



ST. CLAIR COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN



2018 - 2023

St. Clair County Health Department



A comprehensive community health assessment of needs and five-year community health improvement plan developed by the St. Clair County Health Care Commission in fulfillment of the Illinois Department of Public Health IPLAN Certification Requirements for Local Health Departments.

St. Clair County Community Health Improvement Plan

ST. CLAIR COUNTY HEALTH DEPARTMENT

Acknowledgements

The St. Clair County Health Department and County Health Care Commission would like to recognize and thank the many organizations and individuals that have contributed their valuable time and diverse expertise to this project. The support of County Board Chairman, Mark Kern is also appreciated. His understanding of the role of local government in addressing the core public health functions of assessment, policy development and assurance has been instrumental in the success of our collaborative efforts.

AgeSmart
 American Cancer Society
 Big Brothers/Big Sisters
 BJC School Outreach and Youth Development
 Children’s First Foundation
 Children’s Home & Aid
 Chestnut Health Systems
 City of Belleville
 City of East St. Louis
 City of Fairview Heights
 City of OFallon
 East Side Health District
 First United Presbyterian Church
 Gateway Region YMCA
 Get Up & Go!, Inc.
 Heses Comprehensive Psychological and Assessment Services
 HSHS Medical Group
 Illinois Public Health Association - Americorp
 Illinois Public Health Institute
 InsightFormation, Inc.
 Karla Smith Foundation
 LINC, Inc.
 Lindenwood University
 Memorial BJC Hospital
 McKendree University
 Our Lady of the Snows, Apartment Community
 Programs & Services for Older Persons

Project Compassion
 Scott Air Force Base
 Senior Services Plus
 Southern Illinois Healthcare Foundation
 Southwestern Illinois College
 SIU Edwardsville – School of Nursing
 St. Clair County State’s Attorney
 St. Clair County Board of Health
 St. Clair County Health Dept.
 St. Clair County Medical Society Alliance
 St. Clair County Mental Health Board
 St. Clair County Office on Aging
 St. Clair County Regional Office of Education
 St. Clair County Sherriff’s Office
 St. Clair County Youth Coalition
 St. Elizabeth’s Hospital
 Touchette Regional Hospital (TRH)
 TRH Behavioral Health Center
 Treatment Alternatives for Safe Communities (TASC)
 University of Illinois Cooperative Extension – SNAP Ed. Program
 Vertical Performance
 Violence Prevention Center
 Westminster Presbyterian Church
 Willard C. Scrivner, MD Public Health Foundation
 Women 4-Giving

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EXECUTIVE SUMMARY

In the fall of 2016, the St. Clair County Health Department (SCCHD) and other members of the County Health Care Commission initiated a community health assessment and planning process in accordance with the State of Illinois' IPLAN requirements (Illinois Project for Local Assessment of Needs). The essential elements of IPLAN are:

- An organizational capacity assessment;
- A community health needs assessment (CHA); and
- A community health improvement plan (CHIP), focusing on a minimum of three priority health problems

The National Association of County and City Health Officials, MAPP: Mobilizing for Action through Planning and Partnership (MAPP) model was selected as the most effective approach to addressing the essential elements of IPLAN as well as fulfilling the Commission's goal to collaboratively improve the health of the citizens of St. Clair County. The MAPP process encompasses a Community Health Assessment and Community Health Intervention Plan that is in accordance with the applicable requirements of the Illinois Department of Public Health (Title LXXVII, Public Health, Chapter I, Department of Public Health, Subchapter H, Local Health Departments, Part 600, Certified Local Health Department Code). The MAPP health assessment and intervention model involves a community-driven process implemented in six phases.

MAPP was first utilized in the development of the County's 2006-10 Community Health Plan which addressed seven priority health issues. MAPP was once again selected as the model approach for this five-year process because it is more intensive and inclusive than other approaches. It requires a high level of participation from community organizations and residents and utilizes a variety of methods to identify community health trends, gaps in care, local assets and – most importantly – develop and implement a plan that successfully addresses community health needs. MAPP helps communities form effective partnerships that can better identify their unique circumstances and needs and use their resources wisely.

In addition to the MAPP process, the SCCHD initiated and received accreditation by successfully completing the National Public Health Accreditation Board (PHAB) process. This two year certification process evaluated the quality and performance of our agency based on nationally recognized public health standards. This extensive seven-step process ensured our desire to improve service, value and accountability to stakeholders. On September 16, 2014, SCCHD was PHAB accredited for five years. During this process we also completed an organizational capacity assessment and reviewed our CHA and CHIP to determine implementation status.

The 2018-2023 St. Clair County Community Health Plan was accomplished with direct contribution from over 75 individuals representing more than 50 different agencies from across the county. We also incorporated the voice of more than 800 community residents through surveys and community meetings. The year-long process progressed as follows:

- Community "Quality of Life" surveys were made available online and administered on paper.

Our Mission and Vision

We are a collaborative public health system that mobilizes resources to meet identified health needs and promote the health and well-being of all of the residents of St. Clair County.

We do this to enable St. Clair County to be within the top 25% of healthiest counties in Illinois by the Year 2025

- Performed an analysis of the health status of the community based on recommendations by the Illinois Department of Public Health and the Illinois Public Health Institute.
- Convened meetings with community partners to conduct the local health systems assessment based on the 10 essential health services.
- Completed the “Force of Change” assessment.
- Convened a partnership forum to present assessment findings and prioritize issues.
- Conducted “Action Team” workshops to develop community health plans with measurable goals and objectives.

The three priority health issues identified through this process include

1. Community Safety

- Infant & Child Mortality
- Crime Prevention
- Strengthening Social Ties

2. Mental Health/Substance Abuse

- Suicide Prevention
- Substance Abuse Treatment and Prevention

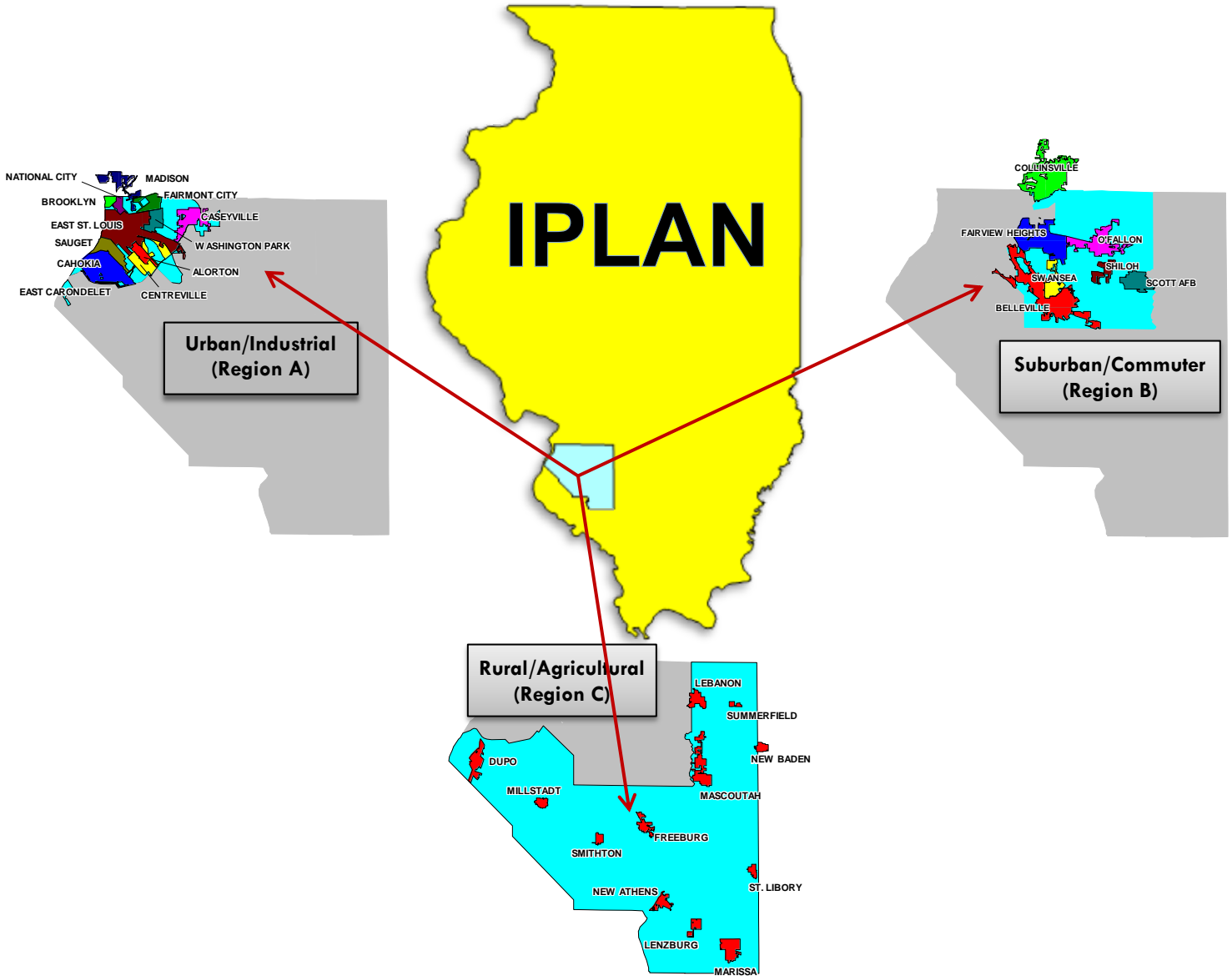
3. Education

- Educational Achievement/Vocational Readiness
- Prevention-based Health Education/Promotion across the Lifespan

The 2018-23 MAPP Community Health Improvement Plan brings many improvements over the 2011-16 process, including a renewed vision for health, dynamic partnerships and the use of innovative tools for multi-organizational strategic alignment. Since PHAB accreditation was attained September 16, 2014, IDPH allowed a waiver to extend our local health department certification to February 28, 2018. The four MAPP assessments revealed the tremendous assets and potential within the communities of St. Clair County to improve health outcomes for these conditions. It also reminded the members of the Commission that there remain many needs and barriers that we must collectively address in the next five years.

Our local efforts to create healthy communities and a better quality of life, to strengthen the overall system of health within the community, to anticipate and manage change, and to encourage community engagement must place a strong emphasis on **community ownership** of the process. If we are to realize a bold vision for health, we must also place a priority on continually **developing community connectedness and capacity** in the identification and response to community health problems and goals. The evidence of our past practices and the collective experience of our current stakeholders suggest the potential for fulfilling these aims. Furthermore, by aligning the existing strategies and efforts of all stakeholders over the next five years, the Health Care Commission will continue to fulfill its mission to mobilize resources to meet identified needs and promote the health and well-being of all the residents of St. Clair County.

ST. CLAIR COUNTY



One County: Many Communities

Working Together for Health

Adopted December, 2017
By
the St. Clair County Board of Health and
the St. Clair County Health Care Commission
St. Clair County, Illinois

INTRODUCTION

Between the years 2006 and 2011, the St. Clair County Health Department (SCCHD or Health Department) and other members of the St. Clair County Health Care Commission (SCCHCC or Commission) initiated a new approach as they implemented the 3rd Round of their community health intervention plan in accordance with the State of Illinois' IPLAN process (Illinois Project for Local Assessment of Needs). The essential elements of IPLAN are:

- AN ORGANIZATIONAL CAPACITY ASSESSMENT;
- A COMMUNITY HEALTH NEEDS ASSESSMENT; AND
- A COMMUNITY HEALTH IMPROVEMENT PLAN, FOCUSING ON A MINIMUM OF THREE PRIORITY HEALTH PROBLEMS

Since 2006, the National Association of County and City Health Officials, MAPP: Mobilizing for Action through Planning and Partnership (MAPP) model has been utilized as the most effective approach to addressing the essential elements of IPLAN as well as fulfilling the **Commission's** mission to collaboratively improve the health of the citizens of St. Clair County. The MAPP process encompasses a Community Health Assessment and Community Health Intervention Plan that is in accordance with the applicable requirements of the Illinois Department of Public Health (Title LXXVII, Public Health, Chapter I, Department of Public Health, Subchapter H, Local Health Departments, Part 600, Certified Local Health Department Code). The MAPP health assessment and intervention model involves a community-driven process implemented in six phases. (Figure 1 and Appendix A).

In the Fall of 2016, the St. Clair County Health Department and other members of the Commission initiated the 5th round of their IPLAN community health assessment and planning process for the years 2017-2023. The six phases of the MAPP model were again selected as the model approach for this process because it is more intensive and inclusive than other approaches. It requires a high level of participation from community organizations and residents and utilizes a variety of methods to identify community health trends, gaps in care, local assets and – most importantly – develop and implement a plan that successfully addresses community health needs. MAPP helps communities form effective partnerships that can better identify their unique circumstances and needs and use their resources wisely.

The Health Department is committed to the mission of public health, which is to fulfill society's interest in ensuring conditions in which people can be healthy. Because of this commitment, the St. Clair County Board of Health (BOH) has adopted this assessment and plan as a guideline to assure that the Health Department is fulfilling the core functions of public health:

1. The assessment process was conducted through extensive participation of community partners and health care consumers.
2. Strategies for existing community-wide intervention to address health issues facing St. Clair County are described along with specific intervention strategies to address priority issues, which will be carried out directly by the Health Department, other member agencies of the Commission, and additional community stakeholders.
3. The implementation cycle provides for the ongoing evaluation, refinement and development of policies through a process of member agency collaboration and community participation as well as Board of Health oversight.

Over its 31 year history, SCCHD has developed a successful reputation for community-based health assessment and planning that involves ongoing evaluation and continued refinement. This is done through a process of member agency collaboration and community participation. The Department has conducted several health assessment and planning projects over the last 30 years. They include projects for priority health issues in maternal and child health (infant mortality reduction, breastfeeding initiatives, and childhood obesity), adolescent health (teen pregnancy, depression, suicide), asthma, diabetes, and emergency preparedness for populations with special needs. In addition to enhancing and expanding those priorities established in previous IPLAN Community Health Assessment and Planning projects, they serve as a reminder of the Health Department's approach towards community health assessment and planning as defined in our first (1999) IPLAN:

Figure 1: The MAPP Process



A community health assessment is a 1) **dynamic process** undertaken to identify the 2) **health issues and goals** of the community, enable the community-wide establishment of 3) **health priorities**, and facilitate 4) **collaborative action planning** directed at improving 5) **community health status and quality of life**. Involving 6) **multiple sectors of the community**, the assessment draws upon both 7) **quantitative and qualitative population-based health status and health-services utilization data**. With a strong emphasis on 8) **community ownership** of the process, a community health assessment supports developing 9) **community competence** in the identification and response to community health problems and goals.

This report describes the process used by the Health Department to convene and implement our IPLAN community health assessment and planning process through the six phases of MAPP. Each phase will serve as a major heading of this report. In keeping with our philosophy of health planning as a dynamic process, the sixth phase (known as the Action Cycle) will highlight two areas: first, we will describe our current progress to date for the four strategic issues identified in the Phase Five portion of the MAPP process. This phase formulated goals and strategies for improving health outcomes for maternal and child health, community safety, suicide and substance abuse prevention. Second, we will describe how the ongoing work of the County's Health Care Commission will provide the necessary foundation and framework for a dynamic process of continuous quality improvement and strategy aligned management through the use of Collective Impact tools. These tools, if used consistently, can be an effective approach to addressing the challenges of getting multiple organizations to support a common strategy to achieve outcomes, manage the complexity of a collaborative strategy, and demonstrate accountability for results that require the efforts of many organizations.

PHASE ONE: ORGANIZING FOR SUCCESS/PARTNERSHIP DEVELOPMENT

In St. Clair County, the first phase of the MAPP process actually began many years before the nationally recognized model was published by the Centers for Disease Control and Prevention (CDC) and the Public Health Practice Program (PHPPPO). As evidenced in the history of the St. Clair County Health Care Commission, the concept of organizing for success through partnership development has been a cornerstone of the Health Department since its inception in 1986.

History of the St. Clair County Health Care Commission

The establishment of St. Clair County's community-based participation in public health assessment and planning emanated out of the formation of the St. Clair County Health Department in 1986. Then County Board Chairman, Jerry Costello, with support of the elected County Board members, appointed a public health task force of community health and civic leaders to hold public hearings on the need for an outer county Health Department. Based upon community input, the County Board established the Health Department through ordinance, in October 1985. This foundation of community participation was built upon with the appointment of the Board of Health.

The Board of Health, recognizing a key community problem of an alarmingly high infant mortality rate established a Maternal and Child Health (MCH) Committee in 1987. This committee served as a vehicle for bringing together representatives from the medical providers, area hospitals, public health agencies, and local educators. Their mission was to assess the problem, coordinate resources, and develop strategies to reduce infant mortality.

As the MCH committee deliberated on solutions to the infant mortality problem, it became abundantly clear that the risk factors that contributed to this major health problem in St. Clair County were also contributing risk factors for other serious problems. The county infant mortality rate served as a "window" through which the MCH Committee peered and identified many other factors that served as an indicator of the health status of the larger community. Access to care, self-responsibility, medical liability, and other problems were all identified as contributing to not only infant mortality, but a myriad of other health problems as well. Based upon this broader view, the Board of Health advocated the establishment of a County Health Care Commission. John Baricevic, then County Board Chairman, embraced the concept of an officially appointed local health care planning group and formed the Commission in May 1991.

THE ORIGINAL MEMBERS OF THE HEALTH CARE COMMISSION INCLUDED:

- Chairman of the Board of Health's MCH Committee,
- Chief Executive Office of each of the four hospitals located in St. Clair County,
- President of the Medical Society,
- Program Director SIU School of Medicine Family Practice,
- Obstetrical nurse managers at three hospitals which provide obstetrical services,
- Public Health Administrator of East Side Health District,
- Public Health Administrator of St. Clair County Health Department.

These Commission members served as a nucleus of health professionals to assess community needs and collaborate on strategies for solution. The Commission extends community participation beyond health professionals. This includes consumers, educators, business representatives, parent groups, media representatives, and community based organization representatives through other alliances and coalitions. In this manner, more comprehensive views are included in the assessment,

policy development, and assurance functions. Community participation is also solicited from the health consumer. This is accomplished through various local groups in the community that Commission members are affiliated with, as well as direct surveys of health consumers and local organizations.

Since 1994, the St. Clair County Health Care Commission has conducted numerous community health assessment and planning projects (red) and partnership forums (blue) as listed below:

Commission Assessment & Planning Projects and Partnership Forums

- 1994 – Community Health Assessment & Planning Project (IPLAN Round 1)
- 1998 – An Assessment on the Health of Our Community (Forum)
- 1999 – Community Health Assessment & Planning Project (IPLAN Round 2)
- 2001 – Moving Forward in the 21st Century (Forum)
- 2002 – Building Healthy Community Partnerships (Forum)
- 2002 – St. Clair County Comprehensive Youth “At Risk” Needs Assessment
- 2003 – An Assessment of Asthma for the Greater St. Louis Metro East Area
- 2003 – Improving Health for ALL of the Community – Eliminating Health Disparities (Forum)
- 2004 – Addressing the Public Health Concerns of Diabetes (Forum)
- 2005 – Stop the Epidemic of Childhood Obesity (Forum)
- 2006 – Disaster Preparedness Assessment for Persons with Special Needs
- 2006 – MAPP Assessment & Planning Project (IPLAN Round 3)
- 2006 – Real Teens, Real Issues, Real Solutions! (Forum)
- 2007 – IPLAN Year in Review Workshop Using the Six Thinking Hats (Forum)
- 2007 – Get Up & Go! – A County-wide Health and Wellness Campaign (Forum)
- 2008 – Maintaining Collaborative Community Health Partnerships Using Open Space Technology (Forum)
- 2009 – 1st Annual Health Policy Summit – Theme: Active Living
- 2010 – 2nd Annual Health Policy Summit – Theme: Food Deserts and Nutrition
- 2011 – 3rd Annual Health Policy Summit – Theme: Creating Safe Communities for Healthy Living
- 2011 – MAPP Assessment & Planning Project (IPLAN Round 4)
- 2012 – 4th Annual Health Policy Summit – Theme: Collective Impact
- 2013 – 5th Annual Health Policy Summit – Theme: Complete Streets & Coordinated School Health
- 2014 – PHAB Accreditation – September 16, 2014
- 2014 – 6th Annual Health Policy Summit – Theme: The Changing Healthcare Landscape
- 2015 – 7th Annual Health Policy Summit - Theme: Embracing a Culture of Health
- 2017 – MAPP Assessment & Planning Project (IPLAN Round 5)
- 2017 – 8th Annual Health Policy Summit – Theme: All In for Impact

For twenty-six years, the Commission has invited many members and affiliate organizations to work together for health. Currently the Commission has 16 appointed organizations* and has affiliations with 25 additional organizations and coalitions (Table 1).

Table 1: Health Care Commission Members & Affiliates, Years 1991-2017

- Age Smart
- Alzheimer’s Association
- American Cancer Society
- American Heart Association
- American Lung Association
- Arthritis Foundation
- Asthma Coalition for the Greater St. Louis Metro East Area
- BASIC Initiative
- Call For Help
- East Side Health District*
- Gateway Region YMCA*
- Get Up & Go! Inc.
- Illinois Department of Human Services
- Memorial Hospital*
- MidAmerica Public Health Training Center
- Programs & Services for Older Persons*
- Regional Office of Education*
- Scott Air Force Base*
- St. Clair County Health Department*
- St. Clair County Housing Authority
- St. Clair County Medical Society*
- St. Clair County Mental Health Board*
- St. Clair County Office on Aging*
- St. Clair County Transit District
- St. Clair County Youth Coalition
- St. Elizabeth’s Hospital*
- Southwest Illinois College

- Illinois Department of Public Health
- Illinois Public Health Institute
- Illinois Public Health Assoc.–AmeriCorp Program
- Lindenwood University*
- LINC, Inc.
- March of Dimes
- McKendree University*
- Southern IL Health Care Foundation*
- Southern Illinois University, School of Nursing*
- Southwest Illinois HIV/AIDS Coalition
- Touchette Regional Hospital*
- University of Illinois Cooperative Extension
- Violence Prevention Center
- Willard C. Scrivner, MD Public Health Foundation

In November 2016, St. Clair County Health Department staff presented an orientation of the six phases of the MAPP process to members of the Commission. In the months that followed, staff initiated the following steps to prepare for and complete the overall MAPP assessment and planning process:

1. Development of an IPLAN/MAPP Timeline for St. Clair County.
2. Review the Mission, Vision and Values of the SCCCHC
3. Recruited Commission members to serve as a MAPP Leadership and Assessment Team (Table 2)
4. Provided follow-up training and coordination to the MAPP Leadership and Assessment Team.
5. Conduct the four MAPP assessments and report relevant findings (Phase Three)
6. Convene a partnership forum to prioritize and establish strategic health issues.
7. Conduct workshops for health problem analysis and planning

The role of the Health Department throughout the MAPP process has been to equip leaders and volunteers; and to facilitate the individual team assessments and strategic planning efforts that followed. Preliminary training of the MAPP Assessment team members occurred throughout the Spring of 2017 and the assessment process described in Phase Three occurred during the months of May through July 2017. Weekly and monthly meetings were held with individual assessment teams to share results and prepare update reports for the larger Health Care Commission at bi-monthly meetings.

