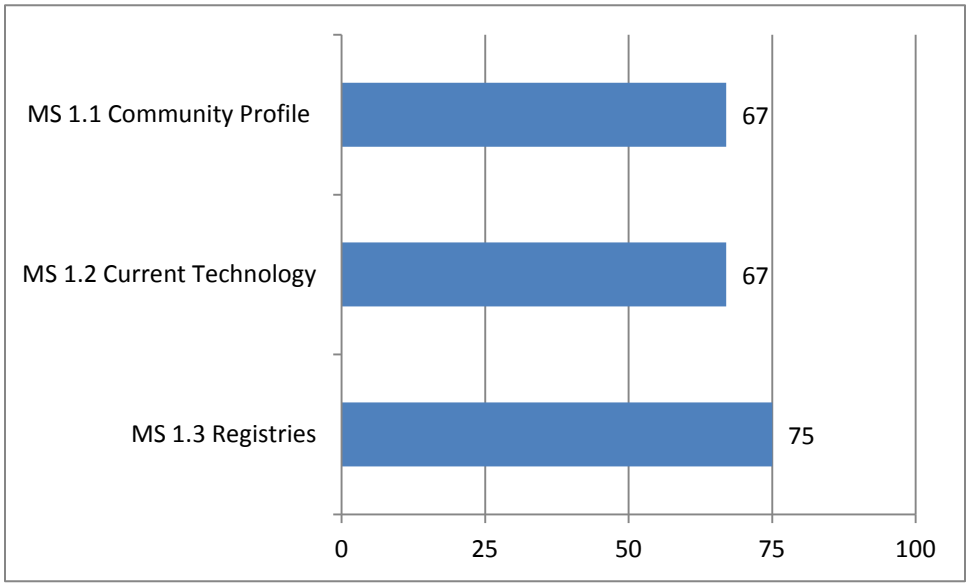
Dialogue in Essential Service 1 explored LPHS performance in monitoring community health status through community health assessment, using technology to manage and analyze population health data, and maintaining population health registries. Participants noted that managed care organizations and academic institutions were important missing partners in this Essential Service and could have contributed important insights if they had been at the table.

Model Standard 1.1, Population-Based Community Health Assessment, explores the extent to which Will County regularly assesses community health and uses assessment findings to inform the community and to inform policy and planning. Will County's Community Health Needs Assessment is conducted through a collaborative partnership of hospitals and health care systems, community based organizations, and the local health department, called the Will County MAPP Collaborative. Participants reported that the Community Health Assessment is regularly completed, and data is updated on an annual basis. A variety of data sets are used to inform the Community Health Assessment. Special effort is taken to report on underrepresented groups, including African Americans, Latinos, and the homeless, but data on health inequities are not sufficiently captured due to low response rates from vulnerable populations. School readiness data would be a valuable addition to the assessment and was perceived by participants as having the potential to be particularly useful to Will County LPHS partners. Participants reported that the Community Health Assessment is posted online and is widely available to the public. The Will County MAPP Collaborative does a good job of ensuring that community partners are aware of the assessment through promoting the assessment and encouraging wide participation among partners in the assessment process.

In discussion around Model Standard 1.2, Current Technology to Manage and Communicate Population Health Data, participants reported that Will County does a good job of using the best available technology to display public health data, including GIS mapping software, SPSS, and Excel Business Objects. Health data are analyzed to see where problems exist, but could be improved if Will County were able to break health problems down at a sub-county or community-specific level and display this data through trend analyses and maps. Analyzing and communicating health information such as food access and community resources by zip code or municipality would help the community to narrow in on priority areas for community health improvement efforts.

Model Standard 1.3, Maintenance of Population Health Registries, explores the extent to which data are regularly collected to update population health registries and the extent to which data from these health registries is used to inform the Community Health Assessment and other community health analyses. Participants reported that the Will County LPHS collects timely data consistent with current standards on death and

communicable disease to provide to population health registries, and the LPHS uses this information in the Community Health Assessment.



The graph displays the overall score for each model standard. In this snapshot, all model standards were ranked in the significant range, with model standard 1.3 (registries) ranked the highest.

Will County Health Department Contribution to EPHS 1
Monitor Health Status to Identify Community Health Problems

1.1 Population-Based Community Health Assessment (CHA)	51-75%
1.2 Current Technology to Manage and Communicate Population Health Data	51-75%
1.3 Maintenance of Population Health Registries	51-75%

Essential Service 1 Strengths, Weaknesses, and Opportunities

Strengths

- Wide awareness of community health assessment process
- Health assessment data updated annually and available on Will County Health Department website
- Maintenance and reporting of population-based health registries
- Good reporting on general population
- Strong quantitative and qualitative data

Weaknesses

- Lack of school readiness data
- Lack of emphasis on health disparities
- Need to improve communication of findings back to community members and stakeholders
- No reporting at sub-county level or community-specific level
- Need for more coordinated data sharing among hospitals and FQHCs

Short Term Opportunities

- Creation of community-specific profiles
- Creation of tools to customize and disseminate data to community partner organizations
- Trend analysis maps

Long Term Opportunities

- Demographic breakdown of data
- Add school readiness trends for children
- Dispense community surveys at community-based organizations

Post-Assessment Interviews:

Two follow up interviews were conducted as a supplement to this Essential Service. A representative from a local hospital system reported agreement with the scores assigned to model standards in EPHS. The interviewee identified the need for more emphasis on mental and behavioral health in the CHA, noting that mental and behavioral health tends to be underrepresented due to stigma and under diagnosis. The interviewee called for inclusion of additional data sets indicating increasing numbers of mental and behavioral health issues to appropriately convey the level of need for mental and behavioral health care and services in the community.

A representative from the Emergency Management Agency reported that scoring of Model Standard 1.1 (population based Community Health Assessment) may be too low, and stated that Will County's CHNA process is very robust, continually updated, and data is widely used across community partners. This discrepancy in perspectives is likely due to a lack of awareness on the part of the assessment participants regarding the extent to which the assessment data is used by the community, who acknowledged in the assessment that they were unsure about how much the LPHS uses data from the CHNA to inform their agencies' activities. Beyond the perceptions of the participants in this assessment, the level of active engagement in the CHNA process among LPHS partners indicates that the CHNA is widely used across the system.

EPHS 2: Diagnose and Investigate Health Problems and Health Hazards

Overall Score: 83 – Optimal
Overall Ranking: 2nd

To assess performance for Essential Public Health Service 2, participants were asked to address three key questions:

Are we ready to respond to health problems or health hazards in our county?

How quickly do we find out about problems? How effective is our response?

Diagnosing and investigating health problems and health hazards in the community encompass the following:

- Access to a public health laboratory capable of conducting rapid screening and high-volume testing.
- Active infectious disease epidemiology programs.
- Technical capacity for epidemiologic investigation of disease outbreaks and patterns of infectious and chronic diseases and injuries and other adverse health behaviors and conditions.

Group Composition and Perspectives:

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization Type	#	Organization Type
3	Community-Based Organizations	2	Hospitals/Health Systems
1	Health Department		

EPHS 2. Diagnose and Investigate Health Problems and Health Hazards Model Standard Scores

2.1 Identification and Surveillance of Health Threats	SIGNIFICANT	75
The local public health system (LPHS) conducts surveillance to watch for outbreaks of disease, disasters and emergencies (both natural and manmade), and other emerging threats to public health. Surveillance data includes information on reportable diseases and potential disasters, emergencies or emerging threats. The LPHS uses surveillance data to notice changes or patterns right away, determine the factors that influence these patterns, investigate the potential dangers, and find ways to lessen the impact on public health. The best available science and technologies are used to understand the problems, determine the most appropriate solutions, and prepare for and respond to identified public health threats. To ensure the most effective and efficient surveillance, the LPHS connects it surveillance systems with state and national systems. To provide a complete monitoring of health events, all parts of the system work together to collect data and report findings.		
2.1.1 Comprehensive surveillance system to identify, monitor and share information		75
2.1.2 Provide and collect information on reportable disease and potential disasters and threats		75
2.1.3 Best available resources to support surveillance systems and activities		75
2.2 Investigation and Response to Public Health Threats and Emergencies	**OPTIMAL**	**79**
The local public health system (LPHS) stays ready to handle possible threats to the public health. As a threat develops – such as an outbreak of a communicable disease, a natural disaster, or a chemical, radiological, nuclear, explosive, or other environmental event – a team of LPHS professionals works closely together to collect and understand related data. Many partners support the response with communication networks already in place among health related organizations, public safety, rapid response teams, the media, and the public. In a public health emergency, a jurisdictional Emergency Response Coordinator leads LPHS partners in the local investigation and response. The response to an emergent event is in accordance with current emergency operations coordination guidelines.		
2.2.1 Maintain instructions on how to handle communicable disease outbreaks		100
2.2.2 Written protocols for investigation of public health threats		100
2.2.3 Designated emergency response coordinator		100
2.2.4 Rapid response of personnel in emergency/ disasters		50
2.2.5 Identification of technical expertise		50
2.2.6 Evaluation of public health emergency response		75
2.3 Laboratory Support for Investigation of Health Threats	**OPTIMAL**	**94**
The local public health system (LPHS) has the ability to produce timely and accurate laboratory results for public health concerns. Whether a laboratory is public or private, the LPHS sees that the correct testing is done and that the results are made available on time. Any laboratory used by public health meets all licensing and credentialing standards.		
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs		75
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies		100
2.3.3 Licenses and/or credentialed laboratories		100

2.3.4 Written protocols for laboratories for handling samples	100

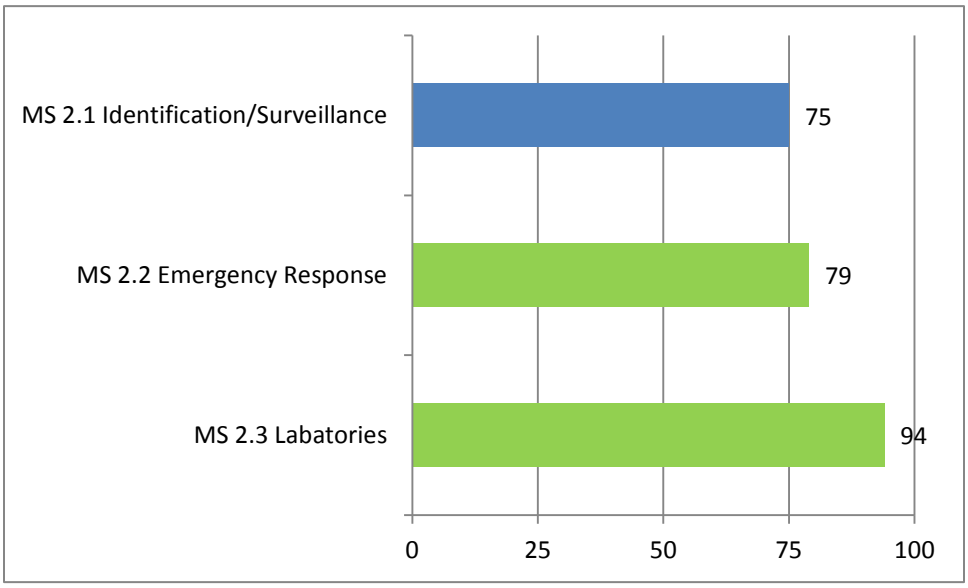
Essential Service 2 Summary

Participants in Essential Service 2 explored LPHS readiness to diagnose and effectively respond to health problems and health hazards. Representatives from schools, employers, and first responders were important partners absent from the dialogue.

Model Standard 2.1, Identification and Surveillance of Health Threats, explores LPHS performance to monitor and identify outbreaks, disasters, emergencies, and other emerging threats to public health. This model standard received a significant overall score. Participants reported that conducting, reporting, and monitoring mandated surveillance is a strength for the system. Hospitals and health departments use best practices for surveillance activities.

Model Standard 2.2, Investigation and Response to Public Health Threats and Emergencies, explores LPHS performance in collecting and analyzing data on public health threats and responding to emergencies. This model standard received an optimal overall score, with participants reporting high performance on maintaining written protocols for disease outbreaks and investigation of public health threats, but noting lack of coordination and resources as an impediment to rapidly respond to emergencies. Participants reported limited communication and collaboration from first responders in emergency preparedness activities.

Model Standard 2.3, Laboratory Support for Investigation of Health Threats, was also scored at an optimal level of performance. Participants reported strong collaborations between the health department and hospitals for sharing laboratory resources.



This graph displays the overall score for each model standard. In this snapshot, model standards 2.2 (emergency response) and 2.3 (laboratories) were ranked in the optimal range, and model standard 2.1 (identification/surveillance) was ranked in the highest score in the significant range.

Will County Health Department Contribution to EPHS 2
Diagnose and Investigate Health Problems and Hazards

2.1 Identification and Surveillance of Health Threats	76-100%
2.2 Investigation and Response to Public Health Threats and Emergencies	76-100%
2.3 Laboratory Support for Investigation of Health Threat	76-100%

Essential Service 2 Strengths, Weaknesses, and Opportunities

Strengths

- Conduct, report, and monitor mandated surveillance
- Hospitals use standard operating procedures or best practices for surveillance
- Health department/ hospital hold collaborative testing events for threats

Weaknesses

- Lack of coordination and resources compromises ability to rapidly respond to emergencies
- Lack of emergency response resources including vaccinations, safety gear, and equipment
- Lack of awareness and access to information related to investigating and responding to public health threats and emergencies among laypeople

Short Term Opportunities

- Improve crossover communication for emergency preparedness among police, fire, health care, and community services
- Increase police and fire presence in emergency preparedness assessment, evaluation and planning

Long Term Opportunities

- Community-wide emergency preparedness exercises
- Improved communication (bottom up and top down)

Post Assessment Interview:

One follow up interview was conducted with a representative from the Will County Emergency Management Agency. The interviewee reported agreement with the overall optimal score Essential Service 2 received. However, the interviewee was in strong disagreement with the findings around weak coordination and collaboration from first responders in emergency activities, reporting that first responders are very heavily involved with emergency preparedness activities in the community. The interviewee reported that the Emergency Management Agency meets very regularly with local fire and police departments, and first responders are a strong presence in all emergency preparedness assessment, evaluation and planning activities, including drills and table top exercises. While participants in the assessment identified a lack of crossover communication for emergency preparedness among police, first, health care and community services as a weakness of the Will County LPHS, the interviewee emphasized that interagency communication is actually a huge strength, and expressed concern over the lack of awareness among assessment participants. The interviewee reported that partners across many agencies meet on a regularly basis to test, revise and refine the Emergency Operations Plan. The interviewee further enforced that public health emergency plans are also regularly tested and revised.

A caveat to the scores assigned to Essential Service 2, and all Essential Services in the LPHSA, is that scores are based on the perceptions and level of awareness of the participants about ongoing activities in the LPHS. It should be noted that participants in the assessment dialogue for Essential Services 1 and 2 often reported that they did not feel sufficiently informed to accurately assess LPHS performance in some of the areas they were asked to score. This explains the strong discrepancy in perceptions of the involvement of first responders in county emergency preparedness activities.

EPHS 3: Inform, Educate, and Empower People about Health Issues

Overall Score: 50-Moderate
Overall Ranking: 8th

To assess performance for Essential Public Health Service 3, participants were asked to address the following key question:

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

Informing, educating, and empowering people about health issues encompass the following:

- Community development activities.
- Social marketing and targeted media public communication.
- Provision of accessible health information resources at community levels.
- Active collaboration with personal healthcare providers to reinforce health promotion messages and programs.
- Joint health education programs with schools, churches, worksites, and others.

Group Composition and Perspectives:
Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization Type	#	Organization Type
6	Community-Based Organizations	5	Hospitals/ Health Care Systems
1	Health Department	1	Faith Community
1	Small business	1	Coalitions
1	Local government		

EPHS 3. Inform, Educate and Empower People about Health Issues Model Standard Scores

3.1 Health Education and Promotion	MODERATE	50
The local public health system (LPHS) designs and puts in place health promotion and health education activities to enable and support efforts to exert control over the determinants of health and to create environments that support health. These promotional and educational activities are coordinated throughout the LPHS to address risk and protective factors at the individual, interpersonal, community, and societal levels. The LPHS includes the community in identifying needs, setting priorities and planning health promotional and educational activities. The LPHS plans for different reading abilities, language skills, and access to materials.		
3.1.1 Provision of community health information		50
3.1.2 Health education and/or health promotion activities		50
3.1.3 Collaboration on health communication plans		50
3.2 Health Communication	**MODERATE**	**42**
The local public health system (LPHS) uses health communication strategies to contribute to healthy living and healthy communities, including: increasing awareness of risks to health; ways to reduce health risk factors and increase health protective factors; promoting healthy behaviors; advocating organizational and community changes to support healthy living; increasing demand and support for health services; building a culture where health is valued; and creating support for health policies, programs and practices. Health communication uses a broad range of strategies, including print, radio, television, the internet, media campaigns, social marketing, entertainment education, and interactive media. The LPHS reaches out to the community through efforts ranging from one-on-one conversations to small group communication, to communications within organizations and the community, to mass media approaches. The LPHS works with many groups to understand the best ways to present health messages in each community setting and to find ways to cover the costs.		
3.2.1 Development of health communication plans		50
3.2.2 Relationships with media		50
3.2.3 Designation of public information officers		25
3.3 Risk Communication	**SIGNIFICANT**	**58**
The local public health system (LPHS) uses health risk communications strategies to allow individuals, groups and organizations, or an entire community to make optimal decisions about their health and well-being in emergency events. The LPHS recognizes a designated Public Information Officer for emergency public information and warning. The LPHS organizations work together to identify potential risks (crisis or emergency) that may affect the community and develop plans to effectively and efficiently communicate information about these risks. The plans include pre-event, event, and post-event communication strategies for different types of emergencies.		
3.3.1 Emergency communication plans		50
3.3.2 Resources for rapid communications response		75
3.3.3 Risk communication training		50

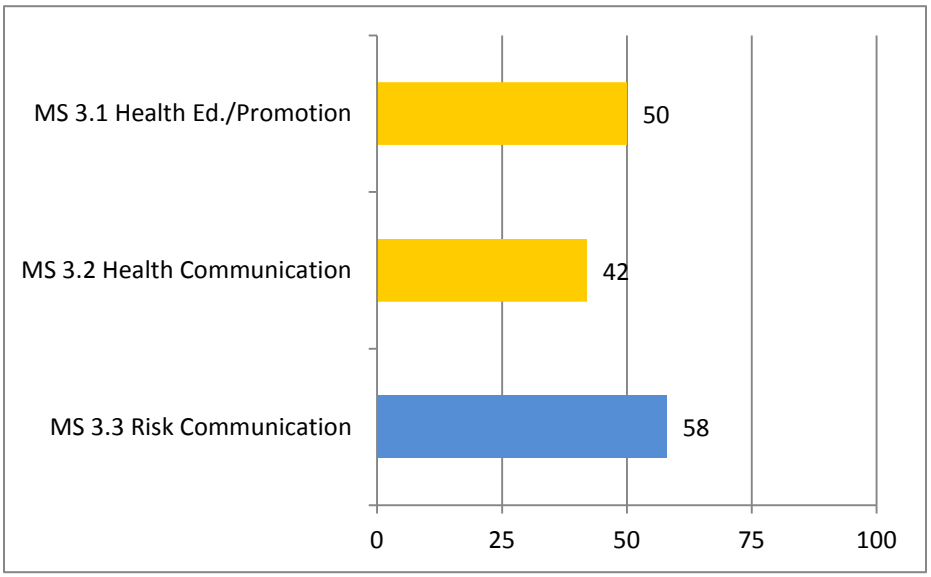
Essential Service 3 Summary

Participants in Essential Service 3 explored LPHS performance in keeping the Will County community informed and empowered about public health issues. Essential Service 3 participants represented a diverse cross section of key partners in the LPHS. Key partners that were missing from the dialogue included local media, the Department of Children and Family Services, and first responders. These partners each play an important role in educating, informing, and empowering the public about health issues, and could have provided important insights on LPHS performance in the three model standards.

Model Standard 3.1, Health Education and Promotion, received an overall moderate score. All participants reported that their organizations actively engage in providing information to the public, policymakers, and public and private stakeholders. Participants reported that while there is a lot of ongoing activity to plan and implement health education and promotion activities throughout the LPHS and outreach is conducted through a wide variety of mechanisms, effectiveness can be improved by increasing collaboration among LPHS partners to conduct coordinated planning and implementation of health education and promotion. Participants expressed concern that while outreach is occurring, the focus of health messages is determined by grant funding rather than data about what information the public needs, and the quality and effectiveness of health messaging is unclear. Participants recommended strengthening evaluation of health education and promotion throughout the system, and identified outreach to vulnerable populations, particularly undocumented community members, as an area to target for improvement.

Model Standard 3.2, Health Communication, also received an overall moderate score. As with Model Standard 3.1, participants reported a high level of effort throughout the LPHS to communicate health information, but were concerned that communication often fails to reach everyone in the community. While the LPHS engages various forms of media (television, print, radio, social media, etc.) to widely disseminate health communication, some participants reported that budget cuts have led to reduced formal health communication. While many agencies throughout the LPHS have designated spokespersons for communicating health issues to the public, participants reported that Will County lacks a systematic approach to training these individuals.

Model Standard 3.3, Risk Communication, specifically explores LPHS performance in communicating health information in emergencies. This model standard received an overall significant score. Participants reported that emergency communications plans are in place, but are not always carried out properly in emergency. Risk communication is provided to employees, and there is good coordination of emergency communication among local health departments in the region to ensure consistency of information to the public in emergencies.



This graph displays the overall score for each model standard. In this snapshot, model standard 3.1 (health education and promotion) and model standard 3.2 (health communication) scored in the moderate range, and model standard 3.3 (risk communication) was ranked in the significant range.

Will County Health Department Contribution to EPHS 3
Inform, Educate and Empower People about Health Issues

3.1 Health Education and Promotion	26-50%
3.2 Health Communication	26-50%
3.3 Risk Communication	26-50%

Essential Service 3 Strengths, Weaknesses, and Opportunities

Strengths

- We Will Work Healthy Worksite Wellness Award encourages participation from employers
- Many health education activities are going on throughout the county
- LPHS is utilizing a wide variety of mechanisms to reach out to community members (social media, television, print, radio, outreach to churches and schools) for both emergency and non-emergency communication
- LPHS does a good job of sharing information and coordinating emergency communication—Will, DuPage, and Kendall Counties all put out the same information at the same time
- Public Information Officers from LHDs in Northern Illinois Public Health Consortium meet annually to conduct emergency communication drills

Weaknesses

- Lack of systematic partnerships across LPHS coming together to implement health education and promotion activities
- Inadequate participation in Illinois Youth Survey among Will County schools limits availability of data on youth
- Inadequate outreach to undocumented community members
- Health messages and information are out there, but they are not reaching everyone in the community and are not reaching target populations
- While MAPP process does a good job of engaging community members in community health assessment, we need to increase community member engagement in planning and implementation phase
- Information does not always reach the health professions that need it (i.e., not all substance abuse workers are aware of Krokodil)

Short Term Opportunities

- Improve coordination of health messaging across LPHS
- Identify new, non-traditional partners (i.e. business sector) to engage in health promotion activities
- Encourage school participation in Illinois Youth Survey to improve data quality about Will County youth
- Increase engagement of community members in planning and implementation phases of MAPP

Long Term Opportunities

- Identify health promotion opportunities based on data from Community Health Assessment Process
- Increase community participation in health promotion activities
- Enhance community outreach to engage undocumented community members
- Create a systematic approach to training spokespersons on public health issues

Post-Assessment Interview:

A supplemental interview was conducted with a representative from Catholic Charities, a community-based organization that provides safety net social services to vulnerable and at risk community residents, including individuals struggling with substance abuse and individuals experiencing homelessness. The interviewee reported agreement with the scores and summary comments for Essential Service 3, but added that efforts from the local public health system to educate, inform and empower the public around health issues are not sufficiently supported by public officials, who have failed to direct adequate funding for services for the most vulnerable residents of Will County. The interviewee perceived that nonprofit social service providers are often relied on to provide a safety net for the community because public officials have not prioritized the provision of basic needs for community members. The interviewee expressed concern that conversations around this topic are not happening in the community, and emphasized that underscoring the importance of access to basic human needs such as food, shelter, and employment should be a priority in shaping community health messaging .

EPHS 4: Mobilize Community Partnerships to Identify and Solve Health Problems

Overall Score: 62 – Significant
Overall Ranking: 7th

To assess performance for Essential Public Health Service 4, participants were asked to address the following key question:

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

Informing, educating, and empowering people about health issues encompass the following:

- Community development activities.
- Social marketing and targeted media public communication.
- Provision of accessible health information resources at community levels.
- Active collaboration with personal healthcare providers to reinforce health promotion messages and programs.
- Joint health education programs with schools, churches, worksites, and others.

