

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

Will County MAPP Collaborative

Community Health Needs Assessment and Strategic Plan

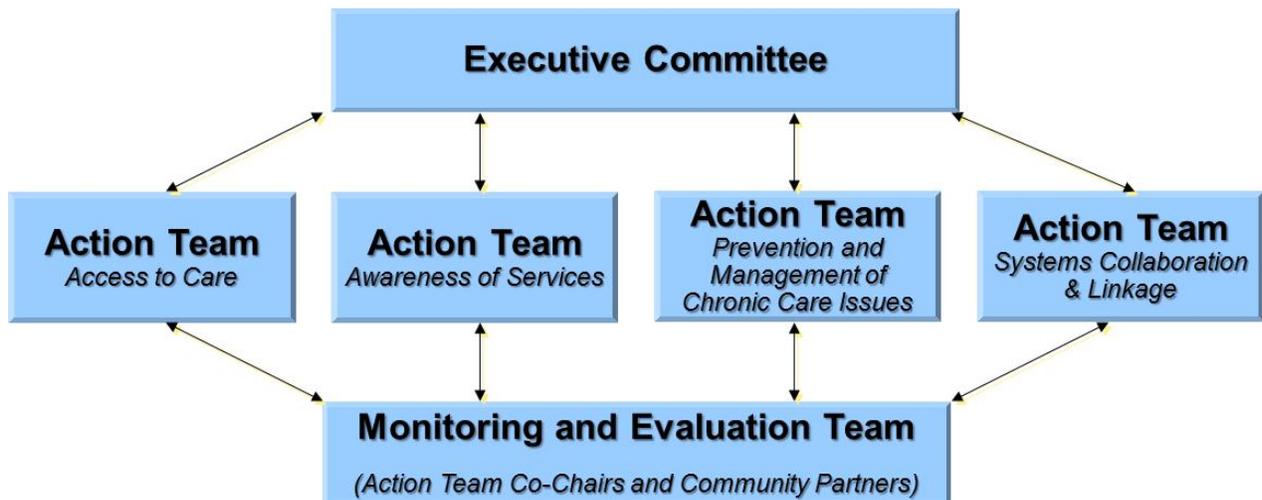
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PHASE 1: Organizing for Success and Partnership Development

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.

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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.

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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:

<u>Health Condition</u>	<u>Percentage in Household with Condition</u>
- 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 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 Institutions/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

***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

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.

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.

Summary of Results:

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

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?

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.

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PHASE 6: Action Cycle

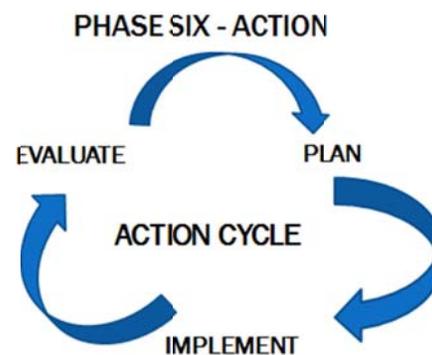
May 2014 - Ongoing

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.



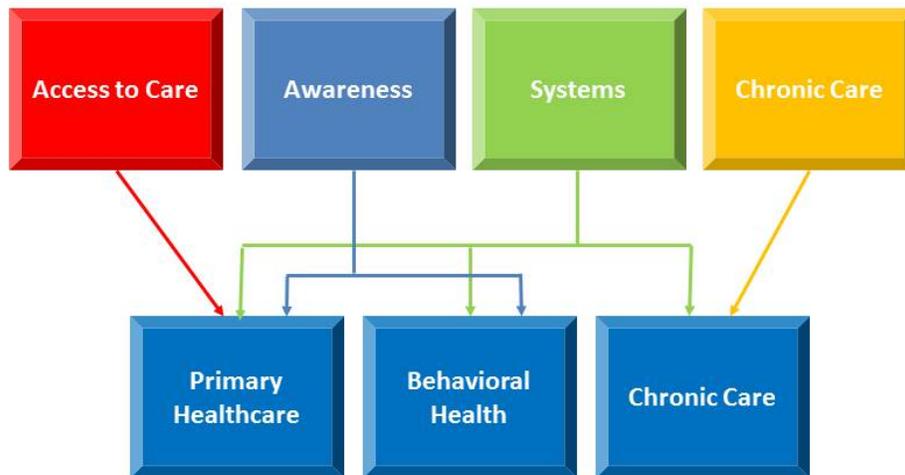
Community Involvement

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.

Transition of Action 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.