Will County Community Health Implementation Plan

2017-2020
The Will County Mobilizing for Action through Planning and Partnerships (MAPP) Collaborative is a multi-sectoral partnership working towards improving the local public health system. Funding for the Collaborative is provided by AMITA Health Adventist Medical Center Bolingbrook, Edward-Elmhurst Health, Presence Saint Joseph Medical Center, Silver Cross Hospital, and Will County Health Department. The Will County MAPP Collaborative coordinates development of a community-driven health assessment and implementation plan with input from many partners who live and/or work in Will County.

Mission Statement
The Will County MAPP Collaborative will assess the health needs of the community and develop, implement, and evaluate initiatives to promote the highest quality of life for all residents.

Vision Statement
Achieving equitable and optimal health in body and mind for all Will County residents.

Value Statements
Health Equity: All individuals have the opportunity to realize their full potential and to achieve the highest quality of life.

Collective Impact: 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.

Respect: Every life has value.

Communication: We commit to sharing our data, assessments, and plans in order to educate and engage the community.

Quality: We believe in evaluation, continuous improvement, and innovation.

Inclusiveness: We are a community rich in diversity, where involvement and commitment have deep roots among our residents.
9 snapshots of some of the key factors affecting the health and well-being of Will County residents.

1. 60433 has the highest shortage of primary care, dental care, and mental health providers.
2. 20.2% of Hispanic/Latino population are uninsured.
3. Will County has a shortage of mental health and primary care providers.
4. Mental disorders are the 3rd leading cause of hospitalizations in Will County.
5. In 2015, there were 89 overdose deaths, of which 52 were heroin related.
6. 20% of the 285 unnatural deaths in Will County were attributed to suicide.
7. 34% of adults are overweight and 27% suffer from obesity.
8. Heart disease and cancer are the leading causes of death in Will County.
9. 16% of the population does not have access to healthy foods.
Introduction & Overarching Goals

In January 2016, The Will County MAPP Collaborative started their third iteration of a collaborative Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP). We used the National Association for County and City Health Officials Mobilizing for Action through Planning and Partnerships framework to complete the assessment and plan. A collaborative team of community stakeholders came together to gather and analyze health-related information, identify the most pressing needs, and pinpoint ways to make health improvements.

After completing the CHNA, the Collaborative convened partners to develop goals, strategies, and objectives detailed in the CHIP to be addressed over the next three years. Many of the strategies identified were determined to be cross-cutting across the selected health priorities which are labeled as “Overarching Goals.”

Overarching Goals

1. Advocate for a “Health in All Policies” approach to improve Will County’s built environment and transportation system
2. Collect, analyze, and disseminate high quality public health data
3. Explore becoming a trauma-informed county
4. Increase business and philanthropy partnerships in community engagement
5. Raise awareness of health inequities and expand understanding of health equity
6. Reduce prevalence and inequities of obesity and obesity related diseases

Based on the committee’s extensive research and review of available data, the following concerns surfaced as the highest priority health needs for Will County:

- Access to Dental and Primary Care
- Behavioral Health
- Chronic Disease

YEAR PLAN

Priorities Health Needs

3

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Access to Dental & Primary Care

Why is this an issue?

Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity. Access to healthcare improves both individual and community health. Access is a complex issue with multiple components including availability, affordability, and timeliness. Findings from the Community Health Needs Assessment detail access issues to healthcare services, as well as resources. Certain communities in Will County labeled as a healthcare priority need to improve both individual and community health. Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity.

Specific priority needs and populations identified in the assessment process include:

- Health resources for seniors
- Equitable services throughout the county
- Improving health literacy
- Transportation to healthcare services and resources
- Navigating insurance and potential changes to the Affordable Care Act
- Health improves both individual and community health.
- Access to dental and primary care

54,042 uninsured

54,042 people in Will County do not have insurance, the largest inequities in health insurance coverage occur by race/ethnicity; whites have the lowest rate (5.05%) compared to African Americans (10.21%), Asians (18.14%) or Hispanics (18.14%).

What has been done to address it?

Access to care has been a health issue for more than two decades. Currently, there are four hospitals and three federally-qualified health centers (FQHCs) serving Will County residents. Some FQHCs have mobile units providing health services. The FQHCs still have the capacity to see patients with Medicaid, Medicare, private insurance, or no insurance at all.