Group Composition and Perspectives:

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization Type	#	Organization Type
6	Community-Based Organizations	5	Hospitals/ Health Care Systems
1	Health Department	1	Faith Community
1	Small business	1	Coalitions
1	Local government		

EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems
Model Standard Scores

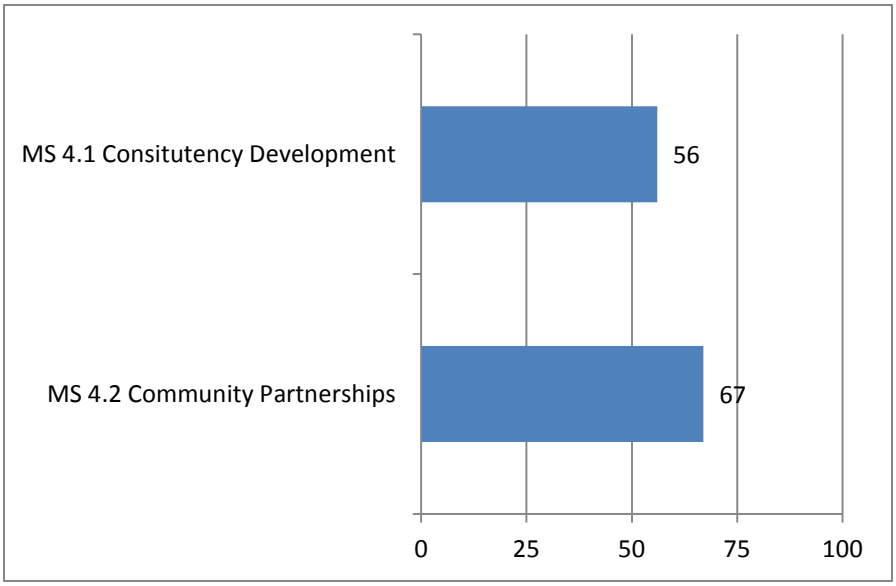
4.1 Constituency Development	SIGNIFICANT	56
The local public health system (LPHS) actively identifies and involves community partners -- the individuals and organizations (constituents) with opportunities to contribute to the health of communities. These stakeholders may include health; transportation, housing, environmental, and non-health related groups, as well as community members. The LPHS manages the process of establishing collaborative relationships among these and other potential partners. Groups within the LPHS communicate well with one another, resulting in a coordinated, effective approach to public health so that the benefits of public health are understood and shared throughout the community.		
4.1.1 Directory of organizations that comprise the LPHS		75
4.1.2 Identification of key constituents and stakeholders		25
4.1.3 Participation of constituents in improving community health		75
4.1.4 Communications strategies to build awareness of public health		50
4.2 Community Partnerships	**SIGNIFICANT**	**67**
The local public health system (LPHS) encourages individuals and groups to work together so that community health may be improved. Public, private, and voluntary groups – through many different levels of information sharing, activity coordination, resource sharing, and in-depth collaborations – strategically align their interests to achieve a common purpose. By sharing responsibilities, resources, and rewards, community partnerships allow each member to share its expertise with others and strengthen the LPHS as a whole. A community group follows a collaborative, dynamic, and inclusive approach to community health improvement; it may exist as a formal partnership, such as a community health planning council, or as a less formal community group.		
4.2.1 Partnerships for public health improvement activities		75
4.2.2 Community health improvement committee		75
4.2.3 Review of community partnerships and strategic alliances		50

Essential Service 4 Summary

Participants in Essential Service 4 explored LPHS performance in engaging the community in local health issues through partnerships. Essential Service 4 participants represented a diverse sample of LPHS partners, but the school district, county government, park district, forest preserve, and transportation department were all identified as important partners for ES 4 that were absent from the assessment.

Model Standard 4.1, Constituency Development, examines LPHS performance in identifying and involving a wide range of community partners and providing opportunities to contribute to community health. Participants reported that LPHS maintains current directories of Will County organizations to engage in community health, but the directories are not publicized and not widely accessible. While there is no established process for identifying key constituents in the community to engage in particular health concerns, this is done informally through networking. Participants reported strong overall performance in engaging constituents in activities to improve community health, citing the example of broad community participation in the Will County MAPP Collaborative. However, they noted that participation has been negatively affected by budget cuts that reduce agency and coalition capacity. They also noted that Southern and Eastern Will County are underrepresented in community health activities, so further effort should be made to strengthen partnerships with agencies and coalitions from these areas.

Model Standard 4.2, Community Partnerships, explores LPHS performance in encouraging and mobilizing collaboration across the Will County community. Participants again cited the MAPP Collaborative as a good example of collaboration and information and resource-sharing across the LPHS. The MAPP Collaborative has demonstrated strong effectiveness in organizing and establishing community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community. Areas for improvement include increasing local/county government participation in community health improvement activities.



This graph displays the overall score for each model standard. In this snapshot, model standard 4.1 (constituency development) scored in the significant range and model standard 4.2 (community partnerships) received a higher score in this range.

Will County Health Department Contribution to EPHS 4
Mobilize Community Partnerships to Identify and Solve Health Problems

4.1 Constituency Development	26-50%
4.2 Community Partnerships	51-75%

Essential Service 4 Strengths, Weaknesses, and Opportunities

Strengths

- LPHS maintains good directories
- LPHS does a good job of encouraging constituents to participate in community health improvement activities
- Will County has a lot of active coalitions doing good work
- When the need arises, forums on important public health issues are held
- MAPP Collaborative engages partners through the LPHS to create a comprehensive approach to public health improvement activities

Weaknesses

- Directories exist but they are not disseminated sufficiently and not many people are aware that they exist
- Organization budget cuts lead to reduced participation in coalition meetings
- Identifying key constituents related to public health concerns occurs informally rather than through an established process
- Lack of participation among partners representing Southern and Eastern Will County
- Need for more assessment of effectiveness of community partnerships to improve community health
- Lack of local/county government involvement in health improvement activities

Short Term Opportunities

- Promote electronic directory to raise awareness of this resource
- Improve outreach to partners in Southern and Eastern Will County

Long Term Opportunities

- Create more grassroots community involvement in health improvement
- Increase involvement of government decision makers in health assessment and improvement activities
- Increase involvement among partners across underrepresented regions of Will County

Post-Assessment Interviews:

Supplemental interviews were conducted as follow up to the assessment. Interviewees reported overall agreement with the scores assigned to ES 4 in the assessment. A representative from the Emergency Management Agency specified, however, that while a score of 25 for Model Standard 4.1.2 (Identification of key constituents and stakeholders) may be accurate for system activities overall, this is a particular strength within emergency management activities, and would be assigned an optimal score if the model standard referred only to emergency preparedness activities.

Interviewees noted that while constituency development activities in Will County are informal, partnerships across the LPHS are very strong, and networking is very effective in connecting constituents and partners across the system. While there are a few formal directories, such as the AOK Network directory, contact information is always changing, making it challenging to keep directories up to date. One interviewee explained that relationship building and constituent development is a much more organic process in Will County, and reported that it is very simple for community members to connect and get involved with LPHS activities.

One interviewee expressed surprise at ES 4's relatively low ranking among the 10 Essential Services in the assessment. Mobilizing Community Partnerships to Identify and Solve Health Problems scored as 7th out of the 10 Essential Services, but Will County is widely recognized and looked to as a best practice example for cross-sector partnership for public health assessment and improvement activities. It may be that partners in the Will County LPHS take for granted the extent to which they engage in comprehensive collaborative approaches to public health activities across the system.

EPHS 5: Develop Policies and Plans that Support Individual and Community Health Efforts

Overall Score: 71 – Significant
Overall Ranking: 4th

To assess performance for Essential Public Health Service 5, participants were asked to address two key questions:

What local policies in both the government and private sector promote health in our community?

How well are we setting healthy local policies?

Developing policies and plans that support individual and community health efforts encompasses the following:

- Leadership development at all levels of public health.
- Systematic community-level and state-level planning for health improvement in all jurisdictions.
- Development and tracking of measurable health objectives from the community health plan as a part of continuous quality improvement strategy plan.
- Joint evaluation with the medical healthcare system to define consistent policy regarding prevention and treatment services.
- Development of policy and legislation to guide the practice of public health.

Group Composition and Perspectives:

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization Type	#	Organization Type
4	Health Department	1	Community-Based Organization
1	Hospital/Health Care System		

EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts Model Standard Scores

5.1 Governmental Presence at the Local Level	MODERATE	50
The local public health system (LPHS) includes a governmental public health entity dedicated to the public health. The LPHS works with the community to make sure a strong local health department (or other governmental public health entity) exists and that it is doing its part in providing essential public health services. The governmental public health entity can be a regional health agency with more than one local area under its jurisdiction. The local health department (or other governmental public health entity) is accredited through the national voluntary accreditation program.		
5.1.1 Governmental local public health presence		75
5.1.2 Local health department accreditation		25
5.1.3 Resources for the local health department		50
5.2 Public Health Policy Development	SIGNIFICANT	67
The local public health system (LPHS) develops policies that will prevent, protect or promote the public health. Public health problems, possible solutions, and community values are used to inform the policies and any proposed actions, which may include new laws or changes to existing laws. Additionally, current or proposed policies that have the potential to affect the public health are carefully reviewed for consistency with public health policy through health impact assessments. The LPHS and its ability to make informed decisions are strengthened by community member input. The LPHS, together with the community, works to identify gaps in current policies and needs for new policies to improve the public health. The LPHS educates the community about policies to improve the public health and serves as a resource to elected officials who establish and maintain public health policies.		
5.2.1 Contribution to development of public health policies		75
5.2.2 Alert policymakers/public of public health impacts from policies		25
5.2.3 Review of public health policies		100
5.3 Community Health Improvement Process and Strategic Planning	SIGNIFICANT	67
The local public health system (LPHS) seeks to improve community health by looking at it from many sides, such as environmental health, healthcare services, business, economic, housing, land use, health equity, and other concerns that impact the public health. The LPHS leads a community-wide effort to improve community health by gathering information on health problems, identifying the community's strengths and weaknesses, setting goals, and increasing overall awareness of and interest in improving the health of the community. This community health improvement process provides ways to develop a community-owned plan that will lead to a healthier community. With the community health improvement effort in mind, each organization in the LPHS makes an effort to include strategies related to community health improvement goals in their own strategic plans.		
5.3.1 Community health improvement process		75
5.3.2 Strategies to address community health objectives		75
5.3.3 Organizational strategic planning alignment with community health improvement plan		50
5.4 Plan for Public Health Emergencies	OPTIMAL	100

The local public health system (LPHS) adopts an emergency preparedness and response plan which describes what each organization in the LPHS should be ready to do in a public health emergency. The plan describes community interventions necessary to prevent, monitor, and manage all types of emergencies, including both natural and intentional disasters. The plan also looks at challenges of possible events, such as nuclear, biological, or terrorist events. Practicing for possible events takes place through regular exercises or drills. A task force sees that the necessary organizations and resources are included in the planning and practicing for all types of emergencies.		
5.4.1	Community task force or coalition for emergency preparedness and response plans	100
5.4.2	Emergency preparedness and response plan	100
5.4.3	Review and revision of the emergency preparedness and response plan	100

Essential Service 5 Summary

Participants in Essential Service 5 explored public health planning and policy development in Will County. Participants reported broad partner contribution to community health planning activities, primarily through the MAPP process, but noted that participation in policy development may not be as broad. Potential partners that haven't been involved in planning or policy include law enforcement, the department of transportation, and managed care organizations.

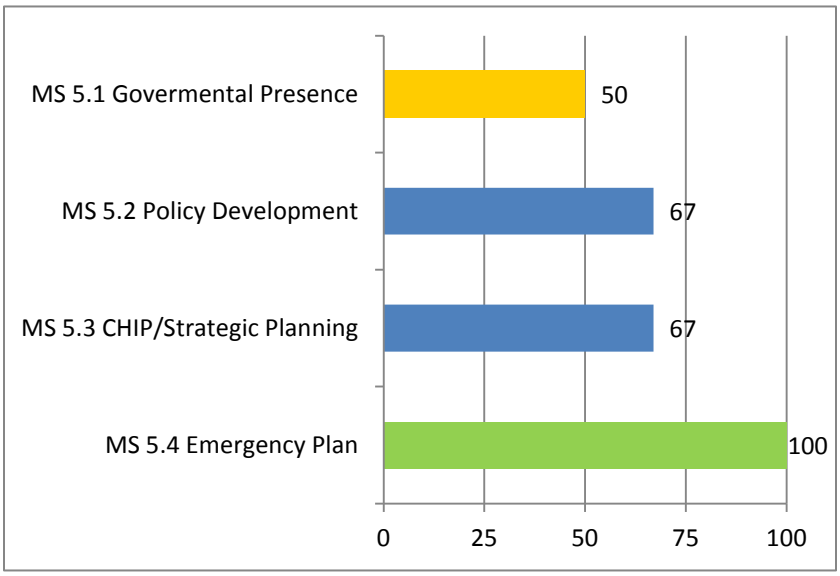
In the discussion around Model Standard 5.1, which explores governmental presence at the local level, participants discussed how the structure of the Will County Health Department assures for the provision of the 10 Essential Public Health Services. One aspect of Model Standard 5.1 is an examination of whether the health department is accredited. The group noted that public health department accreditation is a new voluntary process. While the Will County Health Department has no plans to pursue accreditation in the near future, participants noted that going through this process may become necessary in the long term. Health department staff also noted that while not accredited, Will County Health Department is recognized as a certified health department by the Illinois Department of Public Health through the IPLAN (Illinois Project for Local Assessment of Needs) process, meaning that the health department has conducted a community health assessment, community health improvement plan, and a departmental strategic plan within the last 5 years. These IPLAN requirements correspond with the three accreditation prerequisites from the Public Health Accreditation Board. Another aspect of Model Standard 5.1 explores the LPHS's support of the health department. Participants reported a strong level of support and collaboration among system partners.

In the discussion around Model Standard 5.2, which explores public health policy development, participants identified regular review of public health policies as a strength for the LPHS within this Essential Service. The LPHS contributes significantly to informing public health policymaking, but could do more to inform policymakers about potential

intended and unintended impacts of proposed or current policies not created explicitly to improve public health through Health Impact Assessment (HIA).

Model Standard 5.3., Community Health Improvement Process and Strategic Planning, looks at the LPHS's actions to improve community health. Participants noted that Will County's Community Health Improvement Plan (CHIP) is created through the Will County MAPP Collaborative, a partnership of the health departments, hospitals, and nonprofits. Will County's CHIP process engages a broad spectrum of community partners, and to conduct the Community Health Assessment (CHA), which is then used to inform the CHIP. While this process is based on a strong collaborative effort, participants identified further outreach and involvement for community members as an area for improvement.

Model Standard 5.4, Planning for Public Health Emergencies, was identified as a strength for the local public health system in Will County. The County EMA maintains emergency preparedness and response plans that detail protocol and partner roles in a given emergency. Participants reported that the system has demonstrated effective, coordinated responses in past emergencies, including the tornado that recently occurred in the area.



This graph displays the overall score for each model standard. In this snapshot, model standard 5.4 (emergency plan) was scored in the optimal range, model standards 5.2 (policy development) and 5.3 (CHIP/ Strategic Planning) were scored in the significant range, and model 5.1 (government presence) scored the lowest, at the high end of the moderate range.

Will County Health Department Contribution to EPHS 5
Develop Policies and Plans that Support Individual and Community Health Efforts

5.1 Governmental Presence at the Local Level	51-75%
5.2 Public Health Policy Development	26-50%
5.3 Community Health Improvement Process and Strategic Planning	51-75%
5.4 Plan for Public Health Emergencies	26-50%

Essential Service 5 Strengths, Weaknesses, and Opportunities

Strengths

- Good relationships among system partners
- Significant tax base to support health department
- Strong Board of Health
- Will County Health Departments has all accreditation prerequisites in place (Community Health Assessment, Community Health Improvement Plan, Departmental Strategic Plan)
- County EMA meets on a regular basis to develop and maintain a strong preparedness and emergency response plans
- Emergency response plan is regularly tested and revised

Weaknesses

- Gaps in services for southern and eastern Will County tied to transportation and location of services
- Public transit is cost-prohibitive for low income community members
- Anti-government sentiment among community members
- People circumventing system and policies

Short Term Opportunities

- Build on existing relationships
- Reduce cost of public transit to improve access to services
- Increase community improvement in Community Health Improvement Process

Long Term Opportunities

- Apply for Health Department Accreditation through Public Health Accreditation Board
- Conduct Heath Impact Assessments to assess unintended health consequence of policies to inform policymakers
- Build a more cohesive and comprehensive approach in informing policymakers about health impacts of current and proposed policies
- Increase number of organizational strategic plans connected to Community Health Improvement Process

Post-Assessment Interviews:

Two supplemental interviews were conducted as follow up to the assessment dialogue for Essential Service 5. A representative from the Coalition toward a Tobacco Free Will County reported that policy development around tobacco are very strong in the community. While the minimal score designated to Model Standard 5.2.2 (Alert policymakers/public of public health impacts from policies) may be accurate for LPHS activities overall, the coalition representative reported that there is substantial activity in informing and educating the public and lawmakers about the public health impacts of policy, systems, and environmental change efforts to reduce tobacco use in Will County. LPHS partners can look to this coalition for examples of best practices in this area.

A representative from the county Emergency Management Agency reported strong agreement with the optimal scores assigned to Model Standard 5.4 (Plan for Public Health Emergencies), and emphasized the strength of the community's interagency emergency response plan.

EPHS 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Overall Score: 69 – Significant
Overall Ranking: 6th

To assess performance for Essential Public Health Service 6, participants were asked to address the following question:

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

Enforcing laws and regulations that protect health and ensure safety encompasses the following:

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

Group Composition and Perspectives:

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization Type	#	Organization Type
4	Health Department	1	Community-Based Organization
1	Hospital/Health Care System		

EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety
Model Standard Scores

6.1 Review and Evaluation of Laws, Regulations and Ordinances	SIGNIFICANT	75
The local public health system (LPHS) reviews existing laws, regulations, and ordinances related to public health, including laws that prevent health problems, promote, or protect public health. The LPHS looks at federal, state, and local laws to understand the authority provided to the LPHS and the potential impact of laws, regulations, and ordinances on the health of the community. The LPHS also looks at any challenges involved in complying with laws, regulations, or ordinances, whether community members have any opinions or concerns, and whether any laws, regulations, or ordinances need to be updated.		
6.1.1 Provision of community health information		75
6.1.2 Knowledge of laws, regulations, and ordinances		50
6.1.3 Review of laws, regulations and ordinances		75
6.1.4 Access to legal counsel		100
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	MODERATE	42
The local public health system (LPHS) works to change existing laws, regulations, or ordinances – or to create new ones – when they have determined that changes or additions would better prevent, protect or promote public health. To advocate for public health, the LPHS helps to draft the new or revised legislation, regulations, or ordinances, takes part in public hearings, and talks with lawmakers and regulatory officials.		
6.2.1 Identification of public health issues not addressed through existing laws		75
6.2.2 Development or modification of laws or public health issues		50
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances		0
6.3 Enforcement of Laws, Regulations, and Ordinances	OPTIMAL	90
The local public health system (LPHS) sees that public health laws, regulations, and ordinances are followed. The LPHS knows which governmental agency or other organization has the authority to enforce any given public health related requirement within its community, supports all organizations tasked with enforcement responsibilities, and assures that the enforcement is conducted within the law. The LPHS has sufficient authority to respond in an emergency event; and makes sure that individuals and organizations understand the requirements of relevant laws, regulation, and ordinances. The LPHS communicates the reasons for legislation and the importance of compliance.		
6.3.1 Authority to enforce laws, regulations, and ordinances		100
6.3.2 Public health emergency powers		100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances		100
6.3.4 Provision of information about compliance		75
6.3.5 Assessment of compliance		75

Essential Service 6 Summary

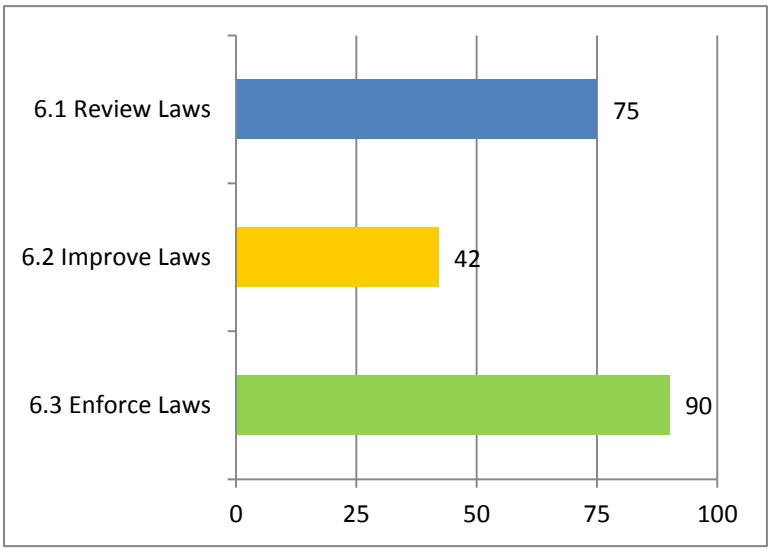
Essential Service 6 examines the LPHS's performance in enforcing health and safety laws and regulations. A limitation of the dialogue and findings was the lack of representation from some key system partners involved in this Essential Service, particularly businesses subject to laws, regulation, and ordinances. Participants answered questions to the best of their knowledge, but they may have not been fully aware of all ongoing activity within this Essential Service.

Model Standard 6.1, Reviewing and Evaluating Laws, Regulations and Ordinances, emphasizes the impact of policies on the health of the public, and issues of compliance among community members. The state of Illinois provides enforcement guidelines and ensures that the Will County LPHS stays up to date in enforcement of federal, state and local laws through reporting requirements and reviews. One concern mentioned by participants is that the state of Illinois' laws and regulations are not always up to date, meaning that Will County must enforce laws and regulations that are not based on current evidence or best practice. An example is that the state has not updated childhood lead regulations to correspond with the lower CDC recommendations. Will County does a good job of regularly reviewing and updating its own local regulations, ordinances, and laws. Participants noted that while there is a significant level of activity around identifying public health issues that can be addressed through laws, regulations, and ordinances, they perceive an overall trend toward deregulation, with the public calling for fewer public health mandates. Some participants did note that while chronic disease is identified as a priority in the current Community Health Improvement Plan, there is a lack of activity around identifying ways to address chronic disease through laws, regulations, and ordinances, however some participants questioned community readiness to address chronic disease through policy change.

In the dialogue around Model Standard 6.2, Involvement in Improving Laws, Regulations, and Ordinances, participants reported limited activity in active participation in changing and creating laws, regulations, and ordinances to promote public health, noting that there is room for growth in taking on a larger advocacy role to create and improve laws to protect health and ensure public safety. One way the LPHS can be more proactive in this area is to reach out to schools to help inform their wellness policies. Participants identified several local public health issues that have not been adequately addressed through existing laws, regulations, and ordinances, including chronic health issues, school nutrition requirements, and indoor air quality and mold.

Participants identified the partnerships and collaboration throughout the LPHS as key strengths in the high performance around Model Standard 6.3, Enforcing Laws, Regulations, and Ordinances. Participants reported that those required to comply with laws, regulations, and ordinances, such as tattoo parlors, tanning salons, and public swimming pools are sufficiently informed of requirements, and enforcement activities

are conducted with consistency. A caveat to this finding is that there was no representation from businesses subject to regulation present for this conversation, so if there are concerns regarding issues of notice or fairness of regulations, they were not identified through this assessment. In the event of an emergency, the health department has the authority to enforce isolation and quarantine in public health emergencies. Plans are in place for food borne outbreaks.



This graph displays the overall score for each model standard. In this snapshot, model standard 6.1 (review laws) was scored in the significant range, model standard 6.2 (improve laws) was scored in the moderate range, and 6.3 (enforce laws) was scored in the optimal range.

Will County Health Department Contribution to EPHS 6
Enforce Laws and Regulations that Protect Health and Ensure Safety

6.1 Review and Evaluation of Laws, Regulations and Outcomes	76-100%
6.2 Involvement in the Improvement of Laws, Regulations and Outcomes	26-50%
6.3 Enforcement of Laws, Regulations and Outcomes	26-50%

Essential Service 6 Strengths, Weaknesses, and Opportunities

Strengths

- Joint inspections and alignment between health and housing
- Strong emergency management plan and preparedness
- Individuals and organizations are generally aware of laws, regulations and ordinances that they must comply with
- Good management and consistency in enforcement activities
- Strong partnerships with hospitals on communicable disease

Weaknesses

- Smaller municipalities may not have enforcement capacity or services
- Not everyone appreciates regulatory role

Short Term Opportunities

- Raise awareness among individuals and organizations about relevant laws, regulations, and ordinances

Long Term Opportunities

- Identify opportunities to collaborate with others
- Increase hospital advocacy for laws and regulations that protect health and ensure safety

Post Assessment Interview:

One supplemental interview was conducted as follow up to the assessment dialogue for Essential Service 6. A representative from the Coalition toward a Tobacco Free Will County cautioned that the moderate score assigned to Model Standard 6.2 (Involvement in the Improvement of Laws, Regulations, and Ordinances), may be accurate reflection of the LPHS overall, but emphasized that this is not the case for tobacco-reduction efforts in Will County. The Coalition toward a Tobacco Free Will County is highly involved in informing the development and strengthening of new laws, regulations, and ordinances that limit and discourage tobacco use. Advocacy and organization of efforts to reduce community exposure to tobacco and second hand smoke is an excellent example of the success of improving health through policy, systems, and environmental change.

The interviewee reported strong agreement with the high scores assigned to Model Standard 6.3 (Enforcement of Laws, Regulations, and Ordinances), and agreed with the perceptions of assessment participants that enforcement activities are distributed fairly throughout the community and that entities subject to enforcement are sufficiently informed about laws, regulations, and ordinances.

EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

Overall Score: 72 – Significant
Overall Ranking: 3rd

To assess performance for Essential Public Health Service 7, participants were asked to address the following question:

Are people in our community receiving the health services they need?

Linking people to needed personal health services and ensuring the provision of health care when otherwise unavailable (sometimes referred to as outreach or enabling services) encompass the following:

- Assurance of effective entry for socially disadvantaged people into a coordinated system of clinical care.
- Culturally and linguistically appropriate materials and staff to ensure linkage to services for special population groups.
- Ongoing "care management."
- Transportation services.
- Targeted health education/promotion/disease prevention to high-risk population groups.