Table 2: St. Clair County MAPP Assessment Co-Leaders

Community Health Status Assessment

Mark Peters, MS – Director of Community Health, SCCHD
Amy Funk, MS, Extension Educator, U of I Cooperative Extension SNAP-Ed. Program

Community Themes and Strengths

Rachel Lugge, MSG – Vice President of Development & Strategic Initiatives, The Apartment Community of Our Lady of the Snows
Laurie Bauer – Consultant, Memorial and St. Elizabeth’s Cancer Treatment Center

Forces of Change Assessment

Karan Onstott, RhD – Associate Professor, Health Promotion & Wellness School of Nursing and Health Professions McKendree University
Andrea Frazier, PhD – Assistant Professor of Healthcare Administration, Lindenwood University

Local Public Health System Assessment

Barbara Hohlt, BS, LEHP, REHS – Executive Director, SCCHD
Kevin Hutchison, RN, MPH Consulting Advisor, SCCHD
Rev. Doug Stewart, Chief Chaplain, BJC Memorial Hospital
Donna Meyers, MSN, RN Director Mission Integration/Pastoral Care, St Elizabeth’s Hospital

PHASE TWO: VISIONING

St. Clair County began the MAPP visioning phase through their bi-monthly Health Care Commission meetings between the fall of 2016 and spring of 2017. The phase was similar to Phase One, because it involved a process of building upon an established foundation of a shared vision and values that have been part of the Commission since 1994. During the years 2011-16, the vision of the Health Care Commission was strengthened and influenced by new partnerships stemming from the four strategic issues established in the 2011-16 MAPP Community Health Improvement Plan (Appendix B – MAPP Timeline from 2011-16). In 2011, the Health Department expanded their partnership role with the YMCA as an advisor and Community Health Coach through the National Pioneering Healthier Communities Initiative.¹ Over the next several years, the Department also leveraged new funding opportunities through the Illinois Department of Public Health’s Communities Putting Prevention to Work (CPPW) and We Choose Health (WCH) programs. These resources helped develop new partnerships with schools, businesses and municipal leaders; and allowed the Commission to continue to convene its annual Health Policy Summit with key community leaders and stakeholders around selected health themes. These partnerships influenced the visioning process in three ways:

- By emphasizing shared accountability, resources and information to effectively implement intervention strategies that reduce health outcomes and disparities;
- By presenting new perspectives from organizations representing faith-based, academic, city-planning, business and non-profit sectors; and
- By strengthening our commitment to influence health policy and environmental change in the places where we live, learn, work and play.

Through the Commission, the Health Department’s operational philosophy of community health planning and implementation already had focus, direction and purpose. It also had a proven system of collaboration to incorporate new members based on the results of forthcoming assessment and strategic planning efforts. What remained for the completion of this phase was a consensus process to evaluate the existing vision, mission, values and principles to better leverage the contributions and collective synergy of all members in the years to come. This process was re-introduced by Tyler Norris, keynote speaker at our 8th Annual Health Policy Summit on March 2nd. Tyler’s message entitled “All In For Impact: from doing good things...to being accountable for outcomes,” challenged the record number of attendees to “stop tinkering and get serious about working through the five conditions of Collective Impact.”² Based upon a consensus process involving post-Summit meetings among key stakeholders, the existing vision, mission, values and principles were reviewed and discussed at subsequent follow-up meetings with key stakeholders. After an addendum was included in the vision statement, the mission, values and principles upon which the Commission has based its practices remained unaltered. They are listed on the following page.

¹ The National Pioneering Healthier Communities Initiative (PHC) is a collaboration project between the Centers for Disease Control and Prevention and the YMCA of the USA. Since 2005, 118 PHC communities have been funded to convene high-level representatives from the local government, public health, and private sectors to focus on changing the environment in a way that reduces community barriers for healthy living.

² Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change.

Vision

We are a collaborative public health system that mobilizes resources to meet identified health needs and promote the health and well-being of all of the residents of St. Clair County. *We do this to enable St. Clair County to be within the top 25% of the healthiest counties in Illinois by the Year 2025* (italicized portion revised in the spring of 2017).

Mission

- To mobilize private and public sectors for health care progress
- To identify health care problems affecting the St. Clair County population
- To develop and implement intervention activities through collaboration

Values

- Focus on Prevention
- Public awareness through education
- Access to service for all
- Eliminate health disparities
- Self-responsibility
- Asset-based approach
- Evidence-based interventions with measurable impact
- Behavioral risk factors as the focus of interventions
- Community collaboration with shared responsibility

Our Principles

- Collaboration not competition
- Coordination not control
- Communication with confidentiality
- Common goals with consideration of individual mission
- Capitalize on community strengths
- Collective Commitment to community health improvement

PHASE THREE: THE FOUR MAPP ASSESSMENTS

Members of the MAPP Leadership and Assessment Team formally began their assessment efforts in the fall of 2016 by forming teams and receiving training for each of the four MAPP assessments. The initial aims of each of the MAPP assessments and their assigned leaders are included in Appendix C. The four types of MAPP (National Association of County & City Health Officials, 2005) assessments are:

- The **Community Health Status Assessment** collects and analyzes health data and describes health trends, risk factors, health behaviors and issues of special concern.
- The **Community Themes and Strengths Assessment** uses participants to make a list of issues of importance to the community identify community assets and outline quality of life concerns.
- The **Forces of Change Assessment** identifies local health, social, environmental or economic trends that affect the community or public health system.
- The **Local Public Health System Assessment** measures the local public health system's ability to conduct essential public health services.

The four MAPP assessment teams set out to conduct a comprehensive assessment of the entire population through the use of community surveys, a review of population trends, health outcomes and behaviors over the last five years. Secondary assessments occurred among key informants and focus groups for select segments of the population represented by participating health and human service organizations (i.e. the homebound elderly, persons with disabilities, senior citizens, student organizations, the faith community, men's health advocates, adolescent health advocates, medically managed individuals and those persons with serious mental illness).

Additionally, Health Department staff gathered assessments and focus group summaries from each of the Annual Health Policy Summits to evaluate the community health improvement partnerships and plans established in the 2011-16 IPLAN. This two-year initiative was facilitated and funded by the Illinois Public Health Institute (IPHI). As a result of this QI initiative, St. Clair County not only gained an improved understanding of the dynamic and complex nature of a "genuine" collaborative process; but has begun to utilize more effective tools and techniques to successfully implement the Action Plans established in Phase Six of the MAPP process.

The following pages in this section provide relevant details and significant findings of the four MAPP assessments and the IPHI Quality Improvement initiative. The efforts of the MAPP leadership and assessment team to compile this information through surveys, focus groups, key informant interviews, health record and health indicator and outcome review represents a twelve-month effort. Although the teams worked independently, they continued to meet as a larger Health Care Commission every other month. The purpose behind these bi-monthly meetings was threefold: (1) to update the larger Commission members on progress and needs; (2) to exchange ideas; and, (3) to discuss relevant cross-cutting issues emerging from all four assessments and their ultimate impact upon the health outcomes identified in the Health Status Assessment.

Community Health Status Assessment

Under the direction of the MAPP Assessment Team members, items listed in Table 3 were utilized for the following twofold purpose: (1) to highlight significant health-related characteristics of St. Clair County using six indicator categories (see inset); and, to review recent assessment projects and strategic plans from other health and human service organizations and coalitions within St. Clair County. The aim of the Community Health Status Assessment is to identify priority areas of need for addressing adverse health outcomes.

A variety of information systems were reviewed to complete the Health Status Assessment including the Illinois Department of Public Health IPLAN Data System and I-Query Data System. The Community Health Status Assessment team began with a review of the 102 indicators in the IPLAN Data System and its newest system known as I-Query. Additional information was garnered through datasets maintained by the Illinois Department of Public Health, the CDC Wonder System, the Illinois Healthcare Cost Containment Council, and other sources (Table 3). The information is presented according to the six indicator categories standardized in the IPLAN Data System (see inset). The Health Care Commission has made extensive use of these information systems over the last 10 years in developing Health Status Report Cards and Health Assessment Workshop presentations.

Indicator Categories

1. *Demographic & Socioeconomic*
2. *General Health & Access to Care*
3. *Maternal & Child Health*
4. *Chronic Disease*
5. *Infectious Disease*
6. *Environmental Characteristics*

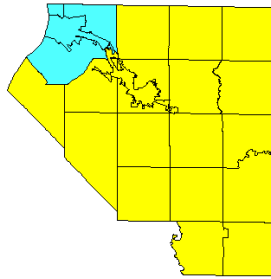
Table 3: Community Health Status Assessment Data Availability

1. IDPH IPLAN and I-Query Data System
2. IDPH Birth and Death Records
3. IDPH/IHCCC Hospital Discharge Records
4. Behavioral Risk Factor Surveillance System (BRFSS)
5. US Census Information
6. RWJF County Health Rankings
7. CDC Wonder Morbidity and Mortality Review
8. Annual Reports and Needs Assessments conducted by Member and Affiliate Organizations of the Health Care Commission

Demographic & Socioeconomic Characteristics

St. Clair County, population 262,759, covers 657.8 square miles and is located directly across the Mississippi River from St. Louis, Missouri. This strategic location amid America's heartland affords its citizens the opportunity to take advantage of being just minutes away from one of the larger population centers in the U.S. On average, 396 people live within each square mile of the county. Between 2011-15, there were 270,056 people living in the county within 102,267 households (averaging 2.6 people in each household) but by 2016 the population had decreased to 262,759, an estimated 2.7% change (St. Clair County Quick Facts and Table 4).

Quick Facts – St. Clair County



- East Side Health District formed in 1940 (area in light blue)
- St. Clair County Health Department formed in 1986 (area in yellow)
- 2014 Population 90% Urban, 10% Rural

Percent Population by Race/Ethnicity

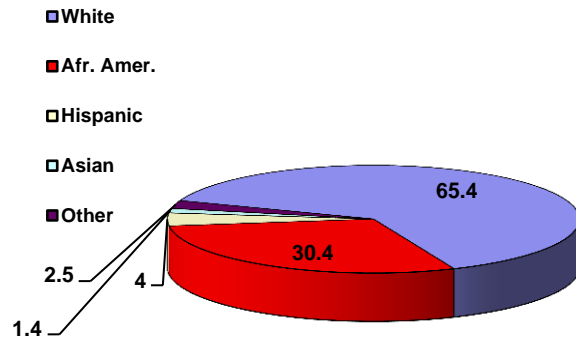


Table 4 - Demographic Characteristics for St. Clair County

	1980	1990	2000	2010	2016
Total Population	267,931	262,852	256,082	270,056	262,759
% Male	47.1%	47.8%	47.8%	47.8%	48.1%
% Female	52.1%	52.2%	52.2%	52.2%	51.9%
Population by Age					
Median Age (Years)	28.5	32.0	35.3	35.0	37.7
% 18 Yrs & Older	68.5%	71.2%	72.3%	74.7%	76.2%
% 21 Yrs & Older	NA	67.1%	68.2%	NA	NA
% 65 Yrs & Older	10.9%	12.7%	13.2%	12.6%	14.6%
Population by One Race					
% White	71.3%	71.5%	67.9%	64.6%	65.4%
% Black or Afr. American	27.5%	27.1%	28.8%	30.5%	30.4%
% Asian	0.5%	0.8%	0.9%	1.2%	1.4%
% Amer. Indian/Alaskan Native	0.1%	0.2%	0.3%	0.2%	0.3%
Hispanic or Latino (of any race)	1.2%	1.5%	2.2%	3.3%	4.0%
% of Population Below Poverty			14.5%	17.1%	16.4%

Source: US Census of the Population

St. Clair County is largely an urban community. The 2000 census reported that 87.5 percent of the population resided in urban areas, while 12.5 percent lived in rural communities. Additional land use development over the last several years has led to the conversion of farmland to more urban uses. In 2014, the percent shift of urban versus rural residents was reported as 90 percent and 10 percent respectively.

Since the decade of the 1980's, St. Clair County has been characterized by similar population trends that impacted virtually every urban county located within a large metropolitan area.

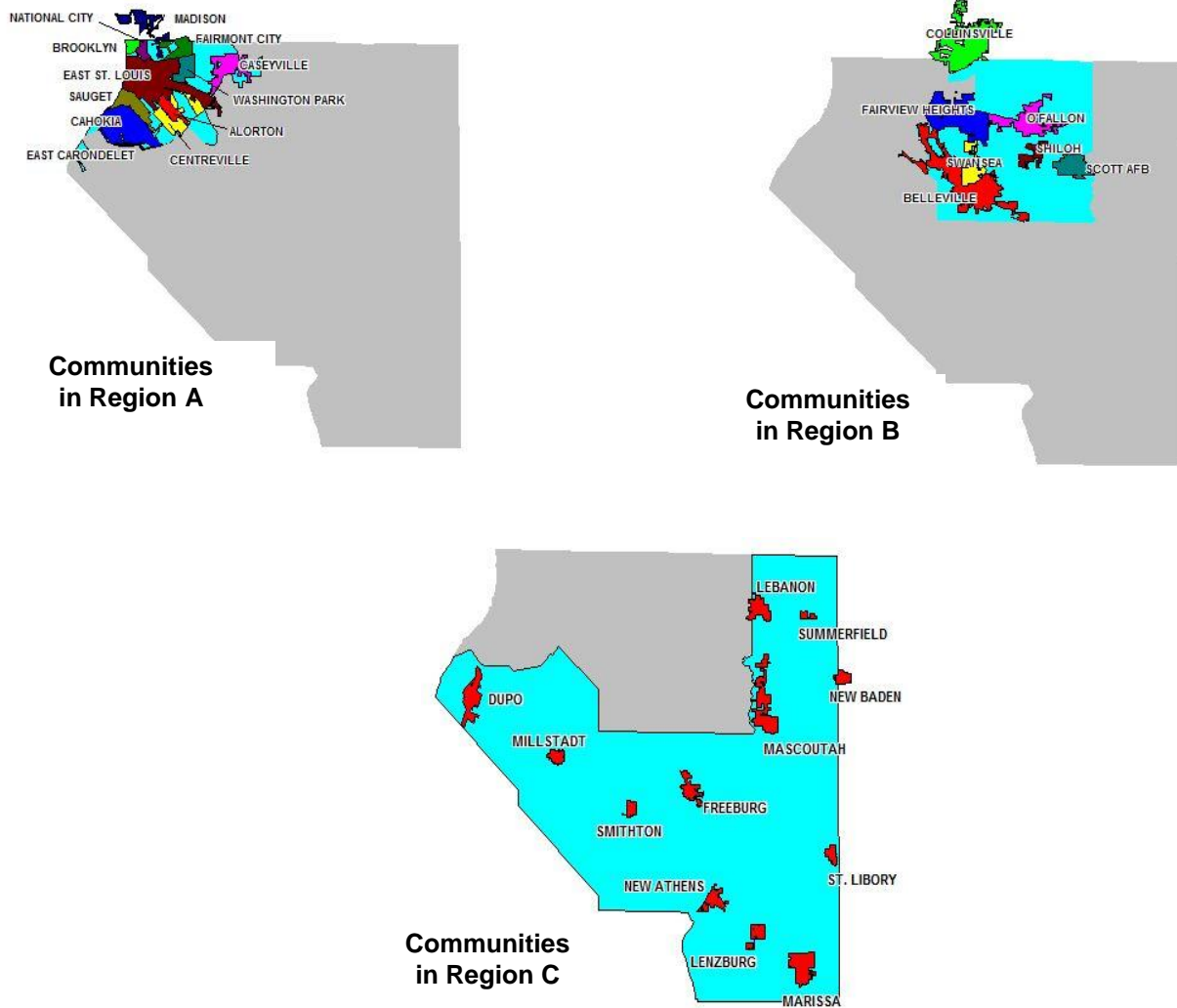
The County's population became somewhat more diverse despite the fact that the percentage of white residents remained relatively stable over the decade. Specifically, increasing populations of Native American, Asian, and individuals of Spanish Origin, which offset population declines among white and black residents, served to increase the cultural and ethnic diversity of the County. The percentage of households in the County which were living in traditional families declined over virtually all sectors of the County, with the largest (percentage) declines seen in the fastest growing communities (i.e., Fairview Heights, Swansea, Shiloh and O'Fallon).

In subsequent assessment and planning efforts, the Commission combined the boundaries of towns and townships to create three demographic regions (Urban/Industrial, Suburban/Commuter and Rural/Agricultural). These regions (Figure 2) create three distinct geo-groups with a sufficient population base to allow for consistent assessment and planning activities. The St. Clair County Health Department serves the public health needs of residents of Region B and C while the East Side Health District serves the public health needs of residents in Region A.

According to 2016 Census estimates, the greatest concentrations of people throughout the county (57%) are found in Region B (Suburban/Commuter). The migration to the east and away from the urban, industrial Mississippi River corridor and to the rural areas and suburbs above the bluffs showed similar patterns from that of the 2010 Census.

- The population of key communities in Region A (Centreville, Washington Park and East St. Louis) decreased by an average of 19 percent or more.
- The population of key communities in Region B (O'Fallon, Swansea, Belleville, Shiloh and Scott Air force Base) increased by an average of 12.5 percent or more.
- Much of the increase in the population of Region B is attributed to good schools and the expansion of Scott Air Force Base, which provides nearly \$2.3 billion towards the local economy.
- The population of key communities in Region C (Freeburg, Lebanon, Mascoutah, Millstadt, and Smithton) increased by an average of 10.4 percent or more.
- The Hispanic population jumped nearly 21 percent, to about 4.0 percent of the total population.

Figure 2: The Regions and Communities of St. Clair County



Poverty and Economic Indicators

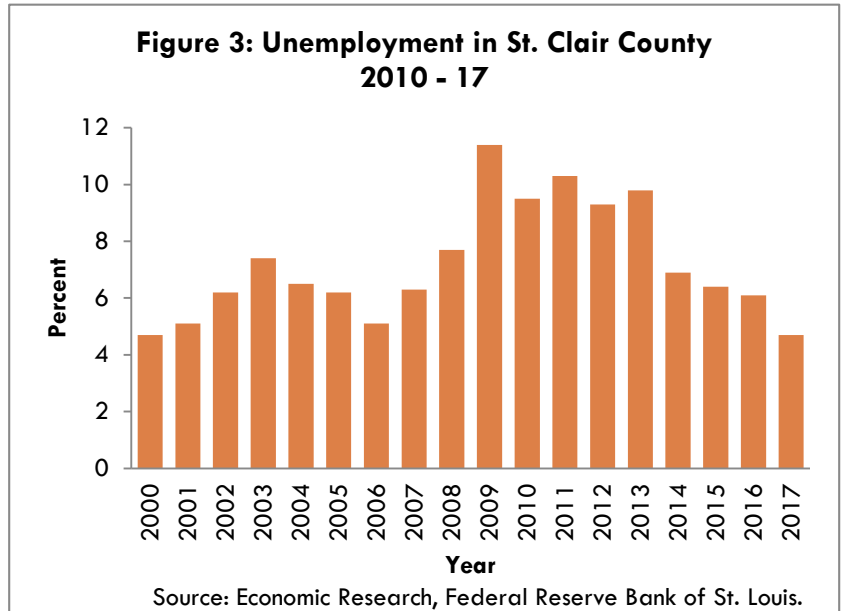
Poverty limits the ability of individuals and families to meet their basic needs, affects their sense of self-worth, and compromises the stability of entire communities. Information from the U.S. Census Bureau reveals that this hardship continues to be a reality for thousands of people in St. Clair County. The percentage of St. Clair County residents living in poverty has steadily increased from 12 percent in 2006 to 16.4 percent in 2016. This represents an 11.5% increase over the US percent of (14.7).

According to a 2017 Kids Count Profile, Voices for Illinois Children report, the following 2015 poverty indicators have a direct consequence on St. Clair County children and families:

- Twenty-six percent of St. Clair County children live in poverty. This measure is 47% higher than the Illinois equivalent.

- Seventeen percent of St. Clair County households are struggling with food insecurity. This measure is 37% higher than the Illinois equivalent.

The median household income in St. Clair County is \$46,435, meaning half of all households in St. Clair County have incomes higher and half have incomes lower than this amount. Median household income has increased \$3,460 since 2011 and has increased \$1,929 since 2006 (when adjusted for inflation). Unemployment in St. Clair County has also shown an overall improvement since 2011 (10.3%). The 2017 rate of 4.7 percent represents a 54 percent decrease since 2011 (Figure 3).



General Health and Access to Care

The MAPP Assessment Team reviewed the General Health and Access to Care indicators from the IPLAN Data System, as well as information from Hospital Discharge Data, CDC Wonder Mortality Data and the University of Wisconsin County Health Rankings Report to determine significant health issues for the general population of St. Clair County. Figures 4 and 5 on the following page along with Table 5 highlight the more significant findings of general mortality and morbidity measures.

Figure 4: Leading Causes of Years of Potential Life Lost (before age 65) to St. Clair County Residents during the Years 2007-15

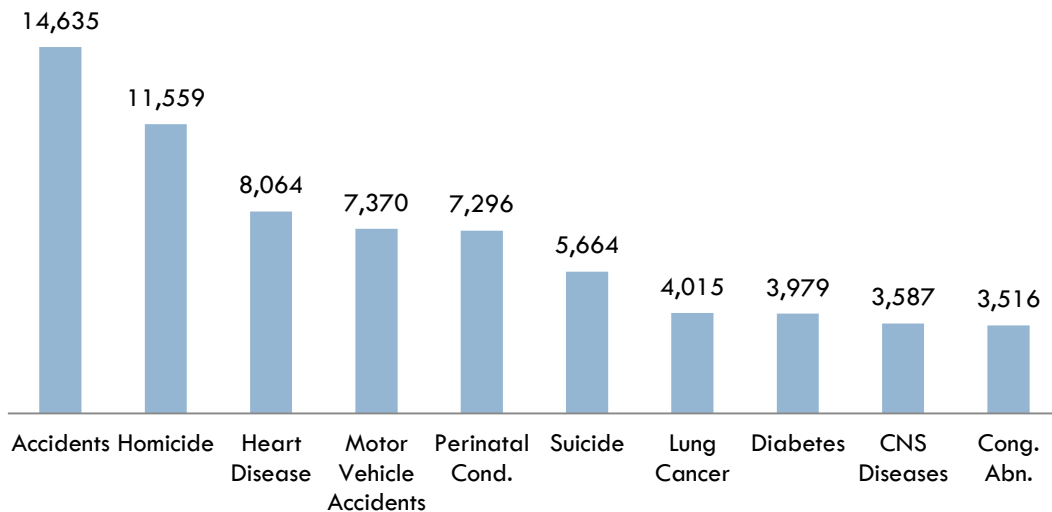
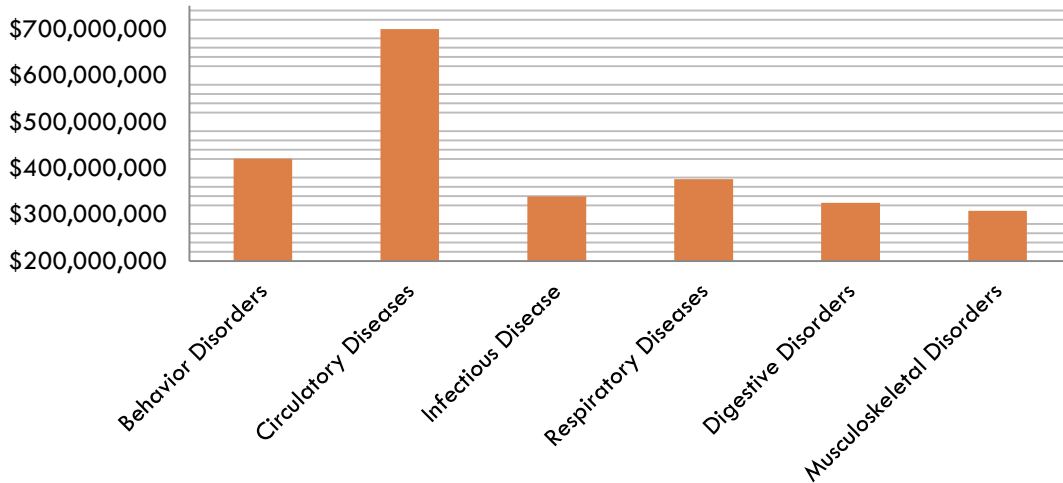


Figure 5: Cost of Leading Causes of Hospitalizations to St. Clair County Residents (<65) during the Years 2008-16



Source: CDC Wonder and IDPH Hospital Discharge Data

Table 5 – Leading Causes of Premature Mortality and Hospitalizations for St. Clair County Residents (<65 Years)

2007-15 Premature Death Rate (per 100,000 pop.)	Frequency of Hospitalizations (2007-16)
1. All Cancers (79.9)/Lung Cancer (23.0)	1. Perinatal Conditions (31,936)
2. Disease of the Heart (54.5)	2. Behavioral Disorders (22,765)
3. Accidents (36.0)	3. Disorders of the Circulatory System (21,646)
4. Homicide (16.5)	4. Disorders of the Respiratory System (14,109)
5. Diabetes (16.2)	5. Disorders of the Digestive System (13,945)
6. COPDs (13.0)	6. Disorders related to alcohol & drug use (9,127)
7. Stroke (11.2)	7. Disorders of the Musculoskeletal System (8,729)
8. Suicide (10.5)	8. Infectious Diseases (7,776)
9. Breast Cancer (7.9)	9. Disorders of the Nervous System (6,675)
10. Colon Cancer (7.1)	10. Disorders of the Kidney/Urinary System (6,476)

Source: CDC Wonder

Source: IDPH Hospital Discharge Data

General health comparisons for St. Clair County using the University of Wisconsin County Health Rankings Report³ released in 2017 show that St. Clair County ranks -

1. **95 out of 102** Illinois counties for health outcomes such as premature mortality, poor physical health, poor mental health.
2. **95 out of 102** Illinois counties for health behaviors such as tobacco use, excessive drinking, teen pregnancy, obesity and motor vehicle crash death rate.

