

*McDonough County  
Illinois Project for Local  
Assessment of Needs  
(IPLAN)  
2015-2020*

*Approved by IDPH  
October 19, 2015*



*Illinois Department  
of Public Health  
Recertification  
June 2015*

## Letters of Approval





McDonough County Health Department  
505 East Jackson Street  
Macomb, IL 61455  
Phone/TTY: (309) 837-9951  
Fax: (309) 837-1100  
Web: [www.mchdept.com](http://www.mchdept.com)  
E-mail: [mchd@mchdept.com](mailto:mchd@mchdept.com)

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June 10, 2015

Tom Szpyrka  
Illinois Department of Public Health  
IPLAN Administrator  
IHDDI Project Administrator  
525 West Jefferson St  
Springfield, IL 62761-0001

Dear Mr. Szpyrka,

The McDonough County Health Department has completed our 2015-2020 IPLAN. We are requesting renewal of certification in accordance with the 77 Illinois Administrative Code 600. Enclosed you will find a letter from the McDonough County Board of Health acknowledging the IPLAN, Strategic Plan, and Community Health Plan have been reviewed and adopted by the Board of Health, along with our plan and appendices containing other relevant materials.

If you have any questions, please do not hesitate to contact me at the health department.

Sincerely,

Lynnette Cale, M.S., CHES  
Administrator  
McDonough County Health Department





McDonough County Health Department  
505 East Jackson Street  
Macomb, IL 61455  
Phone/TTY: (309) 837-9951  
Fax: (309) 837-1100  
Web: [www.mchdept.com](http://www.mchdept.com)  
E-mail: [mchd@mchdept.com](mailto:mchd@mchdept.com)

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June 10, 2015

To Whom It May Concern:

The McDonough County Board of Health has reviewed the 2015-2020 McDonough County Health Department IPLAN and Strategic Plan. At the June 10, 2015 Board of Health Meeting the board members voted to approve the McDonough County Health Department's 2015-2020 IPLAN and Strategic Plan.

Sincerely,

Dr. Karen Blakeley  
President of the McDonough County Board of Health





**McDonough County  
Illinois Project for Local Assessment of Needs  
(IPLAN)  
2015-2020**

**McDonough County Health Department**

For  
Illinois Department of Public Health  
Springfield, Illinois  
August 25, 2015

- Priorities:**
- 1. Sexual Health**
  - 2. Mental Health**
  - 3. Oral Health**
  - 4. Obesity Prevention**



## Acknowledgements

The McDonough County Health Department would like to extend their sincere gratitude to the members of the Community Health Committee for their time and input into this process. A special thank you to the IPLAN project team: Nick Swope, Amy Smart, Heather Swope, Kerri Allen, and Shelly Benson for their countless hours spent compiling information. Nick Swope is a Paul D. Coverdell Peace Corps Fellow, AmeriCorps member, and Health Department intern. Amy is a M.S. candidate at Western Illinois department of Health Sciences and Social Work. Kerri Allen is the Community Health Director and a public health nurse at the McDonough County Health Department. Shelly Benson is a registered nurse at the McDonough County Health Department.

### Suggested Citation:

Swope, N., Smart, A., Allen, K., & Benson, S. (2015). McDonough County: Illinois Project for Local Assessment of Needs: 2015-2020. McDonough County Health Department. Macomb, IL



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## Executive Summary

The McDonough County Health Department (MCHD) conducted a community-driven health needs assessment (CHA) and health improvement plan (CHIP), as well as an internal strategic plan. All three of these documents were combined to create the Illinois Project for Local Assessment of Needs (IPLAN). This comprehensive planning process is designed to identify health priorities, align resources, improve MCHD functioning, increase collaboration, and ultimately improve the health of McDonough County residents. This executive summary highlights key aspect of the CHA, CHIP, and strategic plan.

### **I. Community Health Needs Assessment (CHA)**

The 2015-2020 McDonough County health priorities as determined by the Community Health Committee.

1. Sexual Health
2. Mental Health
3. Oral Health
4. Obesity Prevention

### **II. Community Health Improvement Plan (CHIP)**

#### **1. Sexual Health**

Outcome Objective

- Have a 5% reduction in all reportable sexually transmitted diseases in McDonough County by 2020 (Baseline: 250 cases/100,000 population, IDPH 2014).
- Reduce the number of McDonough County youth and adults infected with chlamydia by 10% by 2020 (Baseline: 227 cases/100,000 population, IDPH 2014).

Impact Objective

- By May 2016, increase contraceptive availability in McDonough County by at least two locations (Baseline: 2 locations as of 2014).
- By May 2018, increase the number of reportable STD partners/contacts examined and treated by 10% at public health clinics and by private providers within McDonough County (Baseline: to be determined).
- Stabilize the increasing chlamydia rate in McDonough County by May 2018 (Baseline: 227 cases/100,000 population, IDPH 2014).

#### **2. Mental Health**

Outcome Objective

- Decrease the number of adults who report symptoms of depression by 5% in McDonough County by 2020 (Baseline: 17.3% of adults in McDonough County reported depression (CI 7.8%) (BRFS, 2013)).



- By 2020, decrease the age-adjusted rate for individuals in McDonough County who visit the ER due to mental health issues to 0.6 per 100 visits (Baseline 1.0/100 visits, IQuery 2009).

#### Impact Objective

- The IPLAN committee will formally recommend strategies to resolve the issues related to access to mental health care by 2017.
- By 2017, promote mental health services and resources available in McDonough County utilizing a minimum of a website, listserv, and resource guide.
- Decrease the number of adults who report symptoms of depression by 1% in McDonough County by 2017 (Baseline: 17.3% of adults in McDonough County reported depression (CI 7.8%) (BRFS, 2013)).
- By 2018, decrease the age-adjusted rate for individuals in McDonough County who visit the ER due to mental health issues to 0.8 per 100 visits (Baseline 1.0/100 visits, IQuery 2009).

### 3. Oral Health

#### Outcome Objective

- Increase the proportion of uninsured/underinsured children, adolescents, and adults who receive routine, annual oral health care by 2020 (Baseline data required).
- By 2020, reduce the proportion of McDonough County children and adolescents with untreated dental decay by 15% (Baseline data required).
- By 2020, decrease the percentage of McDonough County adults whose last dental visit was greater than 2 years ago by 5% (Baseline: 27.6%, CI 8.9%, BRFS 2009).
- Increase the number of McDonough County residents who report getting their teeth cleaned within the last year by 10% by 2020 (Baseline: 51.9%, CI 11.3%, BRFS 2009).
- By 2020, establish a dental clinic in the community to serve low income and Medicaid-eligible residents.

#### Impact Objective

- By 2018, increase the number of primary care providers performing oral health exams for uninsured/underinsured adults by 5% (Baseline data required).
- By 2018, decrease the percentage of McDonough County adults whose last dental visit was greater than 2 years ago by 2% (Baseline: 27.6%, CI 8.9%, BRFS 2009).
- By 2018, increase the number of McDonough County residents who report getting their teeth cleaned within the last year by 5% (Baseline: 51.9%, CI 11.3%, BRFS 2009).
- By 2018, increase the percentage of individuals who report visiting a dentist in the last year by 3% (Baseline: 58.6%, CI 11.8%, BRFS 2009).
- By 2020, decrease visits to emergency departments for oral health issues by 5% (Baseline data required).

### 4. Obesity

#### Outcome Objective





- By 2020, halt the trend of steadily rising obesity prevalence in McDonough County (Baseline: 22.6% (CI 8.4%) in 2009, 26.5% (CI 10.2%) in 2013, BRFS).

#### Impact Objective

- See a 6% increase in McDonough County residents who report performing exercise by 2020 (Baseline, 79.6% (CI, 8.4%) (BRFS, 2013).
- By 2020, increase the proportion of McDonough County residents who engage in moderate physical activity (5 times a week for 30 min) by 3% (Baseline: 45.6% CI 11.6% BRFS 2009).
- By 2020, increase the proportion of McDonough County residents who engage in vigorous physical activity (3 or more days a week) by 3 % (Baseline: 44.5% CI 11.9% BRFS, 2009).
- By 2020, increase the consumption of fruits and vegetables (5 or more servings a day) by those living in McDonough County by 5% (Baseline: 12%, CI 4.5%, BRFS 2009).

### III. Strategic Plan

#### Vision

*The McDonough County Health Department will grow healthy lives and cultivate healthy choices to yield a healthy community.*

#### Mission

*The McDonough County Health Department will provide essential public health services for a safe and healthy community through promotion, protection, and prevention.*

#### Value Statements

- **Innovation:** We believe in leading the way in public health initiatives.
- **Communication:** We believe that effective, responsive, and timely communication creates our role as a trusted source of health information.
- **Great attitudes:** We believe in valuing all employees and community members, and treating each other with respect, honesty, care, and awesomeness.
- **Ethics:** We believe in an ethical and skillful workforce to serve the community in a professional manner.

#### Goal 1: Enhance Health Communication

The McDonough County Health Department will utilize all available resources, including social media and the McDonough County Health Department website, to inform, educate and promote programs and services to the public.

#### Goal 2: Data and Quality Improvement



The McDonough County Health Department will implement data collecting tools to gather, analyze and report health information and performance standards in a timely, organized manner as part of continuous Quality Improvement (QI).

**Goal 3: Work Force Development**

The McDonough County Health Department will serve as a model for other organizations by establishing an innovative workforce through staff development to promote excellence in public health practices.

**Goal 4: Leading Public Health in McDonough County**

The McDonough County Health Department will ensure its primary leadership role in planning, providing for, and protecting the health of all residents of McDonough County by increasing integration and partnership with community stakeholders.



# **Community Health Needs Assessment**

## **Statement of Purpose**

The overarching goal of the IPLAN process is to improve the health of McDonough County residents. The Community Health Needs Assessment is conducted in order to determine prioritized community health needs as identified by data analysis and the judgment of community participants. No one agency can address or resolve all issues facing the County. The assessment shows where further cooperation between agencies would be useful for improving the health status of McDonough County residents.

## **Community Health Needs Assessment Process**

The McDonough County IPLAN began in September 2014. The Community Health Committee (CHC), which was established in 2004 during the 2005 IPLAN process, was reconvened and new members were added. In order to recruit additional members, press releases were sent to the local media, interviews were conducted at local radio stations, and snowball sampling was used to invite individuals by phone. The CHC played a pivotal role in the IPLAN process. Secondary and primary data (McDonough Photovoice Project) collection were used to provide the CHC with current health information and community perspectives. Below is a breakdown of meetings and tasks used in the assessment process.

### **First Community Health Committee Meeting: October 22, 2014**

The first Community Health Committee (CHC) meeting was facilitated by Amy Smart. Ms. Smart provided an introduction and overview of the IPLAN process. This included the introduction of the McDonough Photovoice Project. She discussed the importance of having a robust CHC and how each member could contribute to the betterment of McDonough County.

### **McDonough County Photovoice Project: November 1, 2014**

Nick Swope launched the McDonough Photovoice website to act as a primary data source for the Community Health Needs Assessment. The site was designed to allow community members to upload photos and descriptions answering the question, “What is health and how does it impact me?” This information was used in conjunction with secondary data sources during the determination of the McDonough County health priorities. The McDonough County Photovoice Project concluded on January 20th with a gallery event and community discussion. More



information and specifics about the Photovoice Project are provided in the Photovoice portion of this document (p.26).

### **Second Community Health Committee Meeting: November 19, 2014**

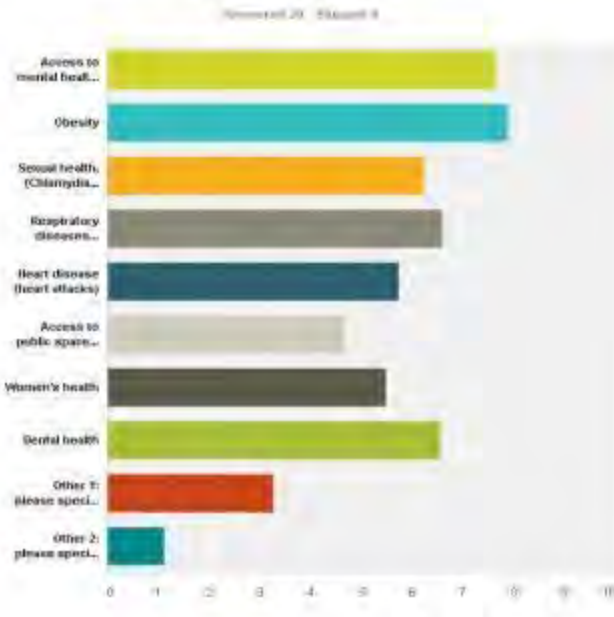
The second CHC meeting, titled the Data Extravaganza, featured a discussion and presentation of McDonough County health data. The presentation covered seven community health data sectors: demographic and socioeconomic characteristics, general health and access to care, maternal and child health, chronic diseases, infectious diseases, sentinel events, and environmental, occupational and injury control. While facilitating this meeting, Mr. Swope recorded CHC concerns and topics that garnered the most debate. The conversation was lively, and local media representatives were onsite covering the meeting.

### **Third Community Health Committee Meeting: January 12, 2015**

An electronic survey was sent to CHC members. The intent of the survey was to list all potential health priorities previously discussed by the CHC in the first and second meetings. This allowed them to rank the health concerns and add additional topics if deemed necessary. The CHC was asked to rank the following health issues: access to mental health, obesity, sexual health, respiratory diseases, heart disease, and access to public spaces, women's health, dental health, and other. Breastfeeding and nutrition were both suggested in the "other" category. These results, along with notes and photos from the McDonough Photovoice Project (January 20, 2015), were used to narrow the field of possible health priorities to be voted on at the CHC's January 21st meeting.



"Please rank the potential health priorities for McDonough County. 1 being the most important and 10 being the least important"  
If you believe a priority or priorities are not listed below please write your answer in the comment section.



### Photovoice Gallery Display and Community Discussion: January 20, 2015

On January 20, 2015, the McDonough County Photovoice Project came to a conclusion. The Photovoice Project culminated in a gallery display at the Western Illinois University Art Gallery, followed by a community discussion. Participants were given a means to vote for images that they felt embodied health in McDonough County. The dialogue was spirited and clear themes were identified. The facilitator, Mr. Swope, compiled all discussion ideas and comments. The information collected in the CHC prioritization survey (Jan 12th) was combined with the information and themes identified at the Photovoice event. Clear themes emerged as being ready for prioritization by the CHC. These were presented to the CHC at the health prioritization meeting the following day.

### Fourth Community Health Committee Meeting: January 21, 2015

The fourth CHC meeting culminated in the prioritization of the 2015-2020 health priorities for McDonough County. During the meeting, the electronic survey and McDonough County Photovoice themes were presented to the CHC. The CHC had narrowed the health priorities to five possible options. Those options were: sexual health, obesity prevention, respiratory



disease, (access to) mental health, dental health (oral health). After multiple rounds of voting and discussion the community health committee decided on four health priorities for McDonough County. Those priorities are sexual health, mental health, oral health, and obesity.

## Community Participation Process/ Methods

A key element in the IPLAN process is community participation and community engagement. When re-establishing the CHC, press releases were sent to the local media, interviews were conducted at local radio stations, and snowball sampling was used to invite individuals by phone. Throughout the entire IPLAN process the physical attendance of the CHC waxed and waned; however, community members stayed active via email. Participants from both private and public agencies were represented in the CHC. That same representation persisted during electronic and face-to-face meetings.

In total, four CHC meetings and the McDonough County Photovoice Project were used to determine McDonough County's 2015-2020 health priorities. The IPLAN CHC meetings included an introduction to IPLAN, a comprehensive local data analysis, community discussion and photographs, and health initiative prioritization. The community played a role in each aspect of the Community Health Needs Assessment.

## Community Participation List

Name	Title	Agency
Adrian MacGregor		McDonough District Hospital
Alex Zimmermann	Student	WIU/Beu Health Center
Amy Smart	Volunteer	WIU
Bill Jacobs	Director	Housing Authority
Carla Teslicka	CEO	YMCA
Crystan Wilson	Student	WIU/Beu Health Center
Diana Belknap		USDA, Rural Dev.
Diane Tate		McDonough District Hospital
Ed Davin		Macomb Elks Lodge
Jason Riley		YMCA
Jennifer Dailey		Mosaic
Jenny Biggs	AmeriCorps Member	Housing Authority
Jill Beck		United Way
Jo Ann Hariston-Jones	Health Education Coordinator	WIU/Beu Health Center
Josh Anderson	EM Coordinator	McDonough County Health Dept.
Kate McGruder		Early Beginnings



Katherine Perone	Professor	WIU
Kerri Allen	Community Health Director	McDonough County Health Dept.
Laura Leezer	Business Development Director	Citizens Bank
Lisa Fulkerson		University of Illinois Extension
Lisa Protsman		SNAP Fitness
Marie Blome	AmeriCorps Member	Genesis Gardens
Mary Jane Clark		ICAHN
Maureen Bezold	Professor	WIU
Melissa Calhoun		Family Violence Coord. Council
Michelle Hainline		Mosaic
Miriam Brabham	AmeriCorps Member	Genesis Gardens
Nick Swope	AmeriCorps Member	McDonough County Health Dept.
Pam Nelson	Principle	Project Insight
Patricia Eathington	Professor	WIU
Rachel Lenz		Macomb Park District
Randy Moore		Center for Youth and Family Solutions
Shelly Benson	R.N.	McDonough County Health Dept.
Steve Yeast		Macomb Elks Lodge
Tiffany Wetzel		Early Beginnings
William Wetzel	Administrator	Genesis Gardens

## Community Health Data

### A Note about the Presented Data

A common methodology is to use self-report questionnaires to gather data. Self-report measures are popular for a number of reasons. They are a “cheap” method of obtaining data, and can be easily implemented to large samples, especially with on-line questionnaire distribution sites such as SurveyMonkey. However, researchers who use self-report questionnaires are relying on the honesty of their participants. Furthermore, even if a participant is trying to be honest, they may lack the introspective ability to provide an accurate response to a question. Therefore, any self-report information we provide may be incorrect despite our best efforts to be honest and accurate. Participants may also vary regarding their



understanding or interpretation of particular questions, as well as the rating scales that may be used to determine the participants' opinions. Response bias refers to individual's tendency to respond a certain way, regardless of the actual evidence they are assessing. Control of sample has become more of an issue with online questionnaires; it causes several concerns regarding sample makeup, and offers few controls to stop the same person filling out a questionnaire multiple times (Hoskin, 2012).

Much of the data in this section that relates to risk factors is derived from the Behavioral Risk Factor Survey (BRFS). The BRFS is a high quality nationally conducted survey that uses self-reporting. Despite the potential problems with this method of gathering data, it does provide useful insight into the population. When available, confidence intervals will be listed next to percentages to provide the reader with a better understanding of the statistics.

## **Demographic and Socioeconomic Characteristics**

The demographic and socioeconomic characteristics of McDonough County are unique and play a role in the health of the county. McDonough County ranks 48, out of the 102 counties in Illinois, in terms of population size with a population of 32,464 (2013 projection). The state of Illinois has total population of 12,882,135 (Census, 2014).

McDonough County has a large population of adolescents/adults aged 15-24, (31.9%) compared to the Illinois state average (14.1%). This is due to the location of Western Illinois University in the county seat of Macomb (Census, 2012). The median age of individuals in McDonough County is 29.4 years (CI 0.5), and Illinois is 36.6 years old (CI 0.1) (Census, 2012). According to the 2012 Census, males and females are almost in completely equal proportions in the county with females having a slight edge at 50.5%. The percentage of individuals living below the poverty level is higher in McDonough County at 22.35% (2008-2012) compared to the state average of 13.7% (Census, 2014). The median household income for McDonough County families is \$35,812 (2008-2012), whereas the state average is \$56,853 (Census, 2014). Based on the demographic and socioeconomic characteristics of McDonough County, it was identified that there is a proportionally higher number of young adults living in the county, and a substantial percentage of the population living below the poverty line.

## **General Health and Access to Care**

How does McDonough County compare with the State in terms of general health and access to care? McDonough County ranks 11th out of the 102 counties in Illinois for health outcomes, according to county health rankings. Health outcomes are based on an equal weighting of length and quality of life (CHR, 2014). "Health factors (are) based on weighted scores for health





behaviors, clinical care, social and economic factors and the physical environment.”

McDonough County ranks 29th out of 102 counties for health factors in Illinois (CHR, 2014). With a substantial percentage of the county population living below the poverty line, there is potential difficulty obtaining access to healthcare. Six percent (1,637 people\*) of adults in McDonough County avoided doctor visits due to cost (CI 4.9%) (BRFS, 2013). The uninsured rate for non-seniors in 2011, was 13.3% for McDonough County and 14.8% for the state of Illinois (IMPACT, n.d.).

Low-income families can improve their well-being by utilizing available nutrition services offered by the State of Illinois and federal government. From 2008-2012 figures, McDonough County families with one or more workers receiving SNAP (Supplemental Nutrition Assistance Program) benefits was 80.4% - slightly higher than the state as a whole (78.1%) (IMPACT, n.d.). The percent of children eligible for free or reduced-price school lunch (2012-2013) was 48.3% in McDonough County, and 54.2% for the rest of the state (IMPACT, n.d.).

What is the leading cause of mortality for McDonough County residents? The causes of death in McDonough County were similar to the national percentages in 2011. However, McDonough County had a 3% higher rate of heart disease than the national average (IDPH, n.d.-d). When comparing Illinois and McDonough County, the five leading causes of death are the same and similar in percentages: heart diseases, cancer, lung diseases, stroke, and accidents (IDPH, n.d.-d).

Illinois: heart disease 24%, cancer 24%, stroke 5%, chronic lower respiratory disease 5%, accidents 3%, Alzheimer’s disease 3%, kidney failure 2%, diabetes 3%, influenza and pneumonia 2%, septicemia (blood poisoning) 2%, suicide 1%, and liver disease/cirrhosis 1% (IDPH, n.d.-d).  
McDonough County: heart disease 27%, cancer 22%, stroke 5%, chronic lower respiratory disease 6%, accidents 5%, Alzheimer’s disease 1%, kidney failure 1%, diabetes 2%, influenza and pneumonia 3%, septicemia (blood poisoning) 1%, suicide 0%, and liver disease/cirrhosis 1%(IDPH, n.d.-d).

## **Maternal and Child Health**

In the United States, about 650 women die annually as a result of pregnancy or delivery complications (CDC, 2014). Thankfully the maternal mortality statistics in McDonough County are too small to be comparable to other regions. This provides evidence that the maternal mortality rate is not a significant health concern to the population of McDonough County. The percentage of low-birth weight babies has improved in McDonough County. In 2009, the percentage of babies with low birth weights was 8.3%, compared to the state’s 8.4% (IMPACT, n.d.). In 2010, there were 288 babies born in McDonough County; 167,998 births in the state of



Illinois (IDPH, n.d.-b). Of these 288 births in McDonough County, 6.6% were of low birth weight (<2,500 grams). That is 1.7% points better than that year's state average of 8.3% (IDPH, n.d.-a). In 2010, McDonough County was roughly equal to the state average of preterm births (<37 weeks) 10.4% and 10.3% respectively (IDPH, n.d.-a). The cesarean section births for McDonough County and the State of Illinois were both around 31% in 2010 (IDPH, n.d.-a). In 2010, the Illinois Infant Mortality rate was 6.8. The McDonough County infant mortality rate was undetermined due to low incidence (IDPH, n.d.-g). There were only two cases in McDonough County. Thankfully, there is not enough data to determine a percentage. New mothers in McDonough County appear to be adequately educated. 8.6% of McDonough County mothers over age 20 did not have a high school diploma in 2010. That statistic is nearly 5.5% lower than the state average of 14.1% in 2010 (IDPH, n.d.-a). However, the percentage of teen births was slightly higher than the state average. 10.8% of the births in McDonough County in 2010 were to teens compared to 9.1% of births in Illinois in 2010 (IDPH, n.d.-f). In general, maternal and child health in McDonough County is fairly consistent with the state of Illinois.

## **Chronic Diseases**

McDonough County had a 3% higher rate of heart disease than the national average (IDPH, n.d.-d). There are many risk factors associated with coronary heart disease and stroke. Some risk factors such as family history, ethnicity and age, cannot be changed. Other risk factors that can be treated or changed include tobacco exposure, high blood pressure (hypertension), high cholesterol, obesity, physical inactivity, diabetes, unhealthy diet, and harmful use of alcohol (WHF, 2015).

26.5% of adults in McDonough County are obese according to self-reported heights and weights (CI 10.2%) (BRFS, 2013). This percentage is lower than the reported state and national percentages. 29.4% of Illinois residents are obese according to self-reported data (CI 1.7) (BRFS, 2013). 34.9% of the adult U.S. population is obese (CDC, 2014). Obesity is a major risk for cardiovascular disease and predisposition to diabetes. Experts agree that regular exercise is one of the most effective ways to prevent obesity. The majority of adults in McDonough County (79.9%) reported participating in activities or exercises such as running, calisthenics, golf, gardening or walking during the past month (CI-8.4%) (BRFS, 2013). When examining obesity statistics for McDonough County, it is important to keep in mind that roughly one third of the population is between the ages of 18-24. This may skew the percentage of adults reporting that they are obese.

Hypertension is the single biggest risk factor for stroke (WHF, 2015). It also plays a significant role in heart attacks. 19.9% of McDonough County adults reported having high blood pressure



(CI 6.8%) (BRFS, 2013), and of those with high blood pressure, 86.5% reported taking medication to treat their high blood pressure (CI- 10.2%) (BRFS, 2013). 8.2% of McDonough County adults have reported that they had angina (chest pain) (CI- 7.2%) (BRFS, 2013). 7.1% of adults in McDonough County have been told that they have had a heart attack (CI-7.1) (BRFS, 2013). 6.1% of adults in McDonough County have been told that they have had a stroke (CI- 7.2%) (BRFS, 2013).