Group Composition and Perspectives:
Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization Type	#	Organization Type
3	Hospital/Health Systems	3	Community-Based Organizations
1	Health Department	1	Colleges and Universities

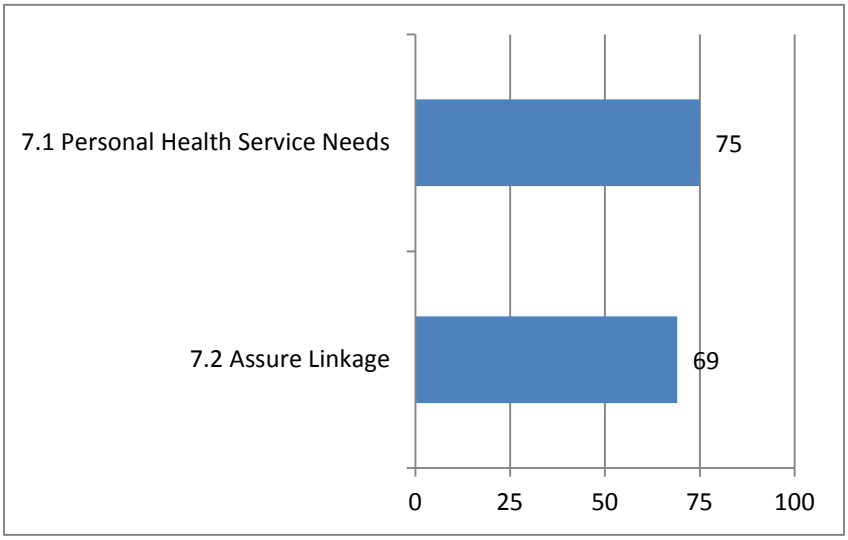
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable Model Standard Scores		
7.1 Identification of Personal Health Service Needs of Populations	SIGNIFICANT	75
The local public health system (LPHS) identifies the personal health service needs of the community and identifies the barriers to receiving these services, especially among particular groups that may have difficulty accessing personal health services. The LPHS has defined roles and responsibilities for the local health department (or other governmental public health entity) and other partners (e.g. hospitals, managed care providers, and other community health agencies) in relation to overcoming these barriers and providing services.		
7.1.1 Identification of populations who experience barriers to care		100
7.1.2 Identification of personal health service needs of populations		75
7.1.3 Develop partnerships to respond to unmet needs of the community		50
7.1.4 Understand barriers to care		75
7.2 Assuring the Linkage of People to Personal Health Services	SIGNIFICANT	69
The local public health system (LPHS) partners work together to meet the diverse needs of all populations. Partners see that persons are signed up for all benefits available to them and know where to refer people with unmet personal health service needs. The LPHS develops working relationships between public health, primary care, oral health, social services, and mental health systems as well as organizations that are not traditionally part of the personal health service system, such as housing, transportation, and grassroots organizations.		
7.2.1 Link populations to needed personal health services		75
7.2.2 Assistance to vulnerable populations in accessing needed health services		50
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs		100
7.2.4 Coordination of personal health and social service		50

Essential Service 7 Summary

Participants in Essential Service 7 explored LPHS performance in connecting community members to the health services they need. Partners that were missing from the dialogue who may have contributed important insights include the transportation department, nonprofits that work with low income populations, schools, the department of transportation, law enforcement, and public assistance programs such as public housing.

Model standard 7.1, Identifying Personal Health Service Needs of Populations, received a significant overall score. Participants reported that the LPHS has identified vulnerable populations within the community who experience barriers accessing or connecting to personal health services. While there is a strong understanding of at-risk groups in the community and the needs they have, the LPHS needs to strengthen efforts to address the unmet needs of these populations. The needs of homeless individuals and individuals with mental illnesses remain largely unmet. Participants also reported that while LPHS partners have tried to develop an understanding of barriers to care for vulnerable populations, this understanding is still limited. Participants expressed concern that we are only skimming the surface in truly understanding the barriers vulnerable populations face, due in part to insufficient cultural competency that compromises providers' ability to build trust with underserved communities.

Model Standard 7.2, Ensuring People are Linked to Personal Health Services, also received a significant overall score. Participants reported that while there is good collaboration among partners to coordinate services and address the needs of vulnerable populations, there are still serious gaps in services, particularly for the homeless, individuals with special needs, and individuals with mental illness. Strong improvements have been made to increase initiatives for enrolling eligible individuals in public benefit programs through the Affordable Care Act, which should strengthen linkage to health services for underserved populations. Participants expressed concern that regional gaps in health services and lack of access to transportation continue to act as barriers to accessing health care for low income community members, particularly in Eastern Will County.



This graph displays the overall score for each model standard. In this snapshot, model standard 7.1 (personal health service needs) and model standard 7.2 (assure linkage) were scored in the significant range.

Will County Health Department Contribution to EPHS 7
Link People to Needed Health Services and Assure the Provision of Health Care When Otherwise Unavailable

7.1 Identification of Personal Health Service Needs of Populations	51-75%
7.2 Assuring the Linkage of People to Personal Health Services	51-75%

Essential Service 7 Strengths, Weaknesses, and Opportunities

Strengths

- Will County partners do a great job of referring clients to resources from each other's agencies
- Great collaboration among partners to coordinate services (schools, hospitals, nonprofits, etc.)
- Increasing numbers of primary care and specialty care physicians
- Will County Regional Office of Education coordinates with partners to assure linkage to services for homeless children
- Navigators to connect and enroll people in Medicaid and insurance marketplace
- Outreach activities to at-risk populations (homeless indviduals, veterans, etc.)
- Collaboration, coordination, and networking across partners to address needs

Weaknesses

- Transportation barriers prevent individuals from accessing health care services
- Regional gaps in services, especially for low income community members (shortages of primary care and oral health services in Eastern Will County)
- Gaps in linkage to services among individuals with special needs and homeless individuals
- Homeless individuals in need of mental health services are very underserved
- Automated phone systems negatively impact client communication

Short Term Opportunities

- Improve ability to address identified needs
- Improve communication systems between partners (increase efficiency of contact between providers through phone, fax, and email)
- Increase coordination to identify needs of other populations with barriers to access

Long Term Opportunities

- Increase ability to build trust with special populations
- Build cultural competency to break down provider-patient barriers, meet clients where they're at
- Continue to build on broad coordination

Findings from Supplemental Interviews:

One supplemental interview was conducted as follow up to the assessment dialogue for Essential Service 7. A representative from Catholic Charities who coordinates the provision of direct services to vulnerable and at-risk community residents cautioned that the relatively high scores assigned to Essential Service 7 were highly overstated from her perspective and experience. The interviewee identified some of the most vulnerable populations in the county, which include individuals with criminal backgrounds, individuals with untreated mental illness, individuals with poor credit, and individuals experiencing homelessness. She reported that there is a lack of awareness and understanding of vulnerable populations in the community and the barriers and needs they face. She expressed concern at the absence of any systematic coordinated partnership efforts to respond to unmet social, economic, and health needs of vulnerable residents of Will County. She also said that the extent to which the LPHS perceives in performance in assistance to vulnerable populations in accessing needed services is also strongly overstated, and reported that outreach to these populations is a substantial weakness. The interviewee expressed that stigma toward these populations and insufficient cultural competency throughout the LPHS are major contributors to the weakness of performance around Essential Service 7.

EPHS 8. Assure a Competent Public Health and Personal Health Care Workforce

Overall Score: 50 – Moderate
Overall Ranking: 9th

To assess performance for Essential Public Health Service 8, participants were asked to address two questions:

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

Ensuring a competent public and personal health care workforce encompasses the following:

- Education, training, and assessment of personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services.
- Efficient processes for licensure of professionals.
- Adoption of continuous quality improvement and lifelong learning programs.
- Active partnerships with professional training programs to ensure community-relevant learning experiences for all students.
- Continuing education in management and leadership development programs for those charged with administrative/executive roles

Group Composition and Perspectives:
Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization Type	#	Organization Type
3	Hospitals/Health Systems	1	Colleges and universities
1	Health Department		

EPHS 8. Assure a Competent Public Health and Personal Health Care Workforce Model Standard Scores		
8.1 Workforce Assessment, Planning and Development	MINIMAL	17
The local public health system (LPHS) assesses the local public health workforce – all who contribute to providing essential public health services for the community. Workforce assessment looks at what knowledge, skills, and abilities the local public health workforce needs and the numbers and kinds of jobs the system should have to adequately prevent, protect and promote health in the community. The LPHS also looks at the training that the workforce needs to keep its knowledge, skills, and abilities up to date. After the workforce assessment determines the number and types of positions the local public health workforce should include, the LPHS identifies gaps and works on plans to fill the gaps.		
8.1.1 Assessment of the LPHS workforce		25
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce		25
8.1.3 Dissemination of results of the workforce assessment/gap analysis		0
8.2 Public Health Workforce Standards	OPTIMAL	100
The local public health system (LPHS) maintains standards to see that workforce members are qualified to do their jobs, with the certificates, licenses, and education that are required by law or in local, state, or federal guidance. Information about the knowledge, skills, and abilities that are needed to provide essential public health services are used in personnel systems, so that position descriptions, hiring, and performance evaluations of workers are based on public health competencies.		
8.2.1 Awareness of guidelines and/or licensure/certification requirements		100
8.2.2 Written job standards and/or position descriptions		100
8.2.3 Performance evaluations		100
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	MODERATE	45
The local public health system (LPHS) encourages lifelong learning for the public health workforce. Both formal and informal opportunities in education and training are available to the workforce, including workshops, seminars, conferences, and online learning. Experienced staff persons are available to coach and advise newer employees. Interested workforce members have the chance to work with academic and research institutions, particularly those connected with schools of public health, public administration, and population health. As the academic community and the local public health workforce collaborate, the LPHS is strengthened. The LPHS trains its workforce to recognize and address the unique culture, language and health literacy of diverse consumers and communities and to respect all members of the public. The LPHS also educates its workforce about the many factors that can influence health, including interpersonal relationships, social surroundings, physical environment, and individual characteristics (such as economic status, genetics, behavioral risk factors, and health care).		
8.3.1 Identification of education and training needs for workforce development		50
8.3.2 Opportunities for developing core public health competencies		25
8.3.3 Educational and training incentives		50
8.3.4 Collaboration between organizations and the LPHS for training and education		25
8.3.5 Education and training on cultural competency and social determinants of health		75
8.4 Public Health Leadership Development	MODERATE	38
Leadership within the local public health system (LPHS) is demonstrated by organizations and individuals that		

are committed to improving the health of the community. Leaders work to continually develop the local public health system, create a shared vision of community health, find ways to make the vision happen, and to make sure that public health services are delivered. Leadership may come from the health department, from other governmental agencies, nonprofits, the private sector, or from several partners. The LPHS encourages the development of leaders that represent different groups of people in the community and respect community values.		
8.4.1	Development of leadership skills	25
8.4.2	Collaborative leadership	100
8.4.3	Leadership opportunities for individuals and/or organizations	0
8.4.4	Recruitment and retention of new and diverse leaders	25

Essential Service 8 Summary

Participants in Essential Service 8 discussed public health workforce development in Will County. Overarching issues related to workforce development included challenges in recruiting and retaining physicians, particularly psychiatrists and doctors willing to serve low income and uninsured populations, and leveraging opportunities to collaborate and share training for the public health workforce across the county.

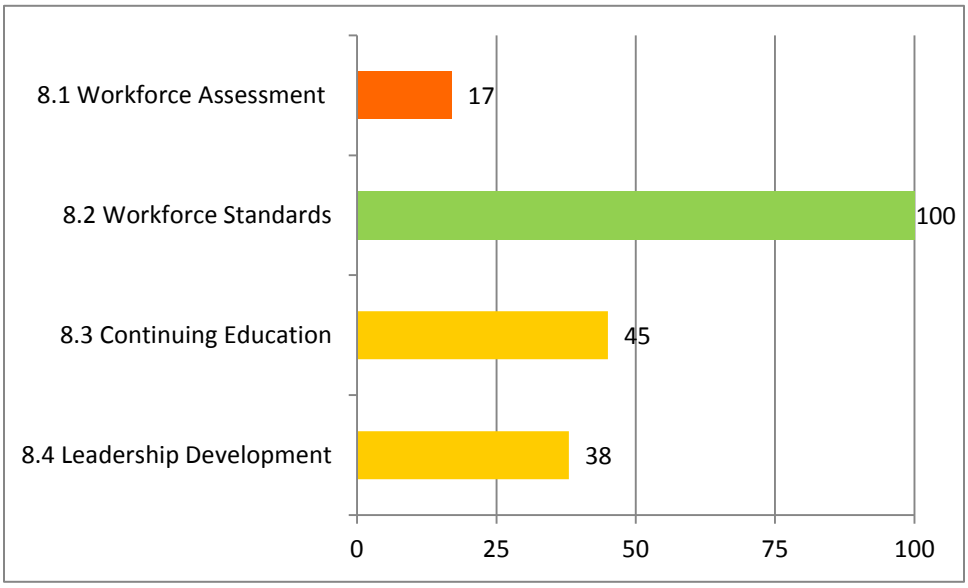
Model Standard 8.1, Workforce Assessment, Planning, and Development, explores how well the Will County LPHS is assessing its workforce as a system. This model standard scored the lowest of the 30 model standards in the Local Public Health System Assessment. Participants reported very minimal activity in assessing and identifying gaps in the system's workforce, and no activity in disseminating workforce assessment results across the LPHS. Participants suggested that universities would be ideal partners to engage in a system-wide workforce assessment.

While performance for Model Standard 8.1 was scored very low, Model Standard 8.2, Public Health Workforce Standards, received an overall score of optimal performance. Participants reported that the system does an excellent job of ensuring that the public health workforce is properly qualified and licensed, and evaluated based on the public health competencies.

Model Standard 8.3, Life-long Learning Through Continuing Education, Training, and Mentoring, received a moderate overall performance score. Good training and mentoring opportunities for new public health professionals are fostered through internship and practicum programs with local universities. The high cost of education was identified as a significant barrier for the workforce, and participants suggested promoting loan forgiveness opportunities as one way to address this. Participants reported that while training opportunities exist for public health professionals, they were not aware of any continuing education or training opportunities for support staff. Because support

staff are usually the first point of contact for clients, participants believed providing staff development and training on best practices would be a good investment.

Model Standard 8.4, Public Health Leadership Development, scored as moderate, with performance in collaborative leadership noted as a strength for the system while leadership development, leadership opportunities, and recruitment and retention of new and diverse leadership were ranked low.



This graph displays the overall score for each model standard. In this snapshot, model standard 8.1 (workforce assessment) was scored in the minimal range, and received the lowest score of the 30 model standards in the assessment. Model Standard 8.2 (workforce standards) received the top score in the optimal range. Model Standards 8.3 (continuing education) and 8.4 (leadership development) scored in the moderate range.

Will County Health Department Contribution to EPHS 8
Assure a Competent Public Health and Personal Health Care Workforce

8.1 Workforce Assessment, Planning and Development	1-25%
8.2 Public Health Workforce Standards	76-100%
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	26-50%
8.4 Public Health Leadership Development	26-50%

Essential Service 8 Strengths, Weaknesses, and Opportunities

Strengths

- Mid America Regional Public Health Leadership Institute
- Certification for prevention specialists
- Financial incentives for hospital employees to seek special certifications
- Tuition reimbursement for advance degrees
- Mental health first aid training

Weaknesses

- Lack of investment in training and continuing education for support staff, who are the first points of contact for clients
- Lack of formal workforce assessment
- Performance evaluations not tied to public health competencies
- Lack of awareness of public health competencies and the 10 essential public health services
- Lack of representation or rural, minority, disabled, and Latinos in local public health workforce
- Shortage of psychiatrists
- Shortage of physicians serving low income populations
- Lack of career advancement options for non-licensed workers
- Inadequate communication within and across agencies

Short Term Opportunities

- Increase cross-training opportunities
- Develop interagency trainings to increase efficiency
- Develop a blog to communicate local free and low cost training opportunities
- Offer volunteer opportunities in public health for high school students to meet their community service requirements

Long Term Opportunities

- Loan forgiveness
- Increase public health career options among high school and college students
- Involve local universities in workforce assessment

Post-Assessment Interviews:

Three supplemental interviews were conducted as follow up to the assessment dialogue for Essential Service 8, including representatives from Lewis University, Governors State University, and the Will County Workforce Investment Board.

Post-assessment Interviewees agreed with the scores assigned to Essential Service 8. Model Standard 8.1 (Workforce Assessment, Planning and Development) was the lowest-scoring model standard in the assessment. Interviewees reported that they were not aware of any systematic efforts to assess the local public health workforce, but agreed that this would be valuable data. The representative from the Will County Workforce Investment Board reported that they perform general workforce analysis as well as targeted healthcare sector-specific workforce analysis for the county using publicly available data. Workforce analysis reports, including spotlights of the local health care workforce are publicly available on their website. The Will County Workforce Investment Board does not perform any targeted analysis of other sectors including in the LPHS, like government, education, or social service sectors. Restrictions in their funding limit the sectors they focus on for workforce analysis, but the Investment Board's reports could inform a broader community effort to assess the LPHS workforce. The representative reported that the Investment Board's data could contribute information on broad trends on the Will County workforce, which could be supplemented by primary data collection. The interviewee recommended that the LPHS do a workforce gap analysis by surveying local LPHS employers to determine the emerging skill needs.

Representatives from Lewis University and Governors State University were unaware of activities to assess the LPHS workforce, but expressed strong interest in the possibility of partnering in broader community efforts to do a workforce assessment. The interviewee from Governors State University, which offers degree programs in occupational and physical therapy, health care administration, social work, addiction counseling, and other jobs relevant to the LPHS, reported that they rely on data from the state to determine where training and skill needs are. This data informs the curriculum and degree programs the university offers. However, the interviewee emphasized that recent funding cuts has made this data much less robust than in past years. This reduced state investment in workforce analysis is problematic because it leaves communities with less information about how to create future job readiness. Both Governors State and Lewis University reported that they value and increasingly emphasize community-based research, and would like to explore the potential to be involved with primary data collection efforts to assess the LPHS in Will County.

Model Standard 8.3 (Life-long Learning Through Continuing Education, Training, and Mentoring) was assigned a moderate score in the assessment. Post- assessment interviewees agreed that there is room for improvement in this area, but all reported that their organizations are involved in ongoing activities to strengthen life-long learning, continuing education, training, and mentoring. Both Governors State University and

Lewis University reported strong internship and practicum programs for undergraduate and graduate students, and are always interested in strengthening and expanding relationships with other organizations and agencies throughout the community to provide students with broader opportunities to get worksite experience and mentorship. Governors State University reported a broad offering of continuing education opportunities as well as license renewal and certification programing.

The Workforce Investment Board representative reported that they have great services in the area of workforce readiness training. They offer federally-funding programs to deliver career development services and job training for community members. Most community members using their services include recent high school graduates or high school drop outs and unemployed adults. However, the representative also reported that they also provide services to low-skilled or low-earning workers interested in career advancement. The representative reported that demand for health care training is high, especially for CNA and medical assistant positions, because this these positions require relatively little training, meaning individuals can enter the workforce quickly. While community awareness about the Workforce Investment Board is low, it is an excellent resource for the LPHS to leverage in preparing the future Will County public health workforce. Efforts to increasing public and LPHS awareness of this resource is a great opportunity.

An additional topic discussed in post-assessment interviews included efforts to strengthen public health leadership development, especially among diverse populations. Both Lewis University and Governors State University are committed to strengthening diversity in the emerging Will County workforce. Both universities reported scholarship programs to encourage first generation and low-income students and students from diverse backgrounds. Lewis University reported that providing educational opportunities to low income community members is central to its institutional mission. Governors State University reported that it works closely with local community colleges to ease the transition for students. For example, the university offers a dual degree program with community colleges so students can enter lock in tuition to complete a BSN upon entering a community college program to complete the first two years of their degree. Governors State University is ranked among the top 10 colleges in the country for its graduation rates for African-American students, largely due to their cooperative partnerships with local community colleges and strong support system for first generation students.

EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Overall Score: 92 - Optimal
Overall Ranking: 1st

To assess performance for Essential Public Health Service 9, participants were asked to address three questions:

Are we meeting the needs of the population we serve?

Are we doing things right?

Are we doing the right thing?

Evaluating effectiveness, accessibility, and quality of personal and population-based health services encompasses the following:

- Assessing program effectiveness through monitoring and evaluating implementation outcomes and impact.
- Providing information necessary for allocating resources and reshaping programs.

Group Composition and Perspectives:
Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization Type	#	Organization Type
3	Hospital/Health Systems	3	Community-Based Organizations
1	Health Department	1	Colleges and Universities

EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
Model Standard Scores

9.1 Evaluation of Population-Based Health Services	OPTIMAL	81
The local public health system (LPHS) evaluates population based health services, which are aimed at disease prevention and health promotion for the entire community. Many different types of population-based health services are evaluated for their quality and effectiveness in targeting underlying risks. The LPHS uses nationally recognized resources to set goals for their work and identify best practices for specific types of preventive services (e.g. Healthy People 2020 or the Guide to Community Preventive Services). The LPHS uses data to evaluate whether population-based services are meeting the needs of the community and the satisfaction of those they are serving. Based on the evaluation, the LPHS may make changes and may reallocate resources to improve population-based health services.		
9.1.1 Evaluation of population-based health services		75
9.1.2 Assessment of community satisfaction with population-based health services		50
9.1.3 Identification of gaps in the provision of population-based health services		100
9.1.4 Use of population-based health services evaluation		100
9.2 Evaluation of Personal Health Services	**OPTIMAL**	**95**
The local public health system (LPHS) regularly evaluates the accessibility, quality, and effectiveness of personal health services. These services range from preventive care, such as mammograms or other preventive screenings or tests, to hospital care to care at the end of life. The LPHS sees that the personal health services in the area match the needs of the community, with available and effective care for all ages and groups of people. The LPHS works with communities to measure satisfaction with personal health services through multiple methods, including a survey that includes people who have received care and others who might have needed care or who may need care in the future. The LPHS uses findings from the evaluation to improve services and program delivery, using technological solutions such as electronic health records when indicated, and modifying organizational strategic plans as needed.		
9.2.1 Personal health services evaluation		100
9.2.2 Evaluation of personal health services against established standards		100
9.2.3 Assessment of client satisfaction with personal health services		75
9.2.4 Information technology to assure quality of personal health services		100
9.2.5 Use of personal health services evaluation		100
9.3 Evaluation of the Local Public Health System	**OPTIMAL**	**100**
The local public health system (LPHS) evaluates itself to see how well it is working as a whole. Representatives from all groups (public, private, and voluntary) that provide essential public health services gather to conduct a systems evaluation. Together, using guidelines (such as this tool) that describe a model LPHS, participants evaluate LPHS activities and identify areas of the LPHS that need improvement. The results of the evaluation are also used during a community health improvement process.		
9.3.1 Identification of community organizations or entities that contribute to the EPHS		100
9.3.2 Periodic evaluation of LPHS		100

9.3.3	Evaluation of partnership within the LPHS	100
9.3.4	Use of evaluation to guide improvements to the LPHS	100

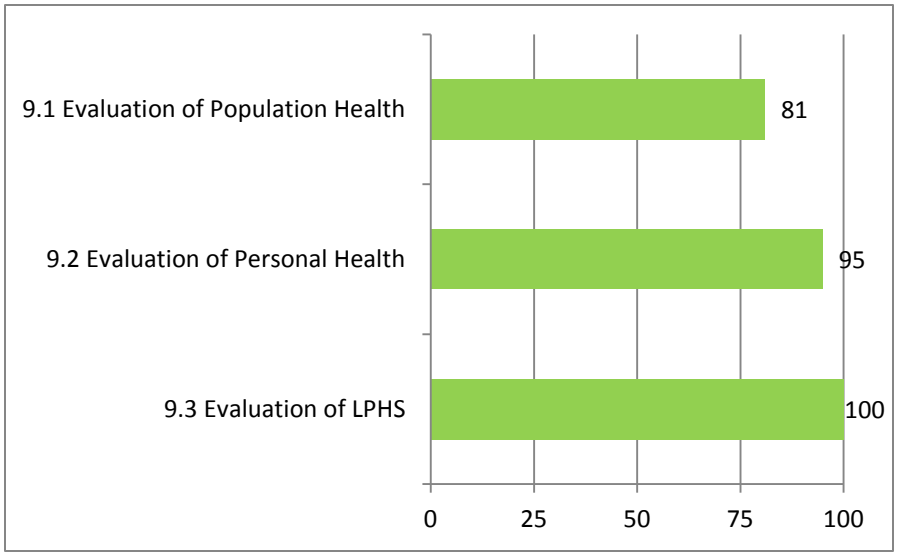
Essential Service 9 Summary

Participants in Essential Service 9 explored how the Will County LPHS evaluates the effectiveness of personal and population-based services, and the LPHS itself. Essential Service 9 was ranked the highest performing of all 10 Essential Public Health Services in the LPHSA. Participants reported that a lot of evaluation is taking place within the LPHS, but felt that the performance of the LPHS in this area was difficult to assess. The most commonly cited cross-cutting issue throughout this Essential Service was the current budget constraints that have a negative impact on robustness of evaluations and the LPHS' ability to implement improvement based on evaluation feedback.

Model Standard 9.1, Evaluation of Population-Based Health Services, explores whether population-based services are being adequately evaluated by the LPHS, whether community feedback is sought, and whether gaps in service provision have been identified. Participants reported that evaluations are conducted frequently and used to identify gaps in population-based services, but efforts to assess community satisfaction with these services are insufficient. Participants reported that the system lacks community satisfaction data from vulnerable populations in particular.

Model Standard 9.2, Evaluation of Personal Health Services, examines the extent to which health care providers are evaluating their person health care services. As with Model Standard 9.1, there is a lot of ongoing evaluation activity, but it is unclear how effective existing evaluation methods are in accurately assessing health services. Participants reported that while large health care systems regularly evaluate their services, private practices are less likely to do so. Participants noted that providers tend to rely too heavily on point of service evaluations, which are easier and more cost-efficient to conduct, but are not effective in assessing whether individuals are able to follow through with referrals, which limits our ability to assess continuity and connection to services.

Model Standard 9.3, Evaluation of the Local Public Health System, explores LPHS performance in evaluating its effectiveness as a system. Participants noted that the Local Public Health System Assessment was an excellent example of a comprehensive, system-wide evaluation of LPHS performance in the 10 Essential Public Health Services, but noted that this activity could be further strengthened by engaging a broader spectrum of community members in the MAPP process.



This graph displays the overall score for each model standard. In this snapshot, all model standards were scored in the optimal range.

Will County Health Department Contribution to EPHS 9
Evaluate Effectiveness, Accessibility and Quality of Personal and Population-Based Health Services

9.1 Evaluation of Population-Based Health Service Development	76-100%
9.2 Evaluation of Personal Health Services	51-75%
9.3 Evaluation of Local Public Health System	76-100%

Essential Service 9 Strengths, Weaknesses, and Opportunities

Strengths

- Reporting requirements encourage accountability among providers
- Evaluations are widely used across Will County

Weaknesses

- Lack of evaluation of private practice care
- Insufficient outreach to vulnerable populations
- Point of service evaluations are inadequate--need to implement evaluation to assess client connection/ follow-through with referrals and ensure continuity and connection to services
- Budget constraints negatively affect robustness of evaluations
- Budget cuts limit ability to implement program improvements and best practices
- Lack of coordinated, system-wide evaluation

Short Term Opportunities

- Build relationships with partners that don't currently participate in MAPP
- Conduct point of service evaluations when follow up evaluations are not possible (hard to reach populations)
- Identify and implement quality improvement opportunities

Long Term Opportunities

- Increase transparency of service effectiveness and quality through dissemination of evaluation results
- Increase communication of IPLAN and system evaluations across community partners
- Engage a broader spectrum of community partners in MAPP process

Post-Assessment Interviews:

Two supplemental interviews were conducted as follow up to the assessment dialogue for Essential Service 9. An interviewee from Catholic Charities, a community-based social service provider, reported a strong evaluation infrastructure, and said the organization regularly collects client feedback on services that are used to inform improvements to their programs.