Over the past three years, The Will County MAPP Collaborative developed a campaign to educate health care consumers on how to appropriately utilize services. The campaign listed symptoms on when to go your primary care provider or the emergency room, all while promoting the local FQHCs.

Access to Dental and Primary Care Goal & Strategies

**Goal:** Increase consumers' effective use of health systems

**Strategies:**

- Ensure communities with high rates of uninsured have certified application counselors to assist with enrollment and education on Marketplace and Medicaid benefits
- Explore the use of community health workers to educate the importance of preventative and routine care
- Engage community partners to develop a community-specific comprehensive oral health improvement plan
- Foster collaboration between health systems that provide dental care

Visit WillKnowWhereToGo.org for more information.
Behavioral Health

Why is this an issue?
Behavioral health is a term used to include both mental health and substance abuse disorders. The existing model for understanding mental health emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems.

Findings from the assessments detail issues with access to behavioral health services, as well as resources. Behavioral health issues impact population groups across income levels, as well as racial and ethnic groups. Certain communities in Will County labeled as mental healthcare provider shortage areas also experience issues with social, economic, and environmental inequities.

Specific priority needs and populations identified in the assessment process include:

**NEEDS**
- Better data to define and prioritize behavioral health issues, identify populations most affected, and monitor progress
- Adequate funding for expansion of services, resources, and providers
- Equitable services throughout the county

**POPULATIONS**
- 60433 zip code
- Southern Will County
- Youth
- White population
- Males

Will County has a total of 645 mental health providers, yielding a ratio of population to providers of 1,060:1 compared to 370:1 for Illinois.

Common Cause!
Mental health disorders are among the most common causes of disability. Mental health disorders attributed to 7.8% (5,783) of all Will County hospitalizations in 2014, and it is the third leading cause of all hospitalizations.

More than half of all unnatural deaths are attributed to accidental overdose and suicide.

What has been done TO ADDRESS IT?
Will County MAPP Collaborative has found, through multiple assessments, that behavioral health is a key area of need in Will County. The MAPP Behavioral Health Action Team, with guidance from the University of Saint Francis, surveyed providers and referrers in 2016 to get a picture of system capacity.

Behavioral Health Goals & Strategies

**GOAL:** Increase access to coordinated health systems and behavioral health services

**STRATEGIES:**
- Conduct assessment of behavioral health systems capacity
- Develop and promote a behavioral health resource inventory
- Create a workforce development and training plan to increase capacity and address gaps in the supply of behavioral health services
- Promote Crisis Intervention Training for police officers and Mental Health First Aid Training for first responders
- Expand and promote Safe Passage and Change police deflection programs
- Promote evidence-based integration of primary and behavioral health care

**GOAL:** Reduce prescription drug and other opiate overdoses

**STRATEGIES:**
- Explore physician education initiative to reduce high-risk opioid prescribing
- Expand prescription drug and other opiate overdose community education
- Promote and expand take back bins and events
- Expand access to Naloxone training and distribution
- Promote medication assisted treatment and expand availability of medication to treat opioid use disorder in primary and behavioral health care settings

Mental Health First Aid is a public education program designed to teach individuals how to interact with and help someone experiencing a mental health or addictions challenge or crisis. Participants learn mental illness signs and symptoms, risk assessment, intervention strategies, and effective communication skills. Will County MAPP Collaborative has teamed up with Linden Oaks to provide low-cost trainings to community members. Since 2014, 890 people have become Mental Health First Aiders.

37% of adults have experienced at least one or more bad mental health days.

30% of 12th graders and 22.4% of adults reported binge drinking.

30% of 12th graders and 22.4% of adults reported binge drinking.
Chronic Disease

Why is this an issue?

Chronic diseases (such as heart disease, cancer, type 2 diabetes, stroke, and obesity) are the most common, costly, and preventable of all health problems. Many chronic diseases are linked to lifestyle choices, or health risk behaviors, which are unhealthy behaviors that can be changed. Four of these health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excess alcohol consumption—cause much of the illness, suffering, and early death related to chronic diseases. Eating nutritious foods, becoming more physically active, and avoiding tobacco can help avoid developing many of these diseases.