³ The County Health Rankings, commissioned by the Robert Wood Johnson Foundation are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. A more detailed report of the Rankings for St. Clair County can be found in Appendix D.

3. **53 out of 102** Illinois counties for clinical care such as uninsured adults, primary care physicians, preventable hospital stays, diabetic and mammography screenings.
4. **86 out of 102** Illinois counties for Social and Economic Factors such high school and college graduation rates, unemployment, children in poverty, inadequate social support and violent crime rate.
5. **95 out of 102** Illinois counties for physical environment factors such as air pollution ozone days, access to healthy food and access to recreational facilities (University of Wisconsin Population Health Institute, 2017).

The results highlighted in this section demonstrate three principle areas of concern:

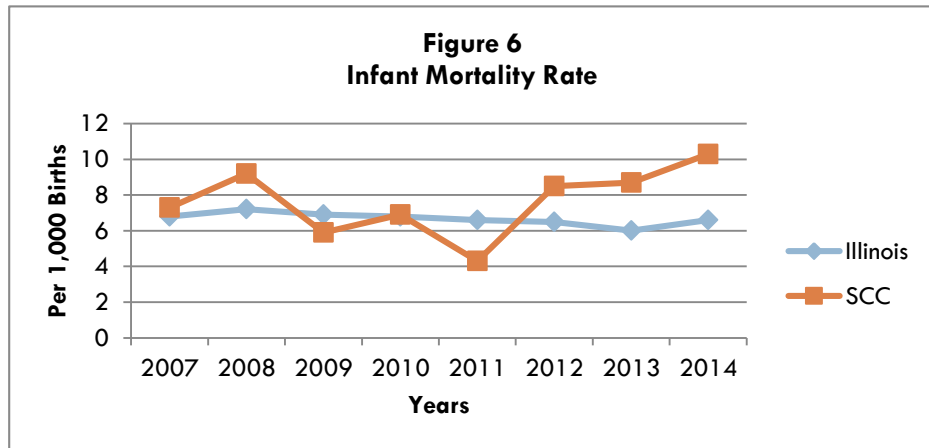
- Most of the leading causes of death and sickness affecting St. Clair County residents can be prevented or delayed with lifestyle modifications (active living, healthy eating, stress reduction, safety awareness, alcohol, tobacco and other substance use prevention).
- The hospital costs attributed to these preventable conditions exacerbates the current economic climate.
- The emergence of behavioral health issues coincides with an increase in domestic violence and suicide.

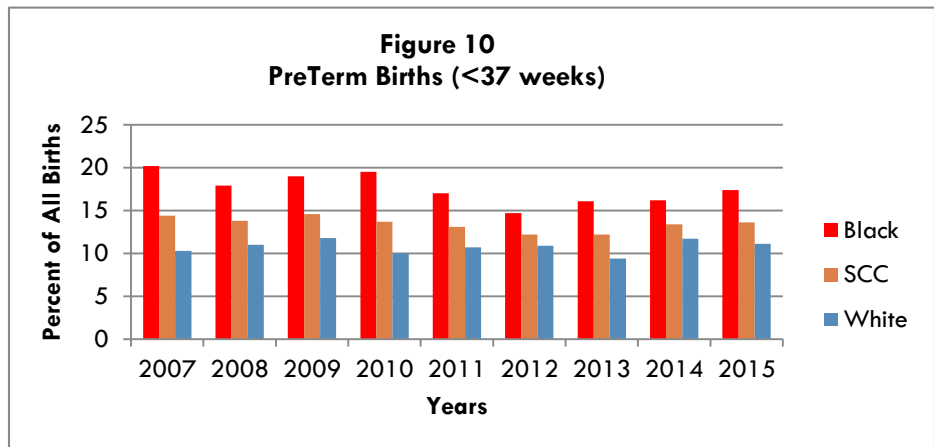
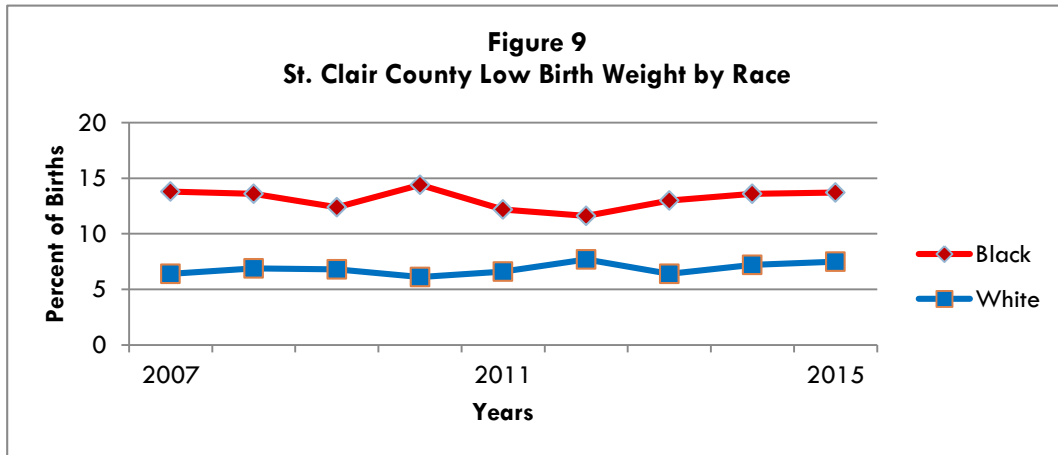
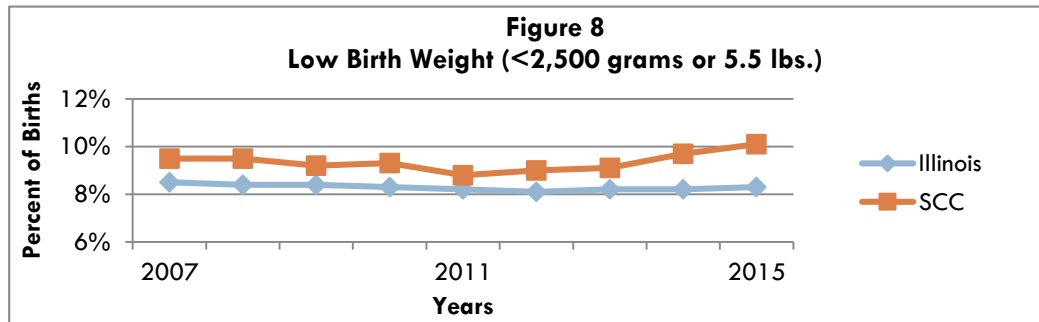
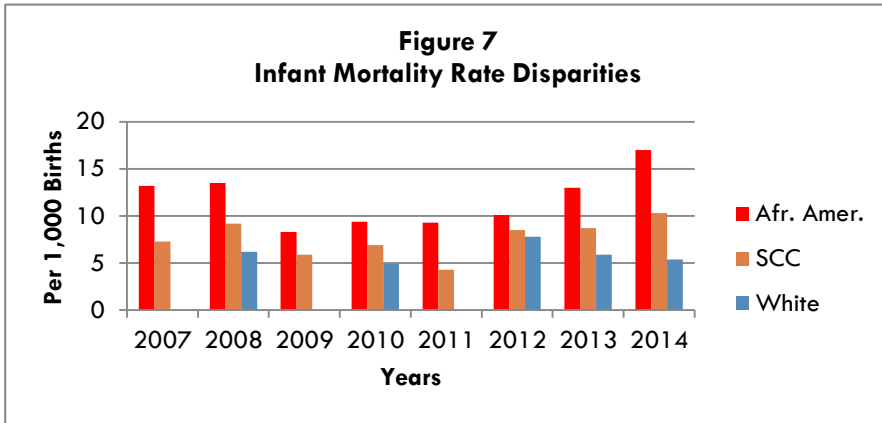
Maternal and Child Health

Improving the well-being of mothers, infants, and children is an important goal to improve the health status of the people of the United States, Illinois and St. Clair County. Their well-being will determine the health of the next generation and predict future public health challenges for families and communities. The Healthy People 2020 objectives address a wide range of conditions, health behaviors and indicators that affect the health, wellness, and quality of life of women, infants and children. An important few were selected for the St. Clair County Health Department health status assessment.

Infant Mortality/Morbidity

Infant mortality and morbidity are key indicators of a nation’s health and while overall rates have improved in the last two decades, St. Clair County (Figure 6) continues to lag behind the state of Illinois. Infant mortality rates disparities by race (Figure 7) continues to be an unacceptable outcome in St. Clair County. Low Birth Weight and the aforementioned disparities continues to be a leading contributor to infant mortality with little improvement in these outcomes (Figures 8 and 9). St. Clair County continues to have lower birth weight and premature births (Figure 10) than both Illinois and the nation. Even when improvements are seen, disparities between black births and white births have remained or widened.





Teenage Pregnancy

Teen pregnancy remains an important health issue for St. Clair County due to the alarming number of births to teenage mothers. Over 10% of all 2009-15 births in St. Clair County were to teens aged 19 years and younger (Figure 11). This is 25% higher than the Illinois births to teenagers for the same time period. Figure 12 shows percent of teen births by race, highlighting disparities that are consistently two to three times higher for African Americans.

Figure 11
2009-15 Teen Pregnancy* Comparisons
Illinois and St. Clair County

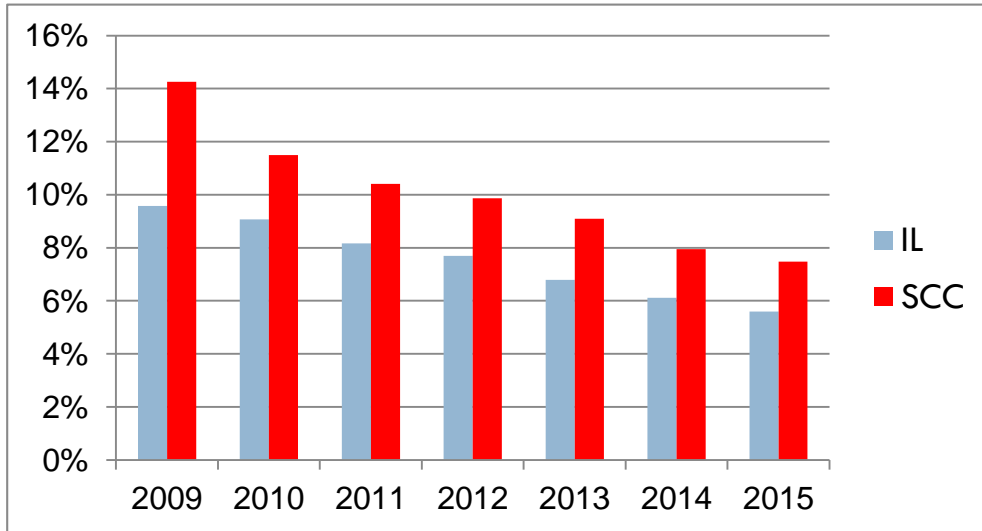
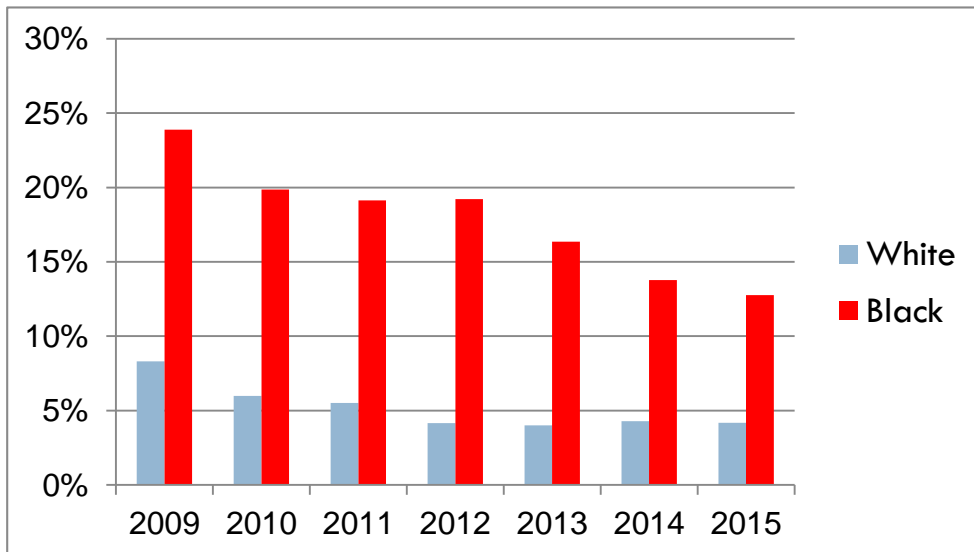


Figure 12
2009-15 Teen Pregnancy Comparisons
by Race in St. Clair County



Source: CDC Wonder, Illinois Natality Report

Chronic Disease

According to the Centers for Disease Control and Prevention, Chronic diseases are responsible for 7 of 10 deaths each year, and treating people with chronic diseases accounts for most of our nation's health care costs. About half of the deaths associated with chronic disease can be attributed to largely preventable behaviors, such as poor diet and physical inactivity. St. Clair County has mirrored this trend over the last twenty years and has increased its efforts to address these behaviors with a focus on the growing public health concern of obesity and its related factors (Future, 2010). Being obese (or even just overweight) is the second leading cause of preventable death in the United States and is measured by body mass index (BMI), your weight to height ratio. Overweight is defined as having a BMI over 25 and obese is defined as having a BMI above 30. The Illinois Behavioral Risk Factor Surveillance System (BRFSS) has provided some useful information on measures of overweight and obese adults since 1996 which is summarized in the chart below.

Obese and Overweight Individuals are at a much higher risk of suffering from the following conditions

- High Blood Pressure
- High Cholesterol
- Heart Disease and Stroke
- Type 2 Diabetes
- Gall Bladder Disease
- Arthritis
- Sleep Apnea
- Respiratory Problems
- Certain Cancers

Figure 13: Prevalence of St. Clair County Adults Considered Overweight or Obese



Table 6 shows the combined 2009-15 Premature Mortality Rates (<65 years of age) for leading chronic diseases in St. Clair County. Given that many of these conditions can be prevented through moderate changes in our diet and activity levels, the quality of life and annual cost-saving potential of evidence-based prevention programs is remarkably high.

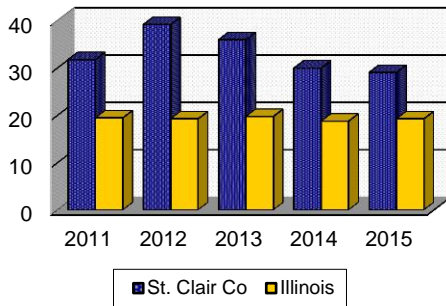
Table 6 – Premature Mortality Rates for Leading Chronic Disease Conditions in St. Clair County

Cardiovascular Disease	72.1
Chronic Obstructive Pulmonary Disease	13.0
Diabetes	15.3
Lung Cancer	21.3

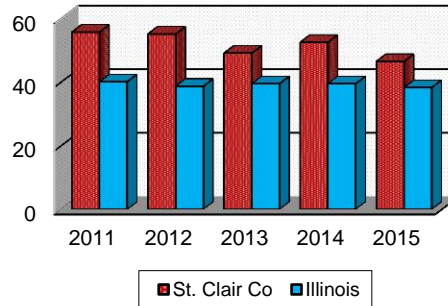
Rates are calculated per 100,000 population. Source: CDC Wonder

Figures 14-17: Mortality Rate Comparisons for Select Chronic Diseases (age adjusted) per 100,000 population

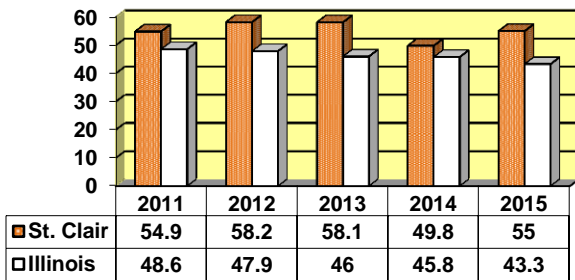
Diabetes



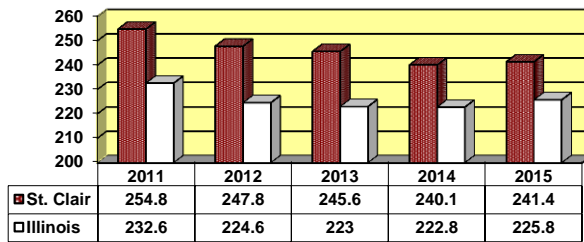
Chronic Obstructive Pulmonary Diseases



Lung Cancer



Cardiovascular Disease



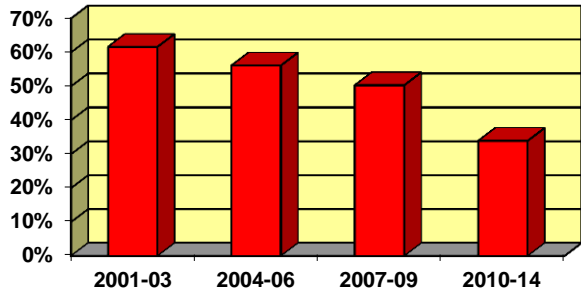
Source: CDC Wonder

Chronic Disease Disparities

In addition to having significantly higher mortality rates for Diabetes, COPDs, Lung Cancer and CVDs when compared with the State of Illinois, St. Clair County also experiences disparities based on gender, race and ethnicity. Males have an age adjusted death rate for Diabetes, Lung Cancer, COPDs and Cardiovascular Disease that is 42 percent, 45 percent, 18 percent and 58 percent higher (respectively) than women. African Americans have an age adjusted death rate for Lung Cancer, Diabetes and Cardiovascular Disease that is 20 percent, 88 percent and 38 percent higher than Caucasians. Conversely, Caucasians have an age adjusted death rate for Chronic Obstructive Pulmonary Diseases that is 48 percent higher than African Americans.

These health problems are just a few of the reasons why St. Clair County continues to invest time and resources in promoting prevention programs that address the risk factors of inactivity, tobacco use and poor diet. The next figures show that we still have a long way to go.

Figure 18: Percent of St. Clair County Adults Considered Inactive or Below Regular Physical Activity Guidelines



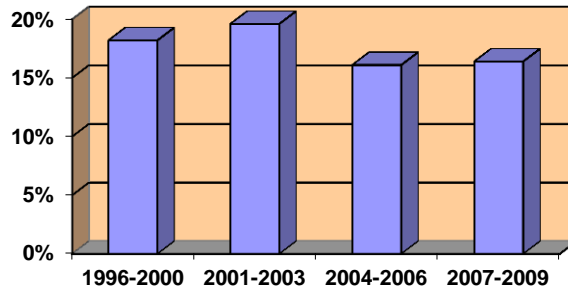
Tobacco Use

- In the 2004-06 BRFSS survey for St. Clair County adults, 20% of the adults surveyed were regular smokers!
- In 2010-14, this same survey revealed a 9% reduction in adult smokers.

For the last 14 years in St. Clair County...

- Over 80% of adults have not been getting their recommended daily intake of fruits and vegetables!
- Between 33% and 62% of the adults are considered inactive or fall below regular physical activity guidelines.

Figure 19: Percent of St. Clair County Adults who consume the Recommended Five Servings of Fruits and Vegetables Every Day



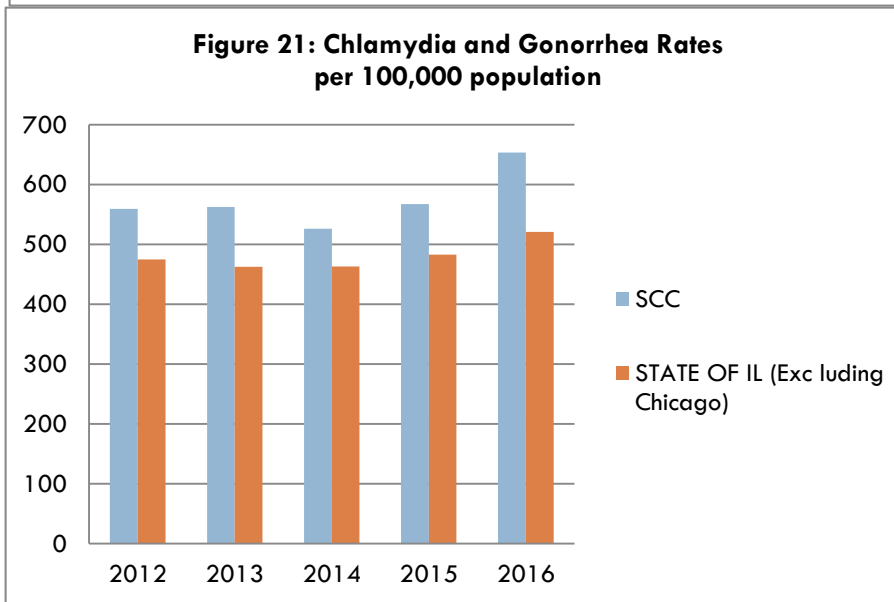
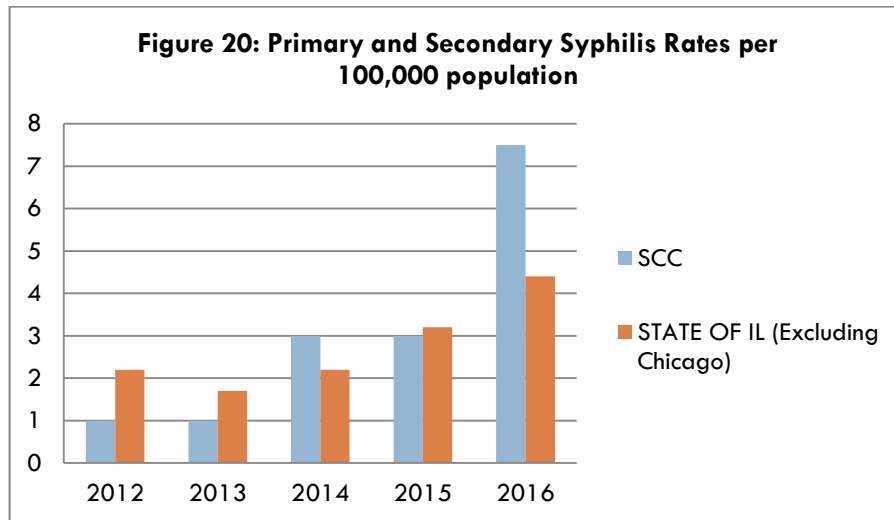
Source: IDPH, BRFSS

Infectious Diseases

Sexually Transmitted Infections (STIs)

Sexually Transmitted Infections (STIs) have and continue to be a cause for concern in St. Clair County. STIs can pose both immediate and long-term health consequences which can be serious and often irreversible, particularly if they are not diagnosed and treated early. Left untreated, women can experience infertility, ectopic pregnancies and chronic pelvic pain.

The United States has almost 20 million STIs per year, resulting in a cost to the health care system of \$16 billion. Nationally, there has been a steady rise in STD rates, with 2016 being the third year of overall increasing rates for chlamydia, gonorrhea and syphilis.



Note: Case Rates are per 100,00 populations, Source: Illinois Department of Public Health (2017)

Newest reports from the Centers for Disease Control and Prevention indicate the following groups that are most vulnerable:

- Youth aged 15-24 continue to make up most reported chlamydia and gonorrhea infections, and are now experiencing syphilis increases;
- Gay, bisexual, and other men who have sex with men (MSM) continue to face the highest rates of syphilis and HIV co-infection. STD Surveillance Network (SSuN) data also suggest gonorrhea rates have increased among MSM for five years;
- Pregnant women are experiencing harsh outcomes from untreated STDs with the continued surge of congenital syphilis (CS), where cases have risen to their highest numbers since 1998.

Some of the barriers to overcoming this disease burden include:

- Declining resources (less funding leading to less clinics, less staff, shorter hours of operation);
- Emerging strains of antibiotic-resistant STIs, specifically, gonorrhea;

- A challenged health care system which makes it difficult for patients to access and have continuity of care.