Type 2 diabetes is a major risk factor for coronary heart disease and stroke. Diabetics are twice as likely to develop cardiovascular disease as non-diabetics. 13.1% of adults in McDonough County reported having diabetes (CI- 8.0%) (BRFS, 2013). 3.8% of adults in McDonough County reported being told that they have pre-diabetes or borderline diabetes symptoms (CI – 3.9%) (BRFS, 2013).

Tobacco use, whether smoking or chewing, increases the risk of cardiovascular disease. The risk is especially high if smoking began at a young age, the individual smokes heavily, or is a woman. Passive smoking is also a risk factor for cardiovascular disease. Stopping tobacco use significantly reduces the risk of cardiovascular disease (WHF, 2015). 38.8 % of adults in McDonough County reported being a current or former smoker (BRFS, 2013). Of that group, 15.5% reported being a current smoker (CI- 8.0), and 23.3% reported being a former smoker (CI 10.7) (BRFS, 2013). 10.3% of adults in McDonough County reported using smokeless tobacco (BRFS, 2013). Of that group, 5.6% of individuals reported using smokeless tobacco every day (CI 12.4), and 4.7% reported using smokeless tobacco some days (CD 5.8%) (BRFS, 2013). 8.5% of adults in McDonough County have been told that they have Chronic Obstructive Pulmonary Disease (COPD) (CI- 7.1%) (BRFS, 2013).

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These are most often the result of binge drinking and include: injuries, violence, alcohol poisoning, risky sexual behaviors, and miscarriage, stillbirth or fetal alcohol spectrum disorders (FASDs) among pregnant women (WHF, 2015). Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems including:

- High blood pressure, heart disease, stroke, liver disease, and digestive problems
- Cancer of the breast, mouth, throat, esophagus, liver, and colon
- Learning and memory problems including dementia and poor school performance
- Mental health problems including depression and anxiety
- Social problems including lost productivity, family problems, and unemployment
- Alcohol dependence or alcoholism.

In McDonough County, 20.1 % of adults 18-65 reported being at risk for chronic drinking in (BRFS, 2013). Of those reported, males were 10% more likely to be at risk for chronic drinking



(BRFS, 2013). The young university population (18-24) in McDonough County could affect these numbers.

Several other self-reported health conditions by residents of McDonough County impact quality of life and are representative of the health of the community. It is important for a community to have access to care for these conditions and access to additional services which may be of benefit. 22.7% of the adult population in McDonough County reported being told they have arthritis (CI- 9.1%) (BRFS, 2013). A total of 22.6% of the adult population in McDonough County reported being told they have or had asthma. Of those, 13.2% (CI- 8.0%) are currently experience asthma, and 9.4% (CI- 10.9%) are former asthma sufferers (BRFS, 2013).

4.5% of McDonough County adults reported being told that they had a type of cancer (non-skin cancer) (CI-2.4%) (BRFS, 2013). 4.7% of McDonough County adults reported being told that they have skin cancer (CI-3%)(BRFS, 2013). A total of 9.2% of McDonough county adults reported being told they have some type of cancer (BRFS, 2013). Cancer in McDonough County, similar to the nation as a whole, is the number two killer of residents.

Accessibility and access to care and mental health are important indicators of quality of life. 27.2% of the adults in McDonough County reported being limited in any way by physical, mental, or emotional problems (CI 11.8%) (BRFS, 2013). 10.9% of adults in McDonough County reported using special equipment such as a cane, wheelchair, special bed, or special telephone (CI 7.6%) (BRFS, 2013). 17.3% of adults in McDonough County reported depression (CI 7.8%) (BRFS, 2013). Mental illness and disability are present in McDonough County and are potentially cross-cutting for many health outcomes.

## **Infectious Diseases**

Sexually transmitted diseases do not discriminate by age, gender, ethnicity, or social background. That being said, according to the CDC, nearly half of the new sexually transmitted diseases diagnosed each year are among youth aged 15-24 years (2014). McDonough County houses Western Illinois University and Spoon River College within its borders. Both institutions have a high percentage of students that fall within this demographic.

As of 2013, there is an HIV prevalence (living with HIV) of 14 in McDonough County (IDPH, 2014). There is an AIDS prevalence of 14 in McDonough County as of 2013 (IDPH, 2014). The Illinois HIV incidence (new cases) rate and case has stayed fairly constant at a rate of 14 to 15 and incidence cases around 1800 (per 100,000) (IDPH, 2014). The state-wide prevalence (the number of people living with HIV) of HIV has seen a slight increase from 2009 to 2013; 240 to 281 respectively (per 100,000) (IDPH, 2014). 23.5% of the adult population in McDonough County has ever been tested for HIV (CI- 11.5%) (BRFS, 2013).



Chlamydia is the most commonly reported STD in the United States. In McDonough County, there was an increasing trend of chlamydia cases from 2009 to 2012. In 2012, the rate of chlamydia infection in McDonough County surpassed the Illinois chlamydia rate (IDPH, 2014). Chlamydia in McDonough County is by far the most prevalent reportable sexually transmitted disease. There are monthly spikes of STD testing and reported cases that appear to cycle with the University schedule.

The gonorrhea rate in McDonough County was at a low in 2010 of 33.7 (per 100,000). In 2011, it jumped more than double to 70.5 (per 100,000). These rates are still low compared to the state of Illinois; however, the large increase in incidence rate from 2010 to 2011 should be noted. Illinois has maintained a gonorrhea rate between 123 and 160 (per 100,000) from 2009 to 2013 (IDPH, 2014).

Both diseases, chlamydia and gonorrhea, showed a 50 to 100% increase from 2010 to 2011, respectively. On the other hand, the case counts for syphilis in McDonough County have been so low the rate does not have significant data to be reported from 2009 to 2013. The large increase in chlamydia and gonorrhea could be due to a massive increase in STD cases, except syphilis. It could also be due to better accessibility of screening methods or an unknown confounding variable. Regardless, the large increases in chlamydia and gonorrhea cases are notable.

Men and women in Illinois contract STDs at different prevalence. In Illinois, between 2009 and 2013, female rates of chlamydia were more than double that of males. Gonorrhea rates were nearly equal for both men and women. Syphilis rates in Illinois were five to nine times greater in men than in women from 2009 to 2013; though still very low in total. This data provides insights as to which populations are most vulnerable to contracting certain STDs.

Western Illinois University, which is located in McDonough County, has an international student population. This group, increases the chance of tuberculosis (TB) cases, since the disease may be prevalent in their country of origin. Professors, residents, and students also travel to areas of the world that have an increased incidence of TB. According to the Communicable Disease Coordinator at the McDonough County Health Department, there were two TB cases in 2011. There have been no active TB cases in the past three years (2012, 2013 or 2014).

Influenza (flu) can lead to hospitalization and is sometimes fatal. Anyone can contract the flu. Influenza vaccination is the best way to prevent individuals from getting the flu and suffering potentially serious complications. The CDC recommends that individuals six months and older receive a flu vaccination each flu season (2014). The McDonough County Health Department provided 768 flu vaccinations in 2012, and 981 vaccinations in 2013. In McDonough County, 34.6% of the adult population was vaccinated for the flu virus (CI 11.2%) (BRFS, 2013). The current recommendation for herd immunity is 80% of the general population, and 90% for flu is



far from being met. Preliminary findings from the CDC indicate fewer than half of children and adults in the United States were vaccinated by early flu season (early November 2014).

The McDonough County Health Department (MCHD) provides basic vaccines for vaccine preventable diseases to both adult and children populations. According the MCHD Community Health Director, there was a slight decrease in the number of children receiving vaccines from 2012 to 2013 (267 to 226), but a sizeable increase in the number of adults (95 to 205).

## **Environmental, Occupational, and Injury Control**

The McDonough County Health Department Environmental Health Services Division promotes food safety and food sanitation through food facility inspections and scoring, education, recalls, and complaint investigation. There were 11 cases of the foodborne illness salmonella in 2012 and no cases reported for 2013. The county had no reported cases of shigella in 2012 and two cases in 2013 (McDonough County, 2013).

Excluding the Western Illinois University population from the 2013 census (32,464), there are 28,021 individuals connected to an IEPA-regulated water supply in the county. Therefore, roughly 85% of the county is connected to some type of regulated water supply, while the remaining 15% is on private well water. Many people are connected to rural water systems. These percentages provide a starting point, but do not reflect the exact number of wells in existence.

According to Home Facts, the overall air quality in McDonough County is good. Air Quality Index Percentage Levels in 2014 were: 82.45 % good, 16.14% moderate, 1.2% unhealthy for sensitive groups, 0.21% unhealthy, and 0% for very unhealthy or hazardous. Two manufacturing facilities are listed as “polluters” in McDonough County (2015).

In 2012, there were 435 samples from children for lead. Of those tested, 32 children had reportable rates ( $\geq 5$   $\mu\text{g/dL}$ ) of lead in their system. Of that group, 28 children had lead levels between five to nine ( $\mu\text{g/dL}$ ), which is low. Four cases were between 10 to 14 ( $\mu\text{g/dL}$ ) which requires further education, nurse home visits, lead inspections, and continued blood lead monitoring as indicated by state guidelines. There are no safe levels of lead in the body (IDPH, 2013).

According to motor vehicle accident data, McDonough County continues to have a higher rate of accidents in the younger population. Those aged 20-24 represent 40.4% of the accidents from 2007-2012 (IDPH, n.d.). This might be attributable to the higher rate of younger individuals living in McDonough County attending Western Illinois University.

In the County seat of Macomb, the crime rates per 100,000 population for 2012 were: violent crime rate of 248.8, rape rate of 46.7, robbery rate of 10.4, aggravated assault rate of 191.8,





property crime rate of 2167, burglary rate of 342.2, larceny/theft rate of 1,783.4, and motor vehicle theft rate of 41.5 (UCR, 2012).

The 2012, United States violent crime rate was 387.8, rape rate was 27.1, robbery rate was 113.1, aggravated assault rate was 242.8, property crime rate was 2868, burglary rate was 672, larceny/theft rate was 1965.4, and motor vehicle theft rate was 230.4 (FBI, 2013).

Comparing the 2012 national levels, Macomb is lower than the nation in violent crime, murder, robbery, aggravated assault, property crime, burglary, larceny/theft and motor vehicle theft rates. However, Macomb's forcible rape rate is higher than the rest of the nation (46.7 Macomb, 27.1 U.S.) (UCR, 2012) (FBI, 2013).

Lyme disease is a serious disease that is carried by ticks. In 2013-2014, the McDonough County Health Department submitted enough blacklegged deer ticks to be considered as an established deer tick population county from the CDC and IDPH (MCHD, 2014). These ticks are known carriers of Lyme disease. According to the McDonough County Health Department's Annual Report (2013), there were 3 cases of Lyme Disease in 2012 and 1 case in 2013.

There were 4 birds submitted for testing of West Nile Virus in 2012 and 2013. Of these birds, only one tested positive in 2013. There was one reported case of West Nile Virus in 2013 (MCHD, 2013).

Roughly 50% of the county has high ( $\geq 4$  pCi/L) radon levels (Daniels, n.d.). Of the 233 sites tested in McDonough County, 116 were considered high radon levels ( $\geq 4$  pCi/L) (IEMA, n.d.-a). Of those tested, 116 households implemented radon mitigation measures in their homes (IEMA, n.d.-b). Radon exposure is a known carcinogen. Those with basements in McDonough County are advised to get a radon test kit from the Health Department.

## Sentinel Events

Sentinel events play an important role in understanding the full picture of a community's health needs. There have been several sentinel events in recent years. 2013 saw one case of West Nile virus reported through the environmental and community health divisions of the McDonough County Health Department (MCHD, 2013). The environmental health division also played an important role during the 2013 water boil order. During this event the majority of Macomb City water necessitated boiling before it was suitable for consumption. The event tested the health department's avenues of communication and information discrimination abilities. Perhaps the most critical of recent sentinel events fell under the realm of the community health division. In 2014 there were two measles cases reported in McDonough County. This event focused local attention on the response of the health department. According to the community health director, this event demanded an interesting application of isolation and quarantine procedures for health department employees.



## Photovoice Project

The McDonough County Photovoice project used community participatory research to gather primary data about health in McDonough County.

The Photovoice Project itself commenced in November, 2014, with the launch of McDonoughPhotovoice.com. The project asked community members to answer the question: “What is health and how does it impact me?” Instead of doing this through writings or a survey, Photovoice asked them to submit photographs. 55 photographs and accompanying descriptions were collected. There was a wide geographic and demographic range of individuals/ organizations who submitted photos. Pictures were retrieved from locations such as Macomb, Bushnell and Colchester. University students, alternative high school students, interested community members, public and private organizations all submitted images. The Photovoice Project concluded on January 20, 2015, with the McDonough Photovoice gallery event and community discussion hosted at the WIU art gallery. Nick Swope, facilitated the discussion and noted themes and trends during the event.

The participants discussed topics of : healthy eating, healthy prepared foods available, safe/clean/good environments for being active (in McDonough County), limited usage of outdoor facilities, great community programs but they are not promoted in a centralized location, access to health care, curb access, increased green spaces, information hub for health and social services, community center, and a dental center. When asked what pictures were not represented but are issues to the quality of health in McDonough County, they said, mental health or mental disease. When asked to use one word to describe the future of health in McDonough County here are some of the responses: hopeful, movement, inspire, access, improvement, life, commitment, rural, meaningful, initiating, frustrated, and help. Upon entering the gallery event each participant was given three red sticky dots. They were instructed to take a walk around the gallery and place one dot (vote) on any three separate images that they believed represented health in McDonough County. The participants shared their rationale for making their selections. Clear themes emerged in the chosen pictures.



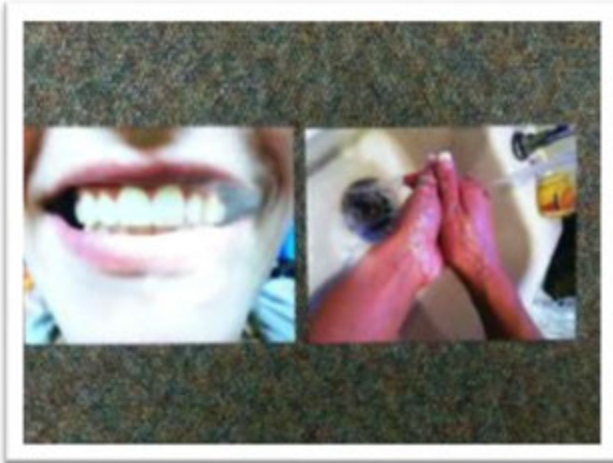




Of the fifty-five pictures presented these pictures received one vote from the participants. The themes present are those of sexual health, healthy foods, healthy spaces, clean water, safe environments and safe cycling.



Of the fifty-five pictures presented these images received two votes from the participants. The themes present are exercise (obesity prevention), utilization of playgrounds and sexual health.



Of the fifty-five pictures presented these images received three votes from the participants. These pictures represent dental health (oral health) and hand hygiene.



Of the fifty-five pictures presented these images received four or more votes from the participants. They represented themes of: access to care issues, breastfeeding, safe areas for physical activity and accessibility issues. These themes, trends and photographs were brought to the CHC prioritization meeting. They played an important role in telling the story of health in McDonough County. For the next IPLAN process it is hoped that an expanded version of this project can be used to greatly increase the breath of the project.

## Identification of Community Health Problems

The identification of the community health problems was central to the prioritization process. This was done through the Community Health Committee with the support of primary and secondary data sources. The information collected was essential to the Community Health Committee during their identification of McDonough County's new health priorities. These



options were presented at the fourth Community Health Committee meeting: sexual health, obesity prevention, respiratory disease, (access to) mental health, dental health (oral health). After multiple rounds of voting and discussion, the Community Health Committee selected four health priorities for McDonough County: sexual health, mental health, oral health, and obesity.

## Prioritized Health Needs/Methods

The Community Health Committee received a recap of the McDonough Photovoice Project, pertinent data, and the electronic voting results. The CHC was presented with criteria and requirements to consider when voting for the health priorities. During the prioritization process an adapted nominal group technique was used. This allowed each CHC member the opportunity to write their choices independently, then present their ideas and votes to the group. The first round of voting identified two clear priorities, sexual and mental health, and eliminated respiratory disease. The difference between obesity prevention and dental health (oral health) was unclear (having only a single vote's difference). The stalemate continued upon a second vote of only obesity prevention and dental health (oral health), and a discussion ensued. The health department administrator was observing the proceedings and offered a solution: the 2015-2020 IPLAN could incorporate obesity prevention and dental health since both were identified from the primary/secondary data and CHC.



## **Analysis of Community Health Problems**

The analysis of the community health problems, was conducted through multiple avenues. First, a complete environmental scan was conducted through the use of secondary data. The data was analyzed by MCHD staff and presented to the CHC. Secondly, primary data was collected through photography and community input by the use of the McDonough Photovoice Project. Finally, all of the data was presented to the community health committee. This committee, composed of diverse community stakeholders, voted on the health priorities for McDonough County.

## **Inventory of Community Health Resources**

McDonough County has a unique set of resources; many of which have been discovered during this IPLAN process. The IPLAN process was a public-private collaboration. The following is a working list that will change throughout the implementation phase of this project.

### **Community Health Resources**

Community resources participating in the IPLAN process:

McDonough County Health Department, Western Illinois University, Beu Health Center, McDonough District Hospital, Housing Authority, YMCA, USDA Rural Development, Elks, Rotary, Lions, Mosaic, United Way, Early Beginnings, Citizens Bank, University of Illinois Extension, SNAP fitness, Genesis Garden, ICAHN, Family Violence Coordination Council, Project Insight, Macomb Park District, Center for Youth and Family Solutions, Chamber of Commerce, City of Macomb

Additional community resources:

Spring Lake, Argyle Lake State Park, Fire and Police departments, NW Behavioral Health, Department of Health and Human Services



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# **Community Health Improvement Plan**

## **Purpose Statement**

The purpose of the Community Health Improvement Plan (CHIP) is designed to align resources and organize activities to combat the identified health priorities. It will serve as an outline for how the McDonough County Health Department and its collaborative partners, as represented by the Community Health Committee (CHC), can improve the health and quality of life of McDonough County residents. It is based on local data analysis and a group decision-making process.

## **Community Health Improvement Planning Process**

The Community Health Improvement Plan relayed on both the Community Health Committee and evidence-based practices. The CHC participated in two meetings that identified the majority of the plans substance and direction. These meetings covered, the target population, risk factors, contributing factors, objectives, a few intervention strategies, community resources, estimated funding and sources of funding. When needed, evidence-based and example information was supplemented into the plan form such agencies as the CDC, other health departments and the Robert Wood Johnson Foundation. The two meetings are outlined below.

### **Community Health Committee Meeting: February 18, 2015**

This CHC meeting was conducted electronically. This meeting marks the beginning of the community health improvement planning phase. In the January meeting a CHC members recommended this session be conducted electronically so that the CHC can look at their scheduled events, resources and talk to colleges in their office to get ideas to combat the four health initiatives. An e-mail was sent to each CHC member that included an adapted health priority worksheet for each of the four health priorities. The worksheet outlined already known and discussed information and asked the CHC members to add information and ideas. Each work sheet consisted of the: health problem, risk factors, contributing factors, resources available, corrective actions target population, estimated funding needed, anticipated funding sources and additional ideas. All of the submitted information was than compiled and made ready to be presented to the group during the March meeting.





## **Community Health Committee Meeting: March 18, 2015**

The CHC meeting discussed all four health priorities in depth and established the target population, risk factors, contributing factors, objectives, intervention strategies, community resources, estimated funding and sources of funding for the community health improvement plan. This extended meeting expanded on the information submitted by the CHC members in February. It added impact and outcome objectives, intervention strategies, and accompanying Healthy People 2020 objectives. Mr. Swope facilitated the CHC to work through an expanded worksheet packet. These packets consisted of information some aided by the Community Health Committee members and examples from other IPLANs. Each priority was discussed and the packet information was adapted and added to by the CHC members. By the conclusion of the meeting, the CHC teased out the frame work and necessary information for the Community Health Plan.

### **Description of each Priority**

Healthy People 2020 provided the ground work for many of the CHIP's objectives. They are intended to be a benchmark and reference point throughout the implementation of the plan. The four priorities are sexual health, mental health, oral health, and obesity prevention. Each of the four health priorities will be discussed in depth. Each priority will include:

- Description of the Health Problem
- Target Population
- Relationship to Healthy People 2020
- Risk Factors
- Contributing Factors
- Outcome Objective
- Impact Objective
- Intervention Strategy
  - Community Resources Available
  - Estimated Funding Needs:
  - Anticipated Sources of Funding for Interventions
  - In-Kind Funding Sources (Labor, Supplies, Space, etc.)



## Health Priority: Sexual Health

### Description of the Health Problem

The community selected sexual health as a primary concern to the residents of McDonough County. This health issue was brought up throughout the community assessment process. The issue of sexual health was present in both the environmental scan and the McDonough Photovoice project. The Community Health Committee was especially concerned with the rising rates of chlamydia. They thought that improvements to sexual health would be both achievable and beneficial to the community.

According to the CDC, nearly half of the new sexually transmitted diseases diagnosed each year are among youth aged 15-24 years (2014). McDonough County has a large population of adolescents/adults aged 15-24, (31.9%) compared to the Illinois state average (14.1%). This is due to the location of Western Illinois University and Spoon River College in the county seat of Macomb (Census, 2012).

The instances of reportable sexually transmitted diseases in McDonough County does quite well in a few indicators. The incidence and prevalence of adults living with HIV or AIDS is low compared to the state (IDPH, 2014). The syphilis rates reported in McDonough County have been so low the rate does not have significant data to be reported from 2009 to 2013 (IDPH, 2014).

There have been relatively large increases in both gonorrhea and chlamydia rates in McDonough County. The gonorrhea rate in McDonough County is low compared to the state but has seen a large proportionate increase. In 2011, the McDonough County gonorrhea rate was 70.5 (per 100,000) compared to the state rate around 130 (per 100,000) (IDPH, 2014). This low rate is nearly double what it was in 2010, 33.7 (per 100,000)(IDPH, 2014). In McDonough County, there was an increasing trend of chlamydia cases from 2009 to 2012. In 2012, the rate of chlamydia infection in McDonough County surpassed the Illinois chlamydia rate (IDPH, 2014). Chlamydia in McDonough County is by far the most prevalent reportable sexually transmitted disease. There are monthly spikes of STD testing and reported cases that appear to cycle with the University schedule. Both diseases, chlamydia and gonorrhea, showed a 50 to 100% increase from 2010 to 2011, respectively.

The Community Health Committee determined that sexual health was a pressing need to those living in McDonough County. In general they decided to focus on sexual health to have positive cross cutting affects relating to health and STD's. Specifically they chose to focus and target chlamydia because of its increasing rates in the area.



## Target Population

Primary target population

- 15-24 age
  - University and college (aged 18-24) students
- Secondary target population
- Anyone who is sexually active

## Relationship to Healthy People 2020

- Promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications.
- STD-1 Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections.

## Risk Factors

### Sexual Health

- Engaging in unprotected sex
- Having multiple sexual partners
- Previous history of sexually transmitted infections
- Alcohol and recreational drug abuse
- Teen and young adult years of age
- Having a history of an STD

### Chlamydia

- All of the above risks
- Women (female anatomy is more susceptible to Chlamydia infection)
- High risk among adolescents and young adults

## Contributing Factors

- Free or reduced price condoms are not easily accessible in McDonough County
- Limited access to anonymous education, information, contraceptives and family planning
- Limited to access for low cost sexual health services
- No community family planning clinic
- Large college population (high risk population)



- Lack of knowledge of services available
  - Among health professionals
  - Target population
- Stigma of living in a small town and buying contraceptives at the stores

### **Outcome Objective**

- Have a 5% reduction in all reportable sexually transmitted diseases in McDonough County by 2020 (Baseline: 250 cases/100,000 population, IDPH 2014).
- Reduce the number of McDonough County youth and adults infected with chlamydia by 10% by 2020 (Baseline: 227 cases/100,000 population, IDPH 2014).

### **Impact Objective**

- By May 2016, increase contraceptive availability in McDonough County by at least two locations (Baseline: 2 locations as of 2014).
- By May 2018, increase the number of reportable STI partners/contacts examined and treated by 10% at public health clinics and by private providers within McDonough County (Baseline: to be determined).
- Stabilize the increasing chlamydia rate in McDonough County by May 2018 (Baseline: 227 cases/100,000 population, IDPH 2014).

### **Intervention Strategy**

- Partner counseling and referral services for those who test positive for a sexually transmitted infection.
- Condom availability program in McDonough County for the university population, general population and those in high school.
- The MCHD and CHC advocates for comprehensive risk reduction programs for sexual education (abstinence-plus).
- Behavioral interventions focusing on sexual health.
- Normalized STD testing available (normal working hours so not to stand out).
- Incorporating Community Day educational sessions for all residents young and young at heart; share information with focus groups and advisory board leaders of risks and solutions.
- Provide a confidential referral program for care.
- Increase partnerships with schools.
- Based behavioral interventions delivered to adolescents to promote behaviors that prevent or reduce the risk of pregnancy and STI.
- Encourage research and epidemiologic study of McDonough County STI cases.



- Increase awareness of the sexual health status of youth, the implications of early and unprotected sexual activity and the factors influencing youth sexual decisions.
- Increase coordination of youth health and social service providers to increase understanding of current community resources and to better meet the needs of youth.
- Sex education plan for the county.
- Expansion of MCHD testing services.
- Produce an informational handout for providers outlining sexual health services in the county.