Findings from the assessments detail issues with access to healthcare services and resources. Specific priority needs and populations identified in the assessment process include:

- Access to affordable, healthy foods
- Strategies that link community and clinical services
to ensure that people with, or at high risk of, chronic diseases have access to the resources they need to prevent or manage these diseases
- Strategies that link community and clinical services to ensure that people with, or at high risk of, chronic diseases have access to the resources they need to prevent or manage these diseases
- Access to affordable, healthy foods

GOAL: Increase access and availability of healthy food and beverages

STRATEGIES:
- Promote strategies to limit availability and access to sugar-sweetened beverages in community settings
- Increase adoption and implementation of comprehensive workplace wellness policies and practices that includes improving the availability of healthy food and beverages, including reducing sodium content
- Increase adoption and implementation of healthy eating policies and practices, including sodium reduction, in early childcare centers, schools, colleges and hospitals

GOAL: Reduce household food insecurity

STRATEGIES:
- Explore and expand partnerships that would result in increased availability of affordable, healthy foods (either by large or small retailers, farmer’s markets, roadside stands, and community gardens) in low-income communities and/or food deserts
- Work with food pantries and emergency meal programs to stock and deliver healthy foods and beverages
- Implement and promote utilization of dollar-matching programs (double value coupons) for consumers that participate in SNAP and WIC
- Explore food insecurity screenings and referral systems to connect individuals at risk for food insecurity with local food resources

GOAL: Increase physical activity opportunities

STRATEGIES:
- Promote and/or improve access to physical activity spaces in safe community settings (i.e. walk/bike paths, joint use agreements with schools, parks, etc.)
- Increase adoption and implementation of comprehensive workplace wellness policies and practices that include improving and increasing access to physical activity opportunities
- Increase adoption and implementation of physical activity policies and practices in early childcare centers, schools, colleges, and hospitals

GOAL: Improve prevention and management of diabetes

STRATEGIES:
- Increase access to and utilization of community-based services for diabetes prevention, risk reduction, and disease management
- Implement referral systems in health care settings that link patients to community resources
- Explore and support opportunities for community health workers in prevention, risk reduction, and management of diabetes

What has been done TO ADDRESS IT?

WEWILL WorkHealthy is a worksite wellness recognition program developed in 2013. It recognizes the worksites in Will County that are engaged in worksite wellness best practices through an application process. This application consists of policies, programs, and services pertaining to health promotion, physical activity, behavioral health, environmental health, nutrition, and safety. WEWILL WorkHealthy is a two-year award program with levels of recognition: Honorable Mention, Bronze, Silver, Gold, and the Innovation Award. Nineteen organizations have received recognition, impacting more than 10,000 Will County employees.
<table>
<thead>
<tr>
<th>Indicators</th>
<th>Description</th>
<th>Will County (WC) Baseline (Year)</th>
<th>Priority Population</th>
<th>Priority Population (PP) Baseline (Year)</th>
<th>2020 Target (% Change from Baseline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Provider</td>
<td>Percentage of adults who have a personal doctor or health care provider</td>
<td>84.1% (2014)</td>
<td>Males</td>
<td>77.5% (2014)</td>
<td>WC: 92.5% PP: 85.25% (9% increase)</td>
</tr>
<tr>
<td>No Health Insurance</td>
<td>Percentage of the population without health insurance</td>
<td>9.2% (2014)</td>
<td>Hispanic</td>
<td>20.2% (2014)</td>
<td>WC: 7.4% PP: 16.2% (20% decrease)</td>
</tr>
<tr>
<td>Routine Checkup</td>
<td>Percentage of adults who visited a health care provider for a routine checkup in the past year</td>
<td>66.6% (2014)</td>
<td>Countywide</td>
<td>66.6% (2014)</td>
<td>73.3% (10% increase)</td>
</tr>
<tr>
<td>Preventable Hospital Visits</td>
<td>Emergency Department visits for “All Primary Care Sensitive” cases expressed as a crude rate per 10,000 area population</td>
<td>1,354.38 per 10,000 (2015)</td>
<td>Countywide</td>
<td>1,354.38 per 10,000 (2015)</td>
<td>1,286.66 per 10,000 (5% decrease)</td>
</tr>
<tr>
<td>Dental Emergency Room Visits</td>
<td>Age-adjusted rate of dental related emergency department visits</td>
<td>Data available in 2018</td>
<td>Data available in 2018</td>
<td>Data available in 2018</td>
<td>Data available in 2018</td>
</tr>
<tr>
<td>Annual Dental Cleaning</td>
<td>Percentage of adults who report having their teeth cleaned by a dentist or dental hygienist in the past year</td>
<td>74.3% (2014)</td>
<td>Countywide</td>
<td>74.3% (2014)</td>
<td>81.73% (10% increase)</td>
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</tbody>
</table>
### Health Indicators