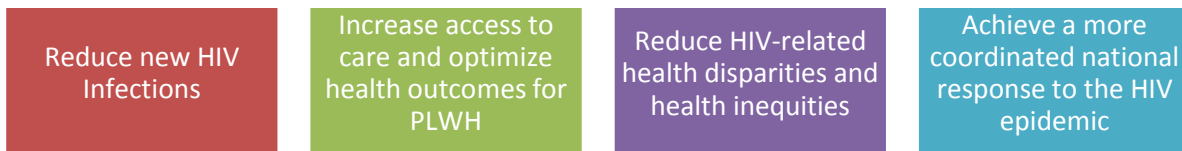
Locally, STIs can be reduced by:

- ❖ Educating our youth in our schools with comprehensive sexual health education classes;
- ❖ Identifying partners promptly for treatment;
- ❖ Promoting Expedited Partner Therapy (EPT) as an additional strategy to reduce Gonorrhea rates within the community;
- ❖ Educate providers about current Illinois Department of Public Health and Centers for Disease Control treatment guidelines;
- ❖ Attend STIRR (Sexually Transmitted Infection Regional Response) meetings with community partners to address high STI rates.

Human Immunodeficiency Virus (HIV)

HIV continues to be a threat to public health locally, nationally and worldwide. The Center for Disease Control (CDC) and Health Resources and Services Administration (HRSA) have invested invaluable resources to control the spread of HIV in the United States. The National HIV/AIDS Strategy, first released by President Obama in July of 2010 and updated to 2020 in July 2015, has four primary goals:

The Health Department serves the Lead Agency for the Southwest Illinois HIV Care Connect Program which operates in 12 counties.



St. Clair County has the third highest incidence and prevalence of HIV in the State of Illinois, aside from Cook (Chicago) and the Collar Counties. Between 2009 and 2016, 367 individuals were diagnosed with HIV in St. Clair County alone. There are currently 755 individuals living with HIV and/or AIDS in St. Clair County. Five-hundred and eighty one out of 1,324 people living with HIV in the 12-County HIV Care and Prevention Region, including St. Clair County, have unmet need, meaning no current evidence of HIV-related medical care (IDPH Surveillance, 2017). According to the CDC, 9 in 10 new HIV infections in the U.S. come from people not receiving care. As the lead agency for the Ryan White HIV Care Program in Region Four of Illinois, the St. Clair County Health Department is committed to providing the most current and effective strategies and services in order to greater reduce the rates of HIV infection in St. Clair County.

Efforts to reduce the rate of HIV infection have greatly evolved in St. Clair County including new linkage to care and retention in care initiatives, the promotion of and referrals for Pre-Exposure

Prophylaxis (PrEP), expanded integration of HIV prevention, care and DIS functions, peer navigation services, and quality improvement efforts toward improving partner services. Between 2012 and 2016, the viral load suppression rate of people living with HIV in Region Four of Illinois, who received Ryan White HIV Care Services, increased from 77.6% to 82% (4.4% increase). New, more effective medications with fewer side effects have impacted the lives of those who are actively engaged in treatment by helping them achieve viral load suppression, thus eliminating the risk of transmission through sexual contact, improving their overall health and extending their lifespan.

In 2016, the Southwestern Illinois HIV Advisory Group, in which membership includes key stakeholders in the HIV prevention and care system, agreed to expand its focus to include other sexually transmitted infections. The main goal of this expansion is to integrate knowledge, efforts and resources for a greater impact on the high rates of HIV and other STIs in the Region. In 2018, the HIV and STI care, prevention and surveillance teams, currently under two separate divisions, will further integration efforts by merging into one division. In addition, the team will expand prevention and disease intervention services.

In 2018, the St. Clair County Health Department will lead and collaborate with community partners to develop a 3-year Regional Plan that will align with the National HIV/AIDS Strategy. Goals will include a continued increase in viral load suppression, which if achieved, will likely result in a decrease in the rates of HIV in St. Clair County. Efforts to achieve the goals of the Regional plan will inevitably have a positive impact on the rates of other STIs, such as Gonorrhea, Syphilis and Chlamydia in St. Clair County.

We know that reversing the increasing trend of STIs will take some time and a great amount of work, but it will greatly improve the quality of life for St. Clair County residents now and for those generations to come.

Environmental Characteristics⁴

Solid Waste Management

Solid Waste Management is an important “utility” function necessary to all residential, business, and government operations. Fundamentally, the purpose of a comprehensive solid waste management system is to protect public health by protecting surface and groundwater resources through ensuring proper management and disposal of society’s residual materials. Proper waste management also serves to promote the recovery of energy and materials through recycling and pollution prevention, and to prevent aesthetic degradation (litter, odors, disease vectors).

The St. Clair County Health Dept. (SCCHD) Environmental Protection Division, guided by the principles established in the Resource Conservation and Recovery Act (RCRA), provides basic

⁴ Unless otherwise cited, all figures and facts noted in this section are derived by Environmental Health monthly or annual staff reports.

regulatory surveillance, inspection and reporting activities under a “Delegation Agreement” with Illinois Environmental Protection (IEPA). Activities subject to this program include:

- Permitted Solid Waste Landfills
- Permitted Recycling Facilities including compost sites (landscape waste)
- Open Dumps and Nuisance Complaints

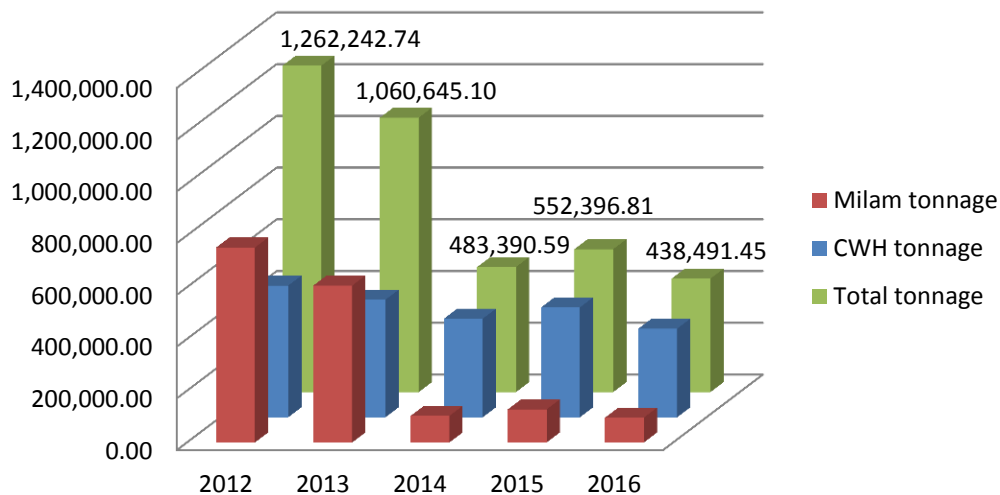
Two Regional Solid Waste Landfills exist in St. Clair County and both are operated by Waste Management, Inc. (WMI):

- The Milam Disposal and Recycling Facility began receiving waste in the 1960’s. It is located in the northwest corner of St. Clair County and in 2013 began only accepting special waste with the opening of North Milam in Madison County.
- The Cottonwood Hills Disposal and Recycling Facility began operations in 2003. Located in the southeast corner of St. Clair County, this facility is projected to provide disposal capacity for another 30+ years.

Due mainly to our location along the Mississippi River, across from St. Louis, MO, more than 60 percent of landfill waste comes from outside St. Clair County. Based upon the Tri-County Solid Waste Plan, with the expansion of the Milam Landfill and the longevity of the Marissa/Cottonwood Hills Landfill, it appears our waste disposal capacity is being maintained for the next several years.

St. Clair County Health Department has been monitoring several landfills that are operated and/or closed. These landfills closed prior to Illinois EPA providing oversight of the development and operation of a productive system of a modern sanitary landfill. The Agency and the St. Clair County Health Department continue to ensure that these facilities meet the strict disposal standards, and that they are engineered to be fully protective of human health and the environment, especially where it concerns any possibility of ground water contamination.

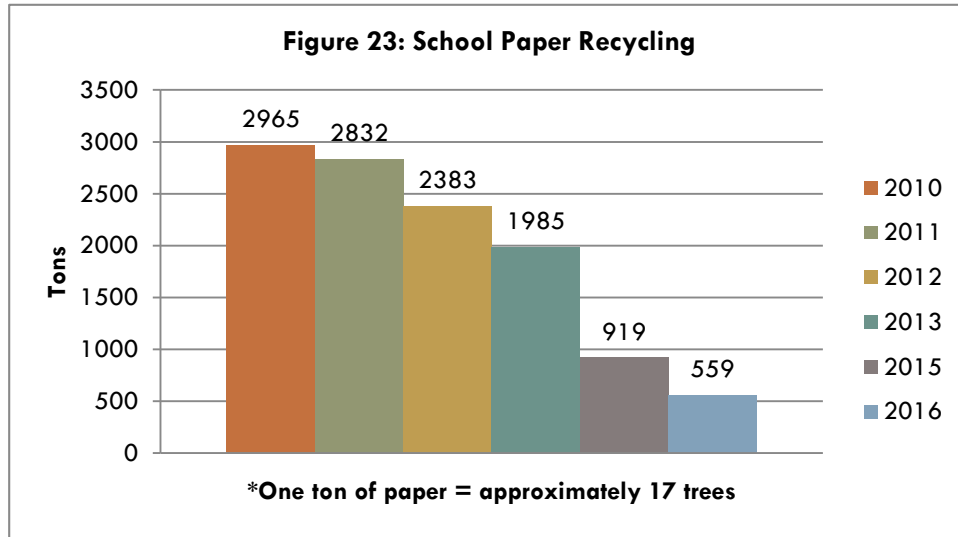
Figure 22: Tonnage of Landfill Waste Accepted in St. Clair County



Current operating landfills in St. Clair County are equipped with leachate collection systems and landfill gas collection systems. These pollution control methods are critical components of an operating system designed to protect groundwater and air quality.

Recycling Programs

The St. Clair County Health Dept. maintains a County Recycling Directory to assist residents with finding vendors for virtually all recycling alternatives in an effort to further reduce landfill waste and reuse/recycle resources. Schools and other public and private organizations participate in recycling and material recovery projects as exemplified below:



The County periodically participates in Household Hazardous Waste Collections and used tire collections in conjunction with IEPA. With the cumulative effect of curbside recycling, single-stream recycling and individual recycling efforts, St. Clair County currently enjoys an estimated 35% recycling rate. This rate is expected to increase as the availability of single-stream recycling services increases. The following communities offer curbside pick-up to its residents:

1. Belleville
2. Collinsville
3. Dupo
4. Lebanon
5. Mascoutah
6. New Baden
7. O’Fallon
8. Shiloh
9. Swansea

Open Dumps/Nuisance

St Clair County maintains a county-wide surveillance program to identify and enforce against illegal dumping. A significant reduction of Open Dump/Nuisance Complaints has been experienced over the last several years, believed to be the result of local disposal and recycling capacity availability, and comprehensive site investigations coordinated between St. Clair County

Health Department, IEPA and the St. Clair County Sheriff's Office. St. Clair County currently possesses facilities and vendors to address most solid waste management issues, including:

- Two active landfills
- Two landscape compost facility
- One Hazardous Waste Incinerator (Veolia/Sauget)
- Three Special Waste management facilities (Safety-Kleen/Caseyville & East St. Louis; Illini Environmental/Caseyville)

Efforts are underway to develop/reinstate:

- Electronics Recycling Facility
- Tire Recycling Plant
- Construction and Demolition Debris recycling/disposal facilities
- Household Hazardous Waste Annual Collections

Provisions for solid waste disposal, recycling, resource recovery and enforcement are substantially met in St. Clair County. Anticipated installation of electronic, tire, and C&D recycling facilities would provide a significant enhancement to the County's goals outlined in the five year Solid Waste Management Plan.

Air Quality

Air quality is a critical component of a comprehensive public health program. From industrial activities to residential controls, clean air initiatives are supported at various levels in St. Clair County.

Air Pollution Control and monitoring of emissions and air quality is primarily the function of IEPA, Bureau of Air (Regional Office in Collinsville, IL). However, St. Clair County Health Department Environmental Protection (EP) and Environmental Health (EH) Divisions participate in several important "air quality enhancement programs", including the display of daily air quality reports during the summer "ozone season".

Open Burning/Nuisance Complaints (EP) - State law and County ordinance prohibits the open burning of waste, refuse and garbage. Local ordinance governs the burning of leaves. Where jurisdiction allows, the county Health Department provides surveillance and regulatory control for open burning violations in a coordinated effort with IEPA and St. Clair County law enforcement.

Leaf Burning - The Pollution Prevention program began educating county residents on the health hazards of leaf burning and its' alternatives in 1990. In order to keep residents aware of environmental issues, the Pollution Prevention Staff updates the Memorial Hospital Clean Air and Environmental Awareness Telephone Hot Line on a routine basis. Information on recycling tips, ozone alert, and special projects are listed throughout the year.

The following communities in St. Clair County have a "No Burn Policy":

1. Belleville
2. Brooklyn
3. Collinsville
4. East St. Louis
5. Mascoutah
6. New Baden
7. O'Fallon
8. Scott Air Force Base
9. Washington Park

The BFI Compost facility composts and recycles approximately 200,000 cubic yards of “landscape waste” (grass, leaves, sticks, brush) per year, that would otherwise consume space in area landfills. BFI Compost also produces material (compost) readily available to consumers for soil enhancement.

Smoke-Free Illinois – Indoor air quality is an important aspect of environmental health considerations. In 2009, the Illinois Legislature banned essentially all indoor smoking in public facilities to protect workers and the public. Environmental Health staff has authority to respond to complaints regarding smoking violations and issue citations where warranted. Based on the number of “Food Permit Facilities” (which includes bars and restaurants) compared to the number of complaints received, St. Clair County Health Department estimates a 98 percent compliance rate for facilities in the County.

St. Clair County Environmental Health and Protection staff routinely attend “special program” functions for the purpose of disseminating general information regarding various aspects of public health and environmental awareness. “Clean Air” brochures are nearly always included in the handouts available at the booths including information on leaf burning, smoking, radon gas, etc. Similarly, the Health Department web page includes information on a variety of clean air issues.

The 2015 Illinois Air Quality Report indicates a downward trend for all major air emission categories (i.e. particulate matter, sulfur dioxide, nitrogen oxides, carbon monoxide, lead, and ozone). The report also provides an “Air Quality Index Summary” wherein metro-east maintains “good” air quality 67.7 percent of the time, “moderate” 32.1 percent, and “Unhealthy for Sensitive Groups” .3 percent. At no time does the report indicate “Unhealthy” status for air quality in the metro-east (which includes a portion of St. Clair County).

Air quality in St. Clair County has been demonstrated as improving over the past five years. Continued efforts by Federal, State, County and Municipal agencies toward reducing residential, industrial and vehicular emissions should continue this trend. It is generally agreed that whenever there’s a decline of “east-side” air quality, transportation and industrial activity in St. Louis proper is a substantial contributing factor as a result of general weather patterns (wind) moving west to east.

Water Quality

Maintaining water quality is a critical component of a comprehensive public health program designed to protect users and resources alike. St. Clair County provides residents, businesses and industry reliable sources and quality of water through management programs designed to protect the public with safe drinking water, plentiful water resources and adequate wastewater treatment and storm water management.

St. Clair County is fortunate to possess an abundance of raw water supplies (and watersheds) including the Mississippi River, Kaskaskia River, Silver Creek and associated tributaries. Drainage and flood control devices (levees) are used extensively in draining/controlling the Great American Bottoms flood plain. Groundwater resources are also abundant in certain geographic areas and are a water source for both drinking and industrial use.

St. Clair County, in conjunction with state and federal water management program, provides constant administrative and regulatory controls to assure safe management practices regarding:

- Drinking Water Supply
- Wastewater Treatment
- Storm water Management
- Surface Water Monitoring
- Groundwater Protection

Drinking Water

Three major water districts provide most of the drinking water in St. Clair County, although there are 24 active Community Water Supply Systems. Illinois-American Water Company is the primary provider of potable water supplies. The Kaskaskia Water District and the Summerfield-Lebanon-Mascoutah Water District supply drinking water in the east and southeast portions of the County. These districts extract, treat and distribute water in a coordinated effort between municipalities and regional water districts. The quality of drinking water provided by these systems is subject to continual sampling and monitoring protocols regulated by Illinois Environmental Protection Agency Bureau of Water.

Groundwater

In rural areas where “municipal” drinking water is not available, groundwater resources are the primary supply reservoirs. Cisterns for storing “hailed” or “collected” water account for a very small segment of the County population water supply. St. Clair County Health Department’s Environmental Health Division maintains an active permit and inspection program to verify water quality and volume prior to approving a “private/non-community drinking water” source. Drinking water wells are inspected and required to obtain a permit, subject to analysis by Illinois Department of Public Health, prior to use.

IEPA lists the “most prevalent” sources of groundwater contamination as: septic systems, storage tanks (below/above ground), industrial/chemical facilities, and agricultural activity. Many of these types of sources exist in St. Clair County exemplified by the contamination present in the heavily industrialized Sauget area where groundwater is precluded from potable use.

Wastewater Treatment

Following Federal guidelines, the IEPA regulates the installation, operation, maintenance and enforcement for all municipal wastewater treatment plants in St. Clair County. These plants are owned and operated by the municipalities or townships they serve. EPA establishes effluent standards. To help meet effluent standards, individual plants are required to monitor and control influent water quality through enforcement of “pre-treatment standards” imposed on industrial/commercial discharge sources. The quality of wastewater effluent from a modern, properly operated wastewater treatment plant poses little risk to surface water quality.

In areas of St. Clair County where it is not practical or possible to connect to municipal wastewater treatment plant private sewage disposal systems are required. These systems are generally aeration or septic tank systems attached to appropriate subsurface effluent controls. These systems are designed, installed, and approved by Environmental Health inspectors through an established permit program which is required by County ordinance and is updated as regulatory modifications require. Discharges of untreated sewage are not allowed and are rigorously enforced by the County.

Storm Water Management

Protecting surface water quality requires responsible storm water management to minimize the impact of sediment and pollutants on surface water resources. Low-till/no-till agriculture, erosion control for excavation/land improvement, “separate” sewer systems for sewage and storm water, and wetlands protection are all methods employed in St. Clair County to address this issue.

As stated, IEPA regulates industrial and commercial wastewater treatment plants treatment/effluent standards as it relates to storm water. Additionally, St. Clair County provides oversight and permit controls for storm water management through programs established by County Zoning Department and County Soil and Water Conservation District through the County Storm water Management Ordinance.

One Health⁵

The general health characteristics of a region such as St. Clair County must consider the health characteristics of humans and the plants and animals with which we share the County resources, including agricultural and domestic biologics.

“Under traditional classification, resources are put into three categories: natural, human and cultural (economists use the terms land, labor and capital). It becomes clear that we mortal men and our works are not superior to nature. We are a part of it. Natural resources constitute the basis of life.” (Kircher, Wallace, & Gore, 1989)

The overall health assessment of a community should consider a variety of resource factors including (but not limited to):

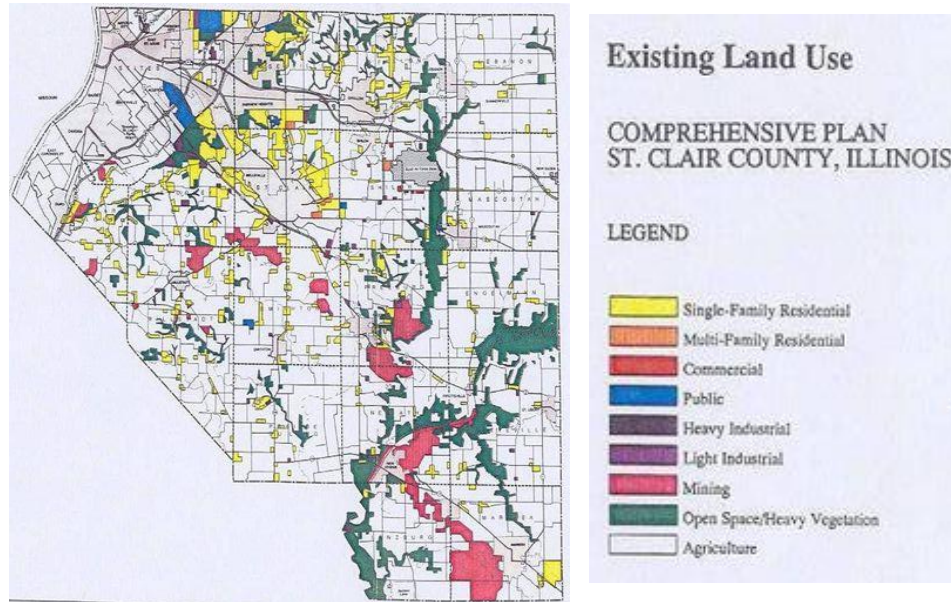
- Safe Food
- Drinking Water (see above)
- Waste and Wastewater Management (see above)
- Clean Air (see above)
- Housing, Zoning and Land Use Management
- Agricultural Activity
- Recreational Resources

A safe food supply is not only a local concern, but is of national and international importance. The foods that are produced in the St. Clair County agricultural community may be shipped anywhere in the world and the safety and wholesomeness is of supreme importance. In an effort to ensure the safety of the food supply, establishments are subject to inspections. The inspections, conducted by United States Department of Agriculture (USDA) and locally by St. Clair County Health Department, are based on USDA and Federal Drug Administration Food Code and the Illinois Department of Public Health Food Service Sanitation Food Code. These food codes provide a basis for the verification of the safety standards that are necessary to ensure a safe food supply for all establishments that produce or serve food to the public. There are currently 2,130 permitted food distribution establishments in St. Clair County.

Approximately two-thirds of the county (269,000 acres per USDA) is agricultural, and boasts a broad variety of rich American Bottom soils, lakes, wetlands, historical sites, farmland and also borders the Mississippi River. Corn, beans and horseradish top the crop production list with some dairy (7,400 head), beef (2,200 head) and hog (35,600 head) farms. In addition to livestock and wild life, St. Clair County Animal Control estimates a domestic pet (dogs & cats) population of approximately 80,000. Several fauna and flora are listed on the threatened and endangered species list, and there are specific problems caused by invasive species such as “bush willow” and “silver carp”. The effects of fertilizer and pesticide applications present their own unique considerations and are largely regulated by the Illinois Department of Agriculture and the Illinois Environmental Protection Agency.

Over the past 40 years, St. Clair County development has spread out into many former agriculture areas, thereby displacing its wildlife, disrupting natural storm water movement, and creating the need for better land use management. (See “Land Use” map below.). In an effort to establish a logical, well-thought-out set of land use and community development policies that would guide public and private decision-making in St. Clair County, a Comprehensive Plan was established in 1969, followed by subsequent revisions. The Comprehensive Plan represents a vision of where the community wants to be in the future and outlines strategies to achieve that vision. Included in the principal functions of the plan is to create a balance between man, land, plants and animals.

⁵ One Health information is gleaned from compilations of State (IEPA) and County (SCCHD) records.

Figure 24

St. Clair County is located in the heart of the Midwest, an area rich with natural resources. Officials have developed policies, ordinances and plans in an effort to help protect these resources. Continued monitoring, inspecting, and maintenance of these systems must continue and furthermore, expand to ensure our water is safe to drink, our vegetables are safe to eat, our air is safe to breathe and our man-made ideals do not overburden or even eliminate our natural resources on which we all depend to maintain life itself. To that end, the term “sustainability” is often used to describe the preferred approach to collectively address the issues/topics described above, in addition to energy production and consumption. Sustainability is commonly defined as “policies and strategies designed to meet society’s present needs without compromising the ability of future generations to meet their own needs.” “Sustainable Development” is a concept embedded in the policies and programs (Comprehensive Plan) designed, adopted and implemented in St. Clair County, Illinois and this emphasis should be promoted and continued.

Community Themes and Strengths Assessment

Under the direction of the MAPP Assessment Team, a ‘Quality of Life’ survey was administered among a sample population of St. Clair County residents to assess the overall quality of life and to identify community concerns, themes and strengths. The survey replicated the 2005 and 2010 Quality of Life questionnaire and added additional items for access to healthy, affordable foods and opportunities for recreation (see Appendix E). Between the months of May 2017 and July 2017, Health Care Commission Members collected 846 surveys from St. Clair County residents (ages 18 years and older) were collected through the following outlets:

1. Health Department staff and Board of Health members
2. Get Up & Go! Board members
3. YMCA Board members
4. St. Clair County Youth Board membership list
5. 200+ participants who attended the Summit (who live, work and play in SCC)
6. Scott AFB Partnership Network
7. SWIL American Cancer Society Network
8. Ogle Neighborhood Association

- 9. Local Mayors and City Administrators
- 10. County Department Heads and Board Members
- 11. East Side Health Department staff and clients

Survey results were broken down by gender, race and sub-county regions as shown in Figures 25-27.