### **Community Resources Available**

- MCHD
- Citizens Bank
- Beu Health Center
- McDonough District Hospital (MDH)
- Western Illinois University
- WIU (Nursing, Health Science and Social Work departments)
- Spoon River College

### **Estimated funding Needs:**

Not known at this time

### **Anticipated Sources of Funding for Interventions**

- McDonough County Health Department
- Family Planning of Illinois
- Beu Health Center/WIU
- Citizens Bank
- Federal and State Government
- VIBE

### **In-Kind Funding Sources (Labor, Supplies, Space, etc.)**

- Spoon River Collage
- Citizens Bank
- Library
- Genesis Garden
- AmeriCorps



- CHC,
- Volunteers
- Service organizations
- Faith based organizations
- Community organizations
- Students fraternities and sororities



# Health Priority: Mental Health

## Description of the Health Problem

The Community Health Committee selected to focus on mental health as a health priority for McDonough County for 2015-2020. The McDonough County Health Department does not provide direct service(s) relating to mental health at this time. They intend to act in a supportive role and catalyst to assist the CHC in achieving mental health goals. The CHC agreed that mental health is a cross-cutting issue pertaining to the community. Mental health greatly affects quality of life. Mental health was a constant theme in the CHC meeting discussion. Mental health was not depicted by photographs during the McDonough Photovoice project but it was a topic of discussion during the gallery event. Participants agreed that it was an important issue that was not represented through the photos.

In 2013, 27.2% of the adults in McDonough County reported being limited in any way because of physical, mental, or emotional problems (CI 11.8%) (BRFS, 2013). Also in the same year 17.3% of adults in McDonough County reported depression (CI 7.8%) (BRFS, 2013). The most recent data in 2009 (4<sup>th</sup> round of the BRFS) reported 6.5% (CI 6.1%) of residents reported being dissatisfied with their life. The IQuery data system reported that in 2009 there was a proportionally high level of emergency room visits for mental health conditions. It was an age adjusted rate of 1.0 (per 100 cases) compared to the state at 0.6 (per 100 cases).

## Target Population

Primary target population

- Lower income families
- Lower income Adults
- Veterans

Secondary target population

- Everyone (General population can benefit)

## Relationship to Healthy People 2020

- MHMD-6: Increase the proportion of children with mental health problems who receive treatment. Target: 75.8 percent.
- MHMD-9: Increase the proportion of adults with mental disorders who receive treatment. Target: serious mental disorders to 72.3% and major depressive episodes to 75.9%.



## **Risk Factors**

- Substance abuse
- Genetics – Bio/Chem imbalance
- Environment and social causes (current or childhood)
- traumatic experiences (childhood)
- Victim of emotional, sexual, or physical abuse
- Physical or emotional neglect
- Illegal drug abuse/dependence

## **Contributing Factors**

- Long wait for psychiatric services
- Costs to individuals with and without insurance/SSI
- Sporadic weather patterns in Midwest
- Prolonged use of certain medications
- Adult antisocial behavior
- Poverty
- Bullying
- Exposure to infections or toxins during pregnancy
- Phobias
- Unemployment
- Depression
- Generalized anxiety disorder
- Witnessing parental violence
- Not using mental health services/treatment
- Drug addiction
- Self-medication
- Poor social support systems
- Genetics
- Trauma (physical /emotional psychological)
- Abuse
- Stress
- Non-healthy home environment
- Indirect





- Finance and financial barriers
- Limited resources
- Neglect
- Abuse
- Limited knowledge
- Dysfunction the family unit
- Brain trauma
- Illness
- Abuse (physical/mental/emotional/sexual)
- Incarceration
- Parent/Guardian poor mental health
- Social Stigma
- ACA funding

### **Outcome Objective**

- Decrease the number of adults who report symptoms of depression by 5% in McDonough County by 2020. (Baseline: 17.3% of adults in McDonough County reported depression (CI 7.8%) (BRFS, 2013).
- By 2020, decrease the age-adjusted rate for individuals in McDonough County who visit the ER due to mental health issues to 0.6 per 100 visits. (Baseline 1.0/100 visits, IQuery 2009).

### **Impact Objective**

- The IPLAN committee will formally recommend strategies to resolve the issues related to access to mental health care by 2017.
- By 2017, promote mental health services and resources available in McDonough County utilizing a minimum of a website, listserv, and resource guide.
- Decrease the number of adults who report symptoms of depression by 1% in McDonough County by 2017. (Baseline: 17.3% of adults in McDonough County reported depression (CI 7.8%) (BRFS, 2013).
- By 2018, decrease the age-adjusted rate for individuals in McDonough County who visit the ER due to mental health issues to 0.8 per 100 visits. (Baseline 1.0/100 visits, IQuery 2009).

### **Intervention Strategy**

The McDonough County Health Department does not provide direct service(s) relating to mental health at the time of this report. They intend to act in a supportive role and catalyst to assist the CHC in achieving mental health objectives.



- Promote information relation to medication case management services.
- Assist the Inner agency council.
- Assist in the promotion of local resources and information that recognizes and treats depression.
- Distribute Medical Service information to the public.
- Promote available resources through print and the web.
- MCHD website host the inner agency counsel website.
- Promote Inner Agency Counsel resources at the health department.
- Explore the potential for McDonough County mental health first aid training
- Connect local police with mental health resources.
- Promote exercise and nutrition education to McDonough County residents for both improved mental health and obesity prevention.

#### Citizens Bank

- Proving employee health support and information.
- Encouraging each employee to share to share mental health related information with their families/peers groups.
- Incorporating Community Day educational sessions with mental health information.
- Provide a confidential referral program for care.
- Provide screens to employees.

#### **Community Resources Available**

- MDH Behavioral Services & on staff psychiatrist
- North Central Behavioral Health
- WIU Counseling Center
- WIU Alcohol and Other Drug Resource Center
- Citizens Bank
- Police department
- Primary care providers
- WIU
- WAVE
- WIU Students
- MDH
- Public and Private grant funding
- Local Media
- University of Illinois Extension
- School districts
- Head Start
- Senior Centers



- Inner Agency Council
- Mosaic
- Bridge way
- WIU's veterans' tele-psych center

#### **Estimated funding Needs:**

Funding needs not known at this time

#### **Anticipated Sources of Funding for Interventions**

- McDonough County Health Department
- Citizens Bank
- McDonough District Hospital
- Local physicians
- Colchester Community Connections
- Beu Health Center
- North Central Behavioral Health System
- Western Illinois University
- American Red Cross

#### **In-Kind Funding Sources (Labor, Supplies, Space, etc.)**

- Spoon River Collage
- Citizens Bank
- Library
- Genesis Garden
- AmeriCorps
- CHC
- Volunteers
- Service organizations
- Faith based organizations
- Community organizations
- Students fraternities and sororities
- Local media



# Health Priority: Oral Health

## Description of the Health Problem

The Community Health Committee selected oral health as a health priority for McDonough County for 2015-2020. The CHC agreed that oral health is cross-cutting issue pertaining to the community. Oral health care for the medically underserved in McDonough County has been a challenge ever since the close of the Eagle View Medical Center. The closest community dental clinics are in neighboring counties. The need for uninsured and underinsured residents of McDonough County to have access to dental services is important to the CHC. The need for dental services was a theme identified during the CHC meeting discussion and in the McDonough Photovoice project.

The most recent county level data was found through the IPLAN system, relating to oral health was derived from the 4<sup>th</sup> round of the BRFSS in 2009. From this survey it was identified that the percentage of McDonough County adults whose last dental visit was greater than 2 years ago was 27.6% (CI 8.9%). Those who reported getting their teeth cleaned within the last year was 51.9% (CI 11.3%). Providing oral health education and access to care for the residents in McDonough County is a community-driven priority.

## Target Population

Primary target:

- Medically underserved
  - Lower income individuals and families
  - Uninsured adults/kids
  - Underinsured adults/kids

Secondary target:

- General population
- Youth
- Adults

## Relationship to Healthy People 2020

- OH-1: Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.
- OH-2: Reduce the proportion of children and adolescents with untreated dental decay.
- OH-3: Reduce the proportion of adults with untreated dental decay.
- OH-7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year. Target: 49.0 percent.



- OH-8: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

### **Risk Factors**

- Age
- Genetics
- Unhealthy diet
- Poor oral hygiene habits
- Smoking/tobacco use

### **Contributing Factors**

- Dental provider shortage for underinsured or uninsured county residents.
- Insurance coverage limitations.
- Disproportionally expensive for local residents- especially for low-income residents.
- Geographic isolation- rural areas have fewer dental professionals necessitating travel in order to receive dental care.
- Inadequate transportation- limited public transportation may hinder residents, particularly low-income residents, from travelling to a dentist.
- Large elderly population- elderly populations in our area are less likely to have dental coverage. They are typically unemployed and Medicare does not provide dental coverage.
- Socioeconomic status (income).
- Poor eating habits.

### **Outcome Objective**

- Increase the proportion of uninsured/underinsured children, adolescents, and adults who receive routine, annual, oral health care by 2020 (Baseline data required).
- By 2020, reduce the proportion of McDonough County children and adolescents with untreated dental decay by 15% (Baseline data required).
- By 2020, decrease the percentage of McDonough County adults whose last dental visit was greater than 2 years ago by 5% (Baseline: 27.6%, CI 8.9%, BRFs 2009).
- Increase the number of McDonough County residents who report getting their teeth cleaned within the last year by 10% by 2020 (Baseline: 51.9%, CI 11.3%, BRFs 2009).



- By 2020, establish a dental clinic in the community to serve low income, underinsured/uninsured and Medicaid eligible residents.

### **Impact Objective**

- By 2018, increase the number of primary care providers performing oral health exams for uninsured/underinsured adults by 5% (Baseline data required).
- By 2018, decrease the percentage of McDonough County adults whose last dental visit was greater than 2 years ago by 2% (Baseline: 27.6%, CI 8.9%, BRFS 2009).
- By 2018, increase the number of McDonough County residents who report getting their teeth cleaned within the last year by 5% (Baseline: 51.9%, CI 11.3%, BRFS 2009).
- By 2018, increase the percentage of individuals who report visiting a dentist in the last year by 3% (Baseline: 58.6%, CI 11.8%, BRFS 2009).
- By 2020, decrease visits to emergency departments for oral health issues by 5% (Baseline data required).

### **Intervention Strategy**

#### **McDonough County**

- Community dental day.
- Continue working towards establishing a dental clinic in the community.
- Increase informational access relating to oral health services in the County, specifically for medically underserved populations.
- Incorporate local media and social media for oral health prevention marketing.
- Encouraging local employees to share the news and provide their families/peers groups with oral health information.
- Incorporating Community Day educational sessions with an oral health focus.
- Adopt-a-class programs to include oral care.

### **Community Resources Available**

- Dr. Pawlias accepts children on Medicaid
  - Other oral health providers
- Primary care providers
- Child care
- WIU
- WAVE
- WIU HS Students
- MDH
- Public and Private grant funding
- Local Media



- School district and early childhood education
- Affordable Care Act funding
- Carl Sandburg College Dental Hygienist program
- YMCA

#### **Estimated funding Needs:**

\$10,000 dental day

Other funding needs not known at this time

#### **Anticipated Sources of Funding for Interventions**

- Citizens Bank
  - Funding such as the purchase of toothbrushes and paste for children
- 5 K run/walk to fund dental day (Miles for Smiles)
- MCHD
- State and National funding opportunities

#### **In-Kind Funding Sources (Labor, Supplies, Space, etc.)**

##### **Labor**

- WIU students
- WAVE
- WIU HS Students
- Carl Sandburg College Dental Hygienist program

##### **Space**

- Spoon River Outreach Center
- YMAC
- Citizens Bank

##### **General sources**

- Spoon River Collage
- Citizens Bank
- Library
- Genesis Garden
- AmeriCorps
- CHC,
- Volunteers
- Service organizations
- Faith based organizations
- Community organizations



- Students fraternities and sororities





# Health Priority: Obesity Prevention

## Description of the Health Problem

Obesity related priorities have been a focus of public health nationwide. Obesity is a national issue that negatively affects McDonough County residents at a local level. The CHC decided that the final health priority should be obesity prevention. This health priority was discussed and present during the CHC and in the McDonough Photovoice gallery event. Numerous images related to exercise, access to parks, and nutrition.

In McDonough County, 26.5% of adults are obese according to self-reported heights and weights (CI 10.2%) (BRFS, 2013). This percentage is lower than the reported state and national percentages. 29.4% of Illinois residents are obese according to self-reported data (CI 1.7) (BRFS, 2013). 34.9% of the adult U.S. population is obese (CDC, 2014). Obesity is a major risk for cardiovascular disease and predisposition to diabetes. Experts agree that regular exercise is one of the most effective ways to prevent obesity. The majority of adults in McDonough County (79.9%) reported participating in activities or exercises such as running, calisthenics, golf, gardening or walking during the past month (CI-8.4%) (BRFS, 2013). When examining obesity statistics for McDonough County, it is important to keep in mind that because of the University a high percentage of the population is between 18 and 24. This may skew the percentage of adults reporting that they are obese.

## Target Population

Primary target population

- Children/young adults 2-19
- adults 20 and over

## Relationship to Healthy People 2020

- NWS-8: Increase the proportion of adults who are at a healthy weight. Target: 33.9 percent.
- NWS-9: Reduce the proportion of adults who are obese. Target: 30.6 percent.
- NWS-10 Reduce the proportion of children and adolescents who are considered obese.
- NWS-10.4 Reduce the proportion of children and adolescents aged 2-19 who are considered obese.
- NWS-11: Prevent inappropriate weight gain in youth and adults.
- NWS-14: Increase the contribution of fruits to the diets of the population aged 2 years and older. Target: 0.9 cup equivalents per 1,000 calories.



- NWS–15: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older.
- NWS–15.1 Increase the contribution of total vegetables to the diets of the population aged 2 years and older. Target: 1.1 cup equivalents per 1,000 calories.
- PA–1: Reduce the proportion of adults who engage in no leisure-time physical activity. Target: 32.6 percent.
- PA–2: Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.
- PA–3: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.

## **Risk Factors**

- Physical inactivity
- Unhealthy diet and eating habits
- Environment (lack of sidewalks, workplace settings, community, childcare, school, etc. influences health decisions)
- Genetics/family history
- Family lifestyle (similar eating, lifestyle, and activity habits)
- Age (hormonal changes, less active lifestyle, muscle loss)
- Socioeconomic status
- High blood pressure
- High LDL
- Low HDL
- High triglyceride
- High blood glucose (sugar)
- Mental health-lack of self-efficacy, motivation

## **Contributing Factors**

- Sedentary work environments and leisure
- Abundance of convenience/fast foods (24 hr. fast food on Jackson St.)
- Low socioeconomic status of area
- Lack of consistent nutrition education
- Funding cuts to healthy lifestyles education
- Stress response (comfort food)
- Lack of healthy food options in local McDonough County restaurants
- Limited worksite



## **Outcome Objective**

- By 2020, halt the trend of steadily rising obesity prevalence in McDonough County (Baseline: 22.6% (CI 8.4%) in 2009, 26.5% (CI 10.2%) in 2013, BRFs).

## **Impact Objective**

- See a 6% increase in McDonough County residents who report performing exercise by 2020 (Baseline, 79.6% (CI, 8.4%) (BRFS, 2013).
- By 2020, increase the proportion of McDonough County residents who engage in moderate physical activity (5 times a week for 30 min) by 3% (Baseline: 45.6% CI 11.6% BRFS 2009).
- By 2020, increase the proportion of McDonough County residents who engage in vigorous physical activity (3 or more days a week) by 3 % (Baseline: 44.5% CI 11.9% BRFS, 2009).
- By 2020, increase the consumption of fruits and vegetables (5 or more servings a day) by those living in McDonough County by 5% (Baseline: 12%, CI 4.5%, BRFS 2009).

## **Intervention Strategy**

- Encourage fresh and healthier food options at community schools, summer camps and food programs.
- MDH- Focus on more education on weight control with primary healthcare providers, and increased nutrition education at all levels.
- Incorporating Community Day educational sessions for all residents to share information with focus groups, community members and advisory board leaders of risks and solutions to obesity prevention.
- MDH fitness testing.
- Community wide partnership to identify and inform the community of healthy places to be active.
- 5K run, miles for smiles (works in conjunction with the Oral Health priority).
- Agencies such as the University of IL Extension office will host/support programming on stress and balancing work/family.
- Women's Health initiatives through IDPH for adults and adolescents.
- Partner with the Hy-Vee dietitian to offer weight management programs to the community during community outreach.
- Qualifying WIU students can use Bella Hearst Diabetes Institute funds to receive free lab screenings, tests and counseling.
- CHC will work with other agencies to plan, implant and market additional community nutrition and physical education information.
- Increased WIC nutrition education.



#### Citizens Bank

- Proving employees with relevant and timely facts of health risks.
- Providing healthy snacks and water daily at the bank.
- Providing a place for employees to walk during breaks.
- Encouraging each employee to share obesity prevention related news and provide their families/peers groups with information.

#### **Community Resources Available**

- Fitness centers (SNAP, Free Range Yoga, Recreation Center)
- Walking trails
- Frisbee/disc golf courses
- YMCA
- Youth programs
- Summer camps (Food for Thought)
- Farmer's Market
- Hy-Vee dietitian
- MDH Programs- diabetes Education center, Rehabilitation Services (Silver Sneakers Program), Nutrition Counseling, Wellness Coaching, Employee Wellness Challenges.
- Farm to school network
- Local government
- American Obesity Association,
- American heart Association, MCHD
- IDPH (Office of women's health)
- University of Illinois Extension
- Beu Health Center
- WIU dilatations and other related departments

#### **Estimated funding Needs:**

- \$10,000 MDH testing participation
- \$20,000 Obesity education
- \$5,000 Nutrition education
- \$7,500 Obesity prevention actives promotion

#### **Anticipated Sources of Funding for Interventions**

- State and National grants
- USDA SFSP



- Citizens Bank
- MCHD
- University of Illinois Extension
- WIU
- Hy-Vee Grocery Store
- Bella Hearst Diabetes Institute
- MDH
- IDPH

#### **In-Kind Funding Sources (Labor, Supplies, Space, etc.)**

- Spoon River Collage
- Citizens Bank
- Library
- Genesis Garden
- AmeriCorps
- CHC,
- Volunteers
- Service organizations
- Faith based organizations
- Community organizations
- Students fraternities and sororities

#### **Evaluation**

The IPLAN document is a plan of action for McDonough County. Follow-up and communication is essential to the success of the initiatives set forth by the Community Health Committee (CHC). The CHC will meet yearly and receive quarterly electronic updates of IPLAN progress. Shelly Benson (RN and IPLAN lead as of June, 2015) will regularly monitor state and county indicators and programs in order to gauge McDonough County's progress towards a healthier community.

Shelly Benson (RN, McDonough County Health Department) will be the IPLAN coordinator from June, 2015 to 2020 or until the responsibility shifts to another staff member. She will,

- Email quarterly updates of IPLAN progress to the Community Health Committee.
- Create a calendar of upcoming IPLAN events and email those to the CHC and interagency council.



- Host yearly meetings of the Community Health Committee to provide an update of progress, objectives and information.
  - May 28, 2016
  - May 27, 2017
  - May 26, 2018
  - May 25, 2019



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## Appendices

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## **Appendix 1 Organizational Capacity Assessment/Strategic Plan**



Appendix 1: Organizational Capacity Assessment/Strategic Plan



**Strategic Plan  
May 2015 to May 2020**



### **Acknowledgements**

Strategic Planning Committee Members:

Nick Swope, Paul D. Coverdell Peace Corps Fellow and AmeriCorps Member

Lynnette Cale, McDonough County Health Department Administrator

Participating staff:

Thank you to all McDonough County Health Department staff members for sacrificing your time to complete surveys and fully participate in our strategic planning retreats.



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**Letter or Introduction:**

\*\*Displays a public letter from a governing body president with their signature and approval statement and date. \*\*



### **Executive Summary**

The McDonough County Health Department (MCHD) conducted a strategic plan in conjunction with their Illinois Project for the Local Assessment of Needs (IPLAN) process. The strategic plan was a substitute for the organizational capacity assessment required for licensed health department accreditation. This document was designed to be a dynamic frame work that strategically guides and directs the health department's priorities for 2015-2020.

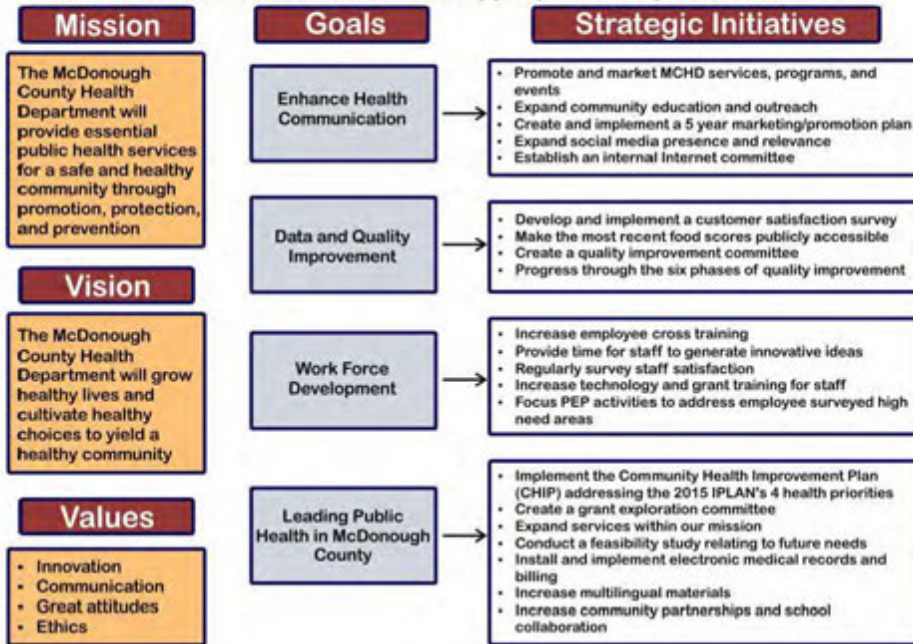
The strategic planning process began in earnest in Spring of 2015. MCHD dedicated staff time and resources to bring this project to life. The total process involved an environmental data scan, three staff retreats, two email staff discussions, and acceptance by the Board of Health. All 14 full-time staff members participated in the strategic planning process.

This was a fairly comprehensive process. It completely redefined the Health Department's vision, mission, and values. The internal and external environmental scan covered six main areas: core services/community health assessment (IPLAN), current services, finances/policy, staff satisfaction, quality improvement, and customer satisfaction. A Strengths, Weaknesses, Opportunities, and Challenges/Threats (SWOC/T) analysis was conducted. The staff identified strategic priorities as well as goals and objectives to best address the most pressing concerns. Below you will find a chart that outlines the McDonough County Health Department's mission, vision, goals, and strategic initiatives for 2015 to 2020.



## McDonough County Health Department Strategic Plan, 2015-2020

505 E Jackson St. Macomb, IL 61455 | (309) 837-9951 | M-Th 7:30 to 5:00



### **Vision, Mission and Values Statements**

MCHD's vision, mission, and values were created to guide the organization. All three of these statements were created by MCHD staff members. The vision was designed to provide a long range view of the health of McDonough County. The mission discusses how the health department intends to achieve their vision. The value statements outline the core principles that the employees will live every day to achieve the mission and ultimately a healthier McDonough County.

#### **Vision**

*The McDonough County Health Department will grow healthy lives and cultivate healthy choices to yield a healthy community.*

#### **Mission**

*The McDonough County Health Department will provide essential public health services for a safe and healthy community through promotion, protection, and prevention.*

#### **Value Statements**

- **Innovation:** We believe in leading the way in public health initiatives.
- **Communication:** We believe that effective, responsive, and timely communication creates our role as a trusted source of health information.
- **Great attitudes:** We believe in valuing all employees and community members and treating each other with respect, honesty, care, and awesomeness.
- **Ethics:** We believe in an ethical and skillful workforce to serve the community in a professional manner.



### Environmental Scan and SWOC(T)

MCHD's environmental scan and SWOC analysis was an integral part in understanding the health department's position within a larger context. During the environmental scan, data was collected and presented to staff that focused on six target areas: core services/community health assessment, current services, finances/policy, staff satisfaction, quality improvement and customer satisfaction. The SWOC(T) analysis grew from the environmental scan data and was formulated by the staff.

Section one of the environmental scan outlined the Illinois Project for the Local Assessment of Needs (IPLAN) which identified community health priorities for 2015 to 2020, the ten essential services of public health, and the four core service of public health in Illinois. The MCHD strategic plan hopes to align with the community health priorities (community health assessment) of,

- sexual health,
- mental health,
- oral health,
- and obesity prevention.

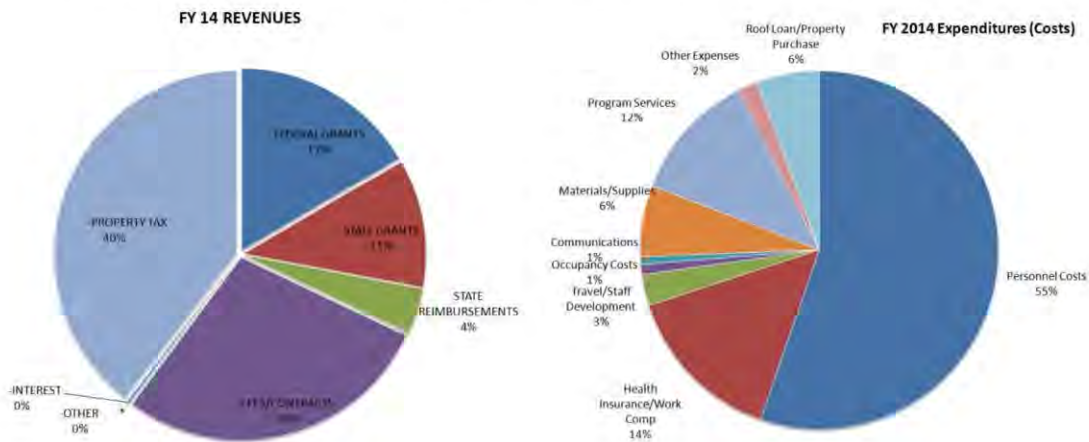
Section two outlined the services that MCHD currently offers. This provided insights into the most utilized programs, such as Woman and Infant Children (WIC) and Food Safety. Comprehensive usage statistics of each program can be found in the 2014 annual report.