#### CHRONIC DISEASE

<table>
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<tbody>
<tr>
<td>Obesity</td>
<td>Percentage of adults with a Body Mass Index (BMI) greater than 30</td>
<td>27.80% (2014)</td>
<td>Countywide</td>
<td>27.80% (2014)</td>
<td>25.0% (10% decrease)</td>
</tr>
<tr>
<td>Fruit &amp; Vegetable Servings</td>
<td>Percentage of adults who consume less than 5 servings of fruits and vegetables each day</td>
<td>80.7% (2019)</td>
<td>Countywide</td>
<td>80.7% (2019)</td>
<td>64.6% (20% decrease)</td>
</tr>
<tr>
<td>Soda Consumption</td>
<td>Percentage of adults that did not drink sugary beverages in the past 7 days</td>
<td>17.7% (2014)</td>
<td>Countywide</td>
<td>17.7% (2014)</td>
<td>21.2% (20% increase)</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Percentage of adults who have no leisure time for activity</td>
<td>24% (2012)</td>
<td>Countywide</td>
<td>24% (2012)</td>
<td>19.2% (20% decrease)</td>
</tr>
<tr>
<td>Low to No Food Access</td>
<td>Percentage of population with low food access</td>
<td>45.21% (2010)</td>
<td>Low income populations</td>
<td>6.85% (2010)</td>
<td>WC: 4.0% PP: 6.2% (10% decrease)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Percentage of adults who have been told they have diabetes by a doctor</td>
<td>10.6% (2014)</td>
<td>Medicare population</td>
<td>27.4% (2014)</td>
<td>WC: 9.5% PP: 24.7% (10% decrease)</td>
</tr>
<tr>
<td>Uncontrolled Diabetes Hospitalizations</td>
<td>The rate of preventable hospitalizations for Uncontrolled Diabetes per 100,000 population</td>
<td>20.42 per 100,000 (2015)</td>
<td>African Americans</td>
<td>63.97 per 100,000 (2015)</td>
<td>WC: 18.4 per 100,000 PP: 27.6 per 100,000 (10% decrease)</td>
</tr>
</tbody>
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#### BEHAVIORAL HEALTH

<table>
<thead>
<tr>
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<th>Priority Population (PP) Baseline (Year)</th>
<th>2020 Target (% Change from Baseline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Mental Health Days</td>
<td>Percentage of adults who experience 8-30 days of poor mental health</td>
<td>15% (2014)</td>
<td>Countywide</td>
<td>15% (2014)</td>
<td>13.5% (10% decrease)</td>
</tr>
<tr>
<td>Behavioral Health Hospitalizations</td>
<td>Emergency Department visits for “Behavioral Health” expressed as a crude rate per 10,000 area population</td>
<td>83.43 per 10,000 (2012-2014)</td>
<td>Countywide</td>
<td>83.43 per 10,000 (2012-2014)</td>
<td>75.09 per 10,000 (10% decrease)</td>
</tr>
<tr>
<td>Opioid Overdose Death Rate</td>
<td>The opioid and/or heroin overdose death rate for 2015, expressed as an area-level rate per 100,000 population</td>
<td>11.49 per 100,000 (2015)</td>
<td>Countywide</td>
<td>11.49 per 100,000 (2015)</td>
<td>10.34 per 100,000 (10% decrease)</td>
</tr>
</tbody>
</table>
The Will County Community Health Implementation Plan is the public health blueprint to address health issues over the next three years. Addressing health priorities is the first step to achieving health equity in our county. Based on the identified health priorities, Action Teams were formed to develop the goals, strategies, and objectives you read in this plan. Action teams will continue to meet to develop work plans to implement strategies identified in the Community Health Implementation Plan. Since the need for involvement from diverse organizations at a variety of levels is always present, the Will County MAPP Collaborative welcomes additional partners.

Visit www.willcountymapp.org to get the whole story of the Collaborative, full assessment reports (with sources related to the information in this document), and other materials.

Get Involved!

Find out how to volunteer to help strengthen the community either as an individual or organization.

Call: 815-727-5089
Email: mapp@willcountyhealth.org
Visit: www.willcountymapp.org
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