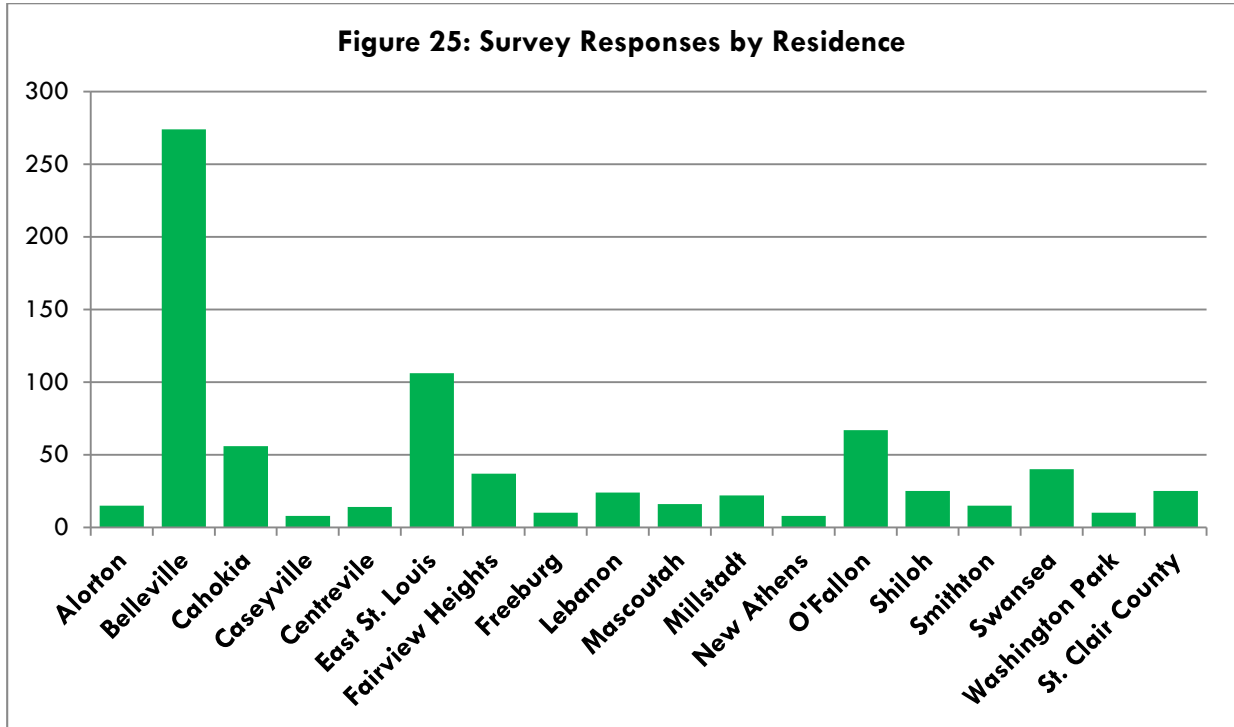
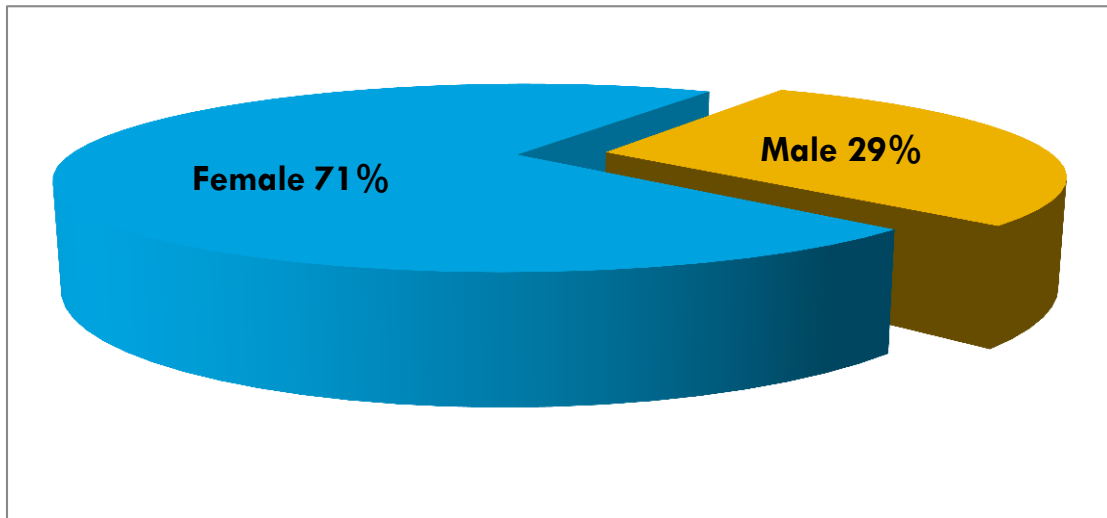
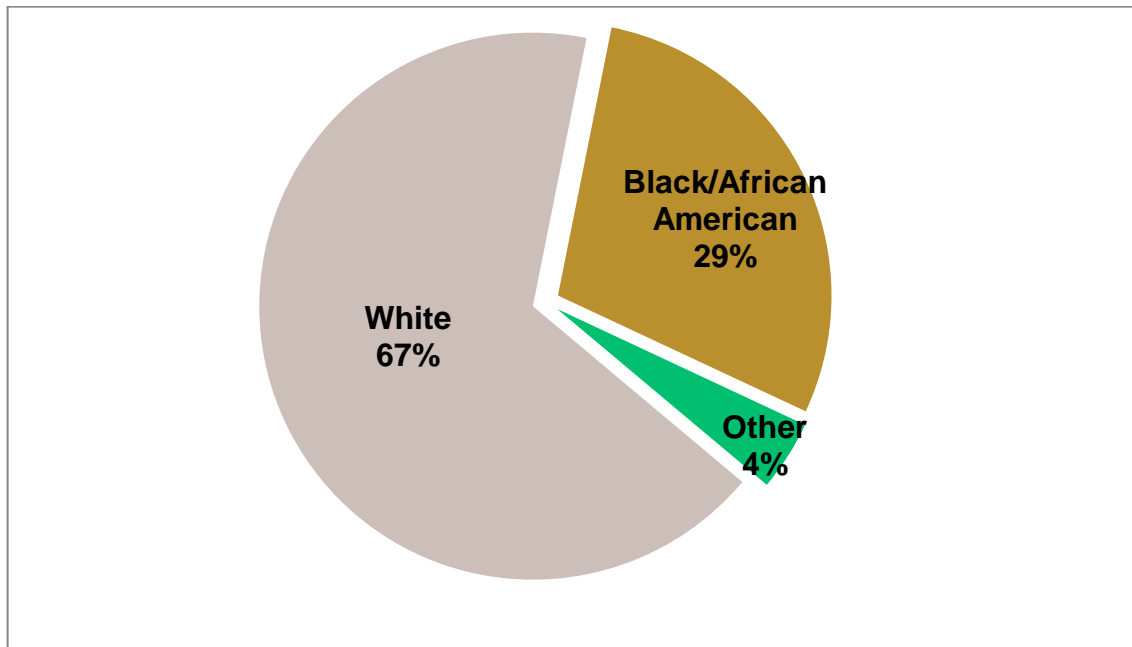


Figure 26 and 27: Survey Responses by Gender and Race





Key findings of the Quality of Life survey showed the following:

- Minority citizens reported a lower quality of life related to safety, access to healthy food, tolerance, growing old, raising kids and community involvement.
- Those living in Region A reported a lower quality of life related to economy, access to healthy food, tolerance and community involvement.
- Those with less education reported a lower quality of life related to tolerance, safety, community involvement, raising kids and the economy..
- Younger citizens reported a lower quality of life related to the economy, raising children, growing old, health care and safety. All age groups reported a high level of dissatisfaction with the economy.
- Healthcare was the only category where differences in quality of life were reported by gender.
- Safety for citizens appeared as a recurring theme.
- Creating pedestrian friendly neighborhoods with trails and sidewalks was identified as a need in Region B.
- Access to transportation services were concerns reported among Region C and Region A citizens.

Seven key challenges were identified from the Community Themes and Strengths Assessment. They include:

1. inadequate resources for mental and emotional needs;
2. improvements in land use and accessibility for walking;
3. access to transportation and housing for older adults;
4. public safety
5. availability of health education and youth services
6. opportunities for civic engagement
7. improved access to resources and services for disabled individuals and senior adults (i.e. legal, financial, business)

Forces of Change Assessment

Purpose

The purpose of the Forces of Change Assessment is to identify forces that are occurring or will occur that affect the community or the local public health system. By design, this assessment allows the community health planning team to focus on broader community issues and their influence (direct or indirect) on health. These include:

- Uncontrollable factors that impact the environment in which the local public health system operates.
- An inventory of social, economic, demographic, educational, cultural, and other major system characteristics that pose opportunities or challenges to improving the health of the community.

Process

A survey instrument was developed based upon a review and revision to the Forces of Change Survey instrument used in 2010. This review affirmed that many of the potential forces impacting the health of the community five years ago continue to be relevant. Additional issues were added to the instrument and respondents were able to add their own issues (see Appendix F for survey instrument).

After the survey instrument was completed, key informants were identified, contacted, and asked to identify and rank the forces that provided the greatest opportunity for improving community health as well as those that pose a threat. In addition to asking key informants to complete the survey, it was also posted on-line and the general public was invited to submit their responses as well.

Results

Survey responses were received from 275 community representatives. Response rates were calculated for each of the 22 potential forces defined on the survey instrument. The results of the assessment were as follows:

Opportunities (in rank order)

1. Expanding availability to health care services
2. Strengthening the educational preparation of young people
3. Access to Healthy Foods
4. New business expansion
5. Health Care Reform

Challenges (in rank order)

1. Alcohol, tobacco and other substance abuse
2. Violence (domestic, child abuse, crime)
3. Aging of the population
4. Economy-livable wage
5. Uncertainty of Health Care Reform

A force of change can pose both a challenge and an opportunity, depending on one's perspective and how a community chooses to respond to a force. An analysis of the responses to

the forces of change assessment reveals that the forces that pose the greatest opportunities for improving the health of the community, also pose the greatest challenge.

The major issues that emerged from the **Forces of Change assessment** were:

1. The need for a strong and effective educational system that helps young people develop essential skills in literacy and problem solving, working with others and other life skills in preparation for becoming healthy and productive members of society.
2. The need for a community health system that is genuinely accessible by eliminating cultural, geographical, or system barriers.
3. The need to reduce violence of all types (domestic, child-abuse, and criminal) through both prevention and intervention measures.
4. The need for creating a health-enabling environments through development and redevelopment of our transportation system, establishment of communities where it is safe to walk, improving access to parks and recreation facilities and through pollution prevention measures.

During the Phase Four and Five portion of the MAPP process, these themes were further discussed in light of their relationship to major health and socioeconomic issues identified in the Community Health Status Assessment.

Local Public Health System Assessment

Overview

Under the direction of MAPP Assessment Team, the SCCHCC conducted an assessment of how well the Local Public Health System (LPHS) works together to meet health needs based upon optimal standards as defined in the **National Public Health Performance Standards Program Version 3.0 (abridged version)**. The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as

- “What are the activities and capacities of our public health system?”
- “How well are we providing the Essential Public Health Services in our jurisdiction?”

The audience for this instrument is the local public health system. 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, environmental agencies and many others. Any organization or entity that contributes to the health or well-being of a community is considered part of the public health system

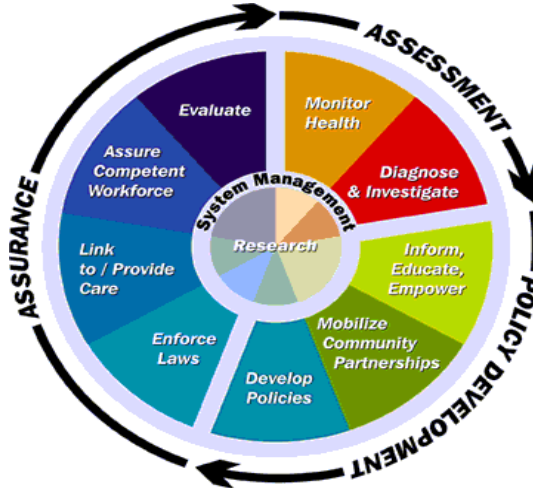
The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement and guided an evaluation of the local public health system’s performance when compared to an optimal set of national standards.

Assessment Tool

The NPHPSP instrument is based on the framework of the ten Essential Public Health Services. The Essential Services represent the spectrum of public health activities that should be provided in

any jurisdiction (Figure 28). Therefore, the instrument itself is divided into ten sections – one for each of the Essential Services. Because many entities contribute to delivering the Essential Services, the focus of the NPHPSP is the “public health system”.

Figure 28: The Ten Essential Public Health Services



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

Purpose

The purpose for undertaking a performance assessment is to strengthen and improve the public health system. The standards were set at the optimal level; for this reason, participating jurisdictions will likely see many differences between their own performance and the “gold standard” presented in the instruments. System partners should seek to address these weaknesses and also recognize and maintain areas in which they are strong.

Assessment Scoring

The Local Assessment Instrument is divided into ten sections-one for each Essential Service. Each Essential service section is divided into several indicators. The indicators identify major components of the Essential Services. Associated with each indicator are model standards that describe aspects of optimum performance for local public health systems. The full version 3.0 instrument was tailored to be responsive to the needs of St .Clair County (Appendix G).

Each model standard is followed by a series of assessment question that serve as measures of performance. There are six possible response options associated with the measures. Participants should determine a response that best fits their understanding of the current level of activity.

The response options are:

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.
DON'T KNOW	Self-explanatory

In responding to the questions, participants estimated to what extent the system has achieved the overall model standard. The NPHPSP is a service of the Center for Disease Control and Prevention. Additional information is available at www.cdc.gov/od/ocphp/nphpsp/.

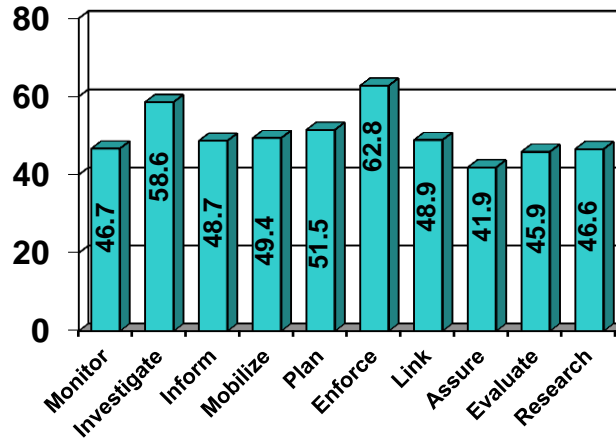
Process

Members of the HCC identified key stakeholders in the local public health system with specialized knowledge and experience with various aspects of the ten essential services. These stakeholders were invited to participate in the assessment by providing them with background and supporting information. They were asked to complete surveys for specific essential services commensurate with their expertise. Target audiences included individuals with specific expertise in the health protection system, personal health system, and general local public health system. Sixty-five surveys were completed by professionals representing the Board of Health, local health department leaders, health academia, law enforcement, business community, faith community, health providers, and other health sectors.

Results

Using a scoring methodology that generates a percentage score from a range of responses on a Likert Scale, a maximum score of 100% was attainable for each model standard. Survey responses were summarized and an average score computed for the overall Essential Service Score. The overall score for system performance was rated at 50.1% indicating that the St. Clair County LPHS demonstrates moderate activity in meeting national performance standards (Figure 29).

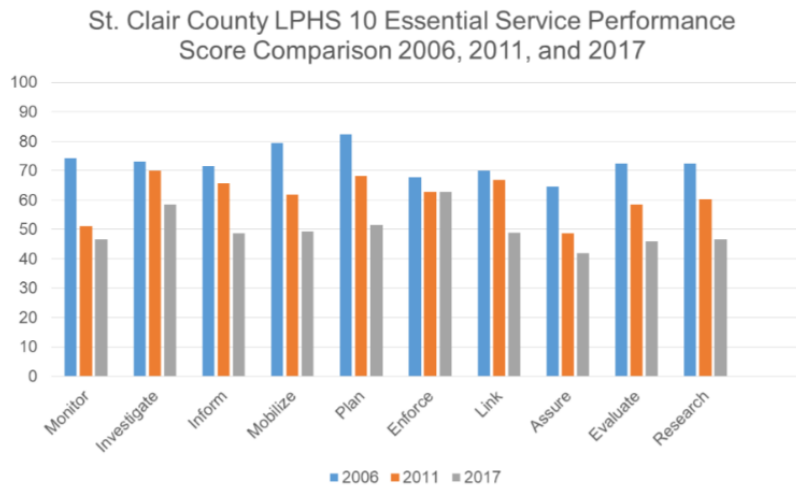
Figure 29
St. Clair County LPHS Ten Essential Service Performance Scores
Overall Score – 49.9%



The full results (Appendix H) were examined to identify lower scoring performance indicators to identify areas that need to be improved and to strengthen the performance of the LPHS. The Essential Services with lowest performance indicator scores were:

- **Assuring a Competent Workforce-** performance indicator ratings were low for workforce assessment, planning and development; continuing education; and leadership development
- **Monitoring Health Status-** performance indicators ratings were low for conducting a population-based community health profile and use of current technology to manage and communicate population health data
- **Evaluation of population-based services-** performance indicator ratings were low for evaluation of population-based health services; evaluation of personal health services; and evaluation of the Local Public Health System
- **Research avenues for solutions to health problems-** performance ratings were low for fostering innovation and system capacity for formal research participation.
- **Mobilizing partners to address health problems-** performance indicator ratings were low for communicating health problems to various sectors of the LPHS.

Figure 30



Priority Issues

Members of the LPHS Performance workgroup reviewed the survey findings and discussed implications of the various ratings, current capacities and characteristics of the LPHS, and the impact of these identified needs on the health of St. Clair County. Based upon this review the HCC members identified the following priority issues:

1. **Health Communication** - Development of communications strategies to build awareness of the priority public health issues and to align strategic goals of all partners.
2. **Mobilizing Partnerships** - Development of process for identifying and engaging key constituents in community partnerships and strategic alliance to provide a comprehensive approach to community health improvement.
3. **Health Improvement Process** - Development of strategies to achieve health improvement objectives including description of organizations accountable for leading collaborative efforts in order to attain collective impact.
4. **Linking people to needed services** - Development of processes to define partner roles and responsibilities to connect people to organizations that can provide personal health services to meet unique needs of different populations.
5. **Evaluation of Health Improvement** - Establishment of roles, responsibilities, and methods for partners to evaluate access, quality, and effectiveness of plans, processes and services to improve community health.
6. **Innovation and Evidence-based Practice** - Development of linkages with academic institutions and professional resources to keep informed on current best practices in public health and partnering to conduct studies to test new solutions to community health problems.

Conclusions

The LPHS Assessment results indicate that the overall performance score of 49.9% declined from “Significant Activity” in 2011 to “Moderate Activity” by the NPHPS standards. A closer examination of the findings reveals areas needing improvement.

How can the local public health system:

1. Develop communications strategies to build awareness of the priority public health issues and align strategic goals of local partners?
2. Develop a process for identifying and engaging key constituents in a strategic alliance to achieve health improvement objectives including defining organizations accountable for leading collaborative efforts in order to attain collective impact?
3. Develop processes to define partner roles and responsibilities to connect people to organizations that can provide personal health services to meet unique needs of different populations?
4. Establish methods for partners to evaluate access, quality, and effectiveness of plans, processes and services to improve community health including linking with academic partners to develop and test innovative solutions to community health problems?

PHASE FOUR: IDENTIFYING STRATEGIC ISSUES

With the results of the Phase Three MAPP Assessments coming to a close, St. Clair County initiated the next step of the community health assessment and planning process in late summer of 2017. The Commission drew upon one of its principal strengths to mobilize community representation and leadership to plan and implement a day-long health assessment and planning forum and a follow-up objective setting workshop that would accomplish the following phase four steps:

- Step 1 – Review and discuss findings from previous MAPP phases,
- Step 2 – Brainstorm potential strategic issues,
- Step 3 – Develop an understanding about why an issue is strategic,
- Step 4 – Determine the consequences of not addressing an issue, and
- Step 5 – Consolidating overlapping or related issues.

The MAPP Leadership Team began to formally plan for a spring event to report on the four assessments and convene a consensus building process to establish priority health issues among existing and new community partners. On August 24, 2017 the MAPP Leadership Team convened a partnership forum hosted by the Willard C. Scrivner, MD Public Health Foundation to report on the four assessments. As part of the workshop, the team conducted a consensus building process to establish priority health issues among existing and new community partners (Appendix I – Invitation List and Appendix J – Forum Agenda).

Additionally, the Commission sought the expertise of Mr. Jim Schneider and Mr. Lynn Clapp to serve as outside facilitators to help identify strategic issues from the priority issues identified in the four MAPP assessments. Mr. Schneider and Mr. Clapp, are the President and Vice President of Vertical Performance Consulting Services and has numerous years of experience in the field of public planning, leadership and community development.

Each of the assessment teams were also asked to prepare a PowerPoint presentation that met the following objectives:

1. *To describe the assessment category and its purpose*
2. *To describe your groups assessment process (i.e. surveys, focus groups, data review, etc)*
3. *To provide a statement of general findings*
4. *To provide a summary of the top issues that resulted from their assessment (with justification for their selection).*

Table 9 lists the priority issues for each of the four MAPP Assessments.

Table 7
Priority Issues Emerging from the Four MAPP Assessments

Community Health Status Assessment

1. Injury Prevention (Unintentional & Intentional Injuries).
2. Mental Health (Suicide & Substance Abuse).
3. Chronic Disease Prevention (Heart Disease, Lung Cancer , COPDs, Diabetes, Breast/Cervical Cancer, Obesity).
4. Maternal & Child Health (IMR & Teen Pregnancy).
5. Sexual Health (HIV/STI Prevention).

Community Themes & Strengths Assessment (Quality of Life)

1. Adequate resources for mental and emotional needs.
2. Improvements in land use and accessibility for walking.
3. Access to transportation and housing for older adults.
4. Public safety.
5. Availability of health education and youth services.
6. Opportunities for civic engagement.

7. Improved access to resources and services for disabled individuals and senior adults (i.e. legal, financial, and business).

Forces of Change Assessment

1. The need for a strong and effective educational system that helps young people develop essential skills in literacy and problem solving, working with others and other life skills in preparation for becoming healthy and productive members of society.
2. The need for a community health system that is genuinely accessible by eliminating cultural, geographical, or system barriers.
3. The need to reduce violence of all types (domestic, child-abuse, and criminal) through both prevention and intervention measures.
4. The need for creating health-enabling environments through development and redevelopment of our transportation system, establishment of communities where it is safe to walk, improving access to parks and recreation facilities and through pollution prevention measures.

Local Public Health System Assessment

1. Develop communications strategies to build awareness of the priority public health issues and align strategic goals of local partners.
2. Develop a process for identifying and engaging key constituents in a strategic alliance to achieve health improvement objectives including defining organizations accountable for leading collaborative efforts in order to attain collective impact.
3. Develop processes to define partner roles and responsibilities to connect people to organizations that can provide personal health services to meet unique needs of different populations.
4. Establish methods for partners to evaluate access, quality, and effectiveness of plans, processes and services to improve community health including linking with academic partners to develop and test innovative solutions to community health problems.

The August 24th event was hosted at the St. Clair County Regional office of Education and attended by 55 participants representing 25 local community groups and organizations. After the participants were presented with an overview of the MAPP process and the results of the four MAPP assessments, the Vertical Performance team facilitated a large group question and answer discussion with the Assessment Team Leaders after each presentation using the ORID model. ORID is a simple yet powerful model for helping groups reach better decisions.

Step One – O (for Objective): Asking the members “What jumped out at you or struck you in regards to the results?”

Step Two - R (for Reflective positive): Asking members “Which results are consistent with your expectations and experiences?” and “What really surprised you?”

Step Three – I (for Interpretive): Asking members “What three elements (from the right column of the County Health Rankings) would have the greatest impact on the health issues being presented today? Which issue could have the most profound impact if addressed? What cuts across a lot of different areas?”

Step Four – D (for Decisional): Asking the members what are the top issues or problems that the community needs to address now?