Section three was presented by Kathy Cleer, the business administrator, and outlined MCHD's finances over the last ten years, as well as 2014's revenue and expenditures breakdowns. Comparing 2004 to 2014, MCHD went from an approximately 1.5 million dollar a year organization to a 900,000 dollar a year organization. However, during this time period, the end of the year revenue (money in the bank) has more than doubled from around \$300,000 (2004) to \$700,000 in (2014). The revenue streams funding the health department are diverse,





and include such things as, local property tax, federal and state grants, state reimbursements, and fees/contracts. The diverse funding streams provide evidence of more stable fiscal health. The expenditures (costs) of the health department primarily come from personnel costs. Other costs come from health insurance/workers comp, travel/staff development, occupancy, communications, materials, programs and services, and infrastructure costs.



Section four identified policies that might affect the Health Department. There is a proposed 10% reduction in funding from the county. New House and Senate bills, such as the ability of pharmacies to expand immunizations and farmer's market food handling regulations, will impact both the community and environmental health divisions. A proposed 31% cut to higher education has the potential to impact the county's property tax revenue because roughly one third of the county's population is associated with the university.

Section five presented the findings from the job satisfaction survey. The job satisfaction survey consisted of 30 yes/no answers. The results suggested that staff believed the McDonough



County Health Department was a good<sup>1</sup> (raw score of 49 out of 60) place to work. The lowest satisfaction scored question by the staff showed that roughly 50% of the staff agreed with the statement, "I am fairly compensated." There were numerous unanimous answers by the staff (100% agreement) "most interactions at work are positive," "my manager cares about me as a person," and "I trust our leadership team."

Section six presented findings from a quality improvement survey aligned with NACCHO's Roadmap to quality improvement. It was identified that the Health Department is in-between Phases 1 and 2. This indicates that the health department is working to define quality improvement in the organization, but have not yet committed resources to the endeavor.

Finally, a customer satisfaction survey was completed by 55 community members, 17 of which reported receiving services at the Health Department. The staff also completed an identical satisfaction survey. This was done so that each question could be compared to the staff's perception of quality of service. The staff slightly overestimated their quality of service compared to community respondents. The greatest area to improve, according to patients who received services, was for the health department to provide social, cultural, and/or special needs to those it serves. This information assisted in the staff identifying strengths and weaknesses of themselves and their organization.

Highlights:

- For those who received services, MCHD should improve the social, cultural and special needs services.
- Over half of those who responded to the survey preferred to hear MCHD information from the Internet or Facebook.
- On average, the community somewhat agreed that the health department met their needs and the needs of the community.

---

<sup>1</sup> Richard Bellingham created the job satisfaction survey. It originally appeared in Volume 3, Number 5 edition of Absolute Advantage workplace wellness magazine published by the Wellness Councils of America. An average job satisfaction score between 40-49 is considered good.



The staff analyzed all environmental scan data and turned it into information by placing it into a large SWOC(T) table. They identified overarching categories. Staff discussed the placement of each item at great length.

McDonough County Health Department SWOC(T) Analysis - 4/9/2015	
Strengths	Weaknesses (internal)
<ul style="list-style-type: none"> <li>• Job               <ul style="list-style-type: none"> <li>◻ Overall good job satisfaction</li> <li>◻ Staff has tools, resources, and equipment to do their job</li> <li>◻ Good cohesion between staff</li> <li>◻ Staff has opportunity for development and training</li> <li>◻ Good team leaders</li> <li>◻ Staff is helpful</li> </ul> </li> <li>• Education</li> <li>• Finances               <ul style="list-style-type: none"> <li>◻ No debt</li> <li>◻ The MCHD has a variety of funding streams</li> <li>◻ Substantial amount of money in the bank</li> </ul> </li> <li>• Future               <ul style="list-style-type: none"> <li>◻ Possible Crumrine award application plans (EH)</li> <li>◻ Staff is future looking</li> </ul> </li> <li>• Staff characteristics               <ul style="list-style-type: none"> <li>◻ Friendly</li> <li>◻ Helpful</li> <li>◻ Employees are valued</li> <li>◻ Staff values quality</li> <li>◻ Staff has trust in coworkers</li> <li>◻ Staff has clear expectations</li> <li>◻ Caring</li> <li>◻ Knowledgeable</li> <li>◻ Future looking</li> </ul> </li> <li>• Staff is vested in the community</li> <li>• County-wide availability</li> <li>• Good internal communication</li> <li>• Host meetings               <ul style="list-style-type: none"> <li>◻ interagency council meetings</li> <li>◻ county partners</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Technology               <ul style="list-style-type: none"> <li>◻ MCHD website/Facebook up to date and current</li> </ul> </li> <li>• Job satisfaction               <ul style="list-style-type: none"> <li>◻ Coming to work on Monday</li> <li>◻ Compensation</li> </ul> </li> <li>• Insurance               <ul style="list-style-type: none"> <li>◻ No insurance billing</li> </ul> </li> <li>• Quality improvement               <ul style="list-style-type: none"> <li>◻ No staff time dedicated for QI</li> <li>◻ Limited to no QI knowledge</li> <li>◻ No QI</li> </ul> </li> <li>• Phone system               <ul style="list-style-type: none"> <li>◻ Poor answering (phone) services</li> <li>◻ Phones difficult for customers to navigate</li> </ul> </li> <li>• Diverse Cultural needs               <ul style="list-style-type: none"> <li>◻ Not meeting cultural and social needs</li> <li>◻ Communication barriers</li> </ul> </li> <li>• Health Department/organization               <ul style="list-style-type: none"> <li>◻ Small staff who feel they can't take on more responsibility</li> <li>◻ Office hours to serve community</li> <li>◻ Parking</li> <li>◻ Small clinic space</li> <li>◻ Clinic lacks sound proofed rooms</li> <li>◻ Larger front sign to attract more attention</li> </ul> </li> <li>• Customer service               <ul style="list-style-type: none"> <li>◻ Customer-perceived customer service issues</li> </ul> </li> <li>• Knowledge of services</li> </ul>





<ul style="list-style-type: none"> <li>○ EIH regional directors</li> <li>• EH is accommodating</li> <li>• Have a sign/marquee</li> </ul>	<ul style="list-style-type: none"> <li>○ No clear understanding of our services by our clients and the community</li> <li>• Gaps in services <ul style="list-style-type: none"> <li>○ Integration with other medical staff in the area</li> <li>○ Lack of mental health services for cliental</li> <li>○ Lack of dental health (oral) services for cliental</li> <li>○ No family planning</li> <li>○ No full-time community health educator</li> </ul> </li> </ul>
Opportunities (external)	Challenges /Threats (external)
<ul style="list-style-type: none"> <li>• Budget <ul style="list-style-type: none"> <li>○ New funding potential</li> </ul> </li> <li>• Services <ul style="list-style-type: none"> <li>○ Mental health service collaboration</li> <li>○ Dental clinic/dental day</li> <li>○ DHHS cuts might mean increases in our services</li> <li>○ Educate community on our services</li> </ul> </li> <li>• Quality improvement <ul style="list-style-type: none"> <li>○ QI found to be needed, info available</li> </ul> </li> <li>• Social media <ul style="list-style-type: none"> <li>○ Expand to additional free social media sites</li> </ul> </li> <li>• Advocacy team <ul style="list-style-type: none"> <li>○ Partner with WIU's student health advisory committee</li> <li>○ EH advisory committee partnership</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• WIU cuts <ul style="list-style-type: none"> <li>○ Possible property tax decrease</li> <li>○ Loss of WIU jobs (University makes up roughly 1/3 of county population)</li> </ul> </li> <li>• Budget cuts <ul style="list-style-type: none"> <li>○ Decreased DHHS funding</li> <li>○ Cut Illinois Quit Line</li> <li>○ State fiscal situation</li> <li>○ General cuts to LHD from state</li> </ul> </li> <li>• Immunizations <ul style="list-style-type: none"> <li>○ Pharmacies cutting into our vaccination market</li> </ul> </li> <li>• Community perception of not knowing our services <ul style="list-style-type: none"> <li>○ Poor community visibility</li> <li>○ Poor service awareness</li> </ul> </li> </ul>



### Summary of Strategic Priorities

The MCHD established strategic priorities during an April 16<sup>th</sup> meeting. Three methods were used. First, the staff drew connection between the areas of the SWOC(T) analysis. Second, the staff identified ways to leverage opportunities and strengths, minimize weaknesses, and address threats. Finally, the group used a mission v. financial viability matrix (CompasPoint's Dual Bottom Line Matrix) to prioritize issues and ideas.

#### MCHD Strategic Priorities:

- Promote and market MCHD services, programs, and events
- Expand community education and outreach
- Create and implement a 5 year marketing/promotion plan
- Expand social media presence and relevance
- Establish an internal Internet committee
- Develop and implement a customer satisfaction survey
- Make the most recent food scores publicly accessible
- Create a quality improvement committee
- Progress through the six phases of quality improvement
- Increase employee cross training
- Provide time for staff to generate innovative ideas
- Regularly survey staff satisfaction
- Increase technology and grant training for staff
- Focus PEP activities to address employee-surveyed, high need areas
- Implement the Community Health Improvement Plan (CHIP) addressing the 2015 IPLAN's four health priorities
- Create a grant exploration committee
- Install and implement electronic medical records and billing
- Increase multilingual materials
- Increase community partnerships

#### Strategic Priority Process

The SWOT analysis (written on four large pieces of flip chart paper) was placed on the ground. Staff members broke into three teams to identify connections between the information. Group one matched strengths with opportunities. Group two linked threats and challenges with opportunities and/or strengths. Group three matched weaknesses with strengths. Each group had



a colorful marker and drew connects between their areas. They then presented their ideas to the group as a whole. This was a synthesis of the ideas generated:

- Money equals opportunities
- Education (about community health and services)
- Become value driven
- Expanded clinic (immunizations and Medicare/Medicaid)
- Increase job satisfaction for Mondays (and in general)
- Technology for billing
- QI aspect to continuing education
- Money used for public relations and promotion
- Customer service equals job satisfaction

Using the SWOT and connection-discussion information, staff members were redistributed into four groups. Group one examined how strengths could be maintained, enhanced or leveraged. Group two looked at ways to minimize weaknesses. Group three brainstormed options for leveraging opportunities. Group four identified potential impacts of threats and anything that could be undertaken to address them. Each group worked independently creating lists of their ideas. Using an adapted brainstorming methodology, each group presented their answers to the whole. These answers were listed on flipchart paper and open for discussion by the whole group. Overarching themes were identified from these lists.

Group one examined how strengths could be maintained, enhanced or leveraged.
<ul style="list-style-type: none"> <li>• Staff retention</li> <li>• Community education – more variety</li> <li>• Cross training of staff</li> <li>• More grants, increase budget</li> <li>• Quality Improvement committees</li> <li>• Improve morale</li> <li>• Fee for service</li> </ul>
Group two looked at how to minimize weaknesses.
<ul style="list-style-type: none"> <li>• Complete website</li> <li>• Purchase insurance billing</li> <li>• Measure current quality standards</li> <li>• Set up standards of care</li> </ul>



<ul style="list-style-type: none"> <li>• More multilingual materials (Arabic, Spanish, Chinese...) – WIC</li> <li>• Church area (can be used for) parking</li> <li>• Building infrastructure</li> </ul>
Group three brainstormed options for leveraging opportunities.
<ul style="list-style-type: none"> <li>• Budget - new grants and partnerships (internal to county and external)</li> <li>• Expand services within our mission</li> <li>• Quality Improvement and staff development</li> <li>• New social media outlets               <ul style="list-style-type: none"> <li>◦ Integrate web and print media (soft/hard media)</li> </ul> </li> <li>• Q.R. codes on papers</li> </ul>
Group four identified potential impacts of threats and anything that could be undertaken to address them.
<ul style="list-style-type: none"> <li>• Prioritize spending</li> <li>• Increase marketing and visibility</li> </ul>
Overarching themes identified by the group.
<ul style="list-style-type: none"> <li>• (The MCHD) is the best kept "secret" – (Look to improve) promotion and education</li> <li>• Stay current with technology</li> <li>• Money and fiscal responsibility</li> <li>• Quality Improvement</li> </ul>

The whole group then began identifying and prioritizing cross cutting themes, emerging issues, and strategic issues. Using the nominal group technique, each member wrote issues on sticky notes. Then all participants stuck their notes (issues/ideas) onto a large CompasPoint's Dual Bottom Line Matrix drawn on the whiteboard. Once everyone's ideas were on the matrix, smaller groups categorized similar ideas. The participants discussed and debated how and where each idea should be placed on the matrix. The results are below.





## CompassPoint's Dual Bottom Line Matrix:

Heart: High mission impact with low viability	Star: High mission impact and high viability
<ul style="list-style-type: none"> <li>• Dental Clinic</li> <li>• Larger clinic space with dental, medical, family planning,...</li> <li>• Health educator</li> <li>• Cross training of the staff</li> <li>• Insurance billing</li> <li>• Advertising <ul style="list-style-type: none"> <li>◦ Promote at farmers' market</li> <li>◦ promote within (MCHD) of services (to clients)</li> </ul> </li> <li>• Website</li> <li>• Bundle kits - water kit and radon</li> <li>• Do comprehensive cost/benefit analysis</li> <li>• Do more external education events</li> <li>• GIS food scores and restaurant score mapping</li> </ul>	<ul style="list-style-type: none"> <li>• Change automated phone recording</li> <li>• Improve system</li> <li>• Educate and implement QI</li> <li>• Partner with other LHDs for QI</li> <li>• Utilize existing resources to address weaknesses</li> <li>• Meet with large companies for COOP planning collaboration</li> <li>• Post services rendered</li> <li>• Charge for SFIA signs instead of fines</li> <li>• Increase EH community involvement</li> <li>• QR codes</li> <li>• Social media and Internet</li> <li>• New social media accounts</li> <li>• Use social media effectively</li> <li>• Deals or coupons on website</li> <li>• Spread the word on Facebook</li> <li>• Push promotions through social outlets</li> <li>• Develop and implement MCHD marketing and PR plan</li> <li>• Cross sell services</li> <li>• Suggestive selling</li> <li>• Talk to clients from WIC/health check ask about immunizations</li> <li>• Opportunity for revenue, tobacco retailing/licensing and fees</li> </ul>
Question mark: Low mission impact with low viability	Lightening mark: Low mission impact with high viability
<ul style="list-style-type: none"> <li>• PSAs</li> <li>• Health fairs</li> <li>• New electronic sign</li> <li>• New parking lot</li> <li>• Redo front of building</li> </ul>	<ul style="list-style-type: none"> <li>• In house staff training</li> <li>• Cross train staff</li> <li>• Host more meetings to increase awareness of services</li> <li>• Food Service Sanitation Classes (FSSMC) classes</li> </ul>

### Goals and Objectives

The goals and objectives for the McDonough County Health Department were derived in two parts and designed to address the strategic priorities. First, the goals were created by the staff during an April 16<sup>th</sup> staff retreat. Second, the objectives were assembled by the strategic planning team. The collection of objectives were derived from group discussions, theme identification, and idea generation done throughout the strategic planning process. After all goals and objectives were transcribed, they were sent to both the general and administrative staff for modification and approval. The MCHD crafted four guiding goals and 28 objectives.

#### Goal 1: Enhance Health Communication

The McDonough County Health Department will utilize all available resources, including social media and the McDonough County Health Department website, to inform, educate and promote programs and services to the public.

##### Objectives

- Promote 100% of MCHD's programs, services and events through the MCHD website and relevant social media outlets by May 2016.
- Increase MCHD's marketing and visibility on their website by 20% annually from May 2015 to May 2020.
- Expand community educational outreach by 10% annually for both the environmental and community health divisions from May 2015 to May 2020.
- Develop and implement a MCHD marketing/promotion plan by May 2016.
- Expand social media likes/followers by 150 yearly (base 324, May 2015) from the present until 2020.
- Expand MCHD's social media presence to Twitter, Instagram, LinkedIn and other relevant social media sights by May 2020.
- Create an Internet Committee to take ownership of updating website and social media information by May 2016.
- By May 2016, integrate 50% of new print materials with web resources.



**Goal 2: Data and Quality Improvement**

The McDonough County Health Department will implement data collecting tools to gather, analyze and report health information and performance standards in a timely organized manner as part of continuous Quality Improvement (QI).

**Objectives**

- Develop and implement a customer satisfaction survey with quarterly reviews of results at staff meetings and yearly updates as needed from May 2015 to May 2020.
- By May 2020, MCHD will progress through all six phases of quality improvement as outlined by NACCHO's *Roadmap to a Culture of Quality Improvement*.
- By May 2016, create a Quality Improvement Committee.
- Make current food scores available to McDonough County residents through MCHD's website and social media by May 2016.

**Goal 3: Work Force Development**

The McDonough County Health Department will serve as a model for other organizations by establishing an innovative workforce through staff development to promote excellence in public health practices.

**Objectives**

- Increase internal employee cross training opportunities to once every quarter, starting September 2015. (Baseline 0, 2015)
- 90% of employees will receive staff development and/or employee cross training from external agencies by May 2016 to May 2020.
- From May 2015 to May 2020, allocate 4 hours each month to generating new and innovative ideas to be shared at staff meetings and potentially be selected for implementation.
- Implement a yearly, electronic staff satisfaction survey starting May 2016 to May 2020. (Baseline [average great job], April 2015).
- Provide yearly opportunities for continued education training for staff in grant writing, social media and technology trainings starting May 2015 until May 2020.
- Prioritize People Encouraging People's quarterly activities to focus on improving the lowest-scored sections on staff satisfaction surveys beginning May 2015 until May 2020. (Baseline improvement areas: low moral on Monday, fairly compensated, and energy at the end of the work day; April 2015)



**Goal 4: Leading Public Health in McDonough County**

The McDonough County Health Department will ensure its primary leadership role in planning, providing for, and protecting the health of all residents of McDonough County by increasing integration and partnership with community stakeholders.

**Objectives**

- IPLAN (CHIP) objective integration.
- By May 2016, create a committee of 3-5 employees and apply for one county/regional grant that aligns with MCHD's mission.
- By May 2016, install and implement insurance billing capabilities at MCHD.
- By May 2016, install and implement electronic medical records.
- By May 2016, increase multilingual WIC, EH, and Health Check materials to reflect current population needs.
- Increase community partnerships with local organizations to collaborate on an annual public health event from May 2015 to May 2020.
- Expand services within our mission (examples include immunizations/travel immunizations).
- Increase school faculty and student collaboration on health initiatives by 20% annually, beginning May 2015 until May 2020. (Baseline zero, 2015)
- By May 2016, conduct a feasibility study to expand health department services relating to dental, mental health, and future staffing needs.
- By 2020, host a minimum of 40 community meetings yearly.





### **Linkages with the CHIP and QI Plan**

The McDonough County Community Health Improvement Plan (CHIP) and future quality improvement (QI) efforts are linked to the strategic plan. The strategic planning goals one (enhance health communication) and four (leading public health in McDonough county) both work toward the goals of CHIP. Strategic planning goal two (data and quality improvement) works toward the goals of quality improvement.

The strategic planning goal to enhance health communication, can work to improve the IPLAN goals of mental health service awareness. It can also be used to advertise services already offered the health department that act to positively impact the IPLAN sexual health priority. The strategic plan goal four, leading public health in McDonough County, sets to integrate all CHIP objectives. The McDonough County Health Department's strategic planning committee decided that an excellent way to lead public health in McDonough County was to adapt the priorities of the IPLAN community health committee to best serve local residents.

The MCHD does not have a quality improvement plan at this time. That being said, the strategic plan goal two focuses on quality improvement. One of the main objectives of this goal is to create a quality improvement committee and progress through all six phases of quality improvement as outline by NACCHO's Roadmap to a Culture of Quality Improvement.



### **Putting the Plan into Action**

This working document is designed to provide a framework for the MCHD to achieve their mission and vision. It should be a dynamic document that changes to meet the demands of today and new challenges of tomorrow. The McDonough County Health Department's strategic plan is only useful when put into action. Lynnette Cale, the health department administrator, has taken it upon herself to lead the implementation and evaluation of the plan's progress. The Board of Health supports her decision and is eager for regular updates. The plan's progress will be updated at monthly Board of Health and general staff meetings. Though the future is unknown, through strategic implementation of this plan the McDonough County Health Department hopes to grow healthy lives and cultivate healthy choices to yield a healthy community by providing essential public health services for a safe and healthy community through promotion, protection, and prevention.



### **Appendices**

- A. Individuals who participated in the strategic planning process. (p.24)
- B. Detailed overview of the strategic planning process. (p.28)
- C. Description of the methods used for the review of major elements by stakeholders. (p.226)
- D. Description of the steps in the planning process. (p.230)
- E. Annual reports of progress towards goals and objectives. (p.232)



**A. Individuals who participated in the strategic planning process**



Individuals who participated in the strategic planning process and their titles

McDonough County Health Department Strategic Planning retreat sign-in sheets for April 2<sup>nd</sup>, 9<sup>th</sup> and 16<sup>th</sup>, 2015.

Printed	Volunteer Name	Signed	Date	Contact Info (Optional) T-F-C
Trish Anderson	Trish Anderson	[Signature]	4-2-15	EAC
Sharon Adams	Sharon Adams	[Signature]	4-2-15	CH
Yvette Smith	Yvette Smith	[Signature]	4-2-15	CH - Public Health Nurse
Debbie Johnson	Debbie Johnson	[Signature]	4/2/15	CH - Sanitarian
Debbie Johnson	Debbie Johnson	[Signature]	4/2/15	Business Office Manager / CFO
Michelle Hale	Michelle Hale	[Signature]	4/2/15	Adm. Asst.
Jack Hale	Jack Hale	[Signature]	4/2/15	Public Health Billing Clerk
Jacob VanBuren	Jacob VanBuren	[Signature]	4/2/15	EA Sanitarian

Event Name: McHD Strategic Planning (Part 2) Date: 4-9-2015

Volunteer Name	Signed	Date	Organization/Department
Stefanie Johnson	Stefanie Johnson	4/9/15	Environmental Health Sanitarian
Nick Swope	Nick Swope	4/9/15	Environmental Health Sanitarian
Paul Anderson	Paul Anderson	4-9-15	PHC
Quincy Benson	Quincy Benson	4/9/15	PUBLIC HEALTH NURSE
Quincy Adams	Quincy Adams	4-9-15	PHC
Johna New	Johna New	4-9-15	PHC
Angie Cline	Angie Cline	4-9-15	PHC
Krista Allen	Krista Allen	4/9/15	PHC
Lyndee Gile	Lyndee Gile	4/9/15	PHC





**B. Detailed overview of the strategic planning process**



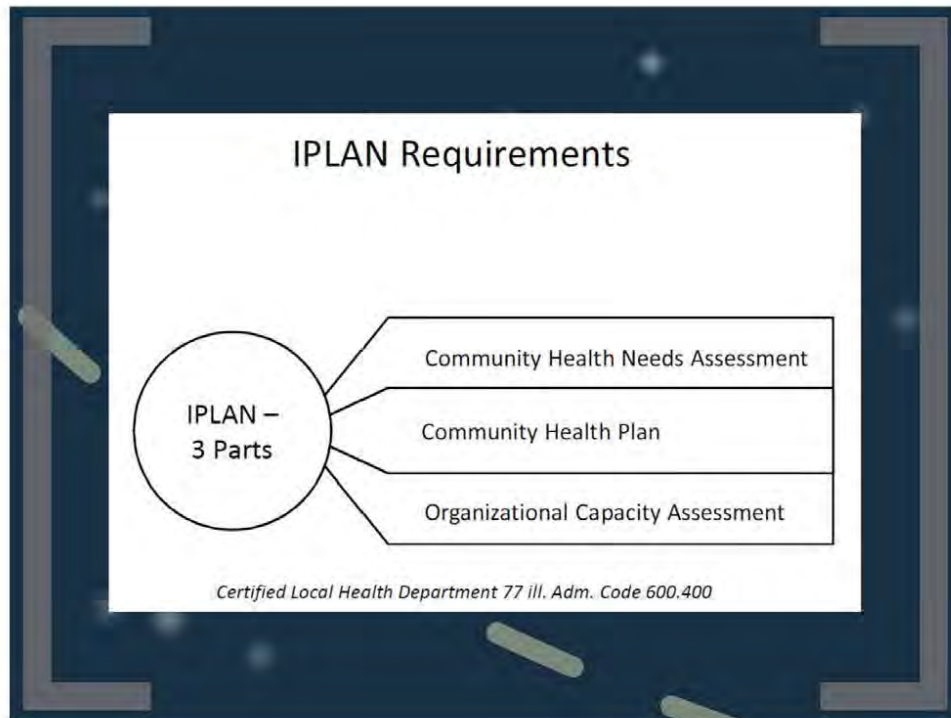


**Detailed overview of the strategic planning process.**

The McDonough County Health Department Strategic Planning process encompassed five total meetings. First there was an introductory meeting held on March 18, 2015. Secondly there were three staff retreats held on April 2<sup>nd</sup>, 9<sup>th</sup> and the 16<sup>th</sup>, 2015. Finally there was one all staff email that finalized the objectives on April 30, 2015.