A representative from the Will County Health Department reported that the health department also is engaged in a lot of evaluation activities, pointing to examples of efforts to evaluate effectiveness of in person counselors in signing community members up for coverage under the Affordable Care Act, and monitoring tobacco prevention efforts, including tracking data on the number of citations and complaints, as well as referrals to a tobacco quit line. The interviewee reported that data collected from health department programs and activities feeds directly into quality improvement efforts. For example, when recent customer satisfaction surveys revealed that community members needed ACA navigators to be more accessible, the health department placed navigators at additional community locations that are more convenient for residents than the health department.

While interviewees reported strong evaluation and quality improvement practices at their agencies, one strongly cautioned that the scores assigned to this Essential Service are likely strongly overstated, noting that organizations tend to overestimate their evaluation activities. It is likely that scores were inflated for this Essential Service, because assessment participants emphasized that they weren't aware of much evaluation activity, but defaulted to optimal scores because they assumed that LPHS organizations were performing highly in this area.

Interviewees underscored the importance of using data to drive changes among coalitions, programs, and organizations, but noted that LPHS evaluation capacity may need to be strengthened through training opportunities. One interviewee cautioned that the perception that surveys are too time and resource intensive is incorrect. In the context of limited resources, gathering data for quality improvement to maximize the capacity, efficiency, and effectiveness of the LPHS is critical.

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems

Overall Score: 46 – Moderate
Overall Ranking: 10th

To assess performance for Essential Public Health Service 10, participants were asked to address the following question:

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

Researching for new insights and innovative solutions to health problems encompasses the following:

- Full continuum of innovation, ranging from practical field-based efforts to fostering change in public health practice to more academic efforts to encourage new directions in scientific research.
- Continuous linkage with institutions of higher learning and research.
- Internal capacity to mount timely epidemiologic and economic analyses and conduct (health services research.

Group Composition and Perspectives:

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization Type	#	Organization Type
3	Hospitals/Health Systems	1	Colleges and universities
1	Health Department		

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems Model Standard Scores		
10.1 Fostering Innovation	SIGNIFICANT	56
Local public health system (LPHS) organizations try new and creative ways to improve public health practice. In both academic and practice settings, such as universities and local health departments, new approaches are studied to see how well they work.		
10.1.1 Encouragement of new solutions to health problems		50
10.1.2 Proposal of public health issues for inclusion in research agenda		50
10.1.3 Identification and monitoring of best practices		75
10.1.4 Encouragement of community participation in research		50
10.2 Linkage with Institutions of Higher Learning and/or Research	MODERATE	50
The local public health system (LPHS) establishes relationships with colleges, universities, and other research organizations. The LPHS is strengthened by ongoing communication between academics and LPHS organizations. They freely share information and best practices, and setting up formal or informal arrangements to work together. The LPHS connects with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms. The LPHS does community-based participatory research, including the community as full partners from selection of the topic of study to design to sharing of findings. The LPHS works with one or more colleges, universities, or other research organizations to co-sponsor continuing education programs.		
10.2.1 Relationships with institutions of higher learning and/or research organizations		50
10.2.2 Partnerships to conduct research		50
10.2.3 Collaboration between the academic and practice communities		50
10.3 Capacity to Initiate or Participate in Research	MODERATE	31
The local public health system (LPHS) takes part in research to help improve the performance of the LPHS. This research includes the examination of how well LPHS members provide the Essential Public Health Services in the community (public health systems and services research) as well as studying what influences health care quality and service delivery in the community (health services research). The LPHS has access to researchers with the knowledge and skills to design and conduct health-related studies, supports their work with funding and data systems, and provides ways to share findings. Research capacity includes access to libraries and information technology, the ability to analyze complex data, and ways to share research findings with the community and use them to improve public health practice.		
10.3.1 Collaboration with researchers		50
10.3.2 Access to resources to facilitate research		25
10.3.3 Dissemination of research findings		25
10.3.4 Evaluation of research activities		25

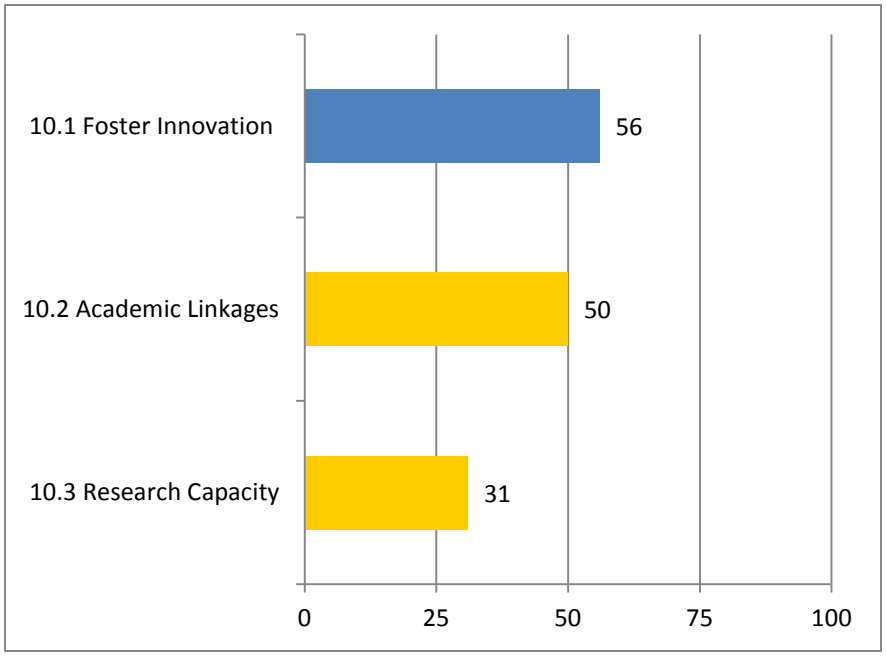
Essential Service 10 Summary

Participants in Essential Service 10 discussed LPHS performance in research and innovation. Overarching issues discussed throughout the dialogue included the challenges presented by the current economic climate, which limits the LPHS's ability to conduct research and innovate to create solutions to public health problems, and the need to strengthen relationships with academic institutions and other research organizations to build greater collaboration between academic and practice communities throughout Will County.

Model Standard 10.1, Fostering Innovation, explores LPHS performance in finding new ways to improve public health practice, and received a significant overall score. Participants noted that a positive outcome of the current economic climate is that reduced funding has generated creative approaches to problems, increased collaboration, and greater efficiency. Budget cuts have also compromised the system's ability to innovate because grants increasingly require data-driven and evidence-based decision making, which can result in a loss of flexibility in responding to public health issues.

Model Standard 10.2, Linkage with Institutions of Higher Learning and Research, examines the extent to which the LPHS engages in relationships with universities and other research institutions to collaborate and share data and best practices. Model Standard 10.2 received a moderate overall score. Participants reported that academic institutions are active partners within the LPHS, but collaboration on research is limited by a lack of funding. Increasing cross-disciplinary and cross-institutional research is a significant area for improvement. Participants also identified the opportunity to increase communication between academia and practice through a research blog that shares information about ongoing research and translates findings to lay terms for use in public health practice.

Model Standard 10.3, Capacity to Initiate or Participate in Research, received a low moderate overall score. While there are relationships established with academic institutions, the LPHS currently has minimal resources to conduct research. Participants identified creation of a steady stream of research funding as a long term opportunity to improve this model standard.



This graph displays the overall score for each model standard. In this snapshot, model standards 10.2 (academic linkages) and 10.3 (research capacity) were scored in the moderate range, and model standard 10.1 (foster innovation) was scored in the significant range.

Will County Health Department Contribution to EPHS 10
Research for New Insights and Innovative Solutions to Health Problems

10.1 Fostering Innovation	26-50%
10.2 Linkage with Institutions of Higher Learning and/or Research	51-75%
10.3 Capacity to Initiate or Participate in Research	26-50%

Essential Service 10 Strengths, Weaknesses, and Opportunities

Strengths

- Reduced funding has spurred creativity, efficiency, and collaboration
- Increase in cross-disciplinary research
- Increased grant writing skills
- Good use of interns to build interest and experience among future public health workforce
- Many grants require following best practices

Weaknesses

- Lack of evaluation of LPHS research
- Staff are overburdened, leading to burnout and errors
- Lack of communication on best practices
- Academic snobbery hinders institutional relationships
- Lack of funding for research
- Preceptor workload discourages taking on interns
- Need for data-driven/evidence-based decision making results in loss of flexibility in responding to problems

Short Term Opportunities

- Increased cross-agency and cross-disciplinary collaboration
- Cross-institutional research
- Create a blog to communicate ongoing research and translate research findings to lay terms
- Multi-institutional partnerships and projects

Long Term Opportunities

- Creation of steady stream of funding research
- Enhance communication among researchers through research blog
- Encouraging schools to participate in the Illinois Youth Survey will be a valuable source of data on youth health behaviors

Post-Assessment Interviews:

Two supplemental interviews were conducted with representatives from Lewis University and Governors State as follow up to the assessment dialogue for Essential Service 10. Research for New Insights and Innovative Solutions to Health Problems scored the lowest of all 10 Essential Services in the assessment, which is typical of many communities participating in the Local Public Health System Assessment.

While Model Standard 10.2 (Linkage with Institutions of Higher Learning and/or Research) received a moderate score, both Lewis University and Governors State University reported that they consider themselves part of the LPHS and have established relationships with many community organizations, where they place students for internships. Governors State University, for example, reported that they have over 850 clinical agreements with sites across the Chicago metro area, and are always interested in expanding the number of sites they work with. Both universities agreed with assessment participants' comments that the current environment of widespread personnel shortages and higher workloads can limit agencies' capacity to take on interns.

Assessment participants reported limited capacity for research across the LPHS. Both universities reported that they are committed to conducting community-engaged research in partnership with other agencies in the LPHS. Further, the representative from Governors State University said that they consider research to establish evidence-based practices and translation of research for application in the practice world as an important way they can demonstrate their commitment to the public trust and contribute to the LPHS. Another way Governors State University participates in the LPHS is through involving faculty members in assisting in the development of the Will County MAPP Collaborative's Community Health Status Assessment. Governors State University and Lewis University emphasized that they are interested in engaging their students and their institutions in ongoing LPHS activities and both see many opportunities to build on existing community relationships and efforts to create synergy across the LPHS.

Appendices

List of Participating Organizations

Constituency Represented	Organization
Businesses	Custom Community Creation, LLC
Coalitions	Wilmington Coalition
Colleges and Universities	Governor's State University
Community-Based Organizations	Catholic Charities Child Care Resource & Referral Easter Seals Morning Star Mission Stepping Stones Warren Sharpe Community Center Will Grundy Center for Independent Living YMCA
Faith-Based Institutions	New Life Church
Hospitals/Health Systems	Chestnut Health Systems Edward-Elmhurst Healthcare Presence St. Joseph Medical Center Silver Cross Hospital Will Grundy Medical Center
Local Health Department	Will County Health Department
Local Government	Joliet Township

Performance and Agency Contribution Scores by Model Standard

Model Standard	Score	Agency Contribution
Essential Service 1 Monitor Health Status to Identify Community Health Problems		
1.1 Population-based Community Health Profile	Significant	Significant
1.2 Current Technology to Manage and Communicate Population Health Data	Significant	Significant
1.3 Maintenance of Population Health Registries	Significant	Significant
Essential Service 2 Diagnose and Investigate Health Problems and Health Hazards		
2.1 Identification and Surveillance of Health Threats and Emergencies	Significant	Optimal
2.2 Investigation and Response to Public Health Threats and Emergencies	Optimal	Optimal
2.3 Laboratory Support for Investigation of Health Threats	Optimal	Optimal
Essential Service 3 Inform, Educate, and Empower People about Health Issues		
3.1 Health Education and Promotion	Moderate	Moderate
3.2 Health Communication	Moderate	Moderate
3.3 Risk Communication	Significant	Moderate
Essential Service 4 Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1 Constituency Development	Significant	Moderate
4.2 Community Partnerships	Significant	Significant
Essential Service 5 Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1 Governmental Presence at the Local Level	Moderate	Significant
5.2 Public Health Policy Development	Significant	Moderate
5.3 Community Health Improvement Process and Strategic Planning	Significant	Significant
5.4 Plan for Public Health Emergencies	Optimal	Moderate
Essential Service 6 Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1 Review and Evaluation of Laws, Regulations, and Ordinances	Significant	Optimal
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	Moderate	Moderate
6.3 Enforcement of Laws, Regulations, and Ordinances	Optimal	Moderate
Essential Service 7 Link People to Needed Personal Health Services and Assure Provision of Healthcare When Otherwise Unavailable		
7.1 Identification of Personal Health Service Needs of Populations	Significant	Significant
7.2 Linkage of People to Personal Health Services	Significant	Significant
Essential Service 8 Assure a Competent Public Health and Personal Healthcare Workforce		
8.1 Workforce Assessment, Planning and Development	Minimal	Minimal
8.2 Public Health Workforce Standards	Optimal	Optimal
8.3 Life-long Learning through Continuing Education,	Moderate	Moderate

Training and Mentoring		
8.4 Public Health Leadership Development	Moderate	Moderate
Essential Service 9 Evaluated Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1 Evaluation of Population-based Health Services	Optimal	Optimal
9.2 Evaluation of Personal Health Services	Optimal	Significant
9.3 Evaluation of the Local Public Health System	Optimal	Optimal
Essential Service 10 Research for New Insights and Innovative Solutions to Health Problems		
10.1 Fostering Innovation	Significant	Moderate
10.2 Linkage with Institution of Higher Learning and/or Research	Moderate	Significant
10.3 Capacity to Initiate or Participate in Research	Moderate	Moderate

APPENDICES – Phase 4

Strategic Issues Meeting Packet

Strategic Issues Presentation

Strategic Issues Priorities List

Will County MAPP Collaborative

KEY FINDINGS FROM THE MAPP ASSESSMENTS

Below are the key findings from each of the MAPP assessments. Please review these findings prior to our strategic issues session. Page 13-14 of this document provides an area to identify cross-cutting, recurring themes across each of the assessments. We will do this as a group at the Strategic Issues meeting on Feb. 19, but wanted to provide a way for you to capture your thoughts after reviewing this information. Please bring those ideas to our meeting. Thank you.

COMMUNITY HEALTH STATUS ASSESSMENT (CHSA)

ASSESSMENT DESCRIPTION

The CHSA answers the following questions:

- How healthy are our residents?
- What does the health status of our community look like?

The results of the CHSA provide an understanding of the community's health status and ensure that the community's priorities include specific health status issues (e.g., high lung cancer rates or low immunization rates).

KEY FINDINGS

Demographics

- The total population of Will County is expected to approach 810,000 in 2015, an increase of more than 19% from 2010. Illinois is expected to grow only 7% in that same time.
- 65% of Will County's population is below the age of 45, 9.3% of the population is over the age of 65.
- The median age for Will County is 35.4.
- Will County's population is broken down as follows:
  - White: 76.0%
  - Black/African American: 11.2%
  - Asian: 4.6%
  - American Indian/Alaskan Native: 0.3%
- The population in Will County of residents of Latino descent doubled in the past ten years (8.7% in 2000 to 15.6% to 2010).
- Will County's foreign-born population has increased 118% since 2000. The foreign-born population constitutes 14.5% of the total population in Will County.
- 37.2% of the Latino population reported that they speak English less than "very well" compared to 3.5% of non-Latino residents.

Socioeconomics

- The median household income among Will County residents grew by 22% in the past 10 years.
- Per capita income for the Hispanic/Latino population was $15,718 compared to $31,405 for the non-Hispanic/Latino population.

- 10% of Will County households had a female head of household (no husband present, with family).
- 6.7% of Will County families live below the poverty level, but there are disparities related to ethnicity and race:
    - 13% of the Hispanic/Latino population was living in poverty compared to 5.4% of the White/non-Hispanic population.
    - 16% of the African American population was living in poverty compared to 6.0% of the White/non-Hispanic population.
- Differences are found in educational attainment based on ethnicity:
    - 35% of the Hispanic/Latino population had less than a high school diploma compared to 6.4% of the non-Hispanic/Latino population.
- At the county level, the percentage of youth meeting or exceeding Illinois Learning Standards (55%) is higher than the state average (51%), but there is a disparity between the lowest performing school in the county (with 32% of students meeting state standards) compared to the highest performing school (with 75% of students meeting state standards).
- 12.3% of Will County residents under the age of 65 were uninsured in 2010, compared to 15.6% for Illinois.
- 23.2% of the Hispanic/Latino population reported no health insurance coverage, compared to 6.7% of the non-Hispanic/Latino population.

Health Resource Availability

- Will County has three hospitals, three health centers and multiple outpatient treatment centers, dialysis facilities, nursing homes and home health providers to serve the needs of residents.
- The nearest State facility for inpatient chronic mental illness closed in July 2012, leaving a gap for these services for Will County residents.
- According to the Illinois Health Facilities and Services Review Board, there is a calculated need for 639 additional general long-term care beds in Will County.
- Will County is ranked 40 out of 102 among all Illinois counties in terms of access to Clinical Care, with identified needs for additional primary care and mental health providers.
- A Veteran's Clinic opened in March 2013 to expand healthcare services for veterans in Will, Grundy, Kendall and Kankakee counties.
- Three new FQHC sites have recently been added in Will County: two Aunt Martha's locations in Joliet and one Visiting Nurses' Association location in Bolingbrook.
- Will County's ambulatory care sensitive discharge rate (92.1) is significantly higher than both Illinois (75.0) and the U.S. (66.5).

Quality of Life

- Will County continues to be a fast growing county.
- Overall, Will County residents have positive feelings about their community.
- Will County residents have better access to parks and recreational facilities than Illinois and the U.S.
- Although quality of life is rated high for most Will County residents, quality of life is not seen as equitable throughout the county.

Behavioral Risk Factors

- Adults
  - While only 29% of adults have been told they have high blood pressure, 29% of those with high blood pressure are not taking their required medicine.
  - 30.3% of adults are considered obese and 38.3% are considered overweight.
  - The number of current smokers in Will County has decreased, but is still higher than the HP2020 target.

- Youth
  - Alcohol is the primary substance used among students in all grades (6th-12th grade).
  - The use of cigarettes and marijuana increased as the grades increased, while the use of inhalants decreased.
  - The intake of fruits and vegetables slightly decreased as the grades increased.
  - The prevalence of obesity remained the same across all grades.

Environmental Health

- Will County is ranked toward the bottom of all counties in the state in terms of environmental health. The following factors for Will County were ranked below the 50th percentile:
  - Safety of drinking water
  - Number of fast food restaurants
  - Limited access to healthy foods
- Nearly 7% of the Will County low income population has limited access to a grocery store. This number is higher than that found statewide or nationally.
- The number of supplemental nutrition assistance program (SNAP) authorized food stores in Will County per 100,000 people is nearly half of what is found statewide or nationally.

Social and Mental Health

- Will County has limited resources for inpatient hospitalizations for mental disorders.
- In the past year, over half (64.5%) of the uninsured population screened for mental health crisis intervention in Will County emergency rooms were admitted to a state operated facility.
- Mental disorders attributed to 7.3% of all Will County hospitalizations in 2011.
- In 2009, the crude rates for drug related emergency room visits (39.5 per 100,000) and alcohol related emergency room visits (263.2 per 100,000) are above the State of Illinois, 33.9 and 247.1 respectively.

Maternal and Child Health

- The infant mortality rate for African Americans is significantly higher as compared to Whites between 2005 and 2009.

- Low birth weight for Will County is 7.61%, which is better than Illinois and the U.S.
- "Very Low Birth Weight" for African American women is approximately three times higher than Whites between 2005-2009.
- The number of African American women entering prenatal care during the first trimester of pregnancy (79.0%) is significantly lower than White women (90.3%),
- Alcohol and tobacco use during pregnancy has shown a steady decline between 2004-2008.

Death, Illness and Injury

- Cancer remains the leading cause of death in Will County, with 25.8% of total deaths in 2010.
- Lung cancer is the most common cause of cancer death for Will County residents.
- Chronic Lower Respiratory Disease is the fourth leading cause of death in 2010 with 4.8% of total deaths.
- Accidental overdoses accounted for 28.2% of unnatural deaths in Will County with 72 deaths.
- In 2012, heroin deaths (52) were the leading cause of accidental overdose deaths in Will County.

Communicable Diseases

- Between 2011 and 2012, Will County experienced no significant increase in most cases of reportable communicable diseases
- During 2012, more pertussis cases (72 cases) were reported in Will County compared to 2011 (32 cases).
- Over the last three years, there has been an increase in the positivity of rabid animals found in Will County.
- HIV deaths in Illinois decreased drastically from 2005 (745 deaths) to 2010 (250 deaths), with a slight increase in 2010 from 2009.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA)

ASSESSMENT DESCRIPTION

The CTSA answers the following questions:

- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?

This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life, and a map of community assets.

KEY FINDINGS

Quality of Life

- The three most important factors contributing to positive quality of life in Will County:
  - Low crime rates/ safe neighborhoods
  - Good place to raise children
  - High performing schools
- 18 community organizations were most frequently endorsed as contributing to positive QOL
  - Chamber of Commerce
  - Churches
  - Health Department
  - Hospitals (Silver Cross & PSJMC)
  - Libraries
  - Park District
  - Star Mission
  - Lions Club
  - City Government
  - Police
  - United Way
  - YMCA
  - Knights of Columbus
  - American Legion Association
  - Food Pantry
  - Fire Department
  - Senior Services
  - Veterans Services

Transportation

- 35% reported transportation is a moderate or major problem in Will County
- 45% reported moderate to major congestion problems
- 31% reported streets are in moderate to major disrepair

Access to Health and Social Services

- 30% reported lack of access to health care services is a moderate or major problem
- 26% reported lack of access to dental services is a moderate or major problem
- 25% noted a major problem regarding the availability of information on social services

Health and Public Safety

- 24% said general safety and security are moderate/major problems
- Specific safety concerns included: illegal drug use (40%), alcohol abuse (30%), and gangs (35%)

Jobs and Education

- Lack of jobs indicated as a moderate/major problem by 53% of respondents
- Access to job training cited by 32%
- 42% indicated low wages and low paying jobs to be a moderate/major problem

Housing

- Lack of affordable housing options both in general (32%) and for seniors specifically (30%) were cited as a moderate to major barrier in Will County

Vulnerable Populations

- 30% of survey respondents indicated poverty in Will County is a moderate or major problem
- 13% of respondents were themselves uninsured
- 11% of respondents reported being on public assistance of some kind (cash assistance, food stamps, medical card, reduced price school meals)
- 12% of respondents could not see a health care provider in last 12 months due to cost
- 13% could not fill a needed prescription in the past 12 months due to high cost

Health Problems

- For respondents and their families, the following conditions are experienced at the indicated rates:

Health Condition	Percentage in Household with Condition
Allergies**	51%
High Blood Pressure	46%
Back Pain	39%
High Cholesterol	37%
Arthritis	35%
Dental Problems	25%
Obese/Overweight	24%
Diabetes	17%
Asthma**	17%
Digestive and Stomach Disorders	16%
Heart Condition	15%
Depression	11%

**Allergies and Asthma were the most prevalent among children

- 95% indicated they had no problems obtaining non-emergency care for these conditions when needed

Demographics of Survey Respondents

- 22 community areas (cities, towns, townships) and 25 zip codes were represented by having at least 5 respondents indicate residence in this area

- 58% female
- Age breakdown: majority of respondents were aged 25-65 (67%); 33% were 65 or older; only 0.2% were aged 25 or younger
- 81% had completed at least some college
- 99% reported English as the primary language in their household
- 13% are Veterans
- 94% own their own home
- Racial/Ethnic breakdown: 92% Caucasian, 4% African American, 6% Hispanic/Latino
- 54% Employed, 37% Retired, 9% Unemployed
- 25% + survey respondents have household incomes greater than $100,000

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)

ASSESSMENT DESCRIPTION

The LPHSA answers the following questions:

- What are the components, activities, competencies, and capacities of our local public health system?
- How are the Essential Services being provided to our community?

This assessment focuses on all of the organizations and entities that contribute to the public's health.

KEY FINDINGS

Essential Service #1 - Monitor health status to identify community health problems

- Wide awareness of community health assessment process
- Health assessment data updated annually and available o Will County Health Department website
- Maintenance and reporting of population-based health registries
- Good reporting on general population but data on health inequities are not sufficiently captured due to low response rate from vulnerable populations.
- Collects timely data consistent with current standards on death and communicable diseases
- Lack of school readiness data
- Lack of emphasis on health disparities
- Need to improve communication of findings back to community members and stakeholders
- No reporting at sub-county level or community specific level
- Need for more coordinated data sharing among hospitals

Essential Service #2 - Diagnose and Investigate Health Problems and Health Hazards

- Best practices are used by hospital and health department for conducting, reporting and monitoring mandated surveillance
- Lack of awareness and access to information related to investigating and responding to public health threats and emergencies among lay people

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

- There is ongoing activity for planning and implementing health education and promotion activities by local public health agencies. This can be improved by increasing collaboration or a systematic approach to coordinate these activities.
- Businesses and employers are encouraged to participate through the We Will Work Healthy Worksite Wellness Award.
- MAPP does a good job of engaging community members in community health assessments but we need to increase community member engagement in the planning and implementation phase
- Health messages are determined by grant funding rather than data about public needs.
- The LPHS is utilizing a wide variety of mechanisms to reach out to community members for both emergency and non-emergency communication. Inadequate outreach to undocumented

community members. Health messages and information are out there but not reaching everyone in the community.

- Many agencies throughout the LPHS have designated spokesperson for communicating health issues to the public. Will County lacks a systematic approach to training these individuals.
- The local health department participates in the Northern Illinois Public Health Consortium, which coordinates emergency communication in Will, DuPage and Kendall counties.