Afterwards, the Vertical Performance team engaged the participants in a session to help prioritize strategic issues and vocalize wildly important goals (WIGs) through a consensus process. Some of the WIGs included the following statements offered by the group:

1. To build a bridge between the depth of the need and the optimum community we can become
2. We want St. Clair County to be a place where our grandchildren can grow play and live in a healthy environment
3. The health of each individual is important and impacts the health of us all
4. If one part of our community hurts, the whole community hurts. When one suffers, we all suffer. as one heals, we all heal
5. We want a level playing field because if everyone gets an equal start we can have equal outcomes
6. Everyone deserves to be healthy by creating a livable community
7. To gather info from each other to devise a plan to unify the whole community
8. We all want St. Clair County to live and to live well
9. We are here to be a part of positive change that makes a difference in the lives of families and communities so that future generations can all have access to education health and happiness

All additional responses were recorded and posted for the group to see. Once the identification of existing and new issues was discussed the larger group was divided into smaller workgroups and asked to focus on consolidating the master list of issues around key health problems identified in the Health Status Assessment. Groups presented the findings from their work to the large group to create a master list of priority health issues. The list included the following sixteen items:

1. Behavioral Health
2. Community Safety
3. Diet & Exercise
4. Education
5. Family & Social Support
6. Health Disparities
7. Health Education
8. Lack of Access to Behavior Health Services
9. Livable income
10. Obesity
11. Promote Preventative Health Services
12. Public Awareness
13. Sexual Activity
14. Social & Economic Issues
15. Substance Abuse
16. Violent Crime

In the final multi-voting stage of this process, the participants were asked to select their top three priority health issues and underlying socioeconomic drivers that they believe to be most important to be addressed over the next five years with likelihood for impact based on the following voting criteria:

1. Size of the problem (potential number of people impacted by the issue/problem),

2. Disparities in groups of community members affected by the problem/issue
3. Seriousness of not addressing the issue/problem now,
4. Potential available resource/assets to address the issue/problem and ;
5. The opportunity or likelihood that you can see any progress in the next 3-5 years.

The list below identifies the three major strategic health issues that were formed by consensus at the August 24th Partnership Forum:

1. Education⁶
2. Community Safety
3. Mental Health/Substance Abuse

As a final activity for the day's event, the participants were given an opportunity to establish Action (Planning) Teams around each of the three issues. On a voluntary basis, those participants interested in a particular group signed up and met briefly to brainstorm ideas and list additional organizations or individuals who should be considered. The list of Action Team members who would be invited to attend a follow-up workshop for developing Community Health work plans for each health issue is listed in Appendix K.

PHASE FIVE: FORMULATE GOALS AND STRATEGIES

Following the August 24th Partnership forum, team leaders were established for each of the priority health action teams with follow-up consultation and preparation provided during the months of September and October. The Action Teams met with Health Department staff and the MAPP Assessment Leadership Team for goal and objective setting workshops. A brief review of the overall IPLAN process and a definition of terms and action planning tools (Appendix L) were provided at each meeting.

Phase Five Steps

- Step 1 – Develop goals related to the vision and strategic issues.
- Step 2 – Generate strategy options.
- Step 3 – Consider barriers to implementation.
- Step 4 – Consider implementation details.
- Step 5 – Select and adopt strategies.
- Step 6 – Draft the planning report.

Team facilitators lead a discussion on establishing goals and strategies for their strategic issues based on the acronym for a SMART goal (Specific, Measurable, Attainable, Relevant, and Time-Based). Groups were also provided with the following aids and suggestions for their task:

- Logic Model template worksheets for establishing goals, objectives and strategies for addressing problems.
- Easels and markers
- A copy of the Healthy People 2020 Summary of Objectives
- The RWJF County Health Rankings Toolkit
- A facilitator and representative for reporting back to the large group.

The workshops were arranged to permit maximum assistance to each group as needed. Each team worked to develop a Community Health Plan for relevant strategic issues with measureable outcome and impact objectives to address one or more health problems and its determinants. The five Community Health Plans are summarized in the following pages.

⁶ Although Education was identified as a separate strategic issue in Phase Four of the MAPP process, it is integrated into every one of the Phase Five goals as an essential strategy for making an effective impact.

Community Health Plan #1: Infant Mortality

<p>Health Problem:</p> <p>Infant mortality and morbidity measures in St. Clair County continue to lag behind both the State of Illinois and US rates. The 2012-14 Infant Mortality Rate of 9.3 deaths per 1,000 live births is 45 percent higher than the Illinois rate. Countywide disparities also exist between population groups distinguished by geographic location and race.</p>	<p>Outcome Objective:</p> <p>Reduce the infant mortality rate from 9.3 (2012-14) to 7.5 by the year 2023; and,</p> <ul style="list-style-type: none"> • Reduce disparities in infant mortality and other adverse outcomes such as low birth weight • Improve birth outcomes and reduce racial ethnic disparities
<p>Risk Factor(s):</p> <p>The risk factors for Infant Mortality include:</p> <ol style="list-style-type: none"> 1. Low Birth Weight 2. Maternal Complications (i.e. diabetes, hypertension, obesity, infections) 3. SIDS/SUIDS 4. Accidents 5. Maternal Smoking, use of Alcohol & Drugs 6. Poor nutrition 7. Teen Mothers 	<p>Impact Objective(s):</p> <ol style="list-style-type: none"> 1. Reduce percent of very low birth weight single live births to 2% 2. Reduce percent of low birth weight single live births to 8.5% 3. Increase percentage of pregnant women who begin prenatal care in the first trimester to 80% 4. Increase percentage of women who receive a postpartum visit to 80% 5. Improve abstinence from cigarette smoking among pregnant women to 10%. 6. Increase, the percentage of infants who are <i>ever</i> breastfed to 82% 7. Increase the percentage of infants who are breastfed at <i>six months</i> to 61%. 8. Increase the percentage of prenatal and postpartum women screened for depression to 100% 9. Increase women screened for intimate partner violence to 100% 10. Increase percentage of pregnant and parenting women screened for trauma to 100% 11. Increase percentage of parents who engage in safe sleep practices to 90%. 12. Increase percentage of women and children with health insurance to 90% 13. Increase the number of women and infants who have a medical home to 80% 14. Increase the percentage of well woman visits to 80% 15. Reduce the percentage of pregnancies conceived with 18 months of previous delivery to 30%
<p>Contributing Factors (Direct/Indirect):</p> <p>There are many contributing factors to the increase in infant mortality and other adverse outcomes. These factors can include:</p> <ol style="list-style-type: none"> 1. Mental health problems not addressed 2. Stress 3. Trauma 4. Poverty 5. Education & literacy 6. Lack of knowledge and awareness 7. Lack of access to healthy and affordable food 8. Lack of affordable and safe housing 9. Lack of access to safety devices (smoke detectors, car seats, cribs, gun locks) 	<p>Intervention Strategies:</p> <ol style="list-style-type: none"> 1. Smoking Awareness & Cessation programs 2. Expand outreach efforts to OB/GYN and Family Practice Physicians to share insurance coverage program information 3. Expand Farmer's Market and other food coop programs to provide healthy and affordable foods to families. 4. Case management & home visiting 5. Outreach services to area hospitals, social service agencies, schools, churches and community service organizations regarding availability of services. 6. On-going staff development and training for case managers and outreach staff. 7. Provide preconception & interconception education 8. Provide healthcare, skill building and comprehensive reproductive health information to teens through classroom adolescent health and pregnancy prevention programs

Community Health Plan #1: Infant Mortality (continued)

<p>Community Stakeholders & Resources:</p> <ol style="list-style-type: none"> 1. Health Departments (SCC and ESHD) 2. Hospitals (BJC Memorial, St. Elizabeths, Touchette Regional, Cardinal Glennon SSM) 3. Southern Illinois Healthcare Foundation (FQHC) 4. Racial Harmony 5. Children’s Home and Aid Society 6. March of Dimes 7. EverThrive 8. Farmers Market 	<p>Barriers to be Addressed:</p> <p>Barriers to reducing the number of infant deaths and the MCH racial/ethnic disparities include:</p> <ol style="list-style-type: none"> 1. Participant follow-up and monitoring of progress 2. Lack of Inter agency referral 3. Funding shortages and Program Cuts 4. Food Insecurity Neighborhoods 5. Transportation and access to services
<p>Evaluation plan to measure progress towards reaching objectives:</p> <p>The Maternal & Child Health team will meet regularly to monitor objectives and sub-objectives for outcome and impact objectives, schedule and track intervention activities and recruit new members using strategy aligned management and scorecard tools introduced to the Health Care Commission in 2009. These tools will also allow the teams to integrate new objectives and tasks as necessary.</p> <p>NOTE: All materials and programs outlined below will take into account the diverse population throughout communities in St. Clair County. Every effort will be made to be culturally sensitive in all our work with this project.</p>	
<p>Related Healthy People 2020 Objectives:</p> <p>MICH-1 Reduce the rate of fetal and infant deaths MICH-8 Reduce low birth weight (LBW) and very low birth weight (VLBW) MICH-10 Increase the proportion of pregnant women who receive early and adequate prenatal care MICH-11 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women MICH-16 Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors MICH-20 Increase the proportion of infants who are put to sleep on their backs MICH-21 Increase the proportion of infants who are breastfed FP-8 Reduce pregnancies among adolescent females FP-12 Increase the proportion of adolescents who received formal instruction on reproductive health topics before they were 18 years old</p>	
<p>Anticipated sources of funding and/or in kind support:</p> <ul style="list-style-type: none"> <li style="width: 50%;">• Federal, State and Local Grants <li style="width: 50%;">• Local Government <li style="width: 50%;">• Local Health Departments <li style="width: 50%;">• Local Hospitals <li style="width: 50%;">• Farmer’s Market <li style="width: 50%;">• Federally Qualified Health Center 	

Community Health Plan #2: Violence Prevention and Safety

<p>Health Problem:</p> <p>The 2011-15 premature mortality rate for assaults of 15.6 deaths per 100,000 population is over twice the Illinois rate (7.1). Similarly, the 2012-14 rate of violent crime of 749 offenses per 100,000 populations is 93% higher than the Illinois rate (388). Countywide disparities also exist between population groups distinguished by geographic location and race.</p>	<p>Outcome Objective:</p> <p>By the year 2023, the rate of premature mortality for assaults and the rate of violent crime offenses will decrease by 10 percent to 14 deaths per 100,000 population and 674 offenses per 100,000 population, respectively.</p>
<p>Risk Factor(s):</p> <p>The risk factors for violence include:</p> <ol style="list-style-type: none"> 1. Exposure to Violence 2. Isolation 3. Unemployment 4. Incarceration 5. Education 6. Poverty 	<p>Impact Objective(s):</p> <p>In our attempt to decrease the number of violent offenses over the next five years, it is necessary that we:</p> <ol style="list-style-type: none"> 1. Reduce the number of children and family members exposed to violence 2. Maintain a coordinated community stakeholder system- violence prevention alliance. 3. Sustain a community-wide system that focuses on building an ongoing comprehensive plan for prevention, intervention, education, support, and resource development. 4. Raise community-public awareness. 5. Educate community residents in utilizing violence prevention tools and resources to help individuals who are at risk of suicide to access help. 6. Improve Understanding & Relationships between Law Enforcement & Community 7. Improve Access to Behavioral Health Services 8. Improve School Safety & Reduce Bullying
<p>Contributing Factors (Direct/Indirect):</p> <p>There are many contributing factors to the increase in violence. These factors can include:</p> <ol style="list-style-type: none"> 1. Housing Deterioration 2. Reduction in Police Presence 3. Apathy 4. Unemployment 5. Unempowered Citizens 6. Lack of Positive Activity 7. Poverty 8. Lack of resources 9. Fear of victimization 10. Funding 11. No involvement with neighborhood 12. Lack of diverse activities 	<p>Intervention Strategies:</p> <p>The following are strategies chosen to address contributing factors that can influence violence:</p> <ol style="list-style-type: none"> 1. Provide resources and services to increase community involvement and youth engagement activities 2. Expand outreach efforts to high risked communities and neighborhoods 3. Improve access to community policing strategies and neighborhood watch programs. 4. Provide Domestic Violence information to teens through community programs and interventions 5. Collect data for program evaluation and to determine where to target prevention activities. 6. Review best practice research and develop, and promote the delivery of effective, best practices 7. Expand Youth Mentoring Programs

Community Health Plan #2: Violence Prevention and Safety (continued)

<p>Community Stakeholders & Resources:</p> <ol style="list-style-type: none"> 1. Children’s Home and Aid Society 2. City Government (i.e. East St. Louis, Belleville & O’Fallon) 3. Project Compassion 4. St. Clair County Health Department 5. St. Clair County Regional Office of Education 6. St. Clair County Sherriff’s Office 7. St. Clair County State’s Attorney Office 8. St. Clair County Youth Coalition 9. Violence Prevention Center 	<p>Barriers to be Addressed:</p> <p>Barriers to reducing the number of violent offenses include:</p> <ol style="list-style-type: none"> 1. Funding shortages 2. Lack of resources and help programs available 3. Economic Development 4. Neighborhood/Community Connectedness
<p>Evaluation plan to measure progress towards reaching objectives:</p> <p>The Violence Prevention and Safety team will meet regularly to monitor objectives and sub-objectives for outcome and impact objectives, schedule and track intervention activities and recruit new members using strategy aligned management and scorecard tools introduced to the Health Care Commission in 2009. These tools will also allow the teams to integrate new objectives and tasks as necessary.</p> <p>Health Care Commission participants will engage in an annual review of those programs within their agency that are associated with the identified strategies above. This review will include an assessment of objectives relevant to those identified in these Community Health Plan worksheets.</p> <p>NOTE: All materials and programs outlined below will take into account the diverse population throughout communities in St. Clair County. Every effort will be made to be culturally sensitive in all our work with this project.</p>	
<p>Related Healthy People 2020 Objectives:</p> <p>IVP–33 Reduce physical assaults IVP–39 (Developmental) Reduce violence by current or former intimate partners IVP-42 Reduce children’s exposure to violence</p>	
<p>Anticipated sources of funding and/or in kind support:</p> <ul style="list-style-type: none"> • Federal, State and Local Grants • Local Health Departments • Community Resource Development • Local Government • Local Hospitals • FQHC and Clinics 	

Community Health Plan #3: Suicide Prevention

<p>Health Problem:</p> <p>Between 2006 and 2016, St. Clair County has experienced an average of 25 suicides annually. The county’s suicide mortality rate (10.6 deaths per 100,000 population) for the same time period is nearly 13 percent higher than the State of Illinois (9.6).</p>	<p>Outcome Objective:</p> <p>By the year 2023, the percentage of suicide deaths among ages 15-66+ will decrease by 20 percent.</p>
<p>Risk Factor(s):</p> <p>The risk factors for suicide include:</p> <ol style="list-style-type: none"> 1. Mental Illness 2. Substance Abuse 3. Loved One/Friend Committed Suicide 4. Family History 5. Family Violence 6. Incarceration 	<p>Impact Objective(s):</p> <p>In our attempt to decrease the number of suicide deaths over the next five years, it is necessary that we:</p> <ol style="list-style-type: none"> 1. Maintain a coordinated community stakeholder system- suicide prevention alliance. 2. Sustain a community-wide system that focuses on building an ongoing comprehensive plan for prevention, intervention, treatment, education, support, and resource development. 3. Raise community-public awareness. 4. Educate community residents in utilizing suicide prevention tools and resources to help individuals who are at risk of suicide to access help. 5. Create a safety net that identifies and connects suicidal persons with community services and supports. 6. Collect data for program evaluation and to determine where to target prevention activities. 7. Review best practice research and develop, and promote the delivery of effective, best practices.
<p>Contributing Factors (Direct/Indirect):</p> <p>There are many contributing factors to the increase in suicide deaths. These factors can include:</p> <ol style="list-style-type: none"> 1. Availability and access to counseling and screening programs for substance abuse 2. Firearm availability 3. Poor academic success 4. PTSD-Veterans 5. Failed Relationships/Belongingness 6. Bullying 7. Peer Pressure 8. Perceived Burden 9. Loneliness 10. Physical illnesses 11. Acquired ability to inflict injury 12. Low self-esteem and decision making skills 13. Lack of knowledge of services available in the community 14. Economy-unemployment/homelessness 	<p>Intervention Strategies:</p> <p>The following are strategies chosen to address contributing factors that can influence suicides:</p> <ol style="list-style-type: none"> 1. Create-distribute marketing-publicity information 2. Conduct Community-Public Awareness Events-Campaigns Annually (I.e. Candlelight Vigil, Talk Tuesday Campaign) 3. Conduct QPR universal suicide prevention trainings educating public on risk factors, warning signs, with additional outreach efforts to identified high risk populations (“Men In the Middle Years”, construction trade, students, military Veterans, police, and gay, bisexual and transgender individuals) 4. Explore and schedule effective training/workshops on bullying 5. Assist with marketing-referring to YMHFA 6. Advocate for gun safety-storage 7. Research potential suicide interventions 8. Investigate Zero Suicide concepts 9. Explore AFSP suicide prevention funding

Community Health Plan #3: Suicide Prevention (continued)

<p>Community Stakeholders & Resources:</p> <ol style="list-style-type: none"> 1. AgeSmart 2. American Foundation for Suicide Prevention 3. Blue Wall Institute 4. Call For Help, Inc.-Suicide & Crisis Hotline 5. Chestnut Health Systems 6. Fairview Heights Fire Chaplain-CISM 7. Heartlinks Grief Center, Family Hospice 8. Karla Smith Foundation 9. NAMI of Southwestern Illinois 10. Save Our Ship 11. St. Clair County Coroner's Office 12. St. Clair County Health Department 13. St. Clair County Mental Health Board 14. St. Clair County Office on Aging 15. St. Clair County Regional Office of Education 16. Shrine of Our Lady of the Snows 17. Southern Illinois Healthcare Foundation 18. Southern Illinois University, Edwardsville 19. SWIC Programs and Services for Older Persons 20. Touchette Regional Hospital Behavioral Health Center 	<p>Barriers to be Addressed:</p> <p>Barriers to reducing the number of suicide deaths include:</p> <ol style="list-style-type: none"> 1. Social Stigmas 2. Peer Pressure 3. Low Self Esteem Lack of school administration/business support for suicide prevention 4. Lack of medical insurance coverage 5. Participant follow-up and monitoring of progress
<p>Evaluation plan to measure progress towards reaching objectives:</p> <p>The Behavioral Health team will meet regularly to monitor objectives and sub-objectives for outcome and impact objectives, schedule and track intervention activities and recruit new members using strategy aligned management and scorecard tools introduced to the Health Care Commission in 2009. These tools will also allow the teams to integrate new objectives and tasks as necessary.</p> <p>Health Care Commission participants will engage in an annual review of those programs within their agency that are associated with the identified strategies above. This review will include an assessment of objectives relevant to those identified in these Community Health Plan worksheets.</p> <p>NOTE: All materials and programs outlined below will take into account the diverse population throughout communities in St. Clair County. Every effort will be made to be culturally sensitive in all our work with this project.</p>	
<p>Related Healthy People 2020 Objectives:</p> <p>MHMD-1 Reduce the suicide rate</p> <p>MHMD-2 Reduce suicide attempts by adolescents</p> <p>MHMD-5 Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral</p> <p>MHMD-10 Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders</p> <p>MHMD-11 Increase depression screening by primary care providers</p>	
<p>Anticipated sources of funding and/or in kind support:</p> <ul style="list-style-type: none"> • Federal, State and Local Grants • Local Health Departments • Community Resource Development • Local Government • Local Hospitals • FQHC and Clinics 	

Community Health Plan #4: Opioid/Heroin Deaths

<p>Health Problem:</p> <p>There are a high number of opioid and heroin overdoses and overdose deaths in St. Clair County.</p> <p>Data from the St. Clair Coroner indicate the following:</p> <ul style="list-style-type: none"> • Overdose deaths in 2016: 35 • Overdose deaths 1/1/17-8/27/17: 36 	<p>Outcome Objective:</p> <p>Decrease the number of opioid/heroin deaths by 25% over the next five years (2018-23).</p>
<p>Risk Factor(s):</p> <p>The risk factors for opioid/heroin overdose include:</p> <ol style="list-style-type: none"> 1. Using opioids for pain management 2. IV drug use 3. Having abstained for a period of time (detox or incarceration) 4. Non-medical use of opioids 5. Use of two or more drugs 6. Recent overdose 	<p>Impact Objective(s):</p> <p>In our attempt to decrease the number of opioid/heroin overdose deaths over the next five years, it is necessary that we impact the following:</p> <ol style="list-style-type: none"> 1. Reduce the proportion of youth and adults reporting use of alcohol or any illicit drugs during the past 30 days 2. Increase education regarding the dangers of opioid abuse and heroin use 3. Engage the medical community to assist with family education 4. Decrease access to opioids by working with prescribers and encouraging citizens to monitor their medications 5. Increase access to life saving measures by educating SCC first responders and the public about Narcan 6. Increase knowledge about the Good Samaritan Law 7. Increase knowledge and use of available resources, access to treatment 8. Increase recovery supports, including those for families
<p>Contributing Factors (Direct/Indirect):</p> <p>There are many contributing factors to the increase in opioid/heroin overdose deaths. These factors can include:</p> <ol style="list-style-type: none"> 1. Access to prescription opioids through overprescribing or from family or friends 2. Access to heroin that is inexpensive, has dangerous levels of purity, and may be mixed with another drug 3. Lack of education regarding the dangers of opioid abuse/misuse 4. Lack of communication among professionals (treatment centers, enforcement, and medical community) leading to individuals not getting services or having to call multiple agencies 5. Lack of consistent ways to reach community members with naloxone education 6. Barriers to engaging individuals in treatment (intake, space, financial) 7. Lack of sufficient recovery support for individuals and families 	<p>Intervention Strategies:</p> <p>The following are strategies chosen to address contributing factors that can influence opioid/heroin overdose deaths:</p> <ol style="list-style-type: none"> 1. Educate the general public on taking medications as prescribed, secure storage, and proper disposal. Increase number of drop box locations throughout SCC 2. Educate those working with youth (faith-based, teachers, DCFS providers, and case workers) on trauma-informed care, signs/symptoms of use, and secure storage/proper disposal 3. Educate first responders and public on naloxone and the Good Samaritan Law 4. Increase communication among treatment providers to ensure greater access to care 5. Educate individuals and families regarding recovery supports

Community Health Plan #4: Opioid/Heroin Deaths (continued)

<p>Community Stakeholders & Resources:</p> <ol style="list-style-type: none"> 1. Illinois Department of Human Services Substance Abuse Prevention Services grant (Chestnut Health Systems for Belleville and Swansea) 2. Touchette Regional Hospital; other local hospitals 3. Treatment Alternatives for Safe Communities 4. SCC Mental Health Board 5. SCC State’s Attorney’s Office 6. SCC Coroner’s Office 7. Chestnut Health Systems Prevention Program 8. SCC Health Department 9. SCC Regional Office of Education 10. Scott Air Force Base 11. Partnership for Drug-Free Communities 12. Treatment agencies and other local organizations dedicated to providing assistance to individuals needing addiction services. 	<p>Barriers to be Addressed:</p> <p>Barriers to reducing the number of opioid/heroin overdose deaths include:</p> <ol style="list-style-type: none"> 1. Minimal involvement from non-affected community entities. Need for increased involvement from community leaders, government officials, schools, parents, etc. 2. Few places for community members to safely dispose of unwanted or expired medication. 3. Misunderstanding of Good Samaritan Law 4. Unwillingness on the part of some law enforcement to carry naloxone 5. Insufficient data collection regarding overdoses deaths. 6. Insufficient data collection regarding overdose reversals. 7. Funding
<p>Evaluation plan to measure progress towards reaching objectives:</p> <p>We will continue to use the Illinois Youth Survey as a reliable source for youth substance use data. We will focus on getting more St. Clair County schools to administer the IYS in 2018 so as to collect reliable data from as many communities as possible. Committee members will analyze the data and make changes to programs as necessary to continue to monitor progress toward impacting contributing factors to youth use. Strategies will be evaluated annually through intercept surveys, focus groups, and observation.</p> <p>We will continue to monitor drug overdose related to opioids and heroin. We will also monitor and evaluate the progress toward addressing the contributing factors to the overdose deaths in St. Clair County.</p> <p>Health Care Commission participants will engage in an annual review of those programs within their agency that are associated with the identified strategies above. This review will include an assessment of objectives relevant to those identified in these Community Health Plan worksheets.</p> <p>NOTE: All materials and programs outlined below will take into account the diverse population throughout communities in St. Clair County. Every effort will be made to be culturally sensitive in all our work with this project.</p>	
<p>Related Healthy People 2020 Objectives:</p> <p>SA-7 Increase the number of admissions to substance abuse treatment for injection drug use</p> <p>SA-8 Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year</p> <p>SA-10 Increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based alcohol Screening and Brief Intervention (SBI)</p> <p>SA-12 Reduce drug-induced deaths</p> <p>SA-13 Reduce past-month use of illicit substances</p> <p>SA-19 Reduce the past-year nonmedical use of prescription drugs</p>	
<p>Anticipated sources of funding and/or in kind support:</p> <p>Two local agencies have DHS grant funding through the Substance Abuse Prevention Services grants. Two local agencies have overdose death prevention grants through DHS or IDPH.</p>	