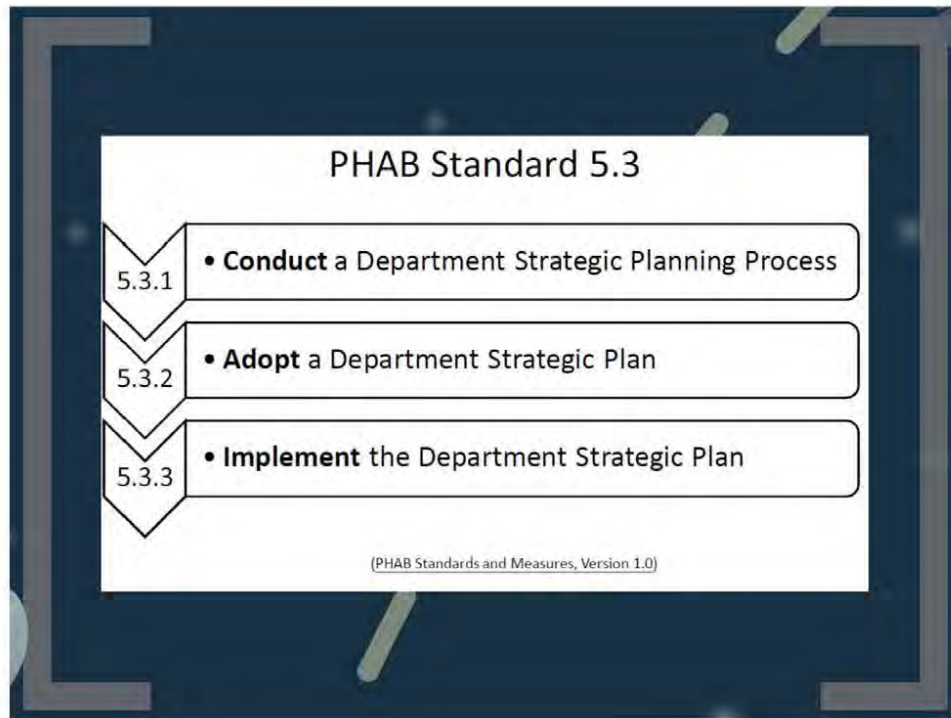
**Introductory meeting: 3-18-2015**

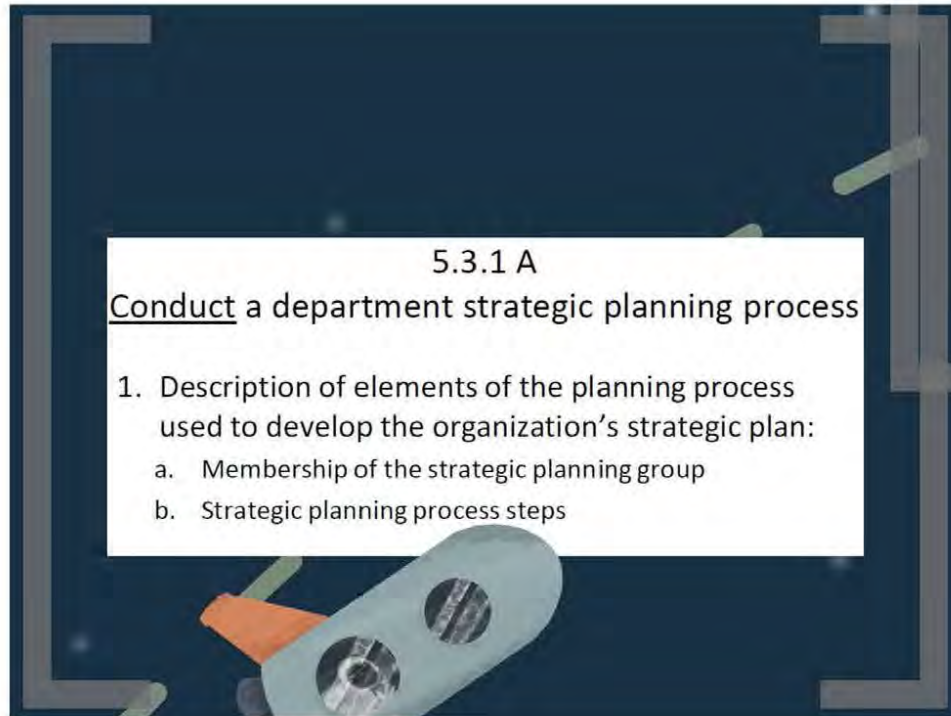












5.3.1 A

Conduct a department strategic planning process

1. Description of elements of the planning process used to develop the organization's strategic plan:
  - a. Membership of the strategic planning group
  - b. Strategic planning process steps



### 5.3.2 A

#### Adopt a department strategic plan

1. Health department strategic plan dated within the last 5 yrs that includes:
  - a. Mission, vision, guiding principles/values
  - b. Strategic priorities
  - c. Goals and objectives with measurable and time-framed targets
  - d. Identification of external trends, events, or factors that may impact community health or the health department
  - e. Assessment of health department strengths and weaknesses
  - f. Link to the health improvement plan and quality improvement plan

(PHAB Standards and Measures, Version 1.0)







5.3.3 A

Implement the department strategic plan

1. Annual reports of progress towards goals and objectives contained in the plan, including monitoring and conclusions on progress toward meeting targets

### PHAB Required Components

- ☐ Mission, vision and guiding principles/values for the health department
- ☐ Strategic priorities
- ☐ Goals and objectives with measurable and time-framed targets
- ☐ Identification of external trends, events, or other factors that may impact community health or the health department
- ☐ Analysis of the LHD's weaknesses and strengths
- ☐ Linkages with the CHIP and the LHD's QI plan
- ☐ Members of the Governing Body involved in the process



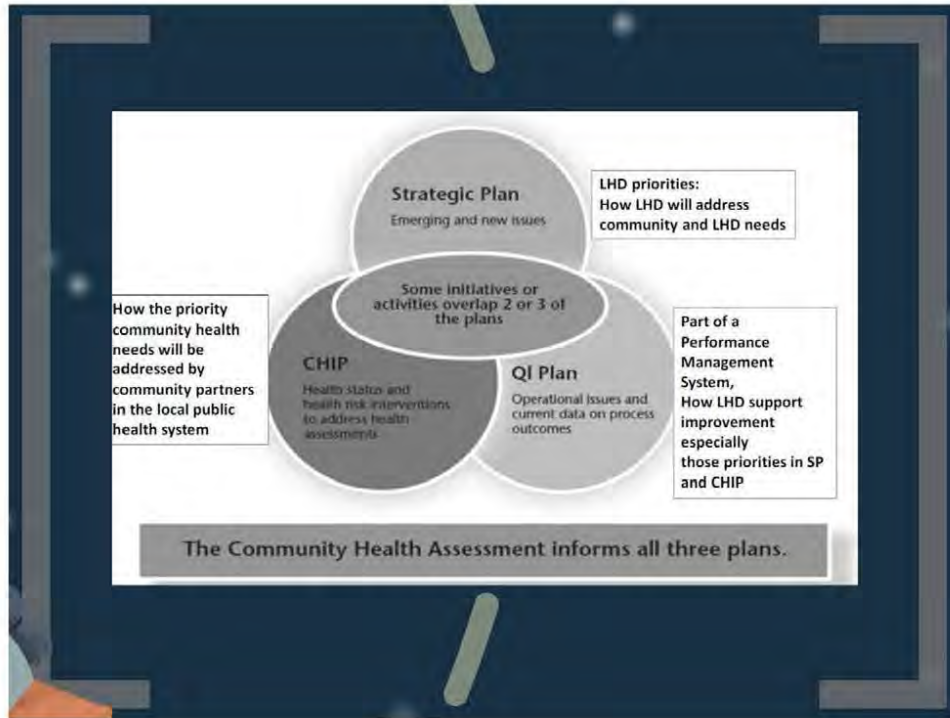
## What is a strategic plan?

*A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.*

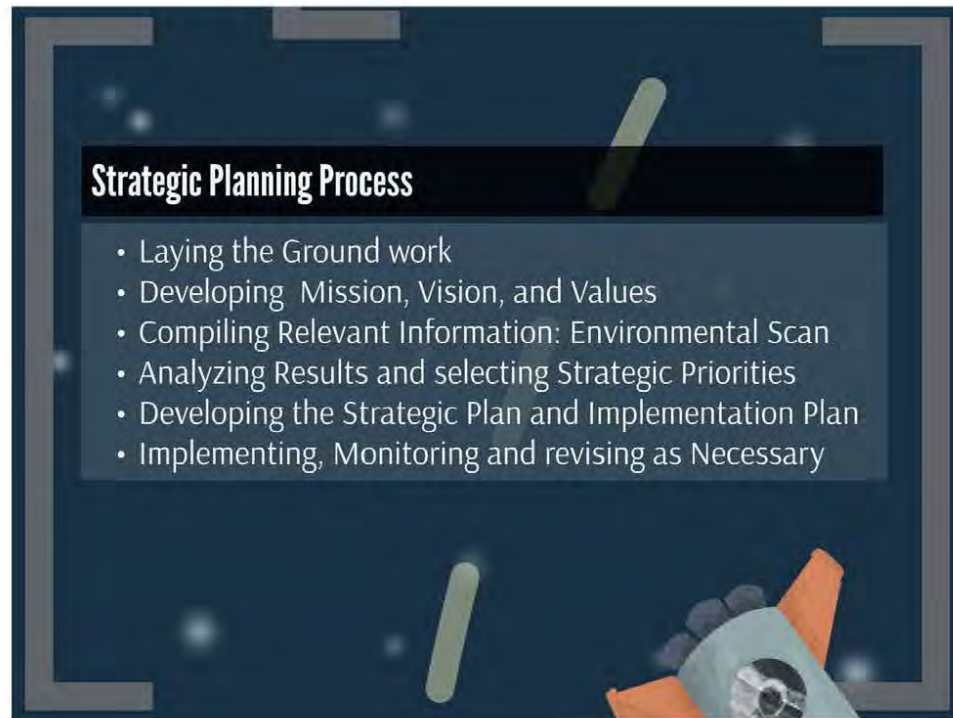
(Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations*. Jossey Bass. New Jersey. 2008).

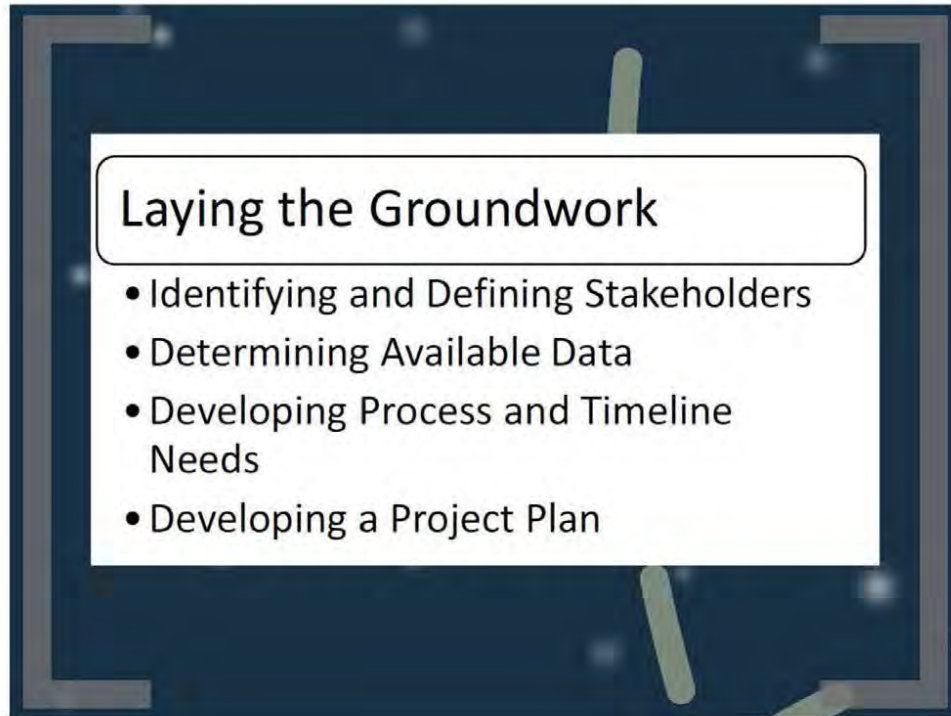
[PHAB Acronyms and Glossary of Terms, Version 1.0](#)













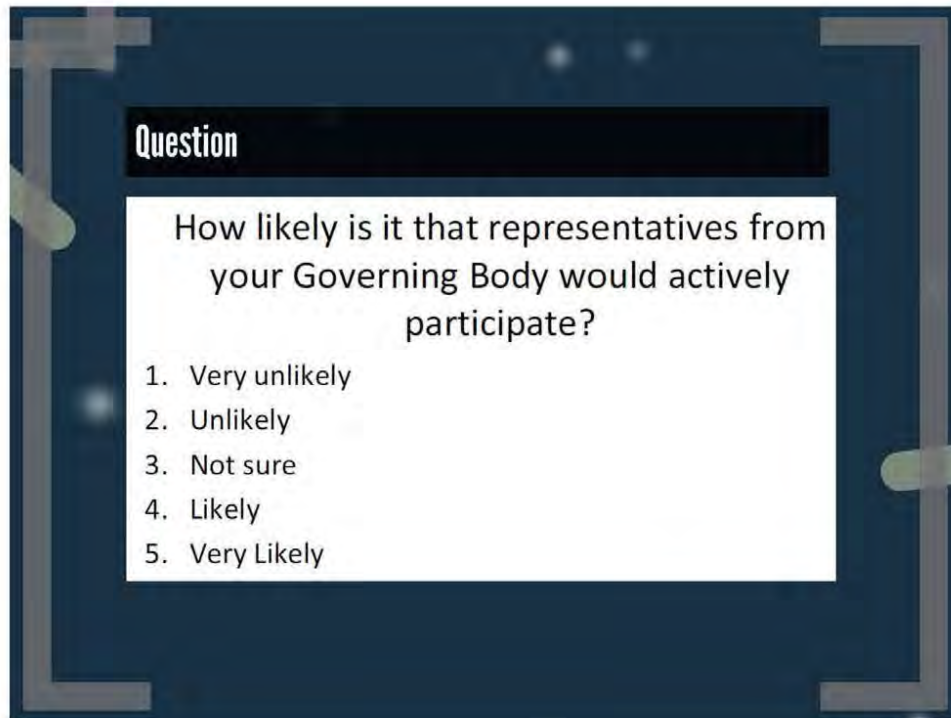


**Who needs to be involved in strategic planning?**

- Who are your stakeholders?
  - *Who has a direct interest, involvement or investment in your organization?*
  - *Who can stake a claim on your organization's resources, attention, output or is affected by its outputs?*
- Internal
- External
- Do they need involved in strategic planning?
- What role do they play?

PHAB Requires Participation of Governing Body



A dark blue rectangular slide with a white central box containing a survey question and five numbered response options. The slide is decorated with four grey corner brackets and two green horizontal bars on the left and right sides.

**Question**

How likely is it that representatives from your Governing Body would actively participate?

1. Very unlikely
2. Unlikely
3. Not sure
4. Likely
5. Very Likely



### Organizing the Process

- Whose plan is it? **McDonough County Health Department**
- What period of time will the plan cover? **2015-2020**
- Who is the plan's sponsor(s)? **Lynnette and Board**
- Who is the plan's champion(s)? **?**
- Who will be on the project planning committee? **?**
- Who do we need to engage in the process and how? **Community/Board/Staff**
- Who will be on the strategic planning committee to develop the plan? **?**
- What data/inputs do we have vs. what we need? **In progress**
- Who should review the plan before adoption? **Board**
- Who are audiences for the plan? **McHD and Board**
- How much time are we willing to give to the process? **1 month**

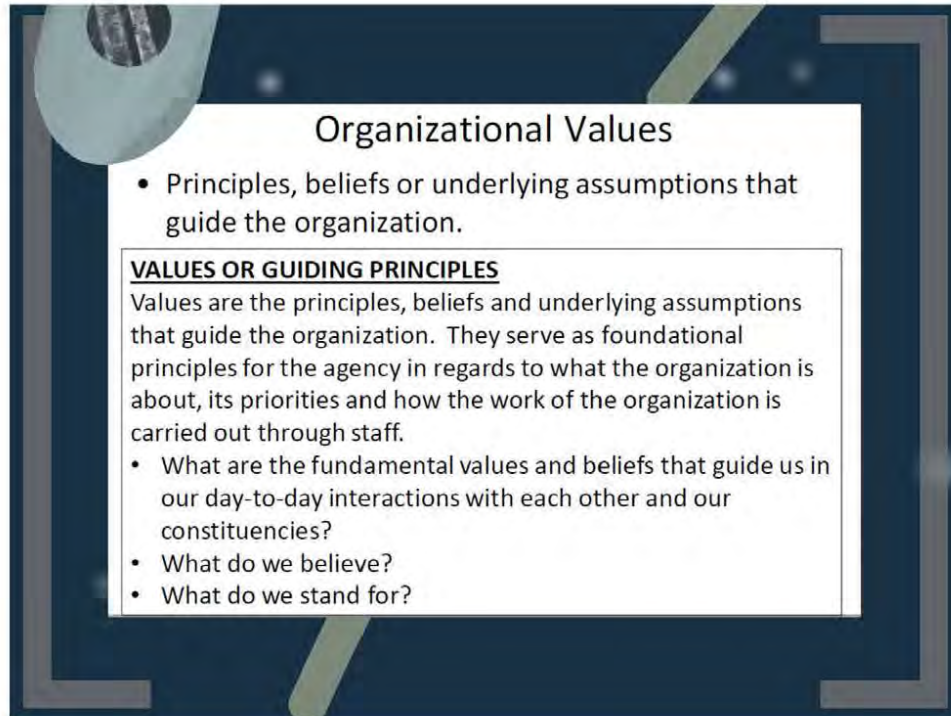
Adapted from Bryson and Alston, 2005..





### Developing Mission, Vision and Values

- Identifying Formal and Informal Mandates
- Determining Type and Level of Stakeholder Engagement
- Developing Organizational Values Statements
- Developing Vision Statement
- Communicating Vision, Mission and Values



## Organizational Values

- Principles, beliefs or underlying assumptions that guide the organization.

**VALUES OR GUIDING PRINCIPLES**

Values are the principles, beliefs and underlying assumptions that guide the organization. They serve as foundational principles for the agency in regards to what the organization is about, its priorities and how the work of the organization is carried out through staff.

- What are the fundamental values and beliefs that guide us in our day-to-day interactions with each other and our constituencies?
- What do we believe?
- What do we stand for?

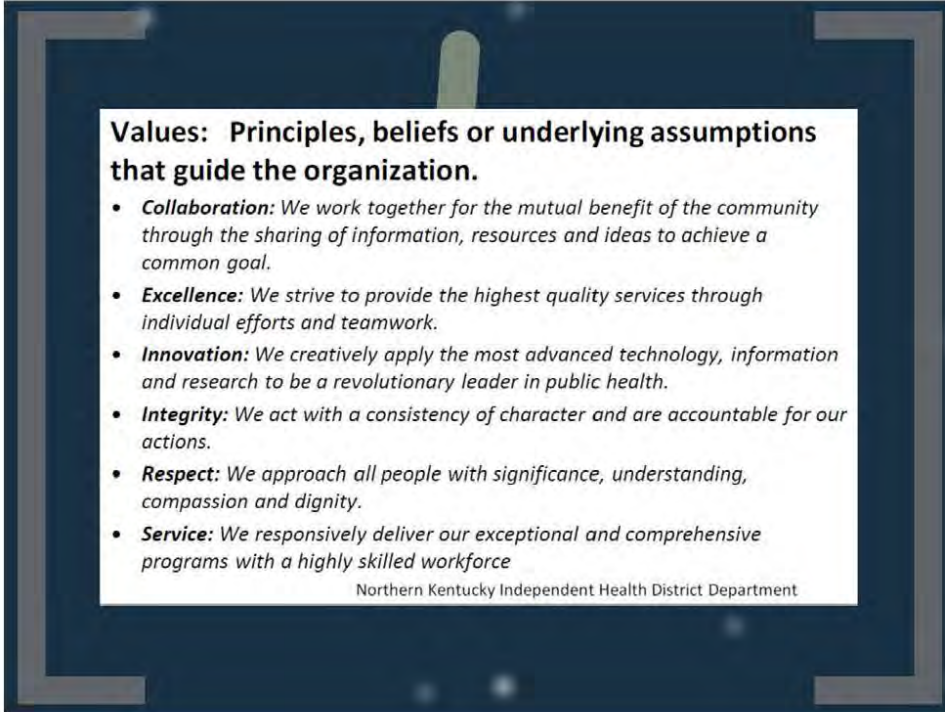
### Sample Values

- Here are some values words that can help in thinking about this:

accountability    empathy    loyalty    accuracy  
empowerment    optimism    collaboration  
Equality    Persistence    courage    transparency  
equity    quality    credibility    excellence  
respect    dignity    wisdom    flexibility  
responsibility    diversity    honesty    service  
effectiveness    innovativeness    timeliness  
efficiency    integrity







**Values: Principles, beliefs or underlying assumptions that guide the organization.**

- **Collaboration:** *We work together for the mutual benefit of the community through the sharing of information, resources and ideas to achieve a common goal.*
- **Excellence:** *We strive to provide the highest quality services through individual efforts and teamwork.*
- **Innovation:** *We creatively apply the most advanced technology, information and research to be a revolutionary leader in public health.*
- **Integrity:** *We act with a consistency of character and are accountable for our actions.*
- **Respect:** *We approach all people with significance, understanding, compassion and dignity.*
- **Service:** *We responsively deliver our exceptional and comprehensive programs with a highly skilled workforce*

Northern Kentucky Independent Health District Department





## Organizational Mission

- The organization's purpose; what it does and why

**MISSION STATEMENT**

An organization's mission is a statement of its basic purpose or reason for existence. In its most simple form, the mission of a non-profit organization describes:

Impact: What you want to achieve in the long run

Audience: With whom – the target group or beneficiaries of your work

Methods: How you reach the audience and achieve the impact





## Vision

- Futuristic view regarding the ideal state or conditions that the organization aspires to change or create

**VISION STATEMENT**  
What is the organization's realistic but challenging guiding vision of success? Describe how the community would be improved, changed or different if your organization was successful in achieving its purpose. Describe how the organization would be different as well.



**Mission:** The organization's purpose; what it does and why

- *To promote, protect and assure conditions for optimal health for residents of Madison County through leadership, partnership, prevention and response.*

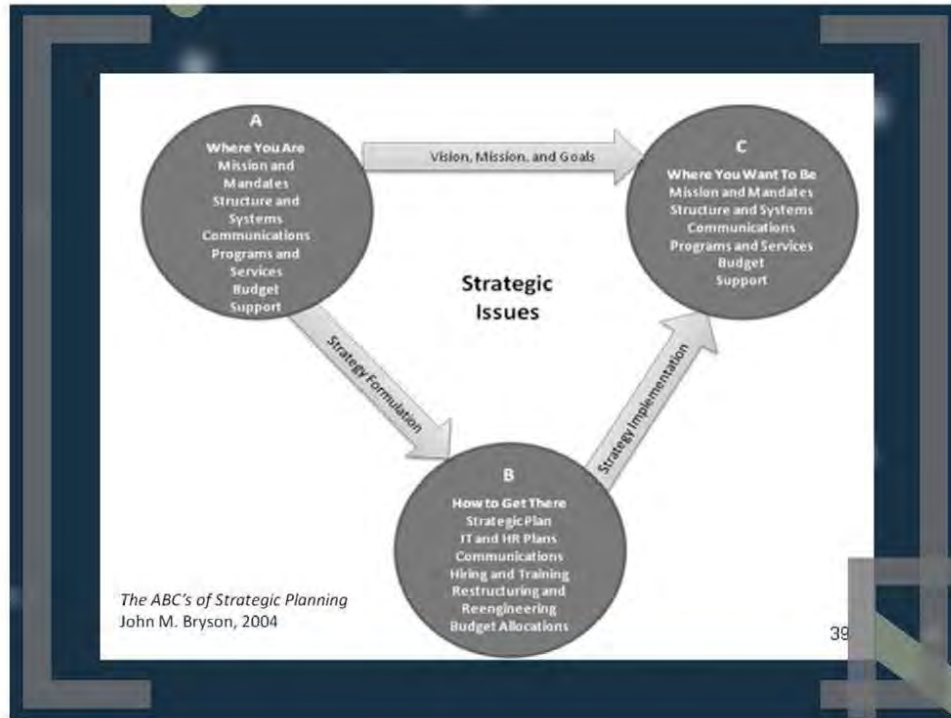
(Madison County Health Department, Illinois)

**Vision:** Futuristic view regarding the ideal state or conditions that the organization aspires to change or create.

- *The Northern Kentucky Health Department will be a nationally recognized leader in advancing the health and safety of the community.*

(Northern Kentucky Independent Health District)





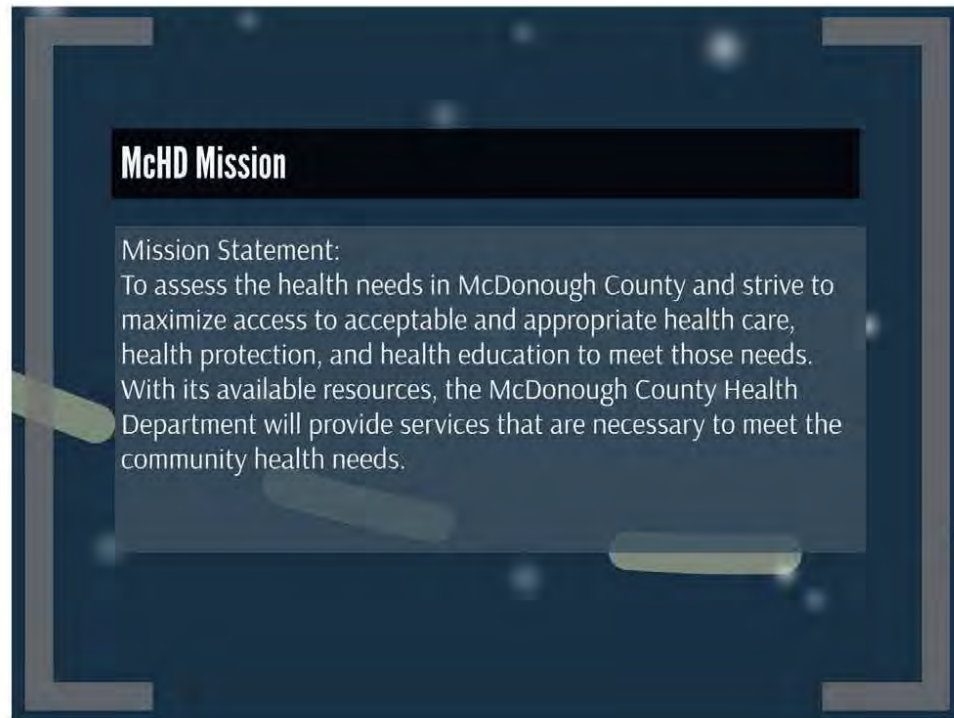
39

### Question

Our organization has a mission, vision and set of values.