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

- The MAPP Collaborative has demonstrated strong effectiveness in organizing and establishing community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community. Participation has been negatively affected by budget cuts that reduce agency and coalition capacity. More work is needed to increase government participation in the community health improvement process.
- Will County has a lot of active coalitions doing good work. There is no established process for identifying key constituents in the community for engagement in particular health concerns. This is done mainly informally through networking. The LPHS maintains current directories of Will County organizations to engage in community health, but they are not publicized or widely accessible. There is a need for more assessment of effectiveness of community partnerships to improve community health.
- Southern and Eastern Will County are underrepresented in community health activities.

Essential Service #5 - Develop Policies and Plans that Support Individual and Community Health Efforts

- Strong level of support and collaboration among system partners for the local health department. There is a significant tax base to support the health department and there is a strong board of health.
- Broad partnership contributes to community health planning, not as much with policy development. Could do more to inform policy makers about potential intended and unintended impacts of proposed or current policies.
- Public Health Emergences was identified as strength for Will County. The County Emergency Management Agency maintains emergency preparedness and response plans that detail protocol and partner roles in a given emergency.
- Gaps in services for Southern and Eastern Will County tied to transportation and location of services.

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

- Will County does a good job of regularly reviewing and updating local regulations, ordinances and laws. Illinois laws are not always updated or based on current evidence or best practices.
- Lack of activity around identifying ways to address chronic disease through laws, regulations and ordinances.
- There is limited activity of the LPHS in active participation in changing and creating laws. Regulation and ordinances to promote public health. There is room for growth in taking on a larger advocacy role to create and improve laws to protect health and ensure public safety.

(Specific issues identified: chronic health issues, school nutrition requirements and indoor air quality and mold).

- Individuals and organizations are generally aware of laws, regulations and ordinances they must comply with. Smaller municipalities may not have enforcement capacity or services.
- Strong partnerships with hospitals on communicable disease; joint inspections and alignment between health and housing.

Essential Service #7 - Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

- Will County partners do a great job of referring clients to resources from each other's agencies. There is great collaboration, collaboration and networking across partners to address needs.
- There is an increasing number of primary and specialty care providers. Navigators available to connect and enroll people in Medicaid and the Insurance Marketplace. Regional gaps exist in services, especially for low income community members, particularly in Eastern Will County.
- Gaps in linkages to services among individuals with special needs and homeless individuals. Individuals in need of mental health services and veterans are also underserved populations.
- There is a limited understating of barriers to care for vulnerable populations. Insufficient cultural competencies compromise providers' ability to build trust with underserved communities.
- Transportation barriers prevent individuals from accessing health care services.

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

- Several programs are in place for professional development from a state or regional perspective. There is a lack of investment in training and continuing education for support staff in contact with clients. There are challenges in leveraging opportunities to collaborate and share training for the public health workforce.
- Agencies and organizations within the local public health systems conduct performance evaluations, but they are not tied to public health competencies. Will County does not have a formal workforce assessment of the public health system.
- There is a lack of awareness of public health competencies and the 10 essential services.
- There is a lack of representation of rural, minority, disabled and Latino populations in the local public health workforce.
- Challenges in recruiting and retaining psychiatrists and physicians willing to serve low income and uninsured populations.

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

- Reporting requirements encourage accountability among providers.
- Budget constraints have a negative impact on robustness of evaluations and the LPHS' ability to implement improvement based on evaluation feedback.
- Evaluations are conducted frequently and used to identify gaps in population-based services. Efforts to assess community satisfaction with these services are insufficient. The system lacks community satisfaction data from vulnerable populations in particular. Lack of coordinated system-wide evaluation.
- Point of service evaluations are easier and cost-efficient but are not effective in accessing client connection/follow through with referrals and ensure continuity and connection to services.

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

- The LPHS has minimal resources to conduct research. More collaboration is needed with academic institutions that are active partners.
- Good use of interns to build interest and experience among future public health workforce.
- Reduced funding has spurred creativity, efficiency and collaboration. It has also compromised the system's ability to be innovative because of grants increasingly requiring data driven and evidence-based decision making.

- Partners Frequently Identified as Missing:
    - Managed Care Organizations
    - Academic Intuitions/Universities
    - Media
    - Department of Children and Family Service
    - First Responders
    - Local Government
    - Law Enforcement
    - Businesses
    - Department of Transportation
    - Non-Profits
    - Schools
    - Public Assistance Programs
    - Public Housing

FORCES OF CHANGE ASSESSMENT (FOCA)

ASSESSMENT DESCRIPTION

The FOCA answers the following questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

In this assessment, participants engage in brainstorming sessions aimed at identifying forces—such as trends, factors, or events—that are or will be influencing the health and quality of life of the community and the local public health system.

KEY FINDINGS

Economic and Social Equity

- Disparities in distribution of economics and community resources between East and West Joliet and urban and rural Will County.
- Inequity in educational quality and resources throughout the county.

Community Well-Being and Safety of Vulnerable Populations

- Impact of unequal distribution of community resources on children in low-income neighborhoods.
- Lack of good schools, parks and libraries in many neighborhoods.
- Elevated crime and violence throughout Will County; feelings of being unsafe.

Community Cohesion

- Community members have a strong religious and traditional heritage.
- Changing social and cultural values
- Political division regarding pending State and Federal legislation

Mental Health/Behavioral Health

- Lack of resources to address increasing incidences of Behavioral Health issues
- Lack of mental health safety net for low income and uninsured individuals
- Shortage of mental health providers accepting Medicaid

Substance Abuse

- Increase in suicide and substance abuse rates
- Rising heroin use and death from accidental overdose.
- Use of tobacco and e-cigarette products and unregulated access.
- Limited school participation in Illinois Youth Survey for more comprehensive data collection.

Changing Workforce Needs

- Will County readiness to adapt to changing economy and job market
- Increasing prevalence of low wage employment (lack of quality jobs).
- High schools not adequately preparing youth for the current job market.
- Post-secondary education is cost prohibitive for many people.
- Under emphasis of prison system on rehabilitation and skills development contributes to higher rates of recidivism.

Health Care Reform

- Fear and uncertainty on the impact of the Affordable Care Act.
- Having infrastructure to address the significant increase of Medicaid recipients through Medicaid expansion.
- Impact on quality of care.

Environmental Health

- Safety and environmental concerns related to energy production in the community.
- Impact of local nuclear power plant on air quality, occupational safety and community health.
- Lack of industrial regulation to reduce pollution to protect public safety

Increasing Use of Social Media and Technology

- Increased reliance on texting and social media for communication
- Growing use of electronics in education
- Technology resources not equally distributed among schools

Changing Demographics

- Trend towards an aging and more diverse population
- Significant portion of the population are nearing retirement

Growing Latino population

- Lack of capacity to adequately serve non-English speaking populations and populations from diverse social and economic backgrounds.

Increasing Collaborations and Partnerships

- Increasing collaboration and partnerships across the county
- Reduced organizational capacity due to budget cuts

Transportation

- Potential development of the Illiana Expressway with possible impact on health, social and economic implications.
- Limitations of public transportation in the area.

Increasing Reliance on Faith-Based Organizations

- Increasing reliance on faith-based organizations to provide services that are traditionally provided by government and social service agencies.
- Organizations may not have adequate resources to support expectations.

STRATEGIC ISSUES IDENTIFICATION

Strategic issues have significant consequences for the community and the local public health system. Determining the consequences of NOT addressing an issue will help the community members determine if the issue will be a priority strategic issue.

Please use the questions below and the table on page 14 to identify strategic issues as you review the key findings from the assessments.

To determine whether an issue is strategic, ask yourself the following questions:

1. Is the issue related to our community's vision?

   Will County's Vision Statement:
   In Will County, every life has value. All individuals have the opportunity to realize their full potential and to achieve the highest quality of life. We are a community rich in diversity, where involvement and commitment have deep roots among our residents.

   We strive to be a progressive community that maximizes the use of community partnerships and collaboration among all sectors to ensure, enhance and promote comprehensive, quality and equitable education, healthcare and social services.

2. Will the issue affect our entire community?

3. Is the issue something that will affect us now and in the future?

4. Will the issue require us to change the way we function?

5. Is the solution to this issue not obvious?

6. In order to address the issue, do we need leadership support?

7. Are there long-term consequences of us not addressing this issue?

8. Does this issue require the involvement of more than one organization?

9. Does the issue create tensions in the community?

The more times you answer YES to the questions above, the more strategic the issue is.

STRATEGIC ISSUES IDENTIFICATION

Strategic Issue	Why is this an issue?	Which assessments identified as an issue?			
		CHSA	CTSA	LPHSA	FOCA

Will County MAPP Collaborative Strategic Issues Planning Session

February 19, 2014
Presence St. Joseph Medical Center
8:00 AM - 12:00 PM

Welcome

John Cicero
Executive Director
Will County Health Department

Introductions

MAPP

- Mobilizing Action through Planning and Partnerships (MAPP)
- Process used for our **shared** community health needs assessment and improvement planning process.
- Will county's Second Iteration – today we will hear progress from last iteration and assessment data from our current iteration.

MAPP Executive Committee

John Cicero, Chair
Mike Hennessy, Vice Chair of Finance
Pat Dames-Schuster, Vice Chair of Operations
Vanessa Newsome , Staff
Gerald Caamano,
Beth Cada
Marsha Conroy
Mary DeGroot
Julie Edwards
Pat Fera
Pat Hensley
Anne Hysaw
Ronda Klocko
Franca Liburdi
Mary Maragos
Shannon Morgan-Jermal
Pete McLenighan
Kathleen Murphy – Sievertsen
Nick Palmer
J.D. Ross
Amit Thaker
Joseph Troiani
Glen VanCura
Anita Young

Joining us in 2014:
Shawn West
Katie Russell

MAPP Process Accomplishments and Timeline

- We have a mission, set of values/guiding principles and a vision.
- Completed the 4 MAPP assessments.
- Next Steps and Timeline
  - Identify and Prioritize Strategic Issues (Today)
  - Form **(or Restructure)** Action Teams (March 2014)
  - Establish Goals and Strategies (April 2014)
  - Develop Action Plans and Measurement Plans (May –June 2014)
  - Implement and Evaluate (July 2014 – ongoing)

Meeting Goal

- From the MAPP assessment data, identify 3-5 strategic issues for the Will County MAPP Collaborative to focus impacting over the next three years.

Will County MAPP Collaborative Strategic Issues Planning Session

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Meeting Agenda

See agenda in your packet.

- Review Mission, Values and Vision.
- Hear Action Team Progress.
- Hear and Discuss Key Findings from the 4 MAPP Assessments.
- Identify and Explore Potential Strategic Issues.
- Prioritize and Select a Final Set of Strategic Issues.

Will County MAPP Collaborative Strategic Issues Planning Session

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Mission, Values and Vision

Vanessa D. Newsome
Program Coordinator
Will County Health Department

Will County MAPP Collaborative Strategic Issues Planning Session

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Will County MAPP Collaborative Mission

MISSION

The purpose of the MAPP Collaborative shall be to create the framework and structure for:

- Oversight of the overall county-wide needs assessment process and governance to the implementation of the resulting action plan.
- Addressing the strategic issues as identified in the county-wide community needs assessment and strategic plan.
- Ongoing collaboration of the local public health system and residents of Will County.

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Will County MAPP Collaborative Values/ Guiding Principles

- Bylaws Adopted June 2011

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Will County MAPP Collaborative Vision

In Will County, every life has value. All individuals have the opportunity to realize their full potential and to achieve the highest quality of life. We are a community rich in diversity, where involvement and commitment have deep roots among our residents.

We strive to be a progressive community that maximizes the use of community partnerships and collaboration among all sectors to ensure, enhance and promote comprehensive, quality and equitable education, healthcare and social services.

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Action Team Update: Access to Care

Marsha Conroy
Aunt Martha's Youth Services

Vanessa Newsome
Will County MAPP Collaborative

Strategic Issue

How can the Will County community collaborate to maximize and expand resources that will increase access to and awareness of primary and specialty health care that is affordable, geographically accessible and culturally sensitive?

Goal: To increase access to primary and specialty health care for the under-insured and uninsured populations of Will County.

Strategic Plan

Outcome Objective 1: By 2015, the percentage of Will County emergency room visits due to ambulatory care sensitive conditions (ACS) will decrease by 3%.
(Baseline: 14,937 ER ACS visits in 2009: Source IHA COMPdata)

Impact Objective

- By 2014, the number of primary care providers who provide services to the uninsured and under-insured in Will County, will increase by 2%.
(Baseline: 289 primary care providers accepting Medicaid – Source - 2008 All Kids Preliminary Report)
- By 2014, the number of specialty care providers who provide services to the uninsured and under-insured in Will County, will increase by 2%.
(Baseline: 212 specialty care providers accepting Medicaid – 2008 All Kids Preliminary Report)

Strategic Plan

Outcome Objective 2: By 2015, the percent of people who report not having a primary care provider/primary healthcare home will decrease to 12%.

(Baseline data: 14% of adults report not having a usual person as a healthcare source, 2008 BRFSS).

Impact Objective: By 2013, a consortium of Will County health care providers will be established, to improve access to health care for Will County residents.

(Baseline: There is no current consortium.)

Strategies – Actions Taken

- Access to Care Action Team established March 2011
- Action team development and exploration of possible implementation strategies
  - Mobile health van
  - Data collection
  - Coordinated Care Entity
  - Behavioral Health Sub-committee

Outcomes

- Aunt Martha's FQHC – 2 Joliet Locations
- VNA of Fox Valley FQHC – Bolingbrook Location
- Signed Data Usage Agreement with IHA

Recommendations

- Identify new data source for measuring objectives
- Recruit new partners to the table
- Redefine goals and objectives
- Work in conjunction with Systems and Awareness team to promote primary medical homes

Action Team Update: Awareness

Anita Young
Chestnut Health Systems

Awareness: Strategic Issues

GOAL: Reduce the stigma related to behavioral health and substance abuse disorders.

IMPACT OBJECTIVES:

•Establish baseline data (TBA)
•Increase by 25% the number of Will County residents who receive messages to combat misperceptions of behavioral health and substance abuse

Awareness: Strategic Issues

GOAL: Will County residents are well-informed about services available to promote health, wellness, and safety.

IMPACT OBJECTIVES:
•Establish a collaborative to improve promotion of services
•Increase marketing and communications capacity among Will County providers

Progress on willfinduhelp.org

- Community resource website unveiled in August 2013
- Website maintained by Crisis Line of Will and Grundy Counties

Willfinduhelp.org Status and Recommendations

PAST	FUTURE
Collaborating to	***Collaborating to***
• **FIND** partners and funding • **CREATE** the website • **ANNOUNCE** to the public	• **IMPROVE** the website information directory • **PROMOTE** the website • **SUSTAIN** the website

Help is still needed!

Progress on Reducing Stigma

www.willfindhope.org

Willfindhope: The Movement

Anti-Stigma Symposium

Community event: Shorewood Parade

Outreach: Bullying Prevention

Progress on Mental Health First Aid

- New organizations continue to offer MHFA
- As of 9-16-13, ten Will County organizations offered 14 MHFA trainings with 310 people trained
- Summer 2013 Training of Trainers increased pool of trainers, including 3 in Will County

Recommendations for Anti-Stigma

- Recruit additional organizations to help revise and promote **willfindhope.org**
- Continue and enhance Annual **Anti-Stigma Symposium**
- Further develop the **marketing plan**
- **Increase involvement** from other colleges and other community sectors
- Promote and offer **Mental Health First Aid** Training in a variety of populations & settings
- Involve **MHFA trainers** in other Anti-Stigma efforts
- Explore **MHFA Youth Training**

Awareness: Barriers & Challenges

- Obtaining funding and other resources for **MARKETING AND UPKEEP** of websites and campaign, particularly willfinduhelp.org
- Need for more information about community resources—**ASSET MAPPING**
- Expertise and help needed to collect **BASELINE MEASURES** for anti-stigma campaign (survey)
- Sustaining momentum with additional **LEADERSHIP**

Action Team Update: Prevention & Management of Chronic Care Issues

Shannon Morgan Jermal, Presence Saint Joseph Medical Center

Patsy Harris, Silver Cross Hospital

Strategic Issues

Strategic Issue: How can the public health community work together to decrease chronic care heath issues in Will County?

Goals:

- **Reduce the number of chronic care illnesses in Will County.**
- **Increase the awareness of Will County residents on the signs and symptoms of chronic illnesses.**
- **Decrease obesity among Will County youth.**

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Strategic Issues

Outcome Objectives:

- By 2015, reduce by 2% the number of hospitalizations in Will County for asthma, diabetes, hypertension and heart disease.
- By 2015, reduce by 2% the number of hospital readmissions in Will County for asthma, diabetes, hypertension and heart disease.
- Increase the number of schools that implement a comprehensive wellness program. (Baseline data to be established by Collaborative).

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Strategic Issues

Impact Objectives:

- By 2015, reduce to 16%, adults in Will County that report being obese, (BMI over 30). (Baseline: 18.7 2007-2009 BRFSS).
- By 2015, reduce to 25%, adults in Will County that have been told by a health provider that they have high blood pressure. (Baseline: 27.9% 2007-2009 BRFSS)
- By 2015, reduce to 24%, the number of adults in Will County who have ever been told they have high blood cholesterol. (Baseline: 26.4% - 2007 – 2009 BRFSS)

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Strategic Issues

Impact Objectives:

- By May 2012, the Collaborative will establish baseline data for schools in Will County that implement a comprehensive wellness program.
- By May 2015, increase the number of schools who provide educational curriculum on nutrition education.
- By May 2015, increase the number of youth that participate in the recommended amount (one hour or more) of daily physical activity.

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Progress Report

- Hospital data collection
- Modified action team work plan
- Researched best practices
- Developed " We Will Be Healthy" Recognition Initiative
- Implementation of We Will Work Healthy Worksite Wellness Recognition Program

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Outcome

Strategies: Promote & Recognize Wellness through WeWill Work Healthy Award

- 15 business participated
- 11 of 15 completed post survey with 50% indicating participation in the award process changed how they view employee wellness & 50% also said they will change wellness programs.
- Program Evaluation
- Lessons Learned: Improve marketing; clearer online application; possible section for staff input on their own wellness program

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Recommendations

- Engage more partners in team
- Develop tool for data collection on impact of Worksite Wellness Programs on prevention and management of chronic care issues
- Develop and implement next phase of initiative (childcare, schools, or restaurants)

Action Team Update: Systems Collaborations and Linkages

Lisa Behounek
Greater Joliet Area YMCA

Strategic Issues

How do we develop a collaborative support system, which would enable Will County youth (ages 0-18) to achieve their full potential?

Goal: Increase cohesiveness amongst systems across Will County that impact youth and their families to ensure that youth receive the necessary services throughout all stages of development

Strategic Plan

Outcome Objective 1: By 2015 increase linkage of youth services by 15% amongst social service agencies, recreational service providers, the legal system, the educational system and families.

(Baseline: Essential Service #7 – overall score 41% - Source: Will County 2009 LPHSA)

Impact Objective

- By December 2011, establish baseline data of Youth Services Network members that provides coordination and linkages between agencies and existing programs.
- By December 2013, increase by 10% the coordination of systems among the Youth Services Network members.

Outcomes

- Developed working definitions of collaborations and partnerships.
- Collected baseline data on Will County Collaboratives.
- Hosted 2 successful Networking Summits with Workforce Investment Board of Will County.
- Electronic Directory
- Technical assistance

Recommendations

- Increase networking amongst providers and coalitions in Will County.
- Serve as a resource hub for coalitions, partnerships and collaborations.
- Update and expand the Collaboration Directory that was developed in 2012.
- Increase awareness of this tool.

MAPP Assessment Data Reports

Community Health Status Assessment
Community Themes and Strengths Assessment
Local Public Health System Assessment
Forces of Change Assessment

Community Health Status Assessment

Julie Edwards
Presence Health

Assessment Background

- Answers the following questions
  - How healthy are our residents?
  - What does the health status of our community look like?
- Provides an understanding of the community's health status and ensure that the community's priorities include specific health status issues

Methods/Data Sources

- The Data, Evaluation and Monitoring (DEM) committee comprised of MAPP Collaborative members, data and planning staff from the three local hospitals and the health department's epidemiologist.
- Indicators were broken down into the following categories:
  - Demographic
  - Socioeconomic
  - Health Resource Availability
  - Social and Mental Health
  - Maternal and Child Health
  - Death, Illness and Injury
  - Infectious Disease
  - Sentinel Events
  - Environment
- Data from IPLAN, the U.S. Census and American Community Survey, IL state agencies, U.S. Department of Health and Human Services and community organizations were reviewed and discussed. Statistical indicators from the 2011 needs assessment were also reviewed in order to look at the data for comparison.
- Benchmarks are included wherever possible and come from either Healthy People 2020 or the County Health Rankings (CHR)'s National Benchmark.

Key Findings

Demographics

- The total 2015 population of Will County is expected to increase more than 19% from 2010.
- The majority of Will County's population (65%) is below the age of 45.
- The median age for Will County is 35.4.
- The population in Will County of residents of Latino descent doubled in the past ten years (8.7% in 2000 to 15.6% to 2010).
- Will County's foreign-born population has increased 118% since 2000.
- 37.2% of the Latino population reported that they speak English less than "very well" compared to 3.5% of non-Latino residents.

Key Findings

Socioeconomic

- The median household income among Will County residents grew by 22% in the past 10 years.
- Disparity in per capita income: $15,718 (for Hispanics/Latinos) vs. $31,405 (for non-Hispanics/Latinos.)
- 6.7% of Will County families live below the poverty level, but there are disparities related to ethnicity and race:
  - 13% of Hispanics/Latinos vs. 5.4% of White/non-Hispanics
  - 16% of African Americans vs. 6.0% of Whites
- 12.3% of Will County residents under the age of 65 were uninsured in 2010, compared to 15.6% for Illinois.
  - 23.2% of Hispanics/Latinos reported no health insurance coverage vs. 6.7% of non-Hispanics/Latinos

Key Findings

Health Resource Availability

- Will County is ranked 40 out of 102 in terms of access to Clinical Care, with identified needs for additional primary care and mental health providers
- Will County's ambulatory care sensitive discharge rate (92.1) is significantly higher than both Illinois (75.0) and the U.S. (66.5).

Quality of Life

- Although quality of life is rated high for most Will County residents, it is not seen as equitable across the county.

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Key Findings

Behavioral Risk Factors

- Adults
  - While only 29% of adults have been told they have high blood pressure, 29% of those with high blood pressure are not taking required medicine.
  - 30.3% of adults are considered obese and 38.3% are considered overweight
- Youth
  - Alcohol is the primary substance used among students (6th-12th grade.)
  - The intake of fruits and vegetables slightly decreased as the grades increased.
  - The prevalence of obesity remained the same across all grades.

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Key Findings

Environmental Health

- The following factors for Will County were ranked below the 50th percentile:
  - Safety of drinking water
  - Number of fast food restaurants
  - Limited access to healthy foods
- Nearly 7% of the Will County low income population has limited access to a grocery store.
- The number of supplemental nutrition assistance program (SNAP) authorized food stores in Will County per 100,000 people is nearly half of what is found statewide or nationally.

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Key Findings

Maternal and Child Health

- "Very Low Birth Weight" for African American women is three times higher than Whites between 2005-2009.
- The number of African American women entering prenatal care during the first trimester of pregnancy (79.0%) is significantly lower than White women (90.3%).

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Key Findings

Death, Illness and Injury

- Cancer remains the leading cause of death in Will County, with 25.8% of total deaths in 2010 with lung cancer the most common.
- Chronic Lower Respiratory Disease is the fourth leading cause of death in 2010 with 4.8% of total deaths.
- Accidental overdoses accounted for 28.2% of unnatural deaths in Will County.
- In 2012, heroin deaths were the leading cause of accidental overdose deaths.

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Recommendations or Next Steps

- The DEM team suggested creating community profiles (village/city specific) with some of this information.

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Community Themes and Strengths Assessment

Julie Edwards
Presence Health

Assessment Background

- Answers the following questions
  - What is important to our community?
  - How is quality of life perceived in our community?
  - What assets do we have that can be used to improve community health?
- Results in a strong understanding of community issues and concerns, perceptions about quality of life, and a map of community assets

Methods/Data Sources

- Surveys
  - 5,000 random surveys mailed out (496 returned)
  - Approx. 70 targeted surveys received
- Photovoice
  - Residents asked to submit photos depicting quality of life in Will County
  - 28 photos received
  - Photos displayed in community for additional feedback

Random Survey Key Findings

Quality of Life

- The three most important factors contributing to positive quality of life in Will County:
  - Low crime rates/ safe neighborhoods
  - Good place to raise children
  - High performing schools
- 18 community organizations were listed as contributing to positive quality of life

Random Survey Key Findings

Transportation

- 35% reported transportation is a moderate or major problem
- 45% reported moderate to major congestion problems
- 31% reported streets are in moderate to major disrepair

Access to Health and Social Services

- 30% reported lack of access to health care services is a moderate or major problem
- 26% reported lack of access to dental services is a moderate or major problem
- 25% noted a major problem regarding the availability of information on social services

Random Survey Key Findings

Health and Public Safety

- 24% said general safety and security are moderate/major problems
- Specific safety concerns included: illegal drug use (40%), alcohol abuse (30%), and gangs (35%)

Jobs and Education

- Lack of jobs indicated as a moderate/major problem by 53% of respondents
- Access to job training cited by 32%
- 42% indicated low wages and low paying jobs to be a moderate/major problem

Random Survey Key Findings

Housing

- Lack of affordable housing options both in general (32%) and for seniors specifically (30%) were cited as a moderate to major barrier

Vulnerable Populations

- 30% indicated poverty is a moderate or major problem
- 13% were uninsured
- 11% reported being on public assistance of some kind
- 12% could not see a health care provider in last year due to cost
- 13% could not fill a needed prescription in the past year due to high cost

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Random Survey Key Findings

Health Problem	Percentage in Household with Condition
Allergies*	51%
High blood pressure	46%
Back pain	39%
High cholesterol	37%
Arthritis	35%
Dental problems	25%
Obese/overweight	24%
Diabetes	17%
Asthma*	17%
Digestive and stomach disorders	16%
Heart condition	15%
Depression	11%

* Most prevalent in children

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Random Survey Key Findings

Demographics of Survey Respondents

- 22 community areas (cities, towns, townships) and 25 zip codes were represented
- 58% female
- Majority were aged 25-65 (67%); 33% were 65 or older
- 81% had completed at least some college
- 99% reported English as the primary language in their household
- 13% are veterans
- 94% own their own home
- 92% Caucasian, 4% African American, 6% Hispanic/Latino
- 54% Employed, 37% Retired, 9% Unemployed
- 25% have household incomes greater than $100,000

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Targeted Survey Key Findings

Demographics of Survey Respondents

- 22 community areas (cities, towns, townships) and 25 zip codes were represented
- 58% female
- Majority were aged 25-65 (67%); 33% were 65 or older
- 81% had completed at least some college
- 99% reported English as the primary language in their household
- 13% are veterans
- 94% own their own home
- 92% Caucasian, 4% African American, 6% Hispanic/Latino
- 54% Employed, 37% Retired, 9% Unemployed
- 25% have household incomes greater than $100,000

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Photovoice Key Findings

Healthy Eating

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Photovoice Key Findings

Built Environment

Completing Sidewalk by Avery YMCA in Plainfield

Pedestrian Crossing

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Photovoice Key Findings

Built Environment

Bike Lanes

Ample Room for Walking Near Wal-Mart in Joliet. Trees Beautify the Area.