Community Health Plan #5: Youth Substance Abuse

<p>Health Problem:</p> <p>High numbers of St. Clair County youth report past 30-day use of alcohol, marijuana, and prescription drugs (Illinois Youth Survey, St. Clair County composite results, 2016). 2016 county data indicates the following 30-day use data:</p> <ul style="list-style-type: none"> • <u>Alcohol</u>: 23% (10th grade), 44% (12th grade) • <u>Binge Drinking*</u>: 8% (10th), 22% (12th) • <u>Marijuana</u>: 12% (10th), 29% (12th) • <u>Prescription Drugs**</u>: 4% (10th), 4% (12th) <p>*Binge drinking is defined as taking 5 or more drinks in a row **Prescription drugs either not prescribed for them or in a dosage not recommended by the doctor</p>	<p>Outcome Objective:</p> <p>Decrease the use of alcohol, marijuana, and prescription drugs by St. Clair County youth by 5% over the next five years (2018-23).</p>
<p>Risk Factor(s):</p> <p>The risk factors for youth substance use are many and varied. These risk factors include:</p> <ol style="list-style-type: none"> 1. Family history 2. Anxiety, depression, loneliness, trauma, bullying 3. Peer pressure 4. Lack of parental supervision, family dynamics 5. Poverty 6. Community of residence 	<p>Impact Objective(s):</p> <p>In our attempt to decrease the number of youth using alcohol, marijuana, and prescription drugs over the next five years, it is necessary that we impact the following:</p> <ol style="list-style-type: none"> 1. Increase perception of risk of harm of substance us. 2. Increase percentage of parents/guardians who talk to their kids about NOT using substances 3. Decrease youth access to alcohol and prescription drugs
<p>Contributing Factors (Direct/Indirect):</p> <p>There are many contributing factors to youth use of substances. Those contributing factors can vary widely among neighboring communities, and can include:</p> <ol style="list-style-type: none"> 1. Parent supply of alcohol 2. Retail access to alcohol. 3. Easy access to prescription drugs 4. Decreased youth perception of risk of harm from using substances 5. Lack of parent to child communication regarding substance use 	<p>Intervention Strategies:</p> <p>The following are strategies shown to impact contributing factors to youth substance use:</p> <ol style="list-style-type: none"> 1. Educational and support materials to address parent provision of alcohol 2. Compliance checks to address retail access to alcohol 3. Educational and support materials to address easy access to prescription drugs 4. Youth Prevention Education curriculum 5. Communication/Media campaigns
<p>Community Stakeholders & Resources:</p> <ol style="list-style-type: none"> 1. Illinois Department of Human Services Substance Abuse Prevention Services grant (Chestnut Health Systems for Belleville and Swansea) 2. Touchette Regional Hospital; other local hospitals 3. Treatment Alternatives for Safe Communities 4. SCC Mental Health Board 	<p>Barriers to be Addressed:</p> <ol style="list-style-type: none"> 1. Social Norms. Alcohol use by youth is widely accepted in many communities in St. Clair County. Many parents/guardians and other community members see it as a “rite of passage”. In fact, many parents provide alcohol in their homes in the mistaken belief that “taking their keys” will keep kids safe.

Community Health Plan #5: Youth Substance Abuse (continued)

<ol style="list-style-type: none"> 5. SCC State’s Attorney’s Office 6. SCC Coroner’s Office 7. Chestnut Health Systems Prevention Program 8. SCC Health Department 9. SCC Regional Office of Education 10. Scott Air Force Base 11. Partnership for Drug-Free Communities 12. Treatment agencies and other local organizations dedicated to providing assistance to individuals needing addiction services. 	<ol style="list-style-type: none"> 2. Funding. Many of the grants available have very specific allowable strategies and expenditures, making it difficult to tailor those strategies to community needs. Other funds are extremely scarce and leave many parts of the county without prevention services. 3. Lack of health education classes past 9th or 10th grade. 4. Medical marijuana law in Illinois contributing to thought that marijuana is “safe”. 5. Inability to engage physicians in the conversation regarding overprescribing of opioids to date. 6. Difficulty for some to make connection between early substance use and later opioid/heroin addiction. 7. Low numbers of St. Clair County schools participating regularly in the Illinois Youth Survey. In 2016, only 3 of 26 middle schools and 4 of 12 high schools participated in the survey throughout SCC. 8. “Perception of Perfection”- culture (in some communities) of not wanting the community to appear to be unsafe or have high rates of substance use.
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Evaluation plan to measure progress towards reaching objectives:

We will continue to use the Illinois Youth Survey as a reliable source for youth substance use data. We will focus on getting more St. Clair County schools to administer the IYS in 2018 so as to collect reliable data from as many communities as possible. Committee members will analyze the data and make changes to programs as necessary to continue to monitor progress toward impacting contributing factors to youth use. Strategies will be evaluated annually through intercept surveys, focus groups, and observation.

Commission members will engage in an annual review of those programs within their agency that are associated with the identified strategies above. This review will include an assessment of objectives relevant to those identified in these Community Health Plan worksheets.

NOTE: All materials and programs outlined below will take into account the diverse population throughout communities in St. Clair County. Every effort will be made to be culturally sensitive in all our work with this project.

Related Healthy People 2020 Objectives:

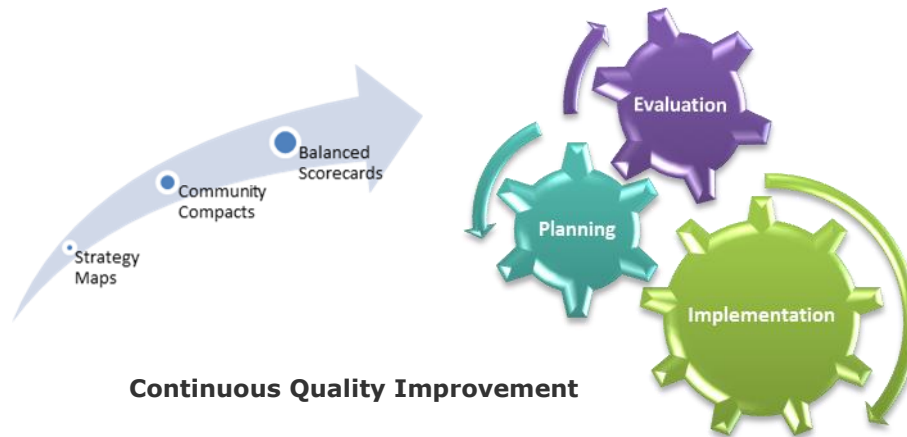
- SA-1 Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol
- SA-2 Increase the proportion of adolescents never using substances
- SA-3 Increase the proportion of adolescents who disapprove of substance abuse
- SA-4 Increase the proportion of adolescents who perceive great risk associated with substance abuse
- SA-13.1 Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days

Anticipated sources of funding and/or in kind support:

Two local agencies have DHS grant funding through the Substance Abuse Prevention Services grants. Two local agencies have overdose death prevention grants through DHS or IDPH.

PHASE SIX: THE ACTION CYCLE

(Plan-Implement-Evaluate)



Our local efforts to create healthy communities and a better quality of life, to increase the visibility of public health within the community, to anticipate and manage change, and to encourage community engagement must place a strong emphasis on **community ownership** of the process. This is integral to an effective action cycle approach to implementing the Community Health Plans created in Phase Five of MAPP. Efforts will also be needed to sustain **community cohesiveness** to stay focused on the goal and to develop **local capacity** to identify and respond to emerging health problems. The evidence of our past practices and the collective experience of our current stakeholders⁷ suggest a high potential for fulfilling these concepts through a process of continuous quality improvement (CQI). This CQI process will also seek to integrate our existing community health assessment and planning efforts with the Healthy Illinois, State Health Improvement Plan (Illinois Department of Public Health, 2015) over the next five years. Not only will this provide a needed and logical framework for future planning efforts, it will also expand our collaborative network and create additional expertise as we continuously mobilize resources to address the health needs and promote the health and well-being of all the residents of St. Clair County.

As noted in the previous section on **Formulating Goals and Strategies**, three strategic issues were identified through a consensus-building process involving 55 participants representing over 40 community groups and organizations. Yet, the objectives and related strategies initially developed for these issues only begin to address the steps needed to realize St. Clair County's vision of "being among the top 25 healthiest counties in Illinois by the year 2025." At best, these objectives represent the start of a process to create an ideal and realistic projection of what a true public health system could accomplish in the next several years. At worst, they become a dusty collection of well-intentioned ideals that never make it off the cubicle shelf. If the vision is to be realized; however, the process must be replicated, additional partners must be recruited, implementation must be realized and shared accountability must be relevant.

Since the journey of a thousand miles begins with one step, the St. Clair County Health Care Commission intends to improve the process beyond those community health plans submitted in this

⁷ The term "Stakeholder" is used to refer to a group of individuals with shared affinity, and perhaps a shared geography, who organize around an issue, with collective discussion, decision making and action. Although this report represents the current assessment and planning effort among the members of the Commission and those groups identified in the Community Health Intervention Plan worksheets, future efforts will endeavor to discover and engage a wider array of community stakeholders.

IPLAN initiative by developing additional health plans for other identified problems (i.e. obesity, chronic disease prevention, teen pregnancy and STD/HIV). St. Clair County will also build upon the foundation established in its former IPLAN/MAPP which began to utilize quality improvement and performance accountability tools for engaging community partners and monitoring progress towards shared goals and objectives. These tools rely upon the principles of Strategy Aligned Management (SAM) and make use of virtual Community Scorecards linked to intervention activities and partner templates.

In St. Clair County, achieving significant improvements in physical, behavioral and social health outcomes usually involves building strong collaborations within and beyond the membership of the Health Care Commission. As effective as we have been, the Forces of Change analysis reminds us of the challenges involved in getting multiple organizations to support a common strategy to achieve outcomes, managing the complexity of a collaborative strategy, and achieving accountability for results. The Community Balanced Scorecard (CBSC) and related Collective Impact principles and tools such as *strategy maps* and *community results compacts* are expressly designed to meet these challenges (Epstein, 2009).

The Collective Impact approach is premised on the belief that no single policy, government department, organization or program can tackle or solve the increasingly complex social problems we face as a society. The approach calls for multiple organizations or entities from different sectors to abandon their own agenda in favor of a common agenda, shared measurement and alignment of effort. Unlike collaboration or partnership, Collective Impact initiatives have centralized infrastructure – known as a backbone organization – with dedicated staff whose role is to help participating organizations shift from acting alone to acting in concert (image courtesy of [Centre for Community Child Health](#) (2013)).

John Kania & Mark Kramer first wrote about collective impact in the [Stanford Social Innovation Review](#) in 2011 and identified five key elements:

1. All participants have a **common agenda** for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions.
2. Collecting data and **measuring results consistently** across all the participants ensures shared measurement for alignment and accountability.
3. A plan of action that outlines and coordinates **mutually reinforcing activities** for each participant.
4. Open and **continuous communication** is needed across the many players to build trust, assure mutual objectives, and create common motivation.
5. A **backbone organization(s)** with staff and specific set of skills to serve the entire initiative and coordinate participating organizations and agencies.



“... we believe that there is no other way society will achieve large-scale progress against the urgent and complex problems of our time, unless a collective impact approach becomes the accepted way of doing business.”

John Kania & Mark Kramer

SURVEILLANCE AND EVALUATION (FINAL NOTE)

The definition of assessment as “the systematic collection, analysis, and sharing of information about health conditions, risks and resources in a community” (National Association of County & City Health Officials, 2005) include concepts of community diagnosis such as surveillance, identification of needs and barriers, analyzing the causes and variations of problems, collecting and interpreting data, case finding, monitoring and forecasting trends, researching and evaluating outcomes. While many of these concepts are included in this community health assessment and planning process, future assessment efforts of the Commission must allow for an ongoing monitoring of programs and priorities if such a systematic collection of information is to be specifically developed for the purpose of improving the health status of the community.

To accomplish this goal, four additional objectives will be accomplished over the 2018-23 Community Health Plan implementation period:

1. The Health Department will integrate the objectives identified in the five community health plans presented on pages 47-56 of this document, into its 2018-23 Organizational Strategic Planning (OSP) and Continuous Quality Improvement (CQI) process; and, encourage the Commission members to actively engage in an annual review of those programs within their agency that are associated with identified priority health issues. This review will also include an assessment of objectives relevant to those identified in the Community Health Plan worksheets.
2. The St. Clair County Health Department will explore opportunities to maintain and enhance its community health information system for purposes of program and health outcome monitoring. This system will be sanctioned by a specific protocol and supported by input from Commission members and other stakeholders.
3. The St. Clair County Health Department will continue to convene with the Health Care Commission to support Community Health Assessment Coordination with Commission members and other community stakeholders to assist in the collection, monitoring and evaluation components of the community health plan.
4. The St. Clair County Health Care Commission will commit to the MAPP process as a model for engaging community members and building collaborative partnerships that are willing to take a “community-minded” approach to dealing with the remaining five strategic issues.

APPENDICES

- A. Introduction to the MAPP Process
- B. St. Clair County 2011-15 MAPP Chronology
- C. MAPP Assessment Team Leaders & Roles
- D. County Health Rankings and Model
- E. Survey on Quality of Life in St. Clair County
- F. Survey on “Forces of Change”
- G. Essential Public Health Services & Performance Indicators
- H. Local Public Health Performance Standard Scores for St. Clair County
- I. August 24th Forum Participant List
- J. Partnership Forum Agenda
- K. MAPP Strategic Issue Work Groups
- L. MAPP Phase 5 Key Terminology

Appendix A: Introduction to the MAPP Process

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide and community-driven strategic planning. Through MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action.

MAPP is intended to result in the development and implementation of a community-wide strategic plan for public health improvement. For the plan to be realistically implemented, it must be developed through broad participation by persons who share the commitment to and have a role in the community's health and overall well-being. It is unlikely that key implementers will adopt the recommendations of a plan for which they had no input. A community's commitment to implementation of a public health improvement plan will come from the sense of ownership that results from participating in the plan's development.

MAPP focuses on the creation and strengthening of the local public health system – Local public health systems are defined as all entities that contribute to the delivery of public health services within a community. This system includes all public, private, and voluntary entities, as well as individuals and informal associations.

MAPP focuses on strengthening the whole system rather than separate pieces, thus bringing together diverse interests to collaboratively determine the most effective way to conduct public health activities. A MAPP initiative without the perspective of the public health system – both its strengths and the areas needing improvement – will lack community consensus on the capabilities of the local public health system to take action to improve community health. The nurturing and development of a strong community consensus regarding the needs of your local public health system can be a springboard to future collective action.

MAPP uses the 10 Essential Public Health Services to define public health activities – The *10 Essential Public Health Services* and other public health practice concepts have been incorporated into MAPP, providing much-needed links with other public health initiatives such as the National Public Health Performance Standards Program. The *10 Essential Public Health Services* provide a useful framework for determining who is responsible for the community's health and well-being. The services reflect core processes used in public health to promote health and prevent disease.

The 10 Essential Public Health Services are:

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

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

- **MAPP uses traditional strategic planning concepts within its model.** While many communities have participated in a strategic planning process of some kind, applying such concepts to public health practice within your community can help you to identify and secure resources, match needs with assets, respond to external circumstances, anticipate and manage change, and establish a long-range direction for the community.
- **MAPP is focused on systems thinking** to promote an appreciation for the dynamic interrelationship of all components of the local public health system required to develop a vision of a healthy community.

- **MAPP creates opportunities for public health leadership** by encouraging community ownership and leadership of public health activities, allowing space for creative and collective thinking that many ultimately produce more innovative, effective, and sustainable solutions to complex problems and issues. MAPP has increased the visibility of public health within communities by implementing a participatory and highly publicized process.
- **MAPP helps to develop a shared vision** to form the foundation for building a healthy future.
- **MAPP uses data** to inform each step of the process.
- **MAPP builds on previous experiences and lessons learned by** anticipating and managing change, seeking opportunities, and utilizing existing resources.
- **MAPP helps to develop partnerships and collaboration** to optimize performance through shared resources and responsibility.
- **MAPP uses dialogue** to ensure respect for diverse voices and perspectives during the collaborative process.
- **MAPP encourages the celebration of successes** to ensure that contributions are recognized and to sustain excitement for the process.

Benefits of Undertaking MAPP

By introducing MAPP to your community, you will:

- **Create a healthy community and a better quality of life.** The ultimate goal of MAPP is optimal community health – a community where residents are healthy, safe, and have a high quality of life.
- **Increase the visibility of public health within the community.** By implementing a participatory and highly publicized process, increased awareness and knowledge of public health issues and greater appreciation for the local public health system as a whole may be achieved.
- **Anticipate and manage change.** Community strategic planning better prepares local public health systems to anticipate, manage, and respond to changes in the environment.
- **Create a stronger public health infrastructure.** The diverse network of partners within the local public health system is strengthened through the implementation of MAPP. This leads to better coordination of services and resources, a higher appreciation and awareness among partners, and less duplication of services.
- **Engage the community and create community ownership for public health issues.** Through participation in the MAPP process, community residents may gain a better awareness of the area in which they live and their own potential for improving their quality of life. Community-driven processes also lead to collective thinking and a sense of community ownership in initiatives, and, ultimately, may produce more innovative, effective, and sustainable solutions to complex problems.

To initiate the MAPP process, public and private agencies designated as leaders within the community begin by organizing themselves and preparing to implement MAPP (**Organize for Success/Partnership Development**). Community-wide strategic planning requires strong organization and a high level of commitment from partners, stakeholders, and the community residents who are recruited to participate.

The second phase of the MAPP process is **Visioning**. A shared vision and common values provide a framework for pursuing long-range community goals. During this phase, the community answers questions such as “What would we like our community to look like in 10 years?”

The next phase of MAPP involves the four MAPP Assessments listed below. These assessments can be conducted simultaneously or in an order determined by your community:

- The **Community Themes and Strengths Assessment** provides a deep understanding of the issues residents feel are important by answering the questions, “What is important to our community?” “How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?”
- The **Local Public Health System Assessment (LPHSA)** is a comprehensive assessment that included all of the organizations and entities that contribute to the public’s health. The LPHSA answers the questions, “What are the activities, competencies, and capacities of our local public health system?” “How are the 10 Essential Public Health Services being provided to our community?”
- The **Community Health Status Assessment** identifies priority community health and quality of life issues. Questions answered during the phase include, “How healthy are our residents?” and “What does the health status of our community look like?”
- The **Forces of Change Assessment** focuses on the identification of forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operates. This answers the questions, “What is occurring or might occur that affects the health of our

community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

Once a list of challenges and opportunities has been generated from each of the four assessments, the next step is to **Identify Strategic Issues**. During this phase, participants identify linkages between the MAPP assessments to determine the most critical issues that much be addressed for the community to achieve its vision.

After issues have been identified, participants **Formulate Goals and Strategies** for addressing each issue.

An important phase of MAPP is the **Action Cycle**. During this phase, participants plan for action, implement, and evaluate. These activities build upon one another in a continuous and interactive manner and ensure the continued success of MAPP activities.

Source: *Achieving Healthier Communities through MAPP: A User’s Handbook*

Appendix B: 2011-15 Chronology

2011	2012	2013	2014	2015
<ul style="list-style-type: none"> • St. Clair County asked to serve as a Community Coach for the two-year Pioneering Healthier Communities (PHC) site by the Greater St. Louis YMCA and the CDC to address Diabetes Prevention in the Metro East Area. Joins other USA communities at the 8th National Activate America PHC Training Conference in Dallas, TX. • Phase IV (Identifying Strategic Issues) of the MAPP process establishes four Strategic Health Priorities (1) Chronic Disease Prevention; (2) Maternal & Child Health; and, (3) Behavioral Health; (4) Violence Prevention • Phase V (Formulating Goals and Strategies) develops 20 overarching goals and 42 corresponding strategies. • Theme for 3th Annual Health Policy Summit: Creating Safe Communities for Health and Wellness 	<ul style="list-style-type: none"> • Phase XI (Action Cycle) of the MAPP process begins with a volunteer base of Health Care Commission members co-chairing action teams for select Strategic Health issues. • Adopted an Organizational Strategic Plan (OSP) to direct the priorities of the department over the next five years. The OSP links five community health improvement goals developed by MAPP process and five organizational strategic issues developed during the Organizational Capacity Self-Assessment. • The Illinois Department of Public Health selects St. Clair County as a recipient for the 4-year We Choose Health (WCH) Community Transformation Initiative for improved school health, the built environment and smoke-free public housing. • Theme for 4th Annual Health Policy Summit: The Power of Collective Impact! 	<ul style="list-style-type: none"> • The Health Department applies for national accreditation through the Public Health Accreditation Board (PHAB). • Implemented the Continuous Quality Improvement (CQI) Plan to improve the quality of the programs and services the Health Department provides as evidenced by the measureable outcomes of those programs and services relevant to the Department's five-year Organizational Strategic Plan. • The WCH program initiates 10 cooperative agreements to local schools and communities that enhance active living and healthy eating. • Theme for 5th Annual Health Policy Summit: Building Connections: Healthy Bodies, Minds, & Communities 	<ul style="list-style-type: none"> • The Department becomes the first Health Department in the Metro-East to attain National Accreditation through the Public Health Accreditation Board (PHAB). • Commission adopts seventh strategic health issue to address disparities in Sexually Transmitted Infections (STIs). A partnership workshop is hosted in the spring. • The WCH program initiates 16 cooperative agreements to local schools and communities that enhance active living and healthy eating. • Theme for 6th Annual Health Policy Summit: The Changing Healthcare Landscape: Implications for Community, School, Business, & Providers 	<ul style="list-style-type: none"> • Appointed a new Executive Director, Ms. Barbara Hohlt, after the retirement of Mr. Kevin Hutchison, who served as Executive Director since the Health Department's inception in 1986. • Theme for 7th Annual Health Policy Summit: Embracing a Culture of Health & Wellness with support from the Robert Woods Johnson Foundation and the Get Up & Go! Campaign.

Appendix C: MAPP Assessment Team Leaders and Roles

Community Health Status Assessment

Mark Peters and Amy Funk (CoChairs)

1. Analyzes data about Health Status, Quality of Life and Risk Factors
2. Reviews eight categories of data:
 - Demographic & Socioeconomic Characteristics
 - General Health & Access to Care
 - Maternal & Child Health
 - Chronic Disease
 - Infectious Disease
 - Behavioral Risk Factors
 - Environmental Characteristics
 - Sentinel Events

This group worked to build upon the Health Care Commission's existing sources of public health related information with more current years of data for the eleven categories listed above. They involved other state, county and community agencies that routinely collect and report on events or population outcomes significant to the overall health promotion or status of the residents of St. Clair County. Particular discussions focused on expanding indicators for Mental Health, substance abuse, violence and presenting information through the use of mapping and graphing applications (GIS).

Community Themes and Strengths Assessment

Rachel Lugge, and Laurie Bauer (CoChairs)

1. Identifies themes that interest and engage the community.
2. Identifies perceptions about quality of life.
3. Identifies community assets.

This group gathered information for the above three items from a broad representation of population groups and community organizations. They used a combination of surveys, questionnaires, focus groups and/or key informant interviews. Plans & Needs included the following:

- Suggested names and contact information for participants for select population or community groups.
- Preparation of "Kick-off Invitational" for group representatives to come together to be (1) briefly introduced to the overall MAPP process; (2) presented with the information gathering tools (indicated above); (3) a facilitator led discussion of implementation issues & timeline for completion; and, (4) overall question and answers.
- A desire to avoid contact duplication or "survey overkill."