- No, not formally.
- Unsure.
- We only have one or two of those items and they have not been updated in a while.
- We only have one or two of these items and they are current.
- We have all 3 and they have not been updated in a while.
- We only have all 3 and they are current.

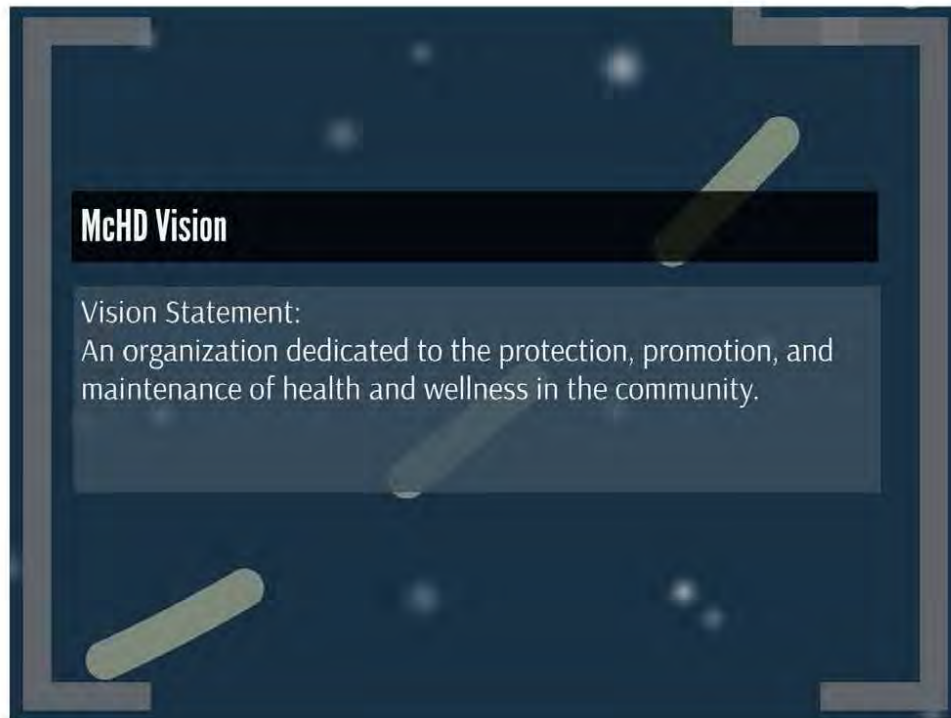


A graphic with a dark blue background and a lighter blue rectangular area in the center. The title "McHD Mission" is in white text on a black background. Below it, the "Mission Statement:" is followed by a paragraph of white text.

**McHD Mission**

**Mission Statement:**  
To assess the health needs in McDonough County and strive to maximize access to acceptable and appropriate health care, health protection, and health education to meet those needs. With its available resources, the McDonough County Health Department will provide services that are necessary to meet the community health needs.





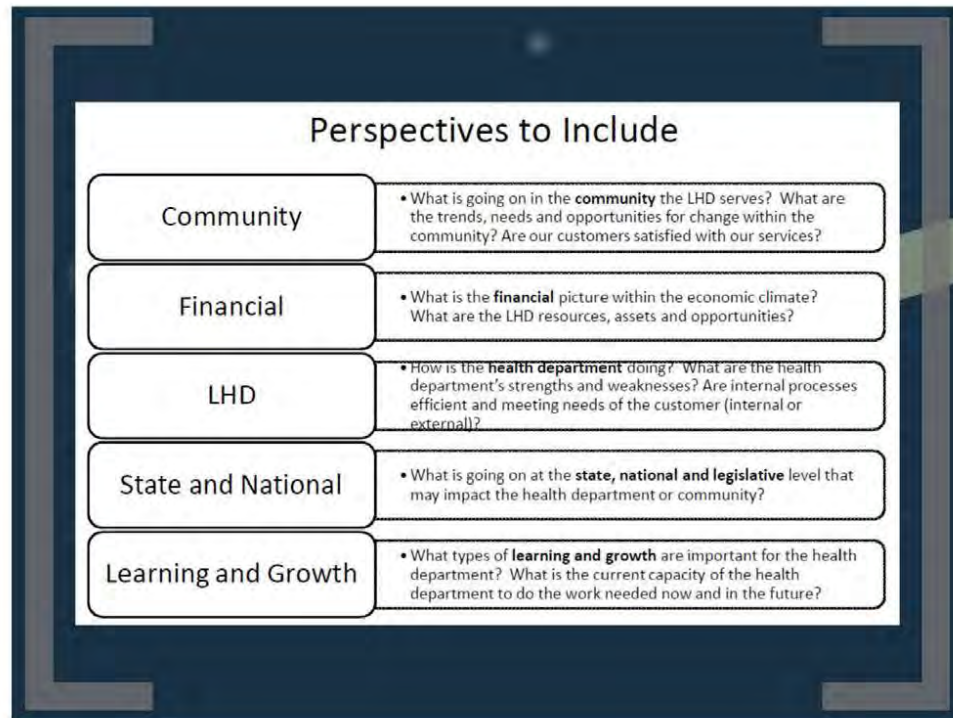


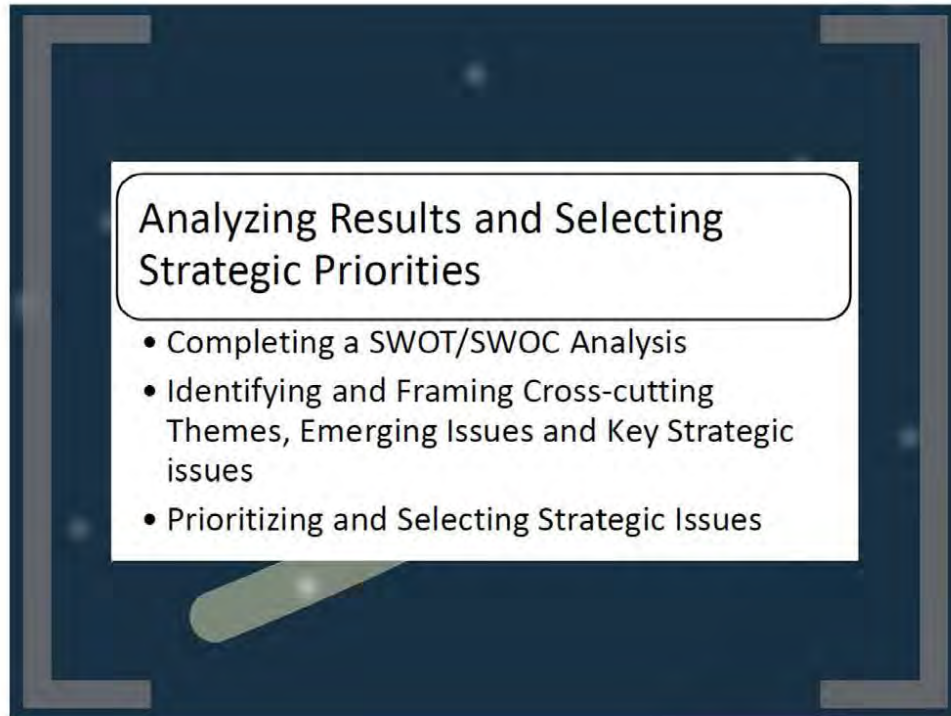




- X • Community Health Assessment/Demographics
- X • LHD Annual Report
  - Employee/Workforce climate survey results - Amy/Job
  - Satisfactions Survey/Community satisfaction survey
  - Customer/community satisfaction survey
  - LHD program evaluation and QI
  - Annual report (financial review)
  - Policy and legislative scan
  - Agency/program review against PHAB standards





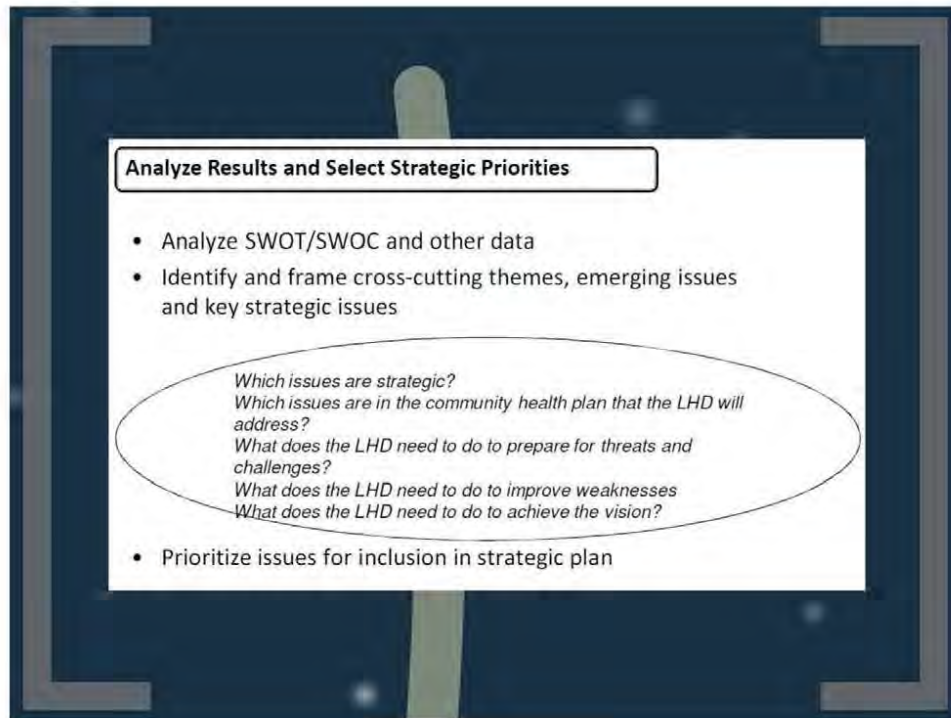


**SWOT – Strengths, Weaknesses, Opportunities and Threats**  
**SWOC – Strengths, Weaknesses, Opportunities and Challenges**

<ul style="list-style-type: none"><li>• <b>Internal Data</b></li><li>• Customer feedback (staff)</li><li>• Staff surveys, focus groups</li><li>• Financial information</li><li>• Self-assessment results</li><li>• Program evaluation results</li><li>• Annual reports</li></ul>	<ul style="list-style-type: none"><li>• <b>External Data</b></li><li>• Competitive/ Market Information</li><li>• Secondary Data (community health status, demographic etc.)</li><li>• Customer feedback (community)</li></ul>
--	---



Strengths (Internal)	Opportunities (External)
<i>We want to maintain and leverage strengths.</i>	<i>We want to invest in opportunities.</i>
Weaknesses (Internal)	Threats or Challenges (External)
<i>We want to minimize weaknesses.</i>	<i>We want to identify threats or challenges that need to be addressed and understand their potential impact.</i>



**Analyze Results and Select Strategic Priorities**

- Analyze SWOT/SWOC and other data
- Identify and frame cross-cutting themes, emerging issues and key strategic issues

*Which issues are strategic?*  
*Which issues are in the community health plan that the LHD will address?*  
*What does the LHD need to do to prepare for threats and challenges?*  
*What does the LHD need to do to improve weaknesses?*  
*What does the LHD need to do to achieve the vision?*

- Prioritize issues for inclusion in strategic plan

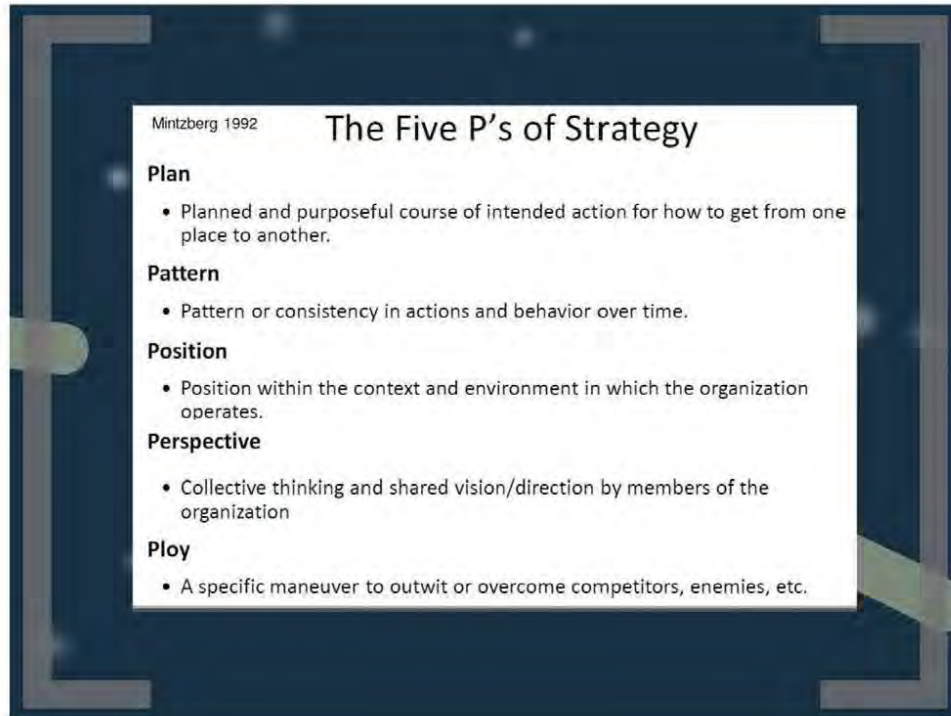
### Reviewing SWOT/SWOC

- Look for connections between the quadrants.
- Match strengths up with external opportunities.
- Link or offset threats and challenges with opportunities and/or strengths.
- Match weaknesses with strengths that can offset or minimize the weaknesses.
- Look for emergence of patterns or crosscutting themes.
- Continue Analyzing Results
- Ways strengths can be maintained, enhanced or leveraged.
- Ways to minimize weaknesses.
- Options for leveraging or taking advantage of opportunities.
- Potential impact of threat/challenges and anything that can be done to address or prepare for the threat.









### Linking the Strategic Plan and the IPLAN

*The strategic plan must include linkages with the health improvement plan and details on the health department's roles and responsibilities for implementing the health improvement plan. The strategic plan need not link to all elements of the health improvement plan but it must show where linkages are appropriate for effective planning and implementation.*

*(PHAB Guidance for Measure 5.3.2)*

**LHD  
Capacities  
SWOT  
IPLAN  
priorities  
the LHD  
will  
address**



## Developing the Strategic Plan

**Goals**  
Long-range outcome statements that are broad enough to guide the organization's programs, administrative, financial and governance functions. (Allison & Kaye, 2005)

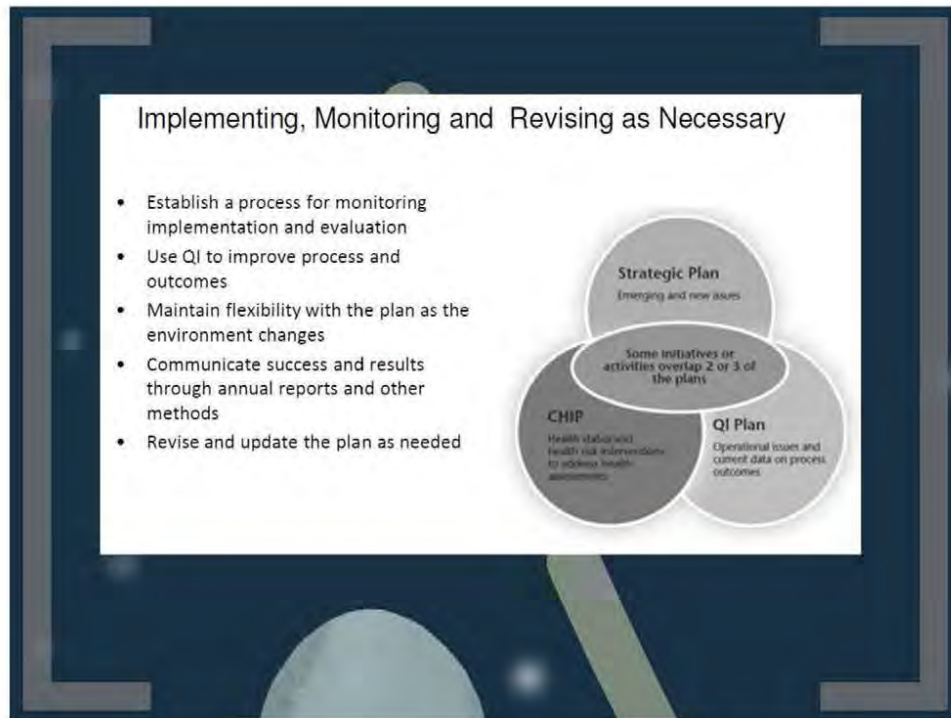
**Objectives**  
Short to intermediate outcome statements that are specifically tied to the goal.  
Objectives are clear and measurable.

*Measure of change, in what, by whom, by when*

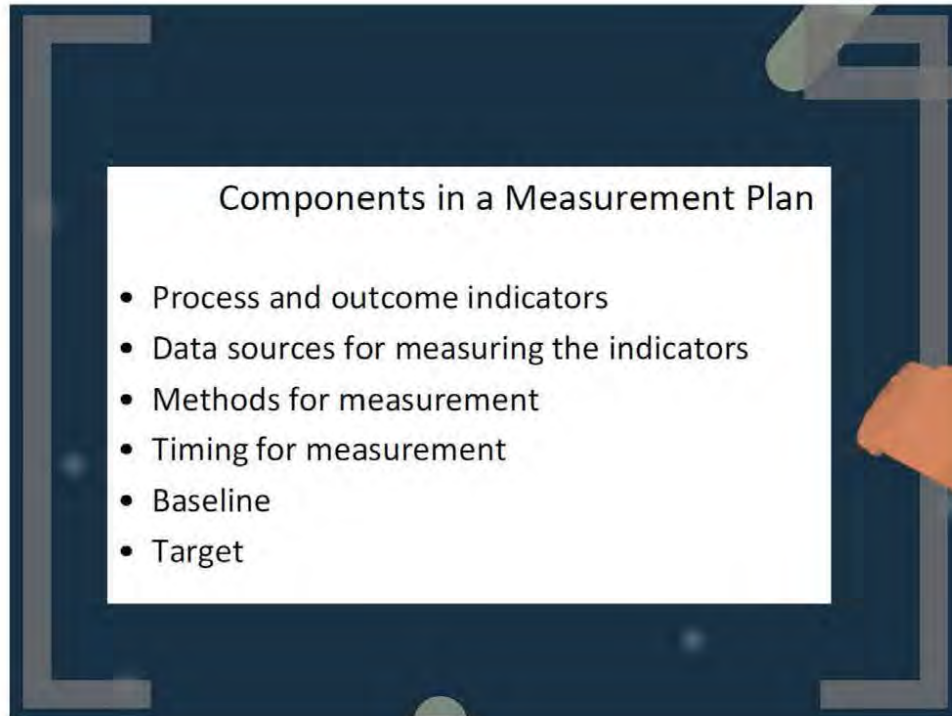
20% increase in health department nursing staff by January 2014.

**SMART objectives**

- S – Specific
- M – Measurable
- A – Achievable
- R – Relevant
- T – Time-oriented



Implementation Plans				
<b>Priority</b> Improve Staff Retention				
<b>Strategy</b> Create a more effective staff review, promotion and compensation system				
<b>Goal 1</b> Develop and implement a performance-improvement focused employee performance review system				
<b>Outcome Objective 1 A:</b> By December 2013, all employees will have received an annual performance review that focuses on performance against work-plan objectives.				
Programs Activities Interventions	Person/Group Responsible	Time-line	Process Indicator	Outcome Indicator
Develop FY2013 annual goals, objectives and performance measures for each employee based on departmental goals and strategic plan	Staff, managers Division Directors	April 2012 – June, 2012	1. Program goals and objectives reviewed with each employee 2. Drafts of employee goals, objectives and performance measures that achieve program objectives 3. Division Directors approval of employee performance plans	1. Employees use performance plan to guide their work
Results of 2013 employee goals and objectives reviewed for annual employee performance reviews.	Staff, managers Division Directors	June, 2013	1. Measures for all employee goals and objectives with targets compared to results 2. Final performance reviews.	1. Employee annual performance increases linked to achievement of strategic plan goals and objectives.

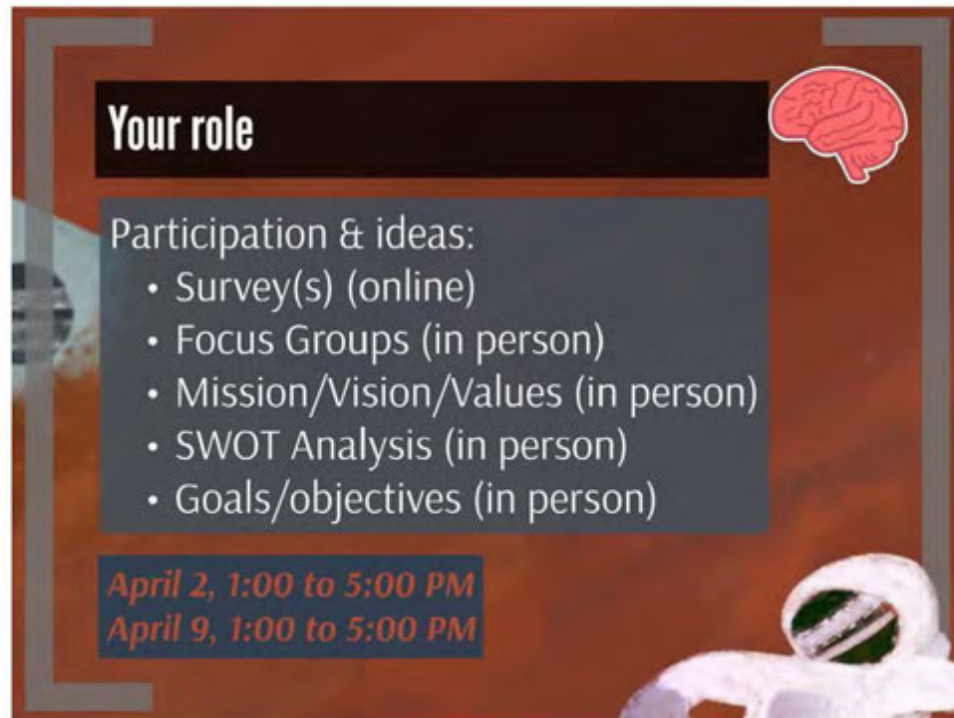




## Measurement Plans

No.	Outcome Indicator	Baseline	Target	Monitoring/Data Collection		
				Data Sources	Methods	Timing
1A.	Two qualified nurses added to staff	8 nurses	10 nurses	Resumes and applications Interview comments Reference Checks	File Review	July 2012
No.	Process Indicators			Data Sources	Methods	Timing
1A.1	Widely distributed job posting			Ads and postings online and in print	File Review	March 2012
1A.2	Interview protocol			Interview protocol	File Review	April 2012
1A.3	Qualified pool of candidates for in-person interviews			Matrix of candidates	File Review	May 2012
1A.4	Recommendations for hiring			Matrix of candidates	File Review	June 2012



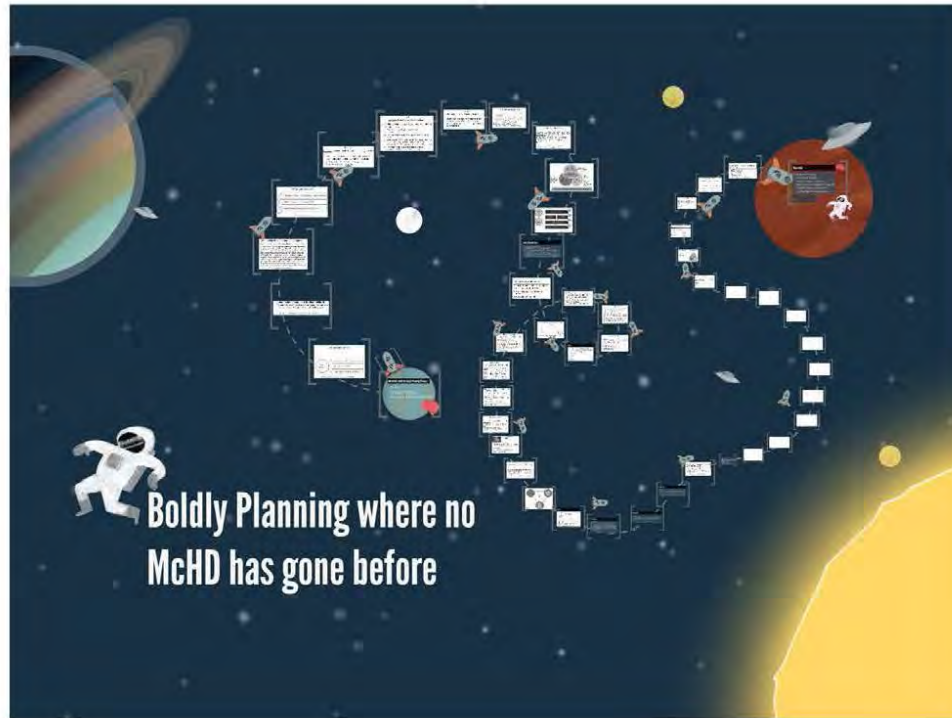


## Your role

Participation & ideas:

- Survey(s) (online)
- Focus Groups (in person)
- Mission/Vision/Values (in person)
- SWOT Analysis (in person)
- Goals/objectives (in person)

*April 2, 1:00 to 5:00 PM*  
*April 9, 1:00 to 5:00 PM*



**MCHD Strategic Planning retreat Day 1: 4-2-2015****Agenda 4-2-2015****McDonough County Health Department Strategic Planning Agenda**

April 2, 2015 | 1:00 PM to 5:00 PM

Proposed Agenda Topics	Process and Personnel Responsible	Time Frame*
Introductions, meeting agreements, and agenda review <ul style="list-style-type: none"> <li>Group rules   Parking Lot</li> </ul>	Facilitator  Presentation by Nick	1:00 -1:15 P.M.
Mandates, Values and Mission: reaffirmed or modified <ul style="list-style-type: none"> <li>Mandates</li> <li>Values, beliefs, and assumptions</li> <li>Mission</li> </ul>	Mandates: Worksheet –  Values: Affinity Diagram -Brainstorm- State Values – Everyday  Mission: Worksheet – Discussion-Craft mission  Facilitated by Nick	1:15-2:15 P.M.
Vision the possible: Our preferred future	Headline News Activity- Present in groups/Discuss - Craft vision  Facilitated by Nick	2:15-3:15 P.M.
Break		10 min
Data <ul style="list-style-type: none"> <li>CHA/10 services/core services</li> <li>Services</li> <li>Finances</li> <li>Policy</li> <li>Staff (JS/QI)</li> <li>Customer &amp; Staff (CSS)</li> </ul>	Draw a 2X2 box (SWOC)- Take notes-  Presentation by Nick  Finances by Kathy	3:25-4:00 P.M.
Turn data into information SWOC  strengths and weaknesses/ opportunities and challenges (threats)  Strategic issues	Groups W/ poster (SWOC) and Post-it notes: Brain dump from “Data” Present to all staff – Post-it notes to white board Anything missing? Analyze connections Strategic issues	4:00-4:30 P.M.
Identification of key issues/challenges facing the organization Emerging issues Strategic Issues	Categorize: No Action, action in the future, immediate action  Mission impact V. Viability	4:30-4:50 P.M.
Conclusion and wrap up: <ul style="list-style-type: none"> <li>What we have accomplished</li> <li>What worked/what didn't?</li> </ul>	Facilitator  Nick Swope	4:50-5:00 P.M.