New Lights at Plainfield/Naperville Road for Better Traffic Flow

Photovoice Key Findings

Tobacco-free Campuses

Photovoice Key Findings

Access to Healthy Options

Vending Machine at Lewis University

Belletini Foods in Wilmington

Photovoice Key Findings

Parks and Recreation

Barber and Oberwortmann Horticultural Center

Commissioner's Park in Naperville

Photovoice Key Findings

Recreational Activities

Pilates Classes

Big Run Golf Course

Little League

Wilmington Block Party

Photovoice Key Findings

Healthcare

Silver Cross Hospital

Walgreens Flu Vaccinations

Photovoice Key Findings

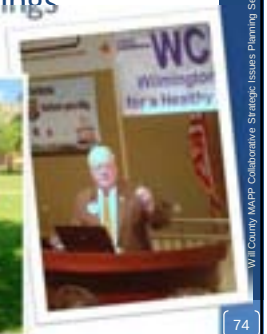
Environmental

Balance of Nature in Will County

Recycling at Romeoville Ice Arena

Photovoice Key Findings

Community Involvement



Recommendations or Next Steps

- More data is needed from the Latino community as this population was not well represented in this assessment
  - Recommend focus groups with an interpreter
- More data is needed from uninsured, vulnerable populations

Local Public Health System Assessment Findings

Vanessa Newsome
Will County MAPP Collaborative
Will County Health Department

Background on Report

- Seeks to understand and measure the performance of our local public health system.
- Uses CDC's National Public Health Performance Standard Tool to conduct the assessment.
- Initially conducted in September 2009 with the second iteration completed 12/09/13.
- Answers the following questions:
  - *What are the activities, competencies and capacities of our local public health system?*
  - *How are the 10 Essential Public Health Services being provided in our community?*

The Essential Public Health Services

1. Monitor health status
2. Diagnose and investigate health problems
3. Inform, educate and empower people
4. Mobilize communities to address health problems
5. Develop policies and plans
6. Enforce laws and regulations
7. Link people to needed health services
8. Assure a competent workforce - public health and personal care
9. Evaluate health services
10. Conduct research for new innovations

Methods/ Data Sources

- Conducted as a one day session with five breakout groups.
- Each of the five groups discussed and evaluated two of the essential services.
- Groups were facilitated by trained facilitators with note-takers to capture the key discussion points.
- Post-assessment key informant interviews conducted to gather additional discussion.

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Summary of Overall Scores

EPHS	EPHS Description	2013 Score	2009 Score	2013 ranking	2009 ranking
1	Monitor health status to identify community health problems	60	91	5th	3rd
2	Diagnose and investigate health problems and health hazards in the community	83	100	2nd	1st
3	Inform, educate, and empower people about health issues	50	71	8th	5th
4	Mobilize community partnerships to identify and solve health problems	62	60	7th	8th
5	Develop policies and plans that support individual and community health efforts	71	86	4th	4th

Summary of Overall Scores

EPHS	EPHS Description	2013 Score	2009 Score	2013 ranking	2009 ranking
6	Enforce laws and regulations that protect health and ensure safety	69	92	6th	2nd
7	Link people to needed personal health services and assure the provision of health services	72	41	3rd	10th
8	Assure a competent public and personal health care workforce	50	53	9th	9th
9	Evaluate effectiveness, accessibility and quality of personal/population-based health services	92	68	1st	6th
10	Research for new insights and innovative solutions to health problems	46	66	10th	7th

Key Findings
Our Strengths

- **Strong participation and collaboration** among partners across the local public health system.
- **Good relationships and coordination** between agencies across the local public health system.
- Will County MAPP Collaborative **engages partners in one county-wide CHNA and Plan**, promoting data and resource sharing across the local public health system.
- Organizations do a good job of providing ongoing planning & implementation of **health education and promotional activities.**

Will County MAPP Collaborative Strategic Issues Planning Session

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Key Findings
Our Strengths

EPHS #	Essential Service	2013 Score	2009 Score
2	Diagnose and Investigate Health Problems and Health Hazards	83	100
5.2.3	Review of public health policies	100	92
5.4	Plan for Public Health Emergencies	100	100
6.3	Enforcement of Laws, Regulations and Ordinances	90	93
7.1.1	Identification of populations who experience barriers to care	100	25
7.2.3	Initiatives for enrolling eligible individuals in public benefit programs	100	75

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Key Findings
Our Strengths

ES #	Essential Service	2013 Score	2009 Score
8.2	Public Health Workforce Standards	100	100
8.4.2	Collaborative Leadership	100	38
8.2	Public Health Workforce Standards	100	100
9	Evaluate Effectiveness, Accessibility and Quality of Personal and Population –Based Health Services	92	68

Will County MAPP Collaborative Strategic Issues Planning Session

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Key Findings
Our Needs

- **Better collection and understanding of data** related to all populations, specifically addressing **health inequities**
- **Unequal distribution of resources** across the County
- **Broader participation** across the LPHS for **needs assessment and implementation planning**

Key Findings
Our Needs

- **Cultural competency** across the LPHS
- **Coordinated approach to workforce assessment and development** of the LPHS

Key Findings
Our Needs

ES #	Essential Service	2013 Score	2009 Score
3.2.3	Designation of public information officers	25	69
4.1.2	Identification of key constituents and stakeholders	25	72
5.1.2	Local health department accreditation	25	New
5.2.2	Alert policy makers/public of public health impact from policies	25	100
6.2.3	Technical assistance for drafting proposed legislation, regulations or ordinances	0	50

Key Findings
Our Needs

ES #	Essential Service	2013 Score	2009 Score
8.1	Workforce Assessment, Planning and Development	17	20
8.3.2	Opportunities for developing core public health competencies	25	29
8.3.4	Collaboration between organizations and the LPHS for training and education	25	New
8.4.1	Development of leadership skills	25	59
8.4.3	Leadership opportunities for individuals and/or organizations	0	50
8.4.4	Recruitment and retention of new and diverse leaders	25	25
10.3	Capacity to initiate or participate in research	31	63

Key Findings
Our Opportunities

- **Expand data collection** to look at school readiness, youth behaviors, and health disparities and tracking of linkages for underserved populations
- Create **systems** that allow for **coordinated and shared efforts for workforce development**

Recommendations

- Explore areas of significant differences in rankings
- Continue dialogue with other members of the LPHS who are not involved and present at the table
- Identify and implement better methods of communication to the LPHS on how the 10 essential services are being addressed in the county.

Forces of Change Assessment Findings

Vanessa Newsome
Will County MAPP Collaborative
Will County Health Department

Assessment Background

- Answers the following questions
  - What is occurring or might occur that affects the health of our community or local public health system?
  - What specific threats or opportunities are generated by these occurrences?

Methods/Data Sources

FOCA was facilitated by Illinois Public Health Institute

- **Phase 1 – Public Health Forum**
  - Conducted on September 19, 2013
  - 41 participants
  - Explored eight categories: social, economic, political, technological, environmental, scientific, legal and ethical
- **Phase 2 – Executive Committee**
  - Conducted on November 21, 2013
  - Reviewed and explored initial cross-cutting themes from the Public Health Forum, identifying additional forces of changes
  - Identified specific opportunities and threats related to the themes

Key Findings

Economic and Social Equity

- **Disparities in distribution of economics and community resources between East and West Joliet and urban and rural Will County.**
- Inequity in educational quality and resources throughout the county.

Community Well-Being and Safety of Vulnerable Populations

- **Impact of unequal distribution of community resources on children in low-income neighborhoods.**
- Lack of good schools, parks and libraries in many neighborhoods.
- Elevated crime and violence throughout Will County; feelings of being unsafe.

**Red text indicates themes also identified in the 2010 assessment.*

Key Findings

Community Cohesion

- Community members have a strong religious and traditional heritage.
- Changing social and cultural values
- **Political division regarding pending State and Federal legislation**

Mental Health/Behavioral Health

- **Lack of resources to address increasing incidences of Behavioral Health issues**
- Lack of mental health safety net for low income and uninsured individuals
- Shortage of mental health providers accepting Medicaid

**Red text indicates themes also identified in the 2010 assessment.*

Key Findings

Substance Abuse

- Increase in suicide rates.
- Increase in substance abuse rates.
- Rising heroin use and death from accidental overdose.
- Use of tobacco and e-cigarette products and unregulated access.
- Limited school participation in Illinois Youth Survey for more comprehensive data collection regarding substance use rates.

Key Findings

Changing Workforce Needs

- **Will County readiness to adapt to changing economy and job market**
- **Increasing prevalence of low wage employment (lack of quality jobs).**
- High schools not adequately preparing youth for the current job market.
- Post-secondary education is cost prohibitive for many people.
- Under emphasis of prison system on rehabilitation and skills development contributes to higher rates of recidivism.

**Red text indicates themes also identified in the 2010 assessment.*

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Key Findings

Health Care Reform

- **Fear and uncertainty on the impact of the Affordable Care Act.**
- Having infrastructure to address the significant increase of Medicaid recipients through Medicaid expansion.
- Impact on quality of care.

Environmental Health

- **Safety and environmental concerns related to energy production in the community.**
- Impact of local nuclear power plant on air quality, occupational safety and community health.
- Lack of industrial regulation to reduce pollution to protect public safety.

**Red text indicates themes also identified in the 2010 assessment.*

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Key Findings

Increasing Use of Social Media and Technology

- Increased reliance on texting and social media for communication
- Growing use of electronics in education
- Technology resources not equally distributed among schools

Changing Demographics

- Trend towards an aging and more diverse population
- Significant portion of the population are nearing retirement
- **Growing Latino population**
- **Lack of capacity to adequately serve non-English speaking populations and populations from diverse social and economic backgrounds.**

**Red text indicates themes also identified in the 2010 assessment.*

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Key Findings

Increasing Collaborations and Partnerships

- **Increasing collaboration and partnerships across the county**
- **Reduced organizational capacity due to budget cuts**

Transportation

- Potential development of the Illiana Expressway with possible impact on health, social and economic implications.
- Limitations of public transportation in the area.

Increasing Reliance on Faith-Based Organizations

- Increasing reliance on faith-based organizations to provide services that are traditionally provided by government and social service agencies.
- Organizations may not have adequate resources to support expectations.

**Red text indicates themes also identified in the 2010 assessment.*

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Recommendations or Next Steps

Areas of perception/forces to explore for further data review or data collection:

Perception /Force to Explore	Data to be reviewed or collected
Elevated crime and violence throughout Will County	Violent Crime Rates
Shortage of mental health providers accepting Medicaid	# Mental Health Providers/% accepting Medicaid
Under emphasis of the prison system on rehabilitation and skills development contribute to higher rates of recidivism	Will County recidivism rates % of Will County residents incarcerated in Will County jails
Changing demographics towards aging populations and increased growth in Latino population	Targeted needs assessments with these demographics to address concerns or needs
Increasing reliance on Faith-Based Organizations	What specific services are being provided and by how many.

Identification of Themes, Cross-Cutting Issues and Potential Strategic Issues

Laurie Call
Illinois Public Health Institute

Will County MAPP Collaborative Strategic Issues Planning Session

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Themes

- What themes did you hear?
- What stood out in terms of challenges and opportunities?
- What themes did you hear from 3 or more assessments?

Strategic Issues

- Does it relate to the vision?
- Does it affect the whole community now and in the future?
- Might it require us to change the way we function as a system?
- Is there no obvious solution?
- Is leadership support needed to address this issue?
- Are there long-term consequences of not addressing it?
- Does it require a multi-sectoral and multi-faceted approach to address?
- Might it create tensions in the community?

5 Whys to Identify Root Causes

Issue: Rate of primary care doctors in XYZ county who accept Medicaid is decreasing.

1. *Why is this happening?*

Providers frustrated with high rates of no-shows for appts in Medicaid population patients.

2. *Why is this happening?*

Patients must have reliable transportation to appts

3. *Why is this happening?*

Providers are only located in areas of the city far from the majority of Medicaid patients.

4. *Why is this happening?*

Providers are concerned about safety of their patients and their staff by locating practices in particular areas.

5. *Why is this happening?*

Rates of crime are high in areas of the city with high proportion of Medicaid patients.

NACCHO MAPP User's Handbook 2013

What assets, strengths and opportunities can be leveraged?

Prioritization Criteria

- Focusing on this issue will help achieve our **vision.**
- The **consequences** of not addressing this issue are severe.
- This issue requires a **multi-sector, multi-faceted** approach.
- This issue is a **root cause for multiple health/system issues.**
- We can **leverage opportunities, strengths and assets.**

Alignment with other Local, Regional, State and National Priorities and Plans

Small Group Report Out

Issue	
Is it strategic? (# of yes questions)	
What is the underlying root cause? (item 5)	
Are their substantial assets, strengths and opportunities to leverage?	
What is the priority level?(total avg score)	
Is there alignment with other priorities and plans?	

Full Group Prioritization Voting

- Each person receives 3 sticky dots.
- Place one dot per issue of priority.
- Scores will be tallied.
- Priorities will be selected based on highest number of votes.

Next Steps

- Sign-up for an Action Team.
- Interested in Co-Chair role? * by your name
- Suggest others for Action Teams or Co-Chair.
- Teams will:
  - Develop goals and strategies for the strategic issue.
  - Develop action plans and measurement plans.
  - Collaboratively implement and measure progress.

Meeting Evaluation

- Please complete and leave on the table in the back of the room.
- Thanks for your participation today and as we move forward…Partnering for a Healthy Community!

STRATEGIC ISSUES PRIORITIES LIST

Strategic Issue	Which assessments identified as an issue?			
	CHSA	CTSA	LPHSA	FOCA
1. *Chronic Disease*	X	x	x	X (some of the risk factors)
2. (a) Access to Behavioral Health (b) Economic Disparities	X X	X X	x X	X X
3. Access to Primary Care	X	X	X	X
4. (a) Built Environment (b) Health Disparities (c) Alcohol, Tobacco and other drugs	 X X	 X	 X X	X X X
5. School readiness	X		x	X
6. Lack of County Identity			X	X (strength of community)
7. Maintaining and Growing a Competent Public Health Workforce.		X	X	X
8. Crime and Safety		X		X

APPENDICES – Phase 5

Focus Group Meeting Packet

Focus Group Summary

Focus Group Report

PEARL Test Criteria

Mobilizing for Action through Planning and Partnerships (MAPP)

Formulating Goals and Strategies

2014
Focus Group Packet

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

Will County
MAPP Collaborative

Formulating Goals and Strategies

FOCUS GROUP AGENDA

I. Welcome and Introductions

II. Review Agenda

III. Purpose and Expected Outcomes

IV. Overview of MAPP

V. Summary of Prioritization Process

VI. Review Strategic Issues Framework

VII. Brainstorming Strategic Issues

VIII. Next Steps

Will County Vision Statement

In Will County, every life has value. All individuals have the opportunity to realize their full potential and to achieve the highest quality of life. We are a community rich in diversity, where involvement and commitment have deep roots among our residents.

We strive to be a progressive community that maximizes the use of community partnerships and collaboration among all sectors to ensure, enhance and promote comprehensive, quality and equitable education, healthcare and social services.

Will County
MAPP Project

Will County Vision Statement

In Will County, every life has value. All individuals have the opportunity to realize their full potential and to achieve the highest quality of life. We are a community rich in diversity, where involvement and commitment have deep roots among our residents. We strive to be a progressive community that maximizes the use of community partnerships and collaboration among all sectors to ensure, enhance and promote comprehensive, quality and equitable education, healthcare and social services.

Steps in the Mobilizing for Action through Planning and Partnerships (MAPP) Process:

Step 1: Organize for Success/ Partnership Development

- Organize leaders in the community to prepare to implement MAPP.
- Understand why MAPP is needed.
- Outline process.
- Identify resources.

Step 2: Visioning

- Determine what you want the community to look like.
- Ask "what would we like our community to look like in 10 years?"

Complete Four MAPP Assessments: List the challenges and opportunities from each of the four assessments.

Step 3: Community Health Status Assessment (CHSA)

- Gather and analyze information on priority community health, quality of life issues, and risk factors (data)

How healthy are our residents?

What does the health status of our community look like?

Step 3: Community Themes & Strengths Assessment (CTSA)

- Understanding the issues residents feel are important (surveys, focus groups, asset mapping)

What is important to our community?

How is the quality of life perceived in our community?

Step 3: Local Public Health System Assessment (LPHSA)

- A comprehensive assessment that includes all the organizations and entities that contribute to the delivery of public health.

What are the activities, competencies, and capacities of our local public health system?

How are the 10 Essential Public Health Services being provided in our community?

Step 3: Forces of Change Assessment (FOCA)

- Legislation, technology, trends, changes, etc. that affect how the community and public health system operates

What is occurring or might occur that affects the health of our community or the public health system?

What specific threats or opportunities are generated by these occurrences?

Step 4: Identify Strategic Issues

- Use the findings from the four assessments to determine what the critical issues are.
- Determine what specific issues need to be addressed to achieve the vision.

Step 5: Formulate Goals and Strategies

- Develop goals and strategies for attaining the vision, addressing the strategic issues identified in the prior stage.
- Strategies are the direction (or means) of obtaining our goals.

Step 6: Action Cycle

Plan to:

- Act
- Implement
- Evaluate

Will County MAPP Collaborative

KEY FINDINGS FROM THE MAPP ASSESSMENTS

Below are the key findings from each of the MAPP assessments. Please review these findings prior to our strategic issues session. Page 13-14 of this document provides an area to identify cross-cutting, recurring themes across each of the assessments. We will do this as a group at the Strategic Issues meeting on Feb. 19, but wanted to provide a way for you to capture your thoughts after reviewing this information. Please bring those ideas to our meeting. Thank you.

COMMUNITY HEALTH STATUS ASSESSMENT (CHSA)

ASSESSMENT DESCRIPTION

The CHSA answers the following questions:

- How healthy are our residents?
- What does the health status of our community look like?

The results of the CHSA provide an understanding of the community's health status and ensure that the community's priorities include specific health status issues (e.g., high lung cancer rates or low immunization rates).

KEY FINDINGS

Demographics

- The total population of Will County is expected to approach 810,000 in 2015, an increase of more than 19% from 2010. Illinois is expected to grow only 7% in that same time.
- 65% of Will County's population is below the age of 45, 9.3% of the population is over the age of 65.
- The median age for Will County is 35.4.
- Will County's population is broken down as follows:
  - White: 76.0%
  - Black/African American: 11.2%
  - Asian: 4.6%
  - American Indian/Alaskan Native: 0.3%
- The population in Will County of residents of Latino descent doubled in the past ten years (8.7% in 2000 to 15.6% to 2010).
- Will County's foreign-born population has increased 118% since 2000. The foreign-born population constitutes 14.5% of the total population in Will County.
- 37.2% of the Latino population reported that they speak English less than "very well" compared to 3.5% of non-Latino residents.

Socioeconomics

- The median household income among Will County residents grew by 22% in the past 10 years.
- Per capita income for the Hispanic/Latino population was $15,718 compared to $31,405 for the non-Hispanic/Latino population.
- 10% of Will County households had a female head of household (no husband present, with family).
- 6.7% of Will County families live below the poverty level, but there are disparities related to ethnicity and race:
  - 13% of the Hispanic/Latino population was living in poverty compared to 5.4% of the White/non-Hispanic population.

    - 16% of the African American population was living in poverty compared to 6.0% of the White/non-Hispanic population.
- Differences are found in educational attainment based on ethnicity:
    - 35% of the Hispanic/Latino population had less than a high school diploma compared to 6.4% of the non-Hispanic/Latino population.
- At the county level, the percentage of youth meeting or exceeding Illinois Learning Standards (55%) is higher than the state average (51%), but there is a disparity between the lowest performing school in the county (with 32% of students meeting state standards) compared to the highest performing school (with 75% of students meeting state standards).
- 12.3% of Will County residents under the age of 65 were uninsured in 2010, compared to 15.6% for Illinois.
- 23.2% of the Hispanic/Latino population reported no health insurance coverage, compared to 6.7% of the non-Hispanic/Latino population.

Health Resource Availability

- Will County has three hospitals, three health centers and multiple outpatient treatment centers, dialysis facilities, nursing homes and home health providers to serve the needs of residents.
- The nearest State facility for inpatient chronic mental illness closed in July 2012, leaving a gap for these services for Will County residents.
- According to the Illinois Health Facilities and Services Review Board, there is a calculated need for 639 additional general long-term care beds in Will County.
- Will County is ranked 40 out of 102 among all Illinois counties in terms of access to Clinical Care, with identified needs for additional primary care and mental health providers.
- A Veteran's Clinic opened in March 2013 to expand healthcare services for veterans in Will, Grundy, Kendall and Kankakee counties.
- Three new FQHC sites have recently been added in Will County: two Aunt Martha's locations in Joliet and one Visiting Nurses' Association location in Bolingbrook.
- Will County's ambulatory care sensitive discharge rate (92.1) is significantly higher than both Illinois (75.0) and the U.S. (66.5).

Quality of Life

- Will County continues to be a fast growing county.
- Overall, Will County residents have positive feelings about their community.
- Will County residents have better access to parks and recreational facilities than Illinois and the U.S.
- Although quality of life is rated high for most Will County residents, quality of life is not seen as equitable throughout the county.

Behavioral Risk Factors

- Adults
    - While only 29% of adults have been told they have high blood pressure, 29% of those with high blood pressure are not taking their required medicine.
    - 30.3% of adults are considered obese and 38.3% are considered overweight.
    - The number of current smokers in Will County has decreased, but is still higher than the HP2020 target.

- Youth
    - Alcohol is the primary substance used among students in all grades (6th-12th grade).
    - The use of cigarettes and marijuana increased as the grades increased, while the use of inhalants decreased.
    - The intake of fruits and vegetables slightly decreased as the grades increased.
    - The prevalence of obesity remained the same across all grades.

Environmental Health

- Will County is ranked toward the bottom of all counties in the state in terms of environmental health. The following factors for Will County were ranked below the 50th percentile:
    - Safety of drinking water
    - Number of fast food restaurants
    - Limited access to healthy foods
- Nearly 7% of the Will County low income population has limited access to a grocery store. This number is higher than that found statewide or nationally.
- The number of supplemental nutrition assistance program (SNAP) authorized food stores in Will County per 100,000 people is nearly half of what is found statewide or nationally.

Social and Mental Health

- Will County has limited resources for inpatient hospitalizations for mental disorders.
- In the past year, over half (64.5%) of the uninsured population screened for mental health crisis intervention in Will County emergency rooms were admitted to a state operated facility.
- Mental disorders attributed to 7.3% of all Will County hospitalizations in 2011.
- In 2009, the crude rates for drug related emergency room visits (39.5 per 100,000) and alcohol related emergency room visits (263.2 per 100,000) are above the State of Illinois, 33.9 and 247.1 respectively.

Maternal and Child Health

- The infant mortality rate for African Americans is significantly higher as compared to Whites between 2005 and 2009.
- Low birth weight for Will County is 7.61%, which is better than Illinois and the U.S.
- "Very Low Birth Weight" for African American women is approximately three times higher than Whites between 2005-2009.
- The number of African American women entering prenatal care during the first trimester of pregnancy (79.0%) is significantly lower than White women (90.3%),
- Alcohol and tobacco use during pregnancy has shown a steady decline between 2004-2008.

Death, Illness and Injury

- Cancer remains the leading cause of death in Will County, with 25.8% of total deaths in 2010.
- Lung cancer is the most common cause of cancer death for Will County residents.
- Chronic Lower Respiratory Disease is the fourth leading cause of death in 2010 with 4.8% of total deaths.
- Accidental overdoses accounted for 28.2% of unnatural deaths in Will County with 72 deaths.
- In 2012, heroin deaths (52) were the leading cause of accidental overdose deaths in Will County.

Communicable Diseases

- Between 2011 and 2012, Will County experienced no significant increase in most cases of reportable communicable diseases
- During 2012, more pertussis cases (72 cases) were reported in Will County compared to 2011 (32 cases).
- Over the last three years, there has been an increase in the positivity of rabid animals found in Will County.
- HIV deaths in Illinois decreased drastically from 2005 (745 deaths) to 2010 (250 deaths), with a slight increase in 2010 from 2009.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA)

ASSESSMENT DESCRIPTION

The CTSA answers the following questions:

- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?

This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life, and a map of community assets.