Forces of Change Assessment

Dr. Andrea Frazier and Dr. Karan Onstott (CoChairs)

1. Identifies forces that are occurring or will occur that will affect the community or the local public health system.
2. Focuses on issues broader than the community including:
 - Uncontrollable factors that impact the environment in which the LPHS operates.
 - Trends, legislation, funding shifts, politics, etc.

This group will focused on accomplishing the two items above through a key informant process of community leaders and community service providers. Their goal was to solicit information from 30 to 40 service providers (and some service users) through a take home survey. The lists of participants include members of the Belleville Chamber of Commerce, Home Health Care, Nursing Outreach, and Assisted Living associations as well as local count, township and city leaders.

Local Public Health System Assessment

Kevin Hutchison, Donna Meyers and Douglas Stewart (CoChairs)

1. Measures the capacity of the local public health system to conduct essential public health services.
2. Completes LPHS Assessment on model standards for essential services.
3. Make Up of Local Public Health System includes:
 - Health Departments
 - Hospitals
 - Doctors
 - Mental Health
 - Environmental Health
 - Schools
 - Community Centers
 - Elected Officials
 - Police
 - Fire
 - EMS
 - Churches
 - Home Health
 - Nursing Homes
 - Corrections
 - Parks & Recreation
 - Laboratory Facilities
 - Drug Treatment
 - Civic Groups
 - Philanthropist
 - Community Health Centers
 - Employers
 - Economic Development

This group worked on completing a Local Public Health System Assessment through the use of the model standards tool for measuring essential services (a NACCHO document). They engaged members from the 23 bulleted areas above to participate in this assessment, because these areas represent a broader, more comprehensive perspective of the "Public Health System."

Appendix D: County Health Rankings for St. Clair County

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

St. Clair (SC)

	St. Clair County	Error Margin	Top U.S. Performers [^]	Illinois	Rank (of 102)
Health Outcomes					95
Length of Life					90
Premature death	9,000	8,600-9,400	5,200	6,300	
Quality of Life					96
Poor or fair health **	16%	15-17%	12%	16%	
Poor physical health days **	3.9	3.7-4.1	3.0	3.6	
Poor mental health days **	3.9	3.8-4.1	3.0	3.4	
Low birthweight	9%	9-10%	6%	8%	
Health Factors					91
Health Behaviors					95
Adult smoking **	16%	16-17%	14%	15%	
Adult obesity	33%	29-39%	26%	27%	
Food environment index	5.8		8.4	8.0	
Physical inactivity	24%	20-29%	19%	21%	
Access to exercise opportunities	83%		91%	89%	
Excessive drinking **	18%	17-18%	12%	21%	
Alcohol-impaired driving deaths	35%	31-39%	13%	34%	
Sexually transmitted infections	746.9		145.5	516.5	
Teen births	42	40-43	17	30	
Clinical Care					53
Uninsured	9%	8-10%	8%	11%	
Primary care physicians	1,710:1		1,040:1	1,240:1	
Dentists	1,460:1		1,320:1	1,380:1	
Mental health providers	1,210:1		360:1	580:1	
Preventable hospital stays	61	58-65	36	56	
Diabetes monitoring	80%	77-83%	91%	86%	
Mammography screening	59%	56-63%	71%	64%	
Social & Economic Factors					86
High school graduation	85%		95%	86%	
Some college	69%	66-71%	72%	68%	
Unemployment	6.6%		3.3%	5.9%	
Children in poverty	26%	21-30%	12%	19%	
Income inequality	5.4	5.1-5.6	3.7	4.9	
Children in single-parent households	44%	42-46%	21%	32%	
Social associations	11.5		22.1	9.8	
Violent crime	749		62	388	
Injury deaths	76	72-81	53	53	
Physical Environment					93
Air pollution - particulate matter **	11.8		6.7	10.5	
Drinking water violations	Yes				
Severe housing problems	15%	14-16%	9%	19%	
Driving alone to work	82%	81-83%	72%	73%	
Long commute - driving alone	32%	30-34%	15%	40%	

Areas to Explore Areas of Strength

[^] 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
** Data should not be compared with prior years

Appendix E: Survey on Quality of Life in St. Clair County*

The member organizations of the St. Clair County Health Commission would like your opinion about quality of life in our county. Please take a few minutes to complete this survey. It is confidential and voluntary, but would help agencies plan services in the county. If there are any questions you would rather not answer, leave them blank. If you have questions about the survey see information on the back. Thank you for your time.

Zip code _____ Highest Grade Completed in School _____ Sex: _____ Age _____

Race (Circle all that you consider yourself to be)

White

Native American / Native Alaskan

Native Hawaiian / Other Pacific Islander

Black/African American

Asian

Other _____

Ethnicity (Circle One) Non-Hispanic Hispanic

Use the Scale at the Right to Answer Questions 1-24	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. People in my community can get high quality health care (think about access, cost, options, primary care, specialists and facilities).					
2. My community is a good place to raise children (think about schools & child care).					
3. This is a good place to grow old (think about services like meals on wheels, visiting nurse, adult day care, senior housing and other senior services)					
4. My community has adequate transportation (think about public transportation and roads)					
5. My community is safe (think about police & fire protection, EMS, 911, crime rates).					
6. My community has plenty of public places for exercise and recreation (parks, trails and playgrounds).					
7. This area has good access to entertainment (think about sports, art, theater, music and other activities)					
8. My community has plenty of places for me to get affordable healthy foods like fresh fruits, vegetables, meat, whole grains and low fat dairy products.					
9. The economy in this area provides for the needs of people (think about good jobs, affordable housing, higher education, job training, and business opportunities).					
10. People in this area have access to information (think about newspapers, libraries, radios, TV, Internet)					

Use the Scale at the Right to Answer Questions 1-24	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
11. People in the area have access to information (think about newspapers, libraries, radio, TV, Internet)						
12. People in this area are interested, informed, concerned and involved in community life.						
13. People in my community have a “welcoming” feeling. We look out for each other, are tolerant, generous, and will help each other in times of need.						
14. My community provides access to financial and legal resources.						
15. My community has adequate resources for my mental and emotional needs.						
16. My community provides adequate housing for older persons.						
17. My community’s regulations support housing modifications to accommodate changing physical mobility and safety needs.						
18. My community offers door-to-door transportation for those who cannot get to a fixed bus route.						
19. My community’s services and businesses are accessible to those with disabilities.						
20. Overall, quality of life in my community is very good.						
21. My community has access to quality senior adult resources and services.						
22. My community has access to quality youth resources and services.						
23. My community’s biggest asset is...						
24. My community’s biggest weakness is....						

***Additional Information about this Survey**

This survey is being conducted by the members of the St. Clair County Health Commission. We are looking for 2000 adults from St. Clair County (about 1% of adult population) to answer these questions.

Answers from all respondents will be summarized and used to evaluate citizen needs, plan new programs, and monitor progress of county health initiatives. There is no direct, immediate benefit to you for completing this survey. However, as a citizen of the county, you may receive benefits from new or future programs.

Do not put your name on the survey

There is also an online version of this survey which can be accessed through the following link:

https://www.surveymonkey.com/r/Life_in_My_County

There are no risks to you for completing this survey, and if you do not want to participate, this will not change anything about the kinds of services you receive from the health department or any other healthcare facility.

If you have any questions about the procedures for this survey contact: Mark Peters, Director of Community Health, St. Clair County Health Department at (618) 825-4423

Appendix F: Survey on ‘Forces of Change’ Affecting Health & Wellness in St. Clair County



Below is a list of economic conditions, legislation, technology and other issues within our community that the St. Clair County Health Care Commission considers to be a “Force of Change” because they are or may affect the health of the residents of St. Clair County and our health care system.



Instructions: Using this list of issues (or ones that you select) **please put a check in front of the five most important opportunities & the five most important challenges** that are or could be influencing the health and quality of life for communities within St. Clair County.

<u>Opportunities</u> (please select your top five)	<u>Challenges</u> (please select your top five)
<input type="checkbox"/> Aging of the population <input type="checkbox"/> Educational preparation of young people <input checked="" type="checkbox"/> Affordable Care Act <input type="checkbox"/> Economy (Employment Growth & Development) <input type="checkbox"/> Access to Healthy Food <input type="checkbox"/> Digital Networking (Technology) <input type="checkbox"/> Environmental conditions/air quality <input type="checkbox"/> Availability of doctors, nurses and health care services within St. Clair County <input type="checkbox"/> Violence (domestic, child abuse, crime) <input type="checkbox"/> Alcohol, tobacco, and other substance abuse <input type="checkbox"/> Active Living Opportunities (Complete Streets) <input type="checkbox"/> Urban redevelopment <input type="checkbox"/> Suburban development <input type="checkbox"/> Transportation infrastructure <input type="checkbox"/> Public Works infrastructure (water, sewers, stormwater drainage, etc.) <input type="checkbox"/> Shifts in population within the County <input type="checkbox"/> Availability of services in rural areas <input type="checkbox"/> Other (please indicate) _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Aging of the population <input type="checkbox"/> Educational preparation of young people <input checked="" type="checkbox"/> Affordable Care Act <input type="checkbox"/> Economy (Employment Growth & Development) <input type="checkbox"/> Access to Healthy Food <input type="checkbox"/> Digital Networking (Technology) <input type="checkbox"/> Environmental conditions/air quality <input type="checkbox"/> Availability of doctors, nurses and health care services within St. Clair County <input type="checkbox"/> Violence (domestic, child abuse, crime) <input type="checkbox"/> Alcohol, tobacco, and other substance abuse <input type="checkbox"/> Active Living Opportunities (Complete Streets) <input type="checkbox"/> Urban redevelopment <input type="checkbox"/> Suburban development <input type="checkbox"/> Transportation infrastructure <input type="checkbox"/> Public Works infrastructure (water, sewers, stormwater drainage, etc.) <input type="checkbox"/> Shifts in population within the County <input type="checkbox"/> Availability of services in rural areas <input type="checkbox"/> Other (please indicate) _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

Please feel free to make any comments in the space provided, or let us know if you would like us to follow up with you regarding the Health Care Commissions’ ongoing efforts to improve the health of the residents of St. Clair County. Thanks again for your support.

Appendix G: Essential Public Health Services & Performance Indicators

Service & Indicator Names and Descriptions

1 Monitor health status to identify community health problems.

- 1.1 Population-Based Community Health Profile (CHP)
- 1.2 Current Technology to Manage and Communicate Population Health Data.
- 1.3 Maintenance of Population Health Registries

2 Diagnosis and investigate health problems and health hazards in the community.

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

3 Inform, educate and empower people about health issues.

- 3.1 Health Education and Promotion
- 3.2 Health Communication
- 3.3 Risk Communication

4 Mobilize community partnerships to identify and solve health problems.

- 4.1 Constituency Development
- 4.2 Community Partnerships

5 Develop policies & plans that support individual and community health efforts.

- 5.1 Governmental Presence at the Local Level
- 5.2 Public Health Policy Development
- 5.3 Community Health Improvement Process
- 5.4 Plan for Public Health Emergencies

6 Enforce laws and regulations that protect health and ensure safety.

- 6.1 Review and Evaluate Laws, Regulations and Ordinances
- 6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances
- 6.3 Enforce Laws, Regulations and Ordinances

Service & Indicator Names and Description of Services

7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

- 7.1 Identification of Personal Health Service Needs of Populations
- 7.2 Assuring the Linkage of People to Personal Health Services

8 Assure a competent public and personal health care workforce.

- 8.1 Workforce Assessment, Planning & Development
- 8.2 Public Health Workforce Standards
- 8.3 Life-Long Learning through Continuing Education, Training, and Mentoring
- 8.4 Public Health Leadership Development

9 Evaluate effectiveness, accessibility and quality of personal and population-based health services.

- 9.1 Evaluation of Population-Based Health Services
- 9.2 Evaluation of Personal Health Services
- 9.3 Evaluation of the Local Public Health System

10 Research for new insights and innovative solutions to health problems.

- 10.1 Fostering Innovation
- 10.2 Linkage with Institutions of Higher Learning and/or Research
- 10.3 Capacity to Initiate or Participate in Timely Epidemiological, Health Policy, and Health Systems Research

Appendix H: Local Public Health Performance Standard Scores for St. Clair County

St. Clair County Health Care Commission Local Public Health System Assessment Scores							
Model Standards by Essential Services	N	2017 Performance Scores	OSP Priority Objective*	2017 Agency Contribution Scores	2006 Performance Scores	2011 Performance Scores	2011/2017 % Change
ESSENTIAL SERVICE 1: Monitor Health Status							
1.1 Community Health Assessment	37	47.1	Yes	49.3	88.3	45.1	4.4%
1.2 Current Technology	34	47.5	Yes	38.2	67.5	45.9	3.6%
1.3 Registries	33	45.5	Yes	43.8	66.7	62.2	-26.8%
ESSENTIAL SERVICE 2: Diagnose and Investigate							
2.1 Identification/Surveillance	23	62.3	No	67.9	64.7	68.5	-9.0%
2.2 Emergency Response	23	61.4	No	77.4	78.8	70.6	-13.0%
2.3 Laboratories	23	52.2	No	66.7	75.6	70.6	-26.1%
ESSENTIAL SERVICE 3: Educate/Empower							
3.1 Health Education/Promotion	26	51.6	No	54.6	69.7	67.7	-23.8%
3.2 Health Communication	26	41.7	Yes	39.8	78.2	60.7	-31.4%
3.3 Risk Communication	25	52.7	No	52.8	66.4	68.7	-23.3%
ESSENTIAL SERVICE 4: Mobilize Partnerships							
4.1 Constituency Development	38	48.0	Yes	60.7	83.2	66.8	-28.1%
4.2 Community Partnerships	35	50.7	Yes	59.5	75.4	56.8	-10.7%
ESSENTIAL SERVICE 5: Develop Policies/Plans							
5.1 Governmental Presence	26	50.6	No	65.5	87.2	70.2	-27.9%
5.2 Policy Development	26	52.2	No	70.2	84.6	65.6	-20.4%
5.3 CHIP/Strategic Planning	26	50.3	Yes	70.2	83.7	71.7	-29.8%
5.4 Emergency Plan	26	52.9	No	71.4	73.3	64.9	-18.5%
ESSENTIAL SERVICE 6: Enforce Laws							
6.1 Review Laws	14	66.5	No	75.0	69.7	68.3	-2.6%
6.2 Improve Laws	14	56.5	No	65.5	64.0	54.5	3.8%
6.3 Enforce Laws	14	65.4	No	65.4	69.1	65.7	-0.5%
ESSENTIAL SERVICE 7: Link to Health Services							
7.1 Personal Health Service Needs	35	48.0	No	54.5	75.2	61.6	-22.0%
7.2 Assure Linkage	34	49.9	No	50.0	64.6	71.8	-30.5%
ESSENTIAL SERVICE 8: Assure Workforce							
8.1 Workforce Assessment	32	34.7	Yes	44.0	48.1	38.2	-9.2%
8.2 Workforce Standards	32	47.8	Yes	61.9	80.8	63.7	-24.9%
8.3 Continuing Education	32	42.6	Yes	52.1	67.0	43.3	-1.7%
8.4 Leadership Development	32	42.3	Yes	55.4	62.4	49.1	-13.8%
ESSENTIAL SERVICE 9: Evaluate Services							
9.1 Evaluation of Population Health	26	45.2	No	56.0	67.6	53.6	-15.7%
9.2 Evaluation of Personal Health	26	45.7	No	55.3	71.5	60.7	-24.8%
9.3 Evaluation of LPHS	25	46.7	No	60.0	77.9	61.2	-23.7%
ESSENTIAL SERVICE 10: Research/Innovations							
10.1 Foster Innovation	13	44.7	Yes	56.3	65.8	54.4	-17.8%
10.2 Academic Linkages	13	53.2	No	62.5	79.1	65.4	-18.6%
10.3 Research Capacity	13	41.8	No	51.6	72.2	60.9	-31.3%
Average Overall Score		49.9		58.4	72.6	60.9	
Median Score		49.0		57.9	71.9	63.0	

Appendix I: August 24th Forum Participant List

St. Clair County Health Care Commission MAPP Phase 4 Health Assessment and Planning Forum

1. Public & Private Health Providers
 - Cancer Treatment Center
 - East Side Health District
 - BJC Memorial Hospital
 - Hospital Sisters Health System
 - Illinois Department of Public Health
 - St. Clair County Health Department
 - Touchette Regional Hospital
2. Local Governance
 - County
 - City
3. Community Based Organizations
 - Programs and Services for Older Persons
 - The Apartment Community of Our Lady of the Snow
 - U of I Cooperative Extension-SNAP Ed. Program
4. Youth Organizations
 - St. Clair County Youth Coalition
 - Barnes Jewish Center School Outreach and Youth Development
 - United Way, East Side Aligned
 - Gateway Region YMCA
5. Faith Based Organizations
 - Westminster Presbyterian Church
 - Women 4 Giving
 - Racial Harmony
6. Behavioral & Physical Health Organizations
 - St. Clair County 708 Mental Health Board
 - Chestnut Health Center
 - Gateway Region YMCA
 - Hesed Comprehensive Psychological and Assessment Services
 - TRH Behavioral Health Center
 - Treatment Alternatives for Safe Communities (TASC)
7. Education
 - Regional Office of Education
 - School District Representatives
 - Southwest Illinois College
 - McKendree University
 - Lindenwood College
 - Southern Illinois University Edwardsville
8. Infrastructure Support & Protection
 - St. Clair County
 - Scott Air Force Base
 - St. Clair County Transit Authority
9. Business & Industry
 - Chambers of Commerce
 - Rotary Clubs
 - Optimist Clubs

Appendix J: Partnership Forum Agenda

**St. Clair County Health Care Commission
Community Health Assessment and Planning Forum
Thursday – August 24, 2017 8:00 AM – 2:30 PM**

Regional Office of Education, Belleville, IL

Itinerary

8:00 – 8:30	Registration for Participants	
8:30 – 8:45	Welcome and Introductions	Barbara Hohlt
8:45 – 10:15	Overview and Presentation of Assessment Reports* <ul style="list-style-type: none">▪ Community Health Status Assessment▪ Community Themes & Strengths Assessment▪ Forces of Change Assessment▪ Local Public Health System Assessment	Assessment Team
	*w/follow-up discussion led by Vertical Performance (VP) Team	
10:15 – 10:30	Break	
10:30 – 11:00	Group Discussion- Preparing to be “All In” for Impact	VP Team
11:00 – 12:00	Identifying Strategic Issues and WIGs** **Wildly Important Goals (w/Group Discussion)	VP Team
12:00 – 1:00	Lunch	
1:00 – 1:30	Prioritizing Strategic Issues and WIGs By participant voting	VP Team
1:30 – 2:15	Strategic Action Team Formation and Pre-Planning w/Group Discussion)	VP Team
2:15 – 2:30	Wrap-up and Next Steps	

Appendix K: St. Clair County MAPP Strategic Issue Work Groups

Education

- | | |
|-------------------------|---|
| 1. Doug Stewart | Memorial/BJC Hospital |
| 2. Karan Onstott | McKendree University |
| 3. Susan Sarfaty | Regional Office of Education |
| 4. Rita Boyd | Get Up & Go!, Inc. |
| 5. Heather Braundmeier | Scott Air Force Base |
| 6. Lesley Paterson | Touchette Regional Hospital |
| 7. Jessica Pace | Touchette Regional Hospital |
| 8. John Heater | Gateway Region YMCA |
| 9. Jacqueline Berry | Scott Air Force Base |
| 10. Brandy Conway | Scott Air Force Base |
| 11. Donna Meyers | St. Elizabeth's HSHS |
| 12. Carla Boswell | Programs and Services for Older Persons |
| 13. Greg Davenport | Gateway Region YMCA |
| 14. Stefanie McLaughlin | Gateway Region YMCA |
| 15. Amy Funk | U of I Cooperative Extension-SNAP Ed. Program |
| 16. Diana Wilhold | BJC School Outreach and Youth Development |
| 17. Tina Markovich | St. Clair County Health Department |
| 18. Jann Gillingham | Independent Marketing Consultant |

Mental Health/Substance Abuse

- | | |
|--------------------------|---|
| 1. Donna Nahlik | Chestnut Health Systems |
| 2. Desarie Holmes | Touchette Regional Hospital - Behavioral Health Center |
| 3. Julie Chambers | Treatment Alternatives for Safe Communities (TASC) |
| 4. Deb Humphrey | St. Clair County 708 Mental Health Board |
| 5. John West | St. Clair County Board of Health |
| 6. Linzy Laughhuun | Scott Air Force Base |
| 7. Sarah Dyer | Hesed Comprehensive Psychological and Assessment Services |
| 8. Chris Fulton | AgeSmart |
| 9. Tina Markovich | St. Clair County Health Department |
| 10. Elizabeth Brookshire | United Way, East Side Aligned |

Community Safety

- | | |
|---------------------------|---|
| 1. Dr. Andrea Frazier | Lindenwood University |
| 2. Sgt. Darren Fults | St. Clair County Sheriff's Department |
| 3. Deputy Andrew Leach | St. Clair County Sheriff's Department |
| 4. Kathy Weisenstein | St. Clair County Health Department |
| 5. Robin Hannon | St. Clair County Health Department |
| 6. Paula Brodie | Southern Illinois Healthcare Foundation |
| 7. Cynthia Price | Southern Illinois Healthcare Foundation |
| 8. Bill Kreeb | St. Clair County Board of Health |
| 9. Edgar Weidenbener | Touchette Regional Hospital |
| 10. Missy Schmidtke | Senior Services Plus |
| 11. Dorothy Meyer | St. Clair County Board Liaison |
| 12. Joy Paeth | AgeSmart |
| 13. Pastor Meg Overstreet | Westminster Presbyterian Church |
| 14. Kathy Federico | Jack Schmitt Auto |

Appendix L: Key Terminology

Presented at September/October Objective Setting Work Group Meetings

IPLAN: Illinois Project for the Local Assessment of Needs or IPLAN is a **community** health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems. (IPLAN Website)

MAPP: Mobilizing Action through Planning and Partnership or MAPP is a strategic approach to community health improvement. The tool provides a framework for a community-wide and community-driven strategic planning process resulting in effective partnerships for strategic action to improve the community's health and well-being. *This tool or process is an equivalent planning process for IPLAN.* (MAPP User Guide, NACCHO)

Health Problem: A situation or condition of people or the environment measured in death, disease or disability which is believed will exist in the future and which is considered undesirable. (APEX-PH, August 1996)

Strategic Issue: Fundamental policy choices or critical challenges that must be addressed for a community to achieve its vision. (MAPP User Guide, NACCHO)

Outcome Objective(s): a goal for the level to which a health problem should be reduced within a specific time period. It is long term (within five years) and measurable. These are statements about how much and when the program should affect the health problem. (IPLAN)

Risk Factors: Direct causes and risk factors (determinants) which, based on scientific evidence or theory, are thought to influence directly the level of a specific health problem (CDC)

Impact Objectives: a goal for the level to which a direct determinant or risk factor is expected to be reduced. An impact objective is intermediate (one to five years) in length of time and measurable. These are statements about how much and when the program should affect the determinant. (IPLAN)

Contributing factor: a scientifically established factor that directly affects the level of a risk factor. (IPLAN)

Indirect contributing factor: community-specific factor that directly affects the level of the direct contributing factors. (IPLAN)

Health disparities: Health disparities are differences in health status between people that are related to social or demographic factors such as race, gender, income or geographic region. In general, health disparities are driven by a combination of social factors. Inequity in health and healthcare can take many different forms, but are usually organized into the following categories:

- racial or ethnic health disparities,
- socioeconomic health disparities,
- gender health disparities; and
- rural health disparities. (American Public Health Association)

Social Determinants: The social determinants of health are 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. (Social Determinants of Health Key Concepts, World Health Organization)

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WEBSITE RESOURCES

- Behavioral Risk Factor Surveillance System - <http://app.idph.state.il.us/brfss/>
- CDC Wonder – <http://wonder.cdc.gov/>
- County Health Rankings - <http://www.countyhealthrankings.org/illinois/st-clair>
- Collaboration for Impact - <http://www.collaborationforimpact.com/collective-impact/>
- Healthy People 2020 Objectives - <http://www.healthypeople.gov/2020/topicsobjectives2020/>
- IPLAN Data System – <http://app.idph.state.il.us/>
- IQuery Community Health Data - <https://iquery.illinois.gov/iquery/>
- Local Public Health System Assessment - www.cdc.gov/od/ocphp/nphpsp/
- One Health - <http://www.onehealthinitiative.com/>
- US Census – <http://2010.census.gov/2010census>