Note: Completed up to mission, vision and values.



**Staff retreat overview: 4-2-2015**

McDonough County Health Department Strategic Planning Process

April 2, 2015

Staff retreat from 1:00 to 5:00 P.M.

Overview:

**Value Statements**

- **Innovation:** We believe in leading the way in public health initiatives.
- **Communication:** We believe that effective responsive and timely communication creates our role as a trusted source of health information.
- **Great attitudes:** We believe in valuing all employees and community members and treating each other with respect, honesty, care, and awesomeness.
- **Ethics:** We believe in an ethical and skillful workforce to serve the community in a professional manner.

**Mission**

*The McDonough County Health Department will provide essential public health services for a safe and healthy community through promotion, protection, and prevention.*

**Vision**

*The McDonough County Health Department will grow healthy lives and cultivate healthy choices to yield a healthy community.*





**Facilitator**

- Nick Swope

**Staff in attendance**

- Josh Anderson
- Chris Adams
- Cynthia Sheffler
- Shelly Benson
- Stefanie Johnson
- Kathy Cleer
- Lynnette Cale
- Niki Duffy
- Jacob VanHeuklom

**Detailed overview:**

The Strategic Planning (SP) process started at 1:00 P.M. on April 2, 2015. The MCHD meeting room had two groups of tables that could accommodate four to five staff members at each table. Every staff member was given sticky notes, an agenda, and a work packet. Each table was provided with markers and flipchart paper.

The facilitator, Nick Swope, provided a brief introduction of the strategic planning process. He then reviewed the agenda and facilitated the development of ground rules for the discussion. Stephanie graciously volunteered to be the group's secretary.

The group proceeded to independently identify formal and informal mandates over their respective programs. After working individually, each participant was given the opportunity to share their mandate list. After everyone finished speaking, any additional comments or mandates were added by the group. The mandate list was displayed on the wall to be easily visible.

**Informal Mandates**

- Sing in/out
- Personal meds recycling
- Phone etiquette
- Professional behavior





- Dress code
- Business hours
- MCHD policies/procedures (handbook)
- Parking
- Request for time off/overtime

#### **Formal mandates**

- OSHA- PPE, bloodborne pathogens, fit testing, MSDS and safety
- CDC – immunizations, communicable disease
- IL. Gove – common law / statutes
- HFS – HHS, Medicaid
- CMS – funding for vaccines
- FEDS – Lead, ADA, Grants, USDA-WIC, HIPAA
- IDPH- immunizations, LHPG, Lead, C.D. reporting, grants, certified LHD
- DHS- WIC
- Local Gov't- Ordinances
- ILDPR- licensure
- Dept. of labor- worker's comp, med. Leave, labor laws, compensation
- ASPER – MRC
- DCFS- child abuse /mandatory reporters
- Dept. Home Land Security –suspicious behavior reporting.

Brainstorming methodology was used to identify future values of the MCHD affinity diagram. The group was reminded of the old values and asked to create new values independently on sticky notes. The staff was asked to craft one idea per note paper. Staff members grouped and categorized their ideas within their respective small groups. They then worked together to create category words for their groups. Next, both groups transferred their ideas to the whiteboard. They presented their group categorizations and group work, as well as discussed how to combine these ideas into values to drive MCHD's day-to-day operations. Once all ideas were categorized, the staff used each category word to create a full value statement.

The values of the McDonough County Health Department are:



**Innovation:** We believe in leading the way in public health initiatives.

**Communication:** We believe that effective, responsive, and timely communication creates our role as a trusted source of health information.

**Great attitudes:** We believe in valuing all employees and community members and treating each other with respect, honesty, caring, and awesomeness.

**Ethics:** We believe in an ethical and skillful workforce to serve the community in a professional manner.

The group proceeded to work independently to identify how they, and other staff members, could live these values every day. The nominal group technique process involved individual idea generation and structured group sharing. Stephanie continued to record the group's ideas on flipchart paper. Due to time constraints, only Innovation ideas were shared with the group. The remaining ideas for value implementation were collected by Nick and are attached to this document.

#### Meeting Break

The mission was next on the agenda. Staff members worked within their small groups to answer mission guiding questions outlined in their packets. They wrote their answers on flipchart paper and presented them to the entire group. The staff used the whiteboard as a brainstorming space to craft the new mission. Group discussion and draft versions of the mission were created. The final mission was decided through group consensus and voting.

#### Mission

*The McDonough County Health Department will provide essential public health services for a safe and healthy community through promotion, protection, and prevention.*

#### Meeting Break



Finally the MCHD staff reevaluated the vision of the organization. In much the same process as the mission, the staff members worked in small groups to generate ideas guided by the worksheet packet. A headline news activity was used to encourage staff member to envision a positive future. The groups met at the whiteboard, presented their ideas, and discussed the direction of the agency's future vision. Numerous draft versions were developed and a vote determined the MCHD's new vision statement.

**Vision**

*The McDonough County Health Department will grow healthy lives and cultivate healthy choices to yield a healthy community.*

The retreat concluded at 5:00 P.M.



**MCHD strategic planning workbook/worksheets: 4-2-2015**

Note: This packet of worksheets and examples was given to each staff member and used as both a reference and facilitation tool throughout the strategic planning process. A special thank you to NACCHO.

**McDonough County Health Department**  
**Strategic Planning Worksheets**  
**April 2015**



**MCHD Mandates**

Mandates: include anything formally or informally required of the organization by external authorities (Bryson and Alston, 2005)

**Worksheet 5: Identifying Organizational Mandates**

Formal Mandates / Source of Mandate	Informal Mandates / Source of Mandate

**Worksheet 6: Reviewing Organizational Mandates**

Mandate	Formal or Informal?	What is required, forbidden or allowed?	Does staff understand? How is LHD honoring this mandate?	What needs done? (i.e. include in mission, educate staff etc.)



**MCHD: Developing Organizational Values Statements**

A values statement should articulate how the organization will conduct itself. The statements should answer the question- How do we want to treat others, and how do we want to be treated ourselves?" (Bryson & Alston, 2005)

*Old Values*

*Internal: Respect, trust, open communication, cooperation*

*External: Professionalism, quality service, helpfulness*

**Sample Values**

- Here are some values words that can help in thinking about this:

accountability    empathy    loyalty    accuracy  
 empowerment    optimism    collaboration  
 Equality    Persistence    courage    transparency  
 equity    quality    credibility    excellence  
 respect    dignity    wisdom    flexibility  
 responsibility    diversity    honesty    service  
 effectiveness    innovativeness    timeliness  
 efficiency    integrity

Use the following activity to clarify an organization's belief systems by facilitating a discussion among staff.

**Affinity Diagram:**

- 1 Ask everyone to record one idea (i.e. a value) on an individual post-it note. The idea can be shared as a picture, word or phrase with only one idea per post-it note. Ask everyone to record only 2-3 ideas.
- 2 Participants should post their ideas on the white board.
- 3 Once all ideas are posted, ask participants to discuss ideas that need clarification.
- 4 Participants should group similar ideas together.
- 5 Participants should gain consensus on a word or phrase that reflects the central idea of each grouping to begin to draft a phrase or value statement that represents the value.





**Sample Value Statements (NACCHO, P.30)**

**Madison County Health Department (Illinois)**  
we believe in...

- Being sensitive to cultural factors influencing health
- Encouraging employees to pursue personal and professional growth
- Delivering high quality services
- Identifying and minimizing health disparities
- Maintaining a qualified work force dedicated to fulfilling their roles
- Providing programs necessary to promote and protect community
- Sustaining partnerships and maintaining community collaborations

**Washington State Department of Health**  
Values:

- **Ethics:** We honor the public's trust and maintain the highest standards of accountability and ethics.
- **Diversity:** We value and respect diversity and recognize the benefit it brings in understanding and serving all people.
- **Respect:** We value all employees and treat each other with respect.
- **Communication:** We value effective, responsive and timely communication, and our role as a trusted source of health information.
- **Collaboration:** We work collaboratively with partners and communities to improve health and support a strong public health system.

**New McDonough County Health Department Values:**

**Internal:**

**External:**





**How can we live these values?**

- 1 Identify any specific behaviors MCHD staff should commit to doing in everyday practice to support values and beliefs.

Identify values, beliefs and guiding principles that either do or should guide interactions with internal and external stakeholders.	Identify behaviors that should be in practice every day to support the values, beliefs and guiding principles.

(Adapted from Allison, M. J., & Kaye, J. (2007), Strategic Planning for Nonprofit Organizations: A Practical Guide



#### Developing McHD Mission Statement

*Old Mission: To assess the health needs in McDonough County and strive to maximize access to acceptable and appropriate health care, health protection and health education to meet those needs. With its available resources, the McDonough county Health Department will provide services that are necessary to meet the community health needs.*

---

Complete these questions individually before a small group convenes. After the information is collected from all who complete the worksheet, use the information with a small group to analyze for common themes. Develop an initial draft or revise a current mission statement using this information.

The mission should clarify the organization's **purpose** and indicate **why** it is doing what it does. It should answer the question, "**Ultimately, what are we here to do?**"

1 What is the current mission? What does it say about who we are, what our purpose is, what business we are in, who we serve and how we are unique?

2 In general, what are the basic social and political needs we exist to fill? What are the basic social or political problems we exist to address?

3 What is our role in filling these needs or addressing these problems? How does it differ from the roles of other organizations?

4 In general, what do we want to do to recognize or anticipate and respond to these needs or problems?



5 How should we respond to our stakeholders?

6 What is our philosophy and what are our core values?

7 Is our current mission out of date? If so, how?

8 What changes in the current mission would I propose?

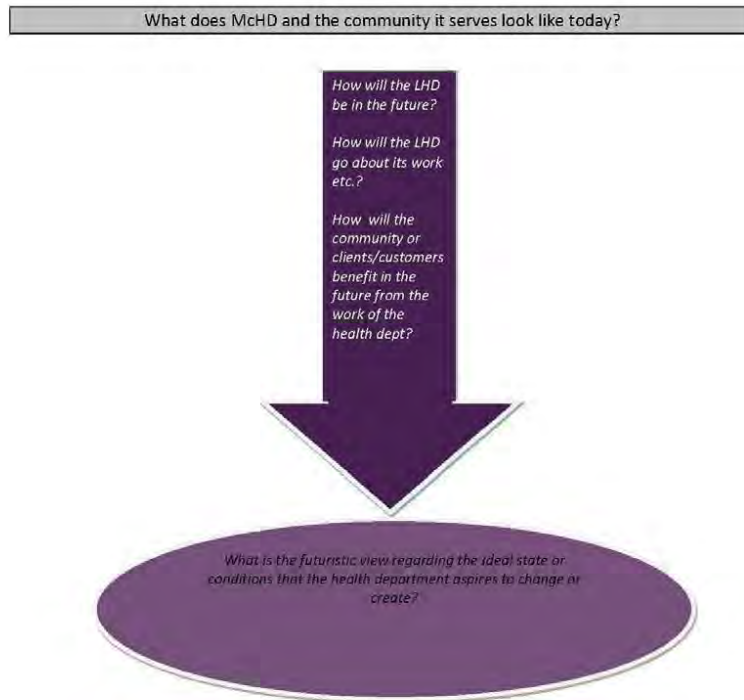
**What is the new mission for the McDonough County Health Department?**

Bryson, J. M. (2004). *Strategic planning for public and nonprofit organizations: A guide to strengthening and sustaining organizational achievement*. (3rd ed.). San Francisco: Jossey-Bass Inc Pub.



# **McHD Vision Worksheet**

McHD Old Vision: *An organization dedicated to the protection, promotion, and maintenance of health and wellness in the community.*



### Headline News Activity

In groups imagine that it is five (or 10) years from now and the organization receives media coverage on its success.

- What would the headline be saying about the organization?
- What would be a featured quote about the organization, and who would be saying it?
- Write a headline and two or three bullets that would serve as the outline for a sidebar story about the organization.
- Draw a picture or describe a photo that would appear in the publication with a caption.

**New Vision:**

(Adapted from Allison, M. J., & Kaye, J. (2005). *Strategic Planning for Nonprofit Organizations: A Practical Guide and Workbook*. (2nd ed.). John Wiley & Sons, Inc.)



### Turn data into information

<b>Strengths (Internal)</b> We want to maintain and leverage strengths.	<b>Opportunities (External)</b> We want to invest in opportunities.
<b>Weaknesses (Internal)</b> We want to minimize weaknesses	<b>Challenges or Threats (External)</b> We want to identify threats or challenges that need to be addressed and understand their potential impact



**Putting our ideas together**

1. Form groups and place your post-it notes on the flipchart paper at your table. Combine like ideas.
2. Groups present SWOC to entire staff.
3. Move Post-it notes from flip chart paper to giant SWOC (on white board)
4. Is there anything missing?

**Analysis Part 1: Draw connections**

1. Match strengths up with opportunities
2. Link or offset threats and challenges with opportunities and/or strengths
3. Match weaknesses with strengths that can offset or minimize the weaknesses.
4. Look for emergence of patterns or crosscutting themes.

**Analysis Part 2: Identify strategic issues**

1. Look for any patterns in the results.
2. Discuss ways strengths can be maintained, enhanced or leveraged.
3. Discuss ways to minimize weaknesses.
4. Discuss options for leveraging or taking advantage of opportunities.
5. Discuss the potential impact of threat/challenges and anything being done to address or prepare for the threat.
6. Identify any potential strategic issues that the health department may need to address.

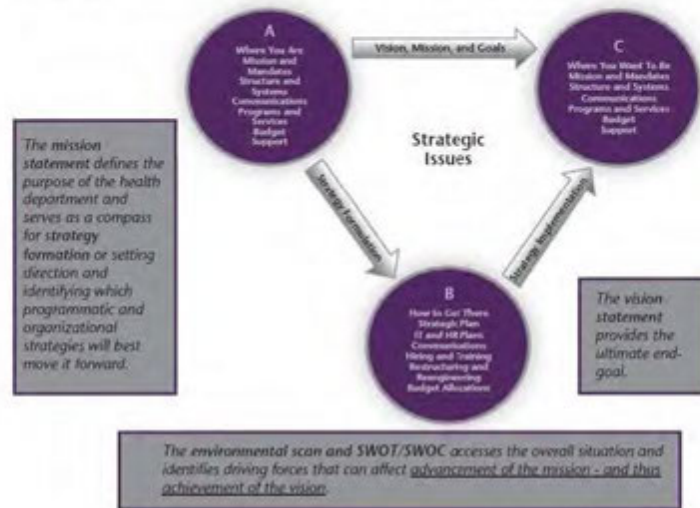
**What ideas/issues are emerging?**

Strategic issues are forward thinking as seize on current opportunities.





The diagram below shows how the SWOT/SWOC fits in with the overall strategic planning model.



(Adapted from Bryson, 2004)

**MCHD Identifying and framing cross cutting themes, emerging issues and strategic issues**

This worksheet will cover

1. Framing issues
2. Mission Impact and viability analysis

**New Mission:**

To identify strategic issues, review the results of the environmental scan and SWOT/SWOC, create a master list of issues and discuss how the issues will affect the organization's work towards and achievement of the shared vision.

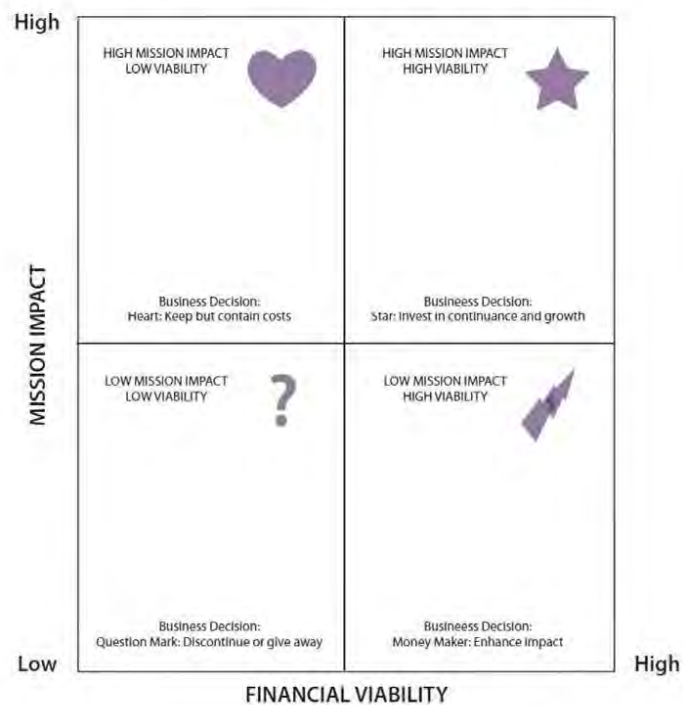
- 1 The issue should be **described succinctly**, preferably in a single paragraph, and it should be framed as a question the organization can do something about.
- 2 The **factors that make the issue a fundamental challenge** should be listed. In particular, what in terms of the LHD's mandates, mission, values, internal strengths and weaknesses, and external opportunities and threats, make this a strategic issue?
- 3 The **consequences of failing to address the issue** should be identified, so that the organization will know what kind of issues it faces. (Bryson, 2004)

**List of strategic issues:**

### CompassPoint's Dual Bottom Line Matrix: Mission Impact and Viability

Mission impact refers to the importance of an activity or program to the organization's goals while financial viability considers if costs are covered, whether revenue is produced or if there is financial sustainability. The overall strategy with this model is to combine a set of programs and activities that result in high mission impact and long-term financial viability. (Masoka, CompassPoint, 2005)

CompassPoint's Dual Bottom Line Matrix



(Masoka, CompassPoint, 2005)



**MCHD strategic planning retreat day 2: 4-9-2015****Agenda: 4-9-2015****McDonough County Health Department Strategic Planning Agenda**

April 9, 2015 | 1:00-5:00 P.M.

Proposed Agenda Topics	Process and Personnel Responsible	Time Frame*
Introductions, meeting agreements, and agenda review <ul style="list-style-type: none"> <li>Group rules   Parking Lot</li> </ul>	Facilitator  Presentation by Nick	1:00 -1:15 P.M.
Focus group discussion Organizational forgiveness	Facilitate Amy Smart and Nick Swope	1:15-2:00 P.M. 45 min
Micro Break		3 min
Data <ul style="list-style-type: none"> <li>CHA/10services/core services</li> <li>Services</li> <li>Finances</li> <li>Policy</li> <li>Staff (JS/QI)</li> <li>Customer &amp; Staff (CSS)</li> </ul>	Draw a 2X2 box (SWOC)- Take notes-  Presentation by Nick  Finances by Kathy	2:03-3:00 P.M.
Micro Break		3 min
Turn data into information SWOC  strengths and weaknesses/ opportunities and challenges (threats)  Strategic issues	Groups W/ poster (SWOC) and Post-it notes: Brain dump from "Data" Present to all staff – Post-it notes to white board Anything missing? Analyze connections Strategic issues	3:03-4:30 P.M.
Micro Break		3 min
Identification of key issues/challenges facing the organization Emerging issues Strategic Issues	Categorize: No Action, action in the future, immediate action  Mission impact V. Viability worksheet	4:30-4:50 P.M.
Conclusion and wrap up: <ul style="list-style-type: none"> <li>What we have accomplished</li> <li>What worked/what didn't?</li> </ul>	Facilitator  Nick Swope	4:50-5:00 P.M.

Note: The retreat was from 1 to 5 PM however due to excellent discussion and debate the retreat completed up to the Strengths, Weaknesses, Opportunities, and Challenges section.



**MCHD strategic planning day 2 recap: 4-9-2015**

McDonough County Health Department Strategic Planning Process  
April 9, 2015  
Staff retreat from 1:00 to 5:00 P.M.

## Facilitator:

- Nick Swope
- Amy Smart (Focus group facilitator)
- Kathy Cleer (Financial data facilitator)

## Participating Staff:

- Chris Adams
- Josh Anderson
- Kathy Cleer
- Kerri Allen
- Lynnette Cale
- Robin Neve
- Shelly Benson
- Stefanie Johnson

## Detailed overview:

The second McDonough County Health Department (MCHD) strategic planning retreat was conducted from 1 to 5 PM April 9, 2015. The goal of this retreat was to complete an environmental scan. To accomplish this, the staff conducted focus groups, a data presentation and a SWOT analysis.

The meeting started at 1:00 PM. Nick Swope, the facilitator went over the meeting agenda and introduced the topics of the day. The group relooked at the retreat rules and accepted them for the meeting. Summaries of the April 2<sup>nd</sup> meeting were passed out. The staff members took turns reading a completed list their ideas to operationalize the new MCHD value.

Amy Smart took the floor at 1:15 and introduced the focus group project. She split the staff in two, administrators and general staff. After the staff voluntarily agreed to participate in the study the two groups moved to two different areas of the building. These focus groups



discussed questions around the topic of conflict in the workplace and a culture of organizational forgiveness.

-Break-

Following the focus groups the staff reconvened in the meeting room. Data was presented to the staff members. The data presentation consisted of five main areas: core services/community health assessment, current services, finances, policy, staff satisfaction/quality improvement and customer satisfaction. During the presentation the staff was encouraged to write notes on sticky notes using the SWOT categories.

Section one outlined the IPLAN identified community health focus for 2015 to 2020, the ten essential services of public health and the four core services of public health in Illinois. The MCHD strategic plan hopes to align with the community health priorities of sexual health, mental health, oral health and obesity prevention.

Section two outlined the services that the MCHD currently offers. Comprehensive usage statistics can be found on the 2014 annual report.

Section three was presented by Kathy Cleer, and outlined MCHD finances over the last ten years as well as 2014's revenue and expenditures breakdowns.

Section four identified policies that might affect the Health Department. There is a proposed 10% reduction in funding from the county. There is also a large cut to the local university which could impact the property tax amounts.

Section five presented the findings from both the job satisfaction survey and the quality improvement survey conducted by all staff members. The job satisfaction survey results suggested that the staff believed that the McDonough County Health Department was a good place to work. The Quality improvement section survey aligned with NACCHO's Roadmap to





quality improvement. It was identified that the Health Department is in-between Phase 1 and Phase 2 meaning that the health department is at the good level of quality improvement. They are working to define quality improvement in the organization and have not yet committed resources to the endeavor.

Finally a customer satisfaction survey was completed by 55 community members. The staff also completed an identical test. This was done so that each question could compare the staff's perception of quality of service to the perception of services received by the community. The staff slightly overestimated their quality of service compared to those who responded. This information assisted in the staff identifying strengths and weaknesses of themselves and their organization.