KEY FINDINGS

Quality of Life

- The three most important factors contributing to positive quality of life in Will County:
  - Low crime rates/ safe neighborhoods
  - Good place to raise children
  - High performing schools
- 18 community organizations were most frequently endorsed as contributing to positive QOL
  - Chamber of Commerce
  - Churches
  - Health Department
  - Hospitals (Silver Cross & PSJMC)
  - Libraries
  - Park District
  - Star Mission
  - Lions Club
  - City Government
  - Police
  - United Way
  - YMCA
  - Knights of Columbus
  - American Legion Association
  - Food Pantry
  - Fire Department
  - Senior Services
  - Veterans Services

Transportation

- 35% reported transportation is a moderate or major problem in Will County
- 45% reported moderate to major congestion problems
- 31% reported streets are in moderate to major disrepair

Access to Health and Social Services

- 30% reported lack of access to health care services is a moderate or major problem
- 26% reported lack of access to dental services is a moderate or major problem
- 25% noted a major problem regarding the availability of information on social services

Health and Public Safety

- 24% said general safety and security are moderate/major problems
- Specific safety concerns included: illegal drug use (40%), alcohol abuse (30%), and gangs (35%)

Jobs and Education

- Lack of jobs indicated as a moderate/major problem by 53% of respondents
- Access to job training cited by 32%
- 42% indicated low wages and low paying jobs to be a moderate/major problem

Housing

- Lack of affordable housing options both in general (32%) and for seniors specifically (30%) were cited as a moderate to major barrier in Will County

Vulnerable Populations

- 30% of survey respondents indicated poverty in Will County is a moderate or major problem
- 13% of respondents were themselves uninsured
- 11% of respondents reported being on public assistance of some kind (cash assistance, food stamps, medical card, reduced price school meals)
- 12% of respondents could not see a health care provider in last 12 months due to cost
- 13% could not fill a needed prescription in the past 12 months due to high cost

Health Problems

- For respondents and their families, the following conditions are experienced at the indicated rates:

Health Condition	Percentage in Household with Condition
Allergies**	51%
High Blood Pressure	46%
Back Pain	39%
High Cholesterol	37%
Arthritis	35%
Dental Problems	25%
Obese/Overweight	24%
Diabetes	17%
Asthma**	17%
Digestive and Stomach Disorders	16%
Heart Condition	15%
Depression	11%

  **Allergies and Asthma were the most prevalent among children
- 95% indicated they had no problems obtaining non-emergency care for these conditions when needed

Demographics of Survey Respondents

- 22 community areas (cities, towns, townships) and 25 zip codes were represented by having at least 5 respondents indicate residence in this area
- 58% female
- Age breakdown: majority of respondents were aged 25-65 (67%); 33% were 65 or older; only 0.2% were aged 25 or younger
- 81% had completed at least some college
- 99% reported English as the primary language in their household
- 13% are Veterans
- 94% own their own home
- Racial/Ethnic breakdown: 92% Caucasian, 4% African American, 6% Hispanic/Latino
- 54% Employed, 37% Retired, 9% Unemployed
- 25% + survey respondents have household incomes greater than $100,000

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)

ASSESSMENT DESCRIPTION

The LPHSA answers the following questions:

- What are the components, activities, competencies, and capacities of our local public health system?
- How are the Essential Services being provided to our community?

This assessment focuses on all of the organizations and entities that contribute to the public's health.

KEY FINDINGS

Essential Service #1 - Monitor health status to identify community health problems

- Wide awareness of community health assessment process
- Health assessment data updated annually and available o Will County Health Department website
- Maintenance and reporting of population-based health registries
- Good reporting on general population but data on health inequities are not sufficiently captured due to low response rate from vulnerable populations.
- Collects timely data consistent with current standards on death and communicable diseases
- Lack of school readiness data
- Lack of emphasis on health disparities
- Need to improve communication of findings back to community members and stakeholders
- No reporting at sub-county level or community specific level
- Need for more coordinated data sharing among hospitals

Essential Service #2 - Diagnose and Investigate Health Problems and Health Hazards

- Best practices are used by hospital and health department for conducting, reporting and monitoring mandated surveillance
- Lack of awareness and access to information related to investigating and responding to public health threats and emergencies among lay people

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

- There is ongoing activity for planning and implementing health education and promotion activities by local public health agencies. This can be improved by increasing collaboration or a systematic approach to coordinate these activities.
- Businesses and employers are encouraged to participate through the We Will Work Healthy Worksite Wellness Award.
- MAPP does a good job of engaging community members in community health assessments but we need to increase community member engagement in the planning and implementation phase
- Health messages are determined by grant funding rather than data about public needs.
- The LPHS is utilizing a wide variety of mechanisms to reach out to community members for both emergency and non-emergency communication. Inadequate outreach to undocumented community members. Health messages and information are out there but not reaching everyone in the community.
- Many agencies throughout the LPHS have designated spokesperson for communicating health issues to the public. Will County lacks a systematic approach to training these individuals.
- The local health department participates in the Northern Illinois Public Health Consortium, which coordinates emergency communication in Will, DuPage and Kendall counties.

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

- The MAPP Collaborative has demonstrated strong effectiveness in organizing and establishing community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community. Participation has been negatively affected by budget cuts that reduce agency and coalition capacity. More work is needed to increase government participation in the community health improvement process.
- Will County has a lot of active coalitions doing good work. There is no established process for identifying key constituents in the community for engagement in particular health concerns. This is done mainly informally through networking. The LPHS maintains current directories of Will County organizations to engage in community health, but they are not publicized or widely accessible. There is a need for more assessment of effectiveness of community partnerships to improve community health.
- Southern and Eastern Will County are underrepresented in community health activities.

Essential Service #5 - Develop Policies and Plans that Support Individual and Community Health Efforts

- Strong level of support and collaboration among system partners for the local health department. There is a significant tax base to support the health department and there is a strong board of health.
- Broad partnership contributes to community health planning, not as much with policy development. Could do more to inform policy makers about potential intended and unintended impacts of proposed or current policies.
- Public Health Emergences was identified as strength for Will County. The County Emergency Management Agency maintains emergency preparedness and response plans that detail protocol and partner roles in a given emergency.
- Gaps in services for Southern and Eastern Will County tied to transportation and location of services.

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

- Will County does a good job of regularly reviewing and updating local regulations, ordinances and laws. Illinois laws are not always updated or based on current evidence or best practices.
- Lack of activity around identifying ways to address chronic disease through laws, regulations and ordinances.
- There is limited activity of the LPHS in active participation in changing and creating laws. Regulation and ordinances to promote public health. There is room for growth in taking on a larger advocacy role to create and improve laws to protect health and ensure public safety. (Specific issues identified: chronic health issues, school nutrition requirements and indoor air quality and mold).
- Individuals and organizations are generally aware of laws, regulations and ordinances they must comply with. Smaller municipalities may not have enforcement capacity or services.
- Strong partnerships with hospitals on communicable disease; joint inspections and alignment between health and housing.

Essential Service #7 - Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

- Will County partners do a great job of referring clients to resources from each other's agencies. There is great collaboration, collaboration and networking across partners to address needs.
- There is an increasing number of primary and specialty care providers. Navigators available to connect and enroll people in Medicaid and the Insurance Marketplace. Regional gaps exist in services, especially for low income community members, particularly in Eastern Will County.
- Gaps in linkages to services among individuals with special needs and homeless individuals. Individuals in need of mental health services and veterans are also underserved populations.
- There is a limited understating of barriers to care for vulnerable populations. Insufficient cultural competencies compromise providers' ability to build trust with underserved communities.
- Transportation barriers prevent individuals from accessing health care services.

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

- Several programs are in place for professional development from a state or regional perspective. There is a lack of investment in training and continuing education for support staff in contact with clients. There are challenges in leveraging opportunities to collaborate and share training for the public health workforce.
- Agencies and organizations within the local public health systems conduct performance evaluations, but they are not tied to public health competencies. Will County does not have a formal workforce assessment of the public health system.
- There is a lack of awareness of public health competencies and the 10 essential services.
- There is a lack of representation of rural, minority, disabled and Latino populations in the local public health workforce.
- Challenges in recruiting and retaining psychiatrists and physicians willing to serve low income and uninsured populations.

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

- Reporting requirements encourage accountability among providers.
- Budget constraints have a negative impact on robustness of evaluations and the LPHS' ability to implement improvement based on evaluation feedback.
- Evaluations are conducted frequently and used to identify gaps in population-based services. Efforts to assess community satisfaction with these services are insufficient. The system lacks community satisfaction data from vulnerable populations in particular. Lack of coordinated system-wide evaluation.
- Point of service evaluations are easier and cost-efficient but are not effective in accessing client connection/follow through with referrals and ensure continuity and connection to services.

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

- The LPHS has minimal resources to conduct research. More collaboration is needed with academic institutions that are active partners.
- Good use of interns to build interest and experience among future public health workforce.
- Reduced funding has spurred creativity, efficiency and collaboration. It has also compromised the system’s ability to be innovative because of grants increasingly requiring data driven and evidence-based decision making.

- Partners Frequently Identified as Missing:
    - Managed Care Organizations
    - Academic Intuitions/Universities
    - Media
    - Department of Children and Family Service
    - First Responders
    - Local Government
    - Law Enforcement
    - Businesses
    - Department of Transportation
    - Non-Profits
    - Schools
    - Public Assistance Programs
    - Public Housing

FORCES OF CHANGE ASSESSMENT (FOCA)

ASSESSMENT DESCRIPTION

The FOCA answers the following questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

In this assessment, participants engage in brainstorming sessions aimed at identifying forces—such as trends, factors, or events—that are or will be influencing the health and quality of life of the community and the local public health system.

KEY FINDINGS

Economic and Social Equity

- Disparities in distribution of economics and community resources between East and West Joliet and urban and rural Will County.
- Inequity in educational quality and resources throughout the county.

Community Well-Being and Safety of Vulnerable Populations

- Impact of unequal distribution of community resources on children in low-income neighborhoods.
- Lack of good schools, parks and libraries in many neighborhoods.
- Elevated crime and violence throughout Will County; feelings of being unsafe.

Community Cohesion

- Community members have a strong religious and traditional heritage.
- Changing social and cultural values
- Political division regarding pending State and Federal legislation

Mental Health/Behavioral Health

- Lack of resources to address increasing incidences of Behavioral Health issues
- Lack of mental health safety net for low income and uninsured individuals
- Shortage of mental health providers accepting Medicaid

Substance Abuse

- Increase in suicide and substance abuse rates
- Rising heroin use and death from accidental overdose.
- Use of tobacco and e-cigarette products and unregulated access.
- Limited school participation in Illinois Youth Survey for more comprehensive data collection.

Changing Workforce Needs

- Will County readiness to adapt to changing economy and job market
- Increasing prevalence of low wage employment (lack of quality jobs).
- High schools not adequately preparing youth for the current job market.
- Post-secondary education is cost prohibitive for many people.
- Under emphasis of prison system on rehabilitation and skills development contributes to higher rates of recidivism.

Health Care Reform

- Fear and uncertainty on the impact of the Affordable Care Act.
- Having infrastructure to address the significant increase of Medicaid recipients through Medicaid expansion.
- Impact on quality of care.

Environmental Health

- Safety and environmental concerns related to energy production in the community.
- Impact of local nuclear power plant on air quality, occupational safety and community health.
- Lack of industrial regulation to reduce pollution to protect public safety

Increasing Use of Social Media and Technology

- Increased reliance on texting and social media for communication
- Growing use of electronics in education
- Technology resources not equally distributed among schools

Changing Demographics

- Trend towards an aging and more diverse population
- Significant portion of the population are nearing retirement

Growing Latino population

- Lack of capacity to adequately serve non-English speaking populations and populations from diverse social and economic backgrounds.

Increasing Collaborations and Partnerships

- Increasing collaboration and partnerships across the county
- Reduced organizational capacity due to budget cuts

Transportation

- Potential development of the Illiana Expressway with possible impact on health, social and economic implications.
- Limitations of public transportation in the area.

Increasing Reliance on Faith-Based Organizations

- Increasing reliance on faith-based organizations to provide services that are traditionally provided by government and social service agencies.
- Organizations may not have adequate resources to support expectations.

STRATEGIC ISSUES IDENTIFICATION

Strategic issues have significant consequences for the community and the local public health system. Determining the consequences of NOT addressing an issue will help the community members determine if the issue will be a priority strategic issue.

Please use the questions below and the table on page 14 to identify strategic issues as you review the key findings from the assessments.

To determine whether an issue is strategic, ask yourself the following questions:

1. Is the issue related to our community's vision?

   Will County's Vision Statement:
   In Will County, every life has value. All individuals have the opportunity to realize their full potential and to achieve the highest quality of life. We are a community rich in diversity, where involvement and commitment have deep roots among our residents.

   We strive to be a progressive community that maximizes the use of community partnerships and collaboration among all sectors to ensure, enhance and promote comprehensive, quality and equitable education, healthcare and social services.

2. Will the issue affect our entire community?

3. Is the issue something that will affect us now and in the future?

4. Will the issue require us to change the way we function?

5. Is the solution to this issue not obvious?

6. In order to address the issue, do we need leadership support?

7. Are there long-term consequences of us not addressing this issue?

8. Does this issue require the involvement of more than one organization?

9. Does the issue create tensions in the community?

The more times you answer YES to the questions above, the more strategic the issue is.

STRATEGIC ISSUES PRIORITIES LIST

Strategic Issue	Which assessments identified as an issue?			
	CHSA	CTSA	LPHSA	FOCA
1. *Chronic Disease*	X	x	x	X (some of the risk factors)
2. (a) Access to Behavioral Health (b) Economic Disparities	X X	X X	x X	X X
3. Access to Primary Care	X	X	X	X
4. (a) Built Environment (b) Health Disparities (c) Alcohol, Tobacco and other drugs	 X X	 X	 X X	X X X
5. School readiness	X		x	X
6. Lack of County Identity			X	X (strength of community)
7. Maintaining and Growing a Competent Public Health Workforce.		X	X	X
8. Crime and Safety		X		X

Strategic Issue Check List

Print this list and check off your three priorities for voting in the polling section of the webinar.

- o **Access to Behavioral Health Care**
  (funding and resources for mental health care, including preventive care- especially access for low income individuals/ Medicaid patients)

- o **Access to Primary Care**
  (medical homes for low income individuals to avoid unnecessary ER visits)

- o **Alcohol and Other Drug Use (Youth and Adults)**
  (alcohol abuse, rising heroin use, tobacco/ e-cigarette prevention)

- o **Built Environment**
  (clear air and water, accessible transportation including public transit and active transit)

- o **Chronic Disease**
  (Adults: Heart Disease, Cancer [Lung], High Blood Pressure, High Cholesterol, Youth: Allergies and Asthma)

- o **Crime and Safety**
  (Sense of increased crime in the community, lack of access to vocational training and fair treatment in prisons and overemphasis on punitive measures in the justice system leading to recidivism and lack of opportunities for formerly incarcerated people)

- o **Disparities**
  (health disparities among socioeconomic and racial and ethnic groups)

- o **Economic Disparities**
  (income inequality and access to economic opportunities such as high earning jobs, vocational training, etc.)

- o **Lack of County Identity**
  (lack of a cohesive partnership, sense of divide in 4 county regions that impacts our ability to work toward a common cause)

- o **Maintaining/Growing a Competent Public Health Workforce**
  (Training and professional development for public health workforce, leadership development, succession planning)

- o **School Readiness/Educational Disparities**
  (Disparities in school readiness for early childhood, differential graduation rates, unequal access to resources across Will County Schools- i.e., unequal access to technology like ipads

Will County MAPP Collaborative

Phase 5 – Formulating Goals and Strategies

Focus Group Summary

Introduction:

In an effort to gather information to formulate effective goals and strategies, MAPP core staff decided to hold focus groups to with MAPP action team members and other community agency representatives. The purpose of the focus groups was to collect information to provide to the MAPP Collaborative Executive Committee. Information collected during the focus groups included: current activities around the three strategic issues priorities, a list of available and needed resources as well as barriers to addressing the priorities. At the end of each focus group, participants were asked to brainstorm a list of goals and/or strategies to suggest to the executive committee for their consideration.

Five focus groups were held with MAPP partners and action team members with thirty-four participants representing twenty-six organizations.

Summary of Results:

Current Activities:

Chronic Disease:

Several efforts are occurring in the area of chronic disease. Most efforts are in prevention and built environment. Prevention efforts are categorized in the areas of nutrition and physical activity programs, health promotion and education efforts. Many efforts cross several strategies of prevention, access and built environment. Little was identified in the areas of disparities and workforce development/capacity building. Although not identified by focus group participants, some activities such as community gardens, addresses disparities by occurring in areas identified as food deserts and are teaching individuals and communities (capacity building) about gardening and agriculture. Two programs were mentioned as working with schools to provide education programs to students.

General prevention efforts include health fairs, health screenings, education programs, community gardens, YMCA and Park District programs.

Nutrition efforts include community garden programs, small grants given to communities, worksite gardens, and summer meals programs.

Physical activity efforts include plans for bike paths and bike lanes throughout the county. Other built environment efforts are County plans through CMAP (with Fairmont as the pilot community) plans for walkable communities, public transit plan, energy efficient and conservation plans and Accessible Will County.

Specific disease prevention efforts include asthma camps, tobacco prevention programs, smoking cessation programs, and smoke-free campuses.

Primary Care:

In answer to what is being done in primary care, most responses centered on the Affordable Care Act (ACA) for outreach, education and access. ACA efforts crossed the strategies of prevention, access and disparities. Quick Care, Immediate Care and Retail/Pharmacy Clinics were also listed as providing prevention and access for primary care. Increased Federally Qualified Health Centers (FQHCs) and Medicaid expansion are identified as access and disparities efforts.

Workforce development was identified through college internships and nursing clinicals. Also indentified were scholarship opportunities for health professional careers.

Behavioral Health:

Current efforts in behavioral health are primarily prevention and access. Prevention efforts can be categorized as community education/awareness, education and support groups, advocacy efforts and technical assistance.

Access efforts are categorized as treatment programs, intervention, support groups, access through referrals and behavioral health coverage through ACA. Addressing disparities were identified as school social workers and youth programs, men's recovery programs and Morningstar Mission and Will County Health Department's Behavioral Health Department addressing vulnerable populations.

Available Resources:

Several resources were identified across all three priorities. Many of these resources are service providers, community-based and not-for-profit organizations.

Hospitals, FQHCs and clinics were identified as resources for access as well as prevention. Hospitals provide screenings and health education. Pharmacies were also seen as resources, primarily for education on medication and proper use of medication and medical supplies and disease management programs.

Many venues identified in the community as hosting and providing prevention efforts included churches, community based organizations, and elected officials. Churches were identified as trusted resources by the community and were seen as resources for intervention and access as well as prevention efforts.

YMCA, park districts, and fitness centers were often named as resources addressing chronic care.

Social workers were professionals often listed; hospital social workers for chronic disease and school social workers for behavioral health.

Barriers and Needed Resources:

Funding, education, transportation and coordination of services were identified as barriers across all priorities. Funding issues includes lack of funding for programs and services as well as problems with funding limitations in where and to whom services are provided. Other common barriers and needs were not having enough providers accepting Medicaid, and limited resources in Southern Will County. Additional provider related issues included lack of support from providers, communication barriers and overall shortage of providers, including lack of specialty care providers.

A need was identified for provider education and better screening practices in primary care and chronic disease. Health literacy was also identified as a barrier to people talking with their providers with examples including not understanding what is being said to them, instructions for proper use of medication and medical supplies. Needs for chronic care in this area included follow up education for treatment plans, education and support for younger parents and education and case management about chronic disease. Education to farmers regarding SNAP benefits could potentially address access for healthier foods to disparate populations.

In primary care, needs or barriers identified were: residents taking ownership and responsibility for their own health; the need for more education and outreach about medical homes and long waits for appointments. Waiting lists were also listed as barriers for behavioral health.

The need for adequate resources to meet the demand of addiction, suicide and eating disorders were identified for behavioral health needs. Lack of family support and stigma were additional barriers listed. Legal issues identified were: school limitations for social workers to do prevention and intervention work, and legalization of marijuana. Provider shortages were specifically mentioned for the early childhood ages (0-5).

List of Participating Organizations/ Representatives for Focus Groups

Bridges to a New Day
CASA
Catholic Charities
Chestnut Health Systems
Child Care Resource and Referral
Crisis Line
Governors State University
Harvey Brooks Foundation
Housing Authority of Joliet
Joliet Township High School
Linden Oaks
Morning Star Mission
Mt. Zion Baptist Church
National Hook-Up of Black Women
Presence Health System
Presence St. Joseph Medical Center
Rasmussen College, Department of Nursing
Silver Cross Hospital
Stepping Stones
Will County Community Residents
Will County Emergency Management Agency
Will County Executive's Office
Will County Health Department
Will County Land Use
Will Grundy Center for Independent Living
Wilmington Coalition for Healthy Communities
YMCA

Strategic Issues	Strategies to Address the Strategic Issues				
	Prevention	**Access**	**Built Environment**	**Disparities**	**Workforce Development**
Chronic Disease	• ROE partnership – developing school gardens • Energy Efficient and Conservation Plan • Summer meals served out of Gompers and Crete • Bike plan for bike lanes across the county • Tobacco prevention • Garden at Health Department • Prevention screenings and education • Media/marketing/advertisements • Adult daycare • Hospice • Support groups • Workplace wellness • Smoke-free campuses • Smoking cessation • Asthma Camps • Park District/YMCA fitness programs • Walking programs • Heartland patient programs – screenings, mobile unit • Telehealth • Cardiac rehab • Joliet Hospice • Health fairs at schools and local organizations	• ROE partnership – developing school gardens • Energy Efficient and Conservation Plan • Summer meals served out of Gompers and Crete • Bike plan for bike lanes across the county • Garden at Health Department • Adult daycare • Hospice • Support groups • Access for dialysis patients • ACA – coverage for pre-existing conditions for chronic diseases • Telehealth	• CMAP grant to work on making communities more walkable (Fairmont is the pilot) • Public transit plan • ROE partnership – developing school gardens • Energy Efficient and Conservation • Identifying sites in Joliet for open spaces, gardens, etc. • Bike plan for bike lanes across the county • Accessible Will County Plan • Housing plan to decrease homelessness • Air and water quality • Villages addressing built environment (Plainfield, New Lenox, parts of Joliet)	• Energy Efficient and Conservation Plan	• Energy Efficient and Conservation Plan

Strategic Issues	Strategies to Address the Strategic Issues				
	Prevention	**Access**	**Built Environment**	**Disparities**	**Workforce Development**
Primary Care	• Affordable Care Act – outreach, education, access • Development of medical homes • Increased FQHCs and VA Clinic • Will-Grundy Medical Clinic • Quick care/immediate care clinics • ACA – Navigators • Education/marketing • 3 hospitals and county clinics	• Affordable Care Act – outreach, education, access • Development of medical homes • Increased FQHCs and VA Clinic • Will-Grundy Medical Clinic • Quick Care Clinics • 3 hospitals and county clinics • Pharmacies/walk-in clinics • Free standing ERs • ACA - Navigators	• 3 hospitals and county clinics	• Affordable Care Act – outreach, education, access • Development of medical homes • Increased FQHCs and VA Clinic • Will-Grundy Medical Clinic • Quick Care Clinics • Education/marketing • 3 hospitals and county clinics • FQHCs • Charity care/financial assistance from hospitals	• Clinical requirements for nursing students • Assistance for students to go into health care professions

Strategic Issues	Strategies to Address the Strategic Issues				
	Prevention	**Access**	**Built Environment**	**Disparities**	**Workforce Development**
Behavioral Health	• Will County Health Department Behavioral Health programs • Anti-Stigma Campaign • Hospital support groups • Work at Sheriff's Department and State's Attorney to address heroin use • HERO HELPS • Inpatient/outpatient substance abuse programs • Men's substance abuse recovery program at Morningstar Mission • Free depression screenings • Tobacco program and Behavioral Health department working together to address co-morbidities • JECA programs • Joliet Township high school programs • School social workers and substance abuse groups • Coalitions (tobacco, mental health, substance abuse) • Child Care Resource & Referral – behavioral specialists • Mental Health First Aid • Heroin/Substance Abuse Education (community forums) • Advocacy for increased funding • Church (education/counseling) • Halfway houses	• Will County Health Department Behavioral Health programs • Hospital support groups • HERO HELPS • Health insurance covers behavioral health through ACA • Inpatient/outpatient substance abuse programs • Tobacco program and Behavioral Health department working together to address co-morbidities • School social workers and substance abuse groups • Child Care Resource & Referral – behavioral specialists • Mental Health First Aid • Crisis intervention/ER screenings • Overdose intervention expansion • Drug Court • Mental Health Court • Telehealth • AOK – mental health in children • Support groups (NAMI,		• Will County Health Department Behavioral Health programs • HERO HELPS • Men's substance abuse recovery program at Morningstar Mission • Tobacco program and Behavioral Health department working together to address co-morbidities • School social workers and substance abuse groups	• Internships

Strategic Issues	Strategies to Address the Strategic Issues				
	Prevention	**Access**	**Built Environment**	**Disparities**	**Workforce Development**
	• Signs of Suicide Class in schools provided by Linden Oaks • Crisis Line	HERO HELPS, AA, NA) • Halfway houses • Community providers • Critical Incident Stress Debriefing (CISD) • Free mental health assessments • Organizations offering services: o Catholic Charities o Morningstar Mission o Family Counseling Agency o Advocate o Bridges to a New Day o Crisis Line • Mid-level substance abuse treatment o Stepping Stones o Trinity • Domestic violence treatment o Guardian Angel (sexual assault)			

Strategic Issues	Barriers	Resources
Chronic Disease	• Transportation • Lack of support from providers • Health literacy • Cost (medication and supplies) • Care giver support and time • Limited resources/funding for prevention of gateway drugs leading to Chronic Disease • Lack of walkable communities • Unsafe environments • Access to specialist • Not enough Medicaid providers • Limitations on Medicaid coverage • Long term funding of expanded Medicaid • Growing senior population • Sedentary life styles(jobs) • Long commutes • Fast foods • Understanding and affordability of healthy foods • Farmer markets not accepting SNAP benefits • Lack of case management in Medicaid clients	• Pharmacy education • Hospice support and follow up • Hospital social workers and discharge planners • YMCA • Park Districts • Bike paths • IHAC • Fitness centers • Health and wellness fairs • Churches • Libraries • Community gardens • U of I Extension • Farmers Markets **NEEDS:** • Follow up education for treatment plans • Respite care for chronic care • Education and support for younger parents • Better screening by providers • Education to farmers • Awareness about farmers markets • Education and case management about chronic diseases
Primary Care	• Provider relationships • Resources not available in all parts of the county • Mind set of people to take responsibility for their health care, making health care a priority • Long waits for primary care appointments • Hours • Cost of care, transportation and insurance) • Lack of knowledge about medical homes and available resources • Transportation – limited routes and time schedule • Judgment by medical providers • Pharmacy based clinics • Lack of primary and specialty care providers (obs, neurologists) • Lack of providers accepting the medical card	• FQHC"s • Hospitals • Clinics • IDHFS(Accountable Care Organizations) • Colleges • Pharmacy based clinics • Workforce Development – assistance for Health Care field • Intern/Clinical sites for healthcare field • Additional providers accepting medical card • Awareness/knowledge about resources

Strategic Issues	Barriers	Resources
	• Location of services – lack of resources outside of Joliet • culture • Health care literacy (includes follow up treatments, talking to provider's and literacy overall) • Unemployment • Education • Nursing shortage • Fear of the system • Language barriers (including deaf and hard of hearing)	
Behavioral Health	• Funding limitations of services provided • Insurance cost/ coverage limitations • Stigma • School policies and fear of litigation prevent service and interventions • Lack of prevention services • Long term care associate with behavioral health issues • Internet information – helps and hurts • Lack of parental responsibility for kids/ personal responsibility • Limited resources in Southern Will • Legal marijuana • Shortage of mental health services (psychiatric in-patient) and limited capacity (physical and operational) • Lack of adolescent and child services • Stigma/lack of education • Multiple casinos (contributes to Beh. Health issues) • Lack of Spanish speaking counselors • Waiting lists • Limited providers for under 5 (limited professional training for 0-5 age group) • No family support (treatment) • Reoccurring hospital admissions • Free standing psychiatric centers unable to treat adult Medicaid • Limited county resources • Funding restrictions	• Churches (faith based communities) • School social workers • NAMI • INDI • Crisis Intervention • Enhanced coverage through ACA • Group homes • Adult Day Care • Colleges • School social workers • AA/Alanon – support groups • Crisis Line **NEEDS:** • Resources to meet the demand of addiction, suicide and eating disorders)

Goals and Strategies Ideas

- Community gardens – better collaboration/coordination
- Accessible transportation
- Target communities with food deserts
- STEM integration of growing your own food
- Targeted screenings needed at social service agencies
- Link residents to medical homes
- Connecting dots with all agencies for education/information on how to access to medication in emergency situations (pharmaceuticals)
- Synthesizing information and dissemination of strategies (develop tactical teams)
- Graphics of information to make information easy to understand (i.e. logic model tool)
- Identifying gaps and resources from action teams
- Communication of existing resources
- Advocate for Tinley Park funding to go to community agencies providing those services to fill the gaps
- Coalition building – empower communities to have capacity to do things for themselves
- Grant writing to identify funding sources for implementation
- Sustainability planning within MAPP
- Develop linkages to facilitate providers with community resources
- Resources should be allocated from the community to FQHCs to address needs of Medicaid/uninsured population

PEARL Test

Use the **PEARL** test to systematically select strategies for adoption.