-Break-

The staff took all of their notes on sticky notes from the presentation and placed them onto a large strengths, weaknesses, opportunities, and challenges (threats) grid. They then proceeded to break into groups and identify categories for the section (SWOC(T)). Each group hung their posters and presented the information to the entire group. After each group presented the staff took turns adding new ideas to the SWOC(T) analysis. Below is what was identified,

Strengths	Weaknesses (internal)
<ul style="list-style-type: none"> <li>• Job               <ul style="list-style-type: none"> <li>○ Overall good job satisfaction</li> <li>○ Staff has tools and resources and equipment to do their job</li> <li>○ Good cohesion between staff</li> <li>○ Staff has opportunity for development and training</li> <li>○ Good team leaders</li> <li>○ Staff is helpful</li> </ul> </li> <li>• Education</li> <li>• Finances               <ul style="list-style-type: none"> <li>○ No debt</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Technology               <ul style="list-style-type: none"> <li>○ MCHD website/Facebook up to date and current</li> </ul> </li> <li>• Job satisfaction               <ul style="list-style-type: none"> <li>○ Coming to work on Monday</li> <li>○ Compensation</li> </ul> </li> <li>• Insurance               <ul style="list-style-type: none"> <li>○ No insurance billing</li> </ul> </li> <li>• Quality improvement               <ul style="list-style-type: none"> <li>○ No staff time dedicated for QI</li> <li>○ Limited to no QI knowledge</li> <li>○ No QI</li> </ul> </li> </ul>





<ul style="list-style-type: none"> <li>○ The MCHD has a variety of funding streams</li> <li>○ Substantial amount of money in the bank</li> <li>• Future <ul style="list-style-type: none"> <li>○ Possible Crumrine award application plans (EH)</li> <li>○ Staff is future looking</li> </ul> </li> <li>• Staff characteristics <ul style="list-style-type: none"> <li>○ Friendly</li> <li>○ Helpful</li> <li>○ Employees are valued</li> <li>○ Staff values quality</li> <li>○ Staff has trust in coworkers</li> <li>○ Staff has clear expectations</li> <li>○ Caring</li> <li>○ Knowledgeable</li> <li>○ Future looking</li> </ul> </li> <li>• Staff is vested in the community</li> <li>• County wide availability</li> <li>• Good internal communication</li> <li>• Host meetings <ul style="list-style-type: none"> <li>○ interagency council meetings</li> <li>○ county partners</li> <li>○ EH regional directors</li> </ul> </li> <li>• EH is accommodating</li> <li>• Have a sign/ marquee</li> </ul>	<ul style="list-style-type: none"> <li>• Phone system <ul style="list-style-type: none"> <li>○ Poor answering (phone) services</li> <li>○ Phones difficult for customers to navigate</li> </ul> </li> <li>• Diverse Cultural needs <ul style="list-style-type: none"> <li>○ Not meeting cultural and social needs</li> <li>○ Communication barriers</li> </ul> </li> <li>• Health Department / organization <ul style="list-style-type: none"> <li>○ Small staff who feel they can't take on more responsibility</li> <li>○ Office hours to serve community</li> <li>○ Parking</li> <li>○ Small clinic space</li> <li>○ Clinic lacks sound proofed rooms</li> <li>○ Larger front sign to attract more attention</li> </ul> </li> <li>• Customer service <ul style="list-style-type: none"> <li>○ Customer perceived customer service issues</li> </ul> </li> <li>• Knowledge of services <ul style="list-style-type: none"> <li>○ No clear understanding of our services by our clients and the community</li> </ul> </li> <li>• Gaps in services <ul style="list-style-type: none"> <li>○ Integration with other medical staff in the area</li> <li>○ Lack of Mental health services for cliental</li> <li>○ Lack of Dental health (oral) services for cliental</li> <li>○ No Family planning</li> <li>○ No full time community health educator</li> </ul> </li> </ul>
Opportunities (external)	Challenges /Threats (external)
<ul style="list-style-type: none"> <li>• Budget <ul style="list-style-type: none"> <li>○ New funding potential</li> </ul> </li> <li>• Services <ul style="list-style-type: none"> <li>○ Mental health service collaboration</li> <li>○ Dental clinic/dental day</li> <li>○ DHHS cuts might mean</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• WIU cuts <ul style="list-style-type: none"> <li>○ Possible property tax decrease</li> <li>○ Loss of WIU jobs (University makes up roughly 1/3 of county population)</li> </ul> </li> <li>• Budget cuts <ul style="list-style-type: none"> <li>○ Decreased DHHS funding</li> </ul> </li> </ul>

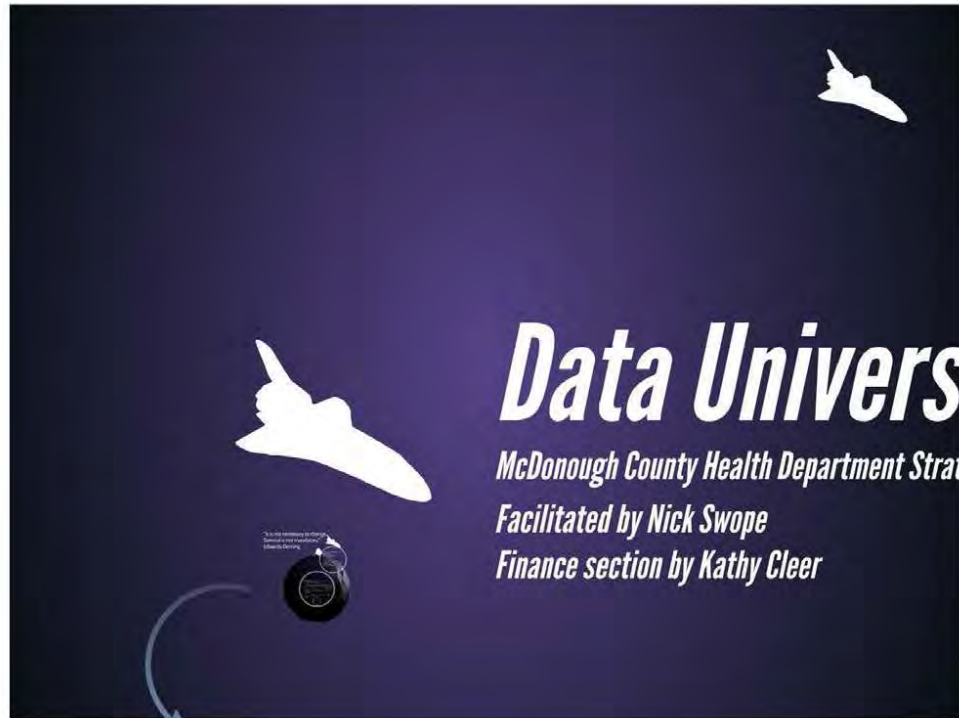
<p>increases in our services</p> <ul style="list-style-type: none"> <li>○ Educate community on our services</li> <li>• Quality improvement           <ul style="list-style-type: none"> <li>○ QI found to be needed, info available</li> </ul> </li> <li>• Social media           <ul style="list-style-type: none"> <li>○ Expand to additional free social media sites</li> </ul> </li> <li>• Advocacy team           <ul style="list-style-type: none"> <li>○ Partner with WIU's student health advisory committee</li> <li>○ EH advisory committee partnership</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Cut Illinois Quit Line</li> <li>○ State fiscal situation</li> <li>○ General cuts to LHD from state</li> <li>• Immunizations           <ul style="list-style-type: none"> <li>○ Pharmacies cutting into our vaccination market</li> </ul> </li> <li>• Community perception of not knowing our services           <ul style="list-style-type: none"> <li>○ Poor community visibility</li> <li>○ Poor service awareness</li> </ul> </li> </ul>
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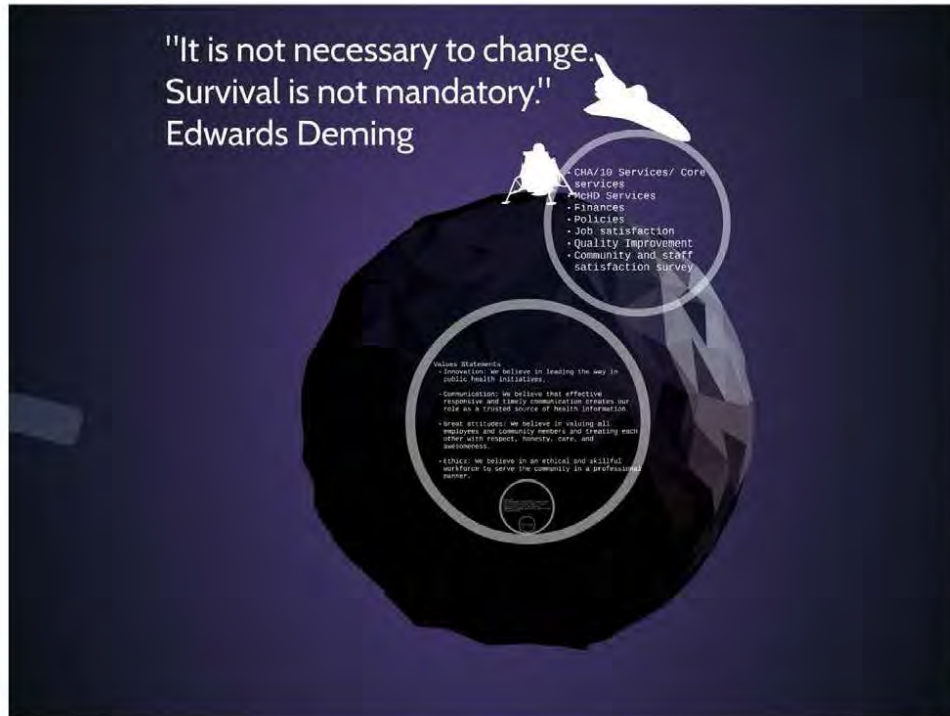
Session ended at 5:00 PM on 4-9-2015

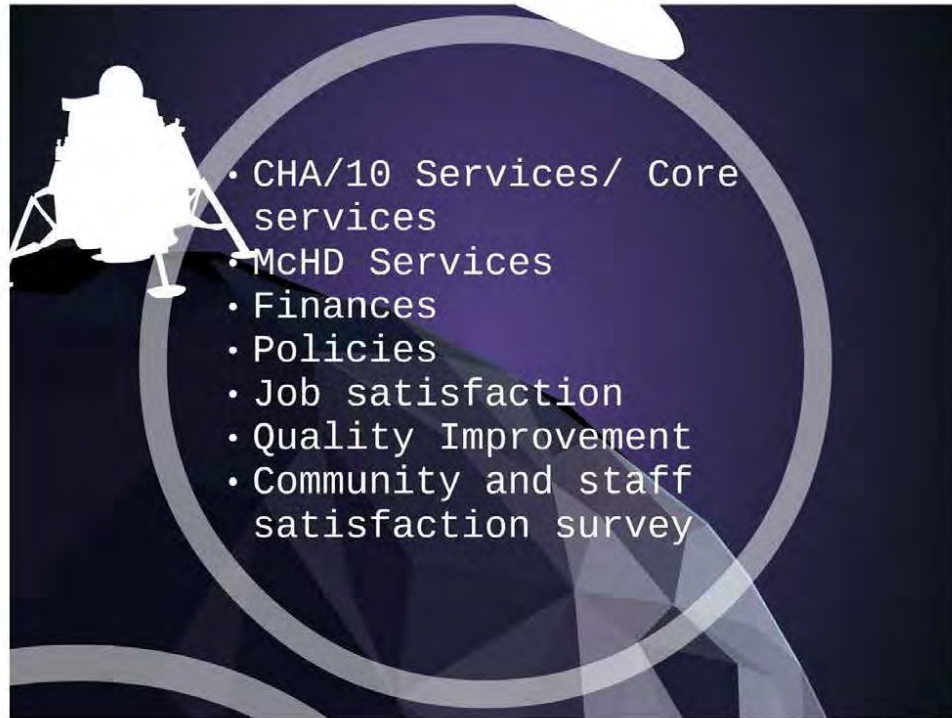


**MCHD strategic planning day 2 environmental scan presentation**





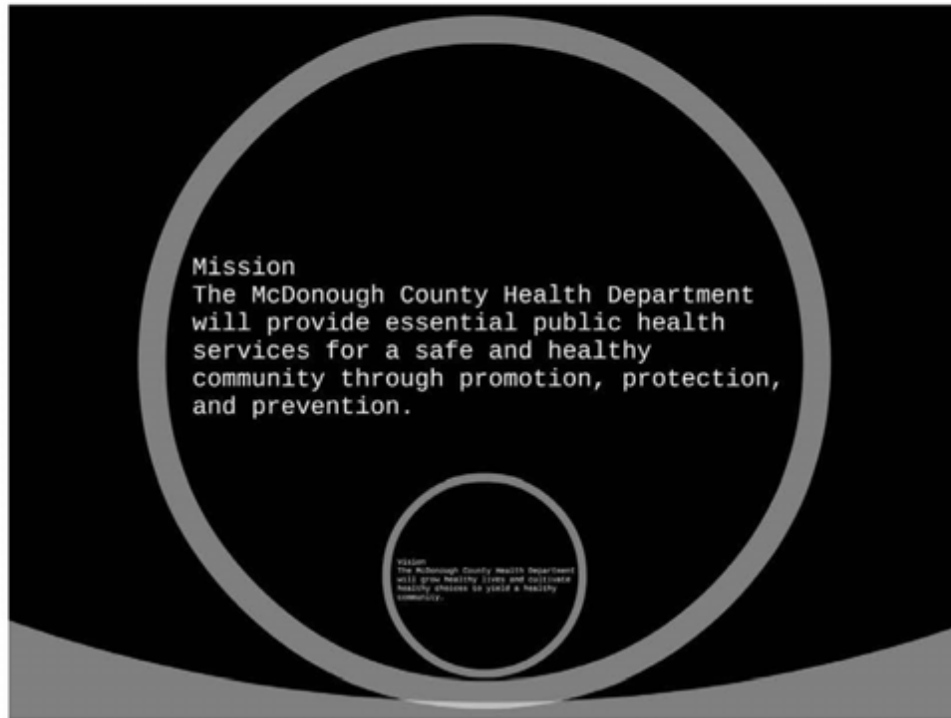


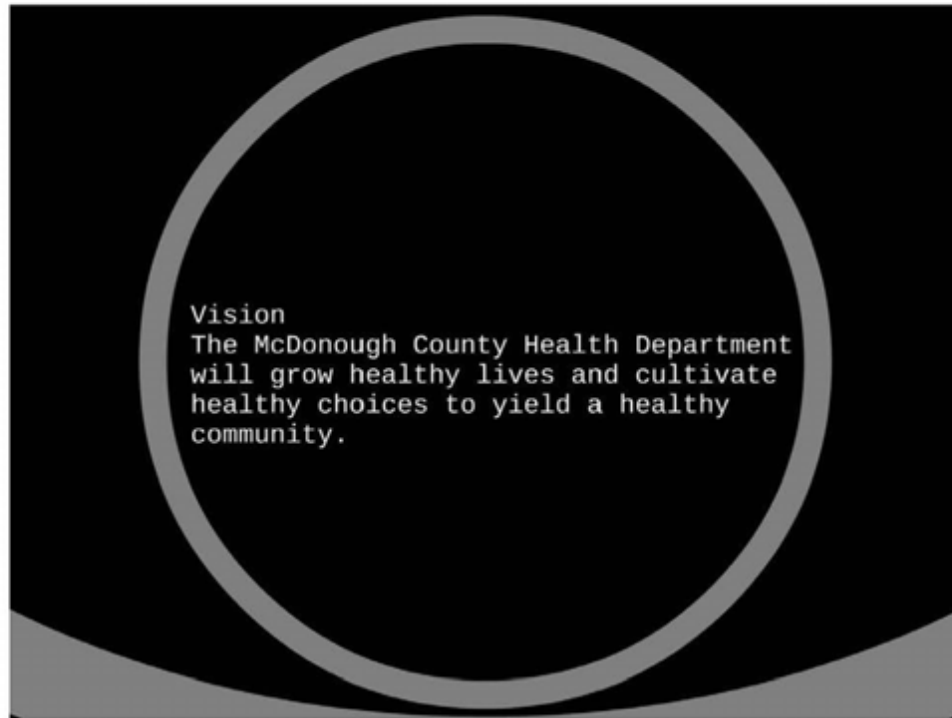


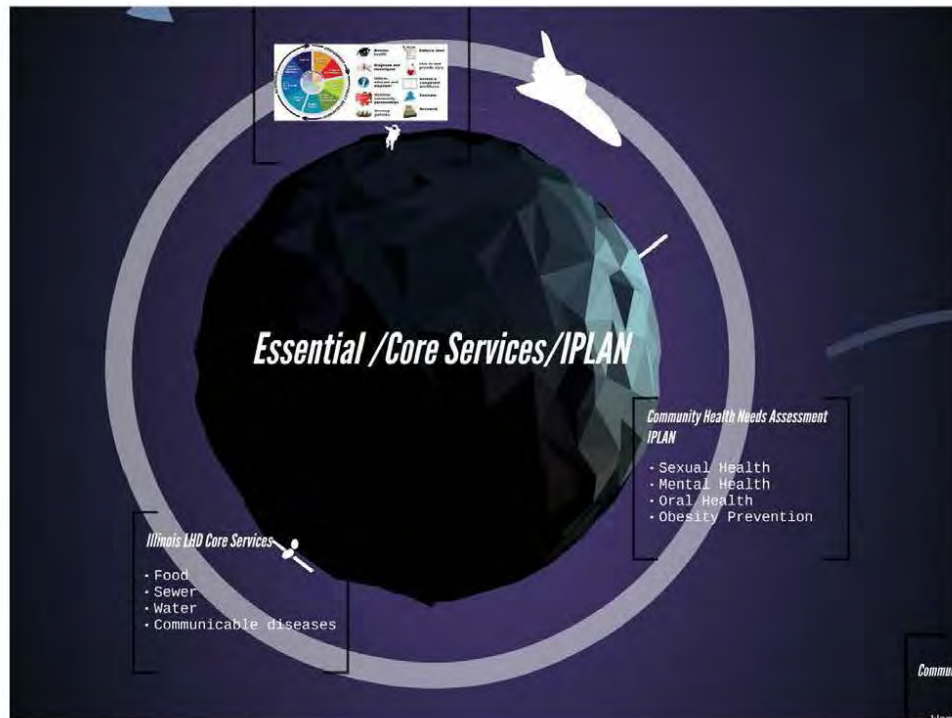




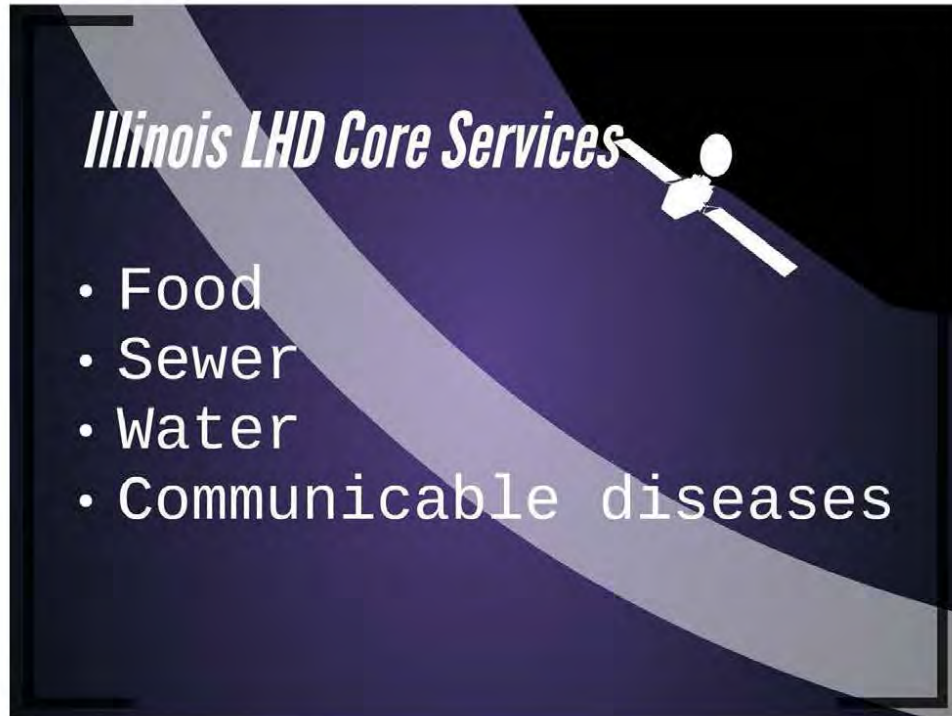


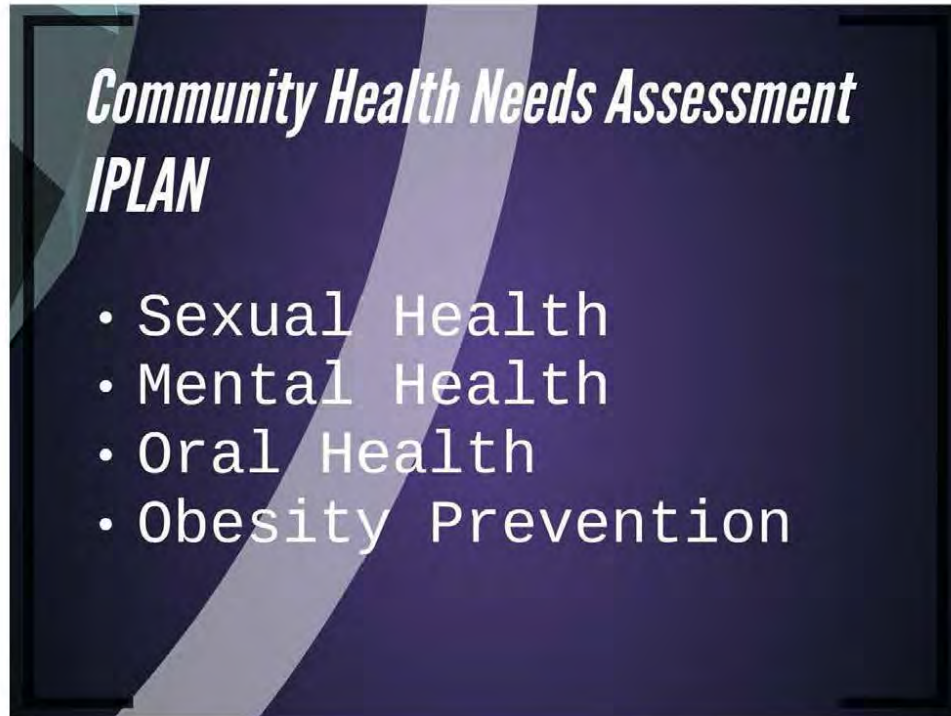












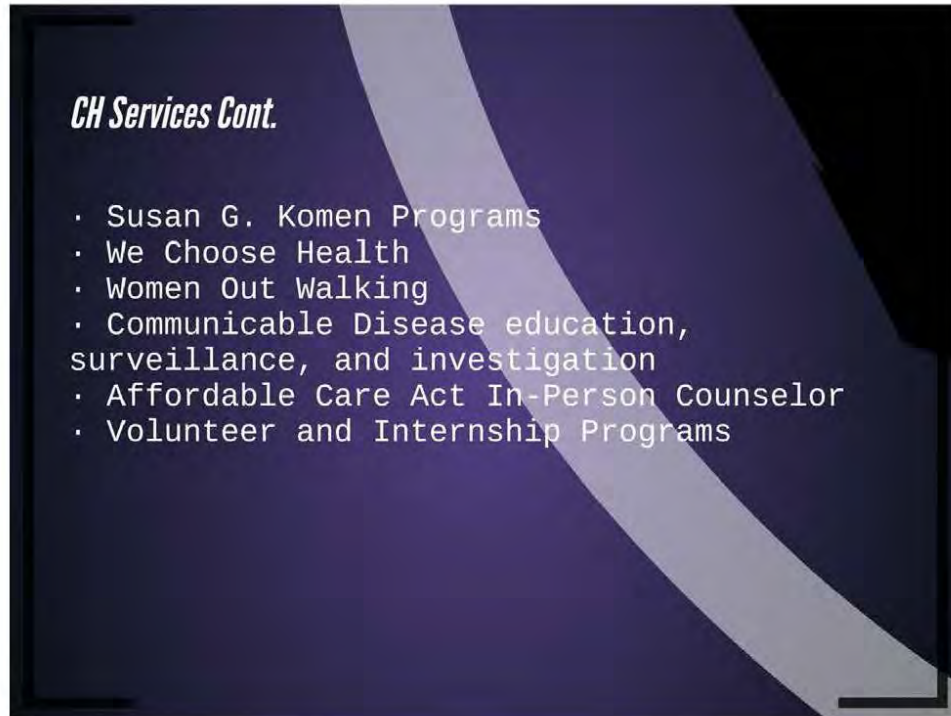




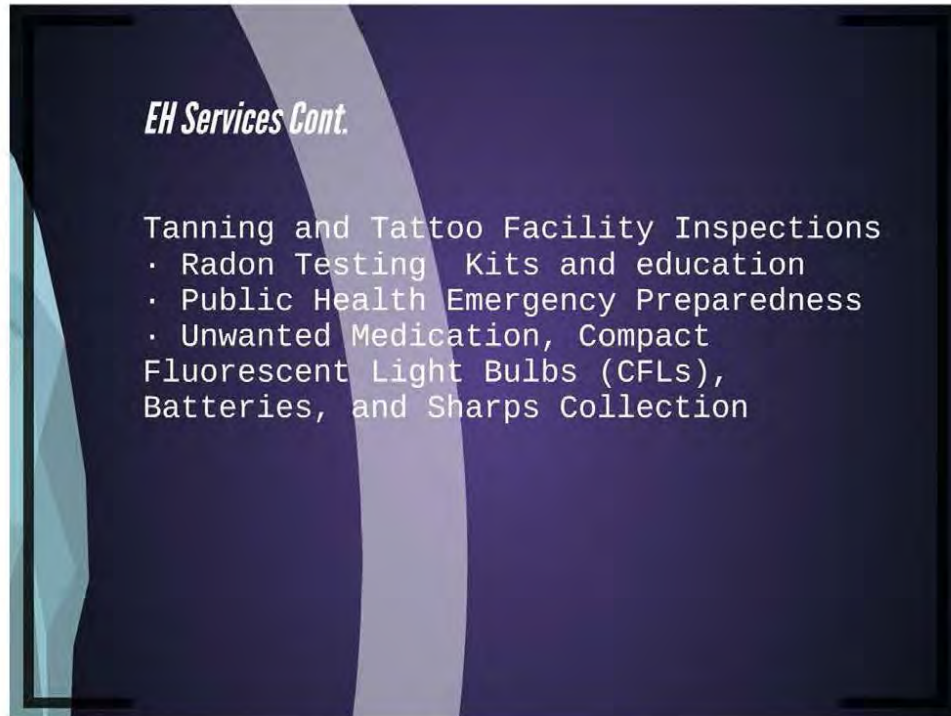
### *Community Health Services include*

- Women, Infant, & Child (WIC) Program
- Child Screenings (Blood lead, hemoglobin)
- Childhood and Adult Immunizations
- Health Education
- Adult Health Screenings (Preventive screenings, STD testing, doctor ordered lab work)
- Illinois Breast and Cervical Cancer Program (IBCCP)