PEARL stands for:

- **Propriety:** Is the strategy consistent with the essential services and public health principles?
- **Economics:** Is the strategy financially feasible? Does it make economic sense to apply this strategy?
- **Acceptability:** Will the stakeholders and the community accept the strategy?
- **Resources:** Is funding likely to be available to apply this strategy? Are organizations able to offer personnel time and expertise or space needed to implement this strategy?
- **Legality:** Do current laws allow the strategy to be implemented?

If the answer to any of these five questions is no, a strategy should probably be revised or eliminated.

Remaining strategies that pass the **PEARL** test should be prioritized based on additional criteria such as.

POTENTIAL STRATEGY:

	YES	NO
Is the strategy consistent with the essential services and public health principles?	✓	
Is the strategy financially feasible?	✓	
Does it make economic sense to apply this strategy?	✓	
Will the stakeholders and the community accept the strategy?	✓	
Is funding likely to be available to apply this strategy?	✓	
Are organizations able to offer personnel time and expertise or space needed to implement this strategy?	✓	
Do current laws allow the strategy to be implemented?	✓	
What is the potential impact on the strategy's goal?	✓	
What is the cost of this strategy in terms of dollars, people and time?	✓	
Is it likely that the strategy can be successfully implemented?	✓	

APPENDICES – Phase 6

Action Team Training Packet

Logic Model

Will County MAPP Collaborative

Action Team Training and Planning

May 30, 2014

Presence St. Joseph Medical Center

333 N. Madison

Joliet, IL 60435

Will County MAPP Collaborative
Action Team Training
Presence St. Joseph Medical Center
May 30, 2014

Agenda

I. Welcome and Introductions ..... Vanessa Newsome

II. Purpose and Objectives ..... Vanessa Newsome

III. Overview of MAPP Progress ..... Julie Edwards

IV. Logic Model Presentation ..... Lydia Falconnier

V. Q & A

VI. Lunch

VII. Action Team Break Out Groups

- *Behavioral Health – Facilitator: Lydia Falconnier*
- *Chronic Care – Facilitator: Julie Edwards*
- *Primary Health Care – Facilitator: Vanessa Newsome*

VIII. Group Wrap-up

Will County MAPP Collaborative

2014-2017

Strategic Issues, Goals and Strategies

Behavioral Health

Strategic Issue

How can the public health community coordinate and enhance Will County's ability to provide access to behavioral health and substance use disorder services?

Goals

1. Persons with behavioral health issues will receive culturally competent and age-appropriate services.

   Strategies

   - Work with FQHC's to address behavioral health needs of Medicaid and uninsured populations.
     - Increase the use of available health and wellness resources
     - Use website to connect people to available services
     - Creatively promote health information resources via marketing and PR
     - Collect and analyze data to understand BH/SU disorders and better target interventions
     - Decrease silos, duplication and fragmentation
   - Capacity building and coordination of services among providers
     - Increase alignment with county strategy among MAPP Partners
     - Improve system linkages for cross-sector referrals and resource availability
     - Collect and analyze data to understand BH/SU disorders
     - Improve system and data integration for organizations addressing BH/SU disorders
     - Improve asset mapping and awareness of available resources
     - Optimize the care received for BH/SU Disorders
     - Hospitals engage BH/SU disorder organizations in the ER screening programs
     - Collect and analyze data to understand BH/SU disorders and better target interventions
     - Support coalitions as a resource hub and best practice clearinghouse
     - Decrease silos, duplication and fragmentation

2. The stigma related to behavioral health and substance use disorders will be reduced.

Strategies

- Continue the Anti-Stigma Social Media Campaign (www.willfindhope.org)
    - Increase the willingness of people to get help or refer others who need help
    - Increase use of available health and wellness resources
- Continue Mental Health First Aid
    - Engage schools and communities in understanding BH/SU Disorders
    - Increase the understanding of the public regarding BH/SU disorders

3. Will County residents and behavioral health coalitions will be well informed on advocacy and legislative issues relating to behavioral health.

Strategies

- Work collaboratively to support advocacy efforts of existing behavioral health and substance abuse coalitions and organizations.
    - Support coalitions as a resource hub and best practice clearinghouse
    - Decrease silos, duplication and fragmentation

Behavioral Health

Strategies:

- Continue the Anti-Stigma Social Media Campaign (www.willfindhope.org)
- Continue Promoting Mental Health First Aid
- Work collaboratively to support advocacy efforts of existing behavioral health and substance abuse coalitions and organizations
- Work with FQHC's to address behavioral health needs of Medicaid and uninsured populations
- Capacity building and coordination of services and programs among providers and community coalitions

Key Findings:

- The nearest State facility for inpatient chronic mental illness closed in July 2012, leaving a gap for these services for Will County residents.
- Will County is ranked 40 out of 102 among all Illinois counties in terms of access to Clinical Care, with identified needs for additional primary care and mental health providers.
- Among youth, alcohol is the primary substance used among students in all grades (6th -12th grade).
- Among youth, the use of cigarettes and marijuana increased as the grades increased, while the use of inhalants decreased.
- Will County has limited resources for inpatient hospitalizations for mental disorders.
- In the past year, over half (64.5%) of the uninsured population screened for mental health crisis intervention in Will County emergency rooms were admitted to a state operated facility.
- Mental disorders attributed to 7.3% of all Will County hospitalizations in 2011.
- In 2009, the crude rates for drug related emergency room visits (39.5 per 100,000) and alcohol related emergency room visits (263.2 per 100,000) are above the State of Illinois, 33.9 and 247.1 respectively.
- Alcohol and tobacco use during pregnancy has shown a steady decline between 2004-2008.
- The number of current smokers in Will County has decreased, but is still higher than the HP2020 target.
- Accidental overdoses accounted for 28.2% of unnatural deaths in Will County with 72 deaths.
- In 2012, heroin deaths (52) were the leading cause of accidental overdose deaths in Will County.
- Challenges in recruiting and retaining psychiatrists willing to serve low income and uninsured populations.
- Gaps in linkages to services among individuals with special needs and homeless individuals. Individuals in need of mental health services and veterans are also underserved populations.
- Lack of resources to address increasing incidences of Behavioral Health issues.
- Lack of mental health safety net for low income and uninsured individuals.
- Shortage of mental health providers accepting Medicaid.
- Increase in suicide and substance abuse rates.
- Rising heroin use and death from accidental overdose.
- Use of tobacco and e-cigarette products and unregulated access.
- Limited school participation in Illinois Youth Survey for more comprehensive data collection.
- Fear and uncertainty on the impact of the Affordable Care Act.
- Impact on quality of care.
- Limitations of public transportation in the area.

Chronic Care

Strategic Issue

How can the public health community work together to decrease chronic care health issues in Will County?

Goals

1. Decrease obesity among Will County residents.

   Strategies

   - Continue Worksite Wellness Development and Recognition Programs (WeWILL WorkHealthy).
     - Promote and recognize wellness initiatives
   - Implement WeWILLBeHealthy Program (restaurant, childcare, schools and community sites)
     - Promote and recognize wellness initiatives
     - Expand use of toolkits and awards
     - Identify best practices for wellness programs in schools
     - Mobilize parents and communities to advocate for healthier food in schools
     - Improve and expand nutrition education in schools
     - Reduce unhealthy food and beverage availability in schools
     - Identify and promote best practices of nutrition education in schools
     - Increase the number of schools with comprehensive wellness programs
   - Develop linkages and partnerships with primary providers and community resources for physical activity.
     - Promote affordable physical activity curriculum and activities
     - Increase physical activities among youth
   - Work collaboratively with the inclusive Health Coalition (IHC).
     - Decrease silos, duplication and fragmentation
   - Coordinate with community gardens in targeted communities (food deserts).
   - Explore and align strategies with the regional efforts of the NIPHC), Northern Illinois Public Health Consortium) Chronic Disease committee.
     - Improve and expand nutrition education in schools
     - Reduce unhealthy food and beverage availability in schools
     - Identify and promote best practices of nutrition education in schools

2. Increase awareness of available resources for healthy lifestyles amongst Will County residents.

   Strategies
   - Coordinate and facilitate collaboration of existing community health promotion (wellness) education programs
     - Expand marketing for healthy lifestyles
     - Decrease silos, duplication and fragmentation
   - Market and disseminate community resources on nutrition and physical activity programs

3. Assure awareness of signs and symptoms of asthma and allergy related illnesses amongst Will County parents of asthmatic children.

   Strategies
   - Explore and promote (Implement) asthma education programs for children
     - Improve chronic disease management
     - Research and identify best practice models for chromic care
     - Increase the number of schools with comprehensive wellness programs
     -
   - Explore and promote (implement) asthma management programs for parents of asthmatic children.
     - Improve chronic disease management
     - Research and identify best practice models for chromic care
   - Explore and promote asthma education and management programs for school personnel.
     - Improve chronic disease management
     - Research and identify best practice models for chromic care
     - Increase the number of schools with comprehensive wellness programs

Chronic Care

Strategies:

- Continue Worksite Wellness Development and Recognition Programs (WeWILL WorkHealthy)
- Implement WeWILLBeHealthy Program (restaurant, childcare, schools and community sites)
- Work collaboratively with the Inclusive Health Coalition (IHC)
- Develop linkages and partnerships with primary providers and community resources for physical activity
- Market and disseminate community resources on nutrition and physical activity programs
- Explore and align strategies with the regional efforts of the NIPHC (Northern Illinois Public Health Consortium) Chronic Disease committee
- Coordinate and facilitate collaboration of existing community health promotion (wellness) education programs
- Coordinate with community gardens in targeted communities (food deserts)
- Explore and promote asthma education programs for children
- Explore and promote asthma management programs for parents of asthmatic children
- Explore and promote asthma education and management programs for school personnel (including early childhood)

Key Findings:

- Will County residents have better access to parks and recreational facilities than Illinois and the US
- Among adults, while only 29% of adults have been told they have high blood pressure, 29% of those with high blood pressure are not taking their required medicine.
- Among adults, 30.3% of adults are considered obese and 38.3% are considered overweight.
- The intake of fruits and vegetables slightly decreased as the grades increased.
- The prevalence of obesity remained the same across all grades
- Will County is ranked toward the bottom of all counties in the state in terms of environmental health. The following factors for Will County were ranked below the 50th percentile:
    - ✓ Safety of drinking water
    - ✓ Number of fast food restaurants
    - ✓ Limited access to healthy foods
- Nearly 7% of the Will County low income population has limited access to a grocery store. This number is higher than that found statewide or nationally.
- The number of supplemental nutrition assistance program (SNAP) authorized food stores in Will County per 100,000 people is nearly half of what is found statewide or nationally.
- Cancer remains the leading cause of death in Will County, with 25.8% of total deaths in 2010.
- Lung cancer is most common cause of cancer death for Will County residents.
- Chronic Lower Respiratory Disease is the fourth leading cause of death in 2010 with 4.8% of total deaths.
- Between 2011 and 2012, Will County experienced no significant increase in most cases of reportable communicable diseases.
- During 2012, more pertussis cases (72 cases) were reported in Will County compared to 2011 (32 cases).
- Over the last three years, there has been an increase in the positivity of rabid animals found in Will

County.

Health Condition	Percentage in Household with Condition
Allergies**	51%
High Blood Pressure	46%
Back Pain	39%
High Cholesterol	37%
Arthritis	35%
Dental Problems	25%
Obese/Overweight	24%
Diabetes	17%
Asthma**	17%
Digestive and Stomach Disorders	16%
Heart Condition	15%
Depression	11%

- HIV deaths in Illinois decreased drastically from 2005 (745 deaths) to 2010 (250 deaths), with a slight increase in 2010 from 2009.
- For respondents and their families, the following conditions are experienced at the indicated rates:

- Of the above health conditions, 95% indicated they had no problems obtaining non-emergency care for these conditions when needed.
- Lack of activity around identifying ways to address chronic disease through laws, regulations and ordinances.
- There is limited activity of the LPHS in active participation in changing and creating laws. Regulation and ordinances to promote public health. There is room for growth in taking on a larger advocacy role to create and improve laws to protect health and ensure public safety (Specific issues identified: chronic health issues, school nutrition requirements and indoor air quality and mold).
- Challenges in recruiting and retaining physicians willing to serve low income and uninsured populations.
- Point of services evaluations are easier and cost-efficient but are not effective in accessing client connection/follow through with referrals and ensure continuity and connection to services.
- Lack of good schools, parks and libraries in many neighborhoods.
- Fear and uncertainty on the impact of the Affordable Care Act.
- Impact on quality of care.
- Safety and environment concerns related to energy production in the community.
- Impact of local nuclear power plant on air quality, occupational safety and community health.
- Lack of industrial regulation to reduce pollution to protect public safety.
- Trend towards an aging and more diverse population.
- Significant portion of the population are nearing retirement.

Primary Health Care:

Strategic Issue

How can the Will County community collaborate to maximize and expand resources that will increase access to and awareness of primary and specialty health care that is affordable, geographically accessible and culturally sensitive?

Goals

1. Will County residents will appropriately use their primary care providers and medical homes.

   Strategies
   - Collaboratively work with the local Federally Qualified Health Centers (FQHC's) to promote medical home model.
     - Build awareness and support for having a PCMH
     - Gather and use data to monitor inappropriate use of health care
   - Explore better linkages of residents to medical homes.
     - Maximize the efficient use of existing resources
     - Support collaboration to increase efficient use of resources
     - Expand ER diversion programs
   - Work collaboratively with the County of Will for accessible transportation.
     - Develop innovative transportation options to improve access

2. Health care providers will provide culturally sensitive services to persons of all backgrounds and abilities.

   Strategies
   - Collaboratively work with the Inclusive Health Coalition (IHC).

3. The number of Will County specialty care providers that accept Medicaid patients will increase.

   Strategies
   - Support advocacy efforts for increased rates for Medicaid providers.
   - Support advocacy efforts for more specialty care providers to accept Medicaid.

Primary Health Care

Strategies:

- Support advocacy efforts for increased rates for Medicaid providers
- Collaboratively work with the local Federally Qualified Health Centers (FQHC's) to promote medical home model
- Support advocacy efforts for more specialty care providers to accept Medicaid
- Collaboratively work with the Inclusive Health Coalition (IHC)
- Explore better linkages of residents to medical homes
- Work collaboratively with the County of Will for accessible transportation

Key Findings:

- Will County is ranked 40 out of 102 among all Illinois counties in terms of access to Clinical Care, with identified needs for additional primary care and mental health providers.
- A Veteran's Clinic opened in March 2013 to expand healthcare services for veterans in Will, Grundy, Kendall and Kankakee counties.
- Three new FWHC sites have recently been added in Will County: two Aunt Martha's locations in Joliet and one Visiting Nurses' Association location in Bolingbrook.
- The infant mortality rate for African Americans is significantly higher as compared to Whites between 2005 and 2009.
- Low birth weight for Will County is 7.61%, which is better than Illinois and the US.
- "Very Low Birth Weight" for African American women is approximately three times higher than Whites between 2005-2009.
- The number of African American women entering prenatal care during the first trimester of pregnancy (79.0%) is significantly lower than White women (90.3%).
- 30% reported lack of access to health care services is a moderate or major problem.
- 26% reported lack of access to dental services is a moderate or major problem.
- 25% noted a major problem regarding the availability of information on social services.
- 13% of respondents were themselves uninsured.
- 12% of respondents could not see a health care provider in last 12 months due to cost.
- 13% could not fill a needed prescription in the past 12 months due to high cost.
- Challenges in recruiting and retaining physicians willing to serve low income and uninsured populations.
- There is an increasing number of primary and specialty care providers. Navigators available to connect and enroll people in Medicaid and the Insurance Marketplace. Regional gaps exist in services, especially for low income community members, particularly in Eastern Will County.
- Transportation barriers prevent individuals from accessing health care services.
- Fear and uncertainty on the impact of the Affordable Care Act.
- Impact on quality care.

Strategic Issues	Strategies to Address the Strategic Issues				
	Prevention	**Access**	**Built Environment**	**Disparities**	**Workforce Development**
Chronic Disease	• ROE partnership – developing school gardens • Energy Efficient and Conservation Plan • Summer meals served out of Gompers and Crete • Bike plan for bike lanes across the county • Tobacco prevention • Garden at Health Department • Prevention screenings and education • Media/marketing/advertisements • Adult daycare • Hospice • Support groups • Workplace wellness • Smoke-free campuses • Smoking cessation • Asthma Camps • Park District/YMCA fitness programs • Walking programs • Heartland patient programs – screenings, mobile unit • Telehealth • Cardiac rehab • Joliet Hospice • Health fairs at schools and local organizations	• ROE partnership – developing school gardens • Energy Efficient and Conservation Plan • Summer meals served out of Gompers and Crete • Bike plan for bike lanes across the county • Garden at Health Department • Adult daycare • Hospice • Support groups • Access for dialysis patients • ACA – coverage for pre-existing conditions for chronic diseases • Telehealth	• CMAP grant to work on making communities more walkable (Fairmont is the pilot) • Public transit plan • ROE partnership – developing school gardens • Energy Efficient and Conservation • Identifying sites in Joliet for open spaces, gardens, etc. • Bike plan for bike lanes across the county • Accessible Will County Plan • Housing plan to decrease homelessness • Air and water quality • Villages addressing built environment (Plainfield, New Lenox, parts of Joliet) • Brownfield remediation (Joliet and Wilmington)	• Energy Efficient and Conservation Plan	• Energy Efficient and Conservation Plan

Strategic Issues	Strategies to Address the Strategic Issues				
	Prevention	**Access**	**Built Environment**	**Disparities**	**Workforce Development**
Primary Care	• Affordable Care Act – outreach, education, access • Development of medical homes • Increased FQHCs and VA Clinic • Will-Grundy Medical Clinic • Quick care/immediate care clinics • ACA – Navigators • Education/marketing • 3 hospitals and county clinics	• Affordable Care Act – outreach, education, access • Development of medical homes • Increased FQHCs and VA Clinic • Will-Grundy Medical Clinic • Quick Care Clinics • 3 hospitals and county clinics • Pharmacies/walk-in clinics • Free standing ERs • ACA – Navigators • Veteran's Facility working with Vets • Prescription Assistance – Community Concerns	• 3 hospitals and county clinics	• Affordable Care Act – outreach, education, access • Development of medical homes • Increased FQHCs and VA Clinic • Will-Grundy Medical Clinic • Quick Care Clinics • Education/marketing • 3 hospitals and county clinics • FQHCs • Charity care/financial assistance from hospitals	• Clinical requirements for nursing students • Assistance for students to go into health care professions

Strategic Issues	Strategies to Address the Strategic Issues				
	Prevention	**Access**	**Built Environment**	**Disparities**	**Workforce Development**
Behavioral Health	• Will County Health Department Behavioral Health programs • Anti-Stigma Campaign • Hospital support groups • Work at Sheriff's Department and State's Attorney to address heroin use • HERO HELPS • Inpatient/outpatient substance abuse programs • Men's substance abuse recovery program at Morningstar Mission • Free depression screenings • Tobacco program and Behavioral Health department working together to address co-morbidities • JECA programs • Joliet Township high school programs • School social workers and substance abuse groups • Coalitions (tobacco, mental health, substance abuse) • Child Care Resource & Referral – behavioral specialists • Mental Health First Aid • Heroin/Substance Abuse Education (community forums) • Advocacy for increased funding • Church (education/counseling) • Halfway houses	• Will County Health Department Behavioral Health programs • Hospital support groups • HERO HELPS • Health insurance covers behavioral health through ACA • Inpatient/outpatient substance abuse programs • Tobacco program and Behavioral Health department working together to address co-morbidities • School social workers and substance abuse groups • Child Care Resource & Referral – behavioral specialists • Mental Health First Aid • Crisis intervention/ER screenings • Overdose intervention expansion • Drug Court • Mental Health Court • Telehealth • AOK – mental health in children		• Will County Health Department Behavioral Health programs • HERO HELPS • Men's substance abuse recovery program at Morningstar Mission • Tobacco program and Behavioral Health department working together to address co-morbidities • School social workers and substance abuse groups	• Internships

Strategic Issues	Strategies to Address the Strategic Issues				
	Prevention	**Access**	**Built Environment**	**Disparities**	**Workforce Development**
	• Signs of Suicide Class in schools provided by Linden Oaks • Crisis Line	• Support groups (NAMI, HERO HELPS, AA, NA) • Halfway houses • Community providers • Critical Incident Stress Debriefing (CISD) • Free mental health assessments • Organizations offering services: o Catholic Charities o Morningstar Mission o Family Counseling Agency o Advocate o Bridges to a New Day o Crisis Line • Mid-level substance abuse treatment o Stepping Stones o Trinity • Domestic violence treatment o Guardian Angel (sexual assault)			

Strategic Issues	Barriers	Resources
Chronic Disease	• Transportation • Lack of support from providers • Health literacy • Cost (medication and supplies) • Care giver support and time • Limited resources/funding for prevention of gateway drugs leading to Chronic Disease • Lack of walkable communities • Unsafe environments • Access to specialist • Not enough Medicaid providers • Limitations on Medicaid coverage • Long term funding of expanded Medicaid • Growing senior population • Sedentary life styles(jobs) • Long commutes • Fast foods • Understanding and affordability of healthy foods • Farmer markets not accepting SNAP benefits • Lack of case management in Medicaid clients	• Pharmacy education • Hospice support and follow up • Hospital social workers and discharge planners • YMCA • Park Districts • Bike paths • IHAC • Fitness centers • Health and wellness fairs • Churches • Libraries • Community gardens • U of I Extension • Farmers Markets • Private for profit providers do not partner with not for profit organizations **NEEDS:** • Follow up education for treatment plans • Respite care for chronic care • Education and support for younger parents • Better screening by providers • Education to farmers • Awareness about farmers markets • Education and case management about chronic diseases
Primary Care	• Provider relationships • Resources not available in all parts of the county • Mind set of people to take responsibility for their health care, making health care a priority • Long waits for primary care appointments • Hours • Cost of care, transportation and insurance) • Lack of knowledge about medical homes and available resources • Transportation – limited routes and time schedule • Judgment by medical providers • Pharmacy based clinics • Lack of primary and specialty care providers (obs,	• FQHC"s • Hospitals • Clinics • IDHFS(Accountable Care Organizations) • Colleges • Pharmacy based clinics • Workforce Development – assistance for Health Care field • Intern/Clinical sites for healthcare field • Additional providers accepting medical card • Awareness/knowledge about resources • Community Concerns • Will County Township

Strategic Issues	Barriers	Resources
	neurologists) • Lack of providers accepting the medical card • Location of services – lack of resources outside of Joliet • culture • Health care literacy (includes follow up treatments, talking to provider's and literacy overall) • Unemployment • Education • Nursing shortage • Fear of the system • Language barriers (including deaf and hard of hearing)	
Behavioral Health	• Funding limitations of services provided • Insurance cost/ coverage limitations • Stigma • School policies and fear of litigation prevent service and interventions • Lack of prevention services • Long term care associate with behavioral health issues • Internet information – helps and hurts • Lack of parental responsibility for kids/ personal responsibility • Limited resources in Southern Will • Legal marijuana • Shortage of mental health services (psychiatric in-patient) and limited capacity (physical and operational) • Lack of adolescent and child services • Stigma/lack of education • Multiple casinos (contributes to beh. Health issues) • Lack of Spanish speaking counselors • Waiting lists • Limited providers for under 5 (limited professional training for 0-5 age group) • No family support (treatment) • Reoccurring hospital admissions • Free standing psychiatric centers unable to treat adult Medicaid • Limited county resources • Funding restrictions	• Churches (faith based communities) • School social workers • NAMI • INDI • Crisis Intervention • Enhanced coverage through ACA • Group homes • Adult Day Care • Colleges • School social workers • AA/Alanon – support groups • Crisis Line • Local Aarea Netwrorks **NEEDS:** • Resources to meet the demand of addiction, suicide and eating disorders)

Community Need: _____

Goal:

Gaps Identified:

Prioritize Strategies:	Suggested Measurement for Each Strategy:

LOGIC MODEL WORKSHEET

What we invest	What we do	Who we reach	What the short-term changes are	What the medium-term changes are	What the ultimate impact is
•	•	•	•	•	•
•	•	•	•	•	•
•	•	•	•	•	•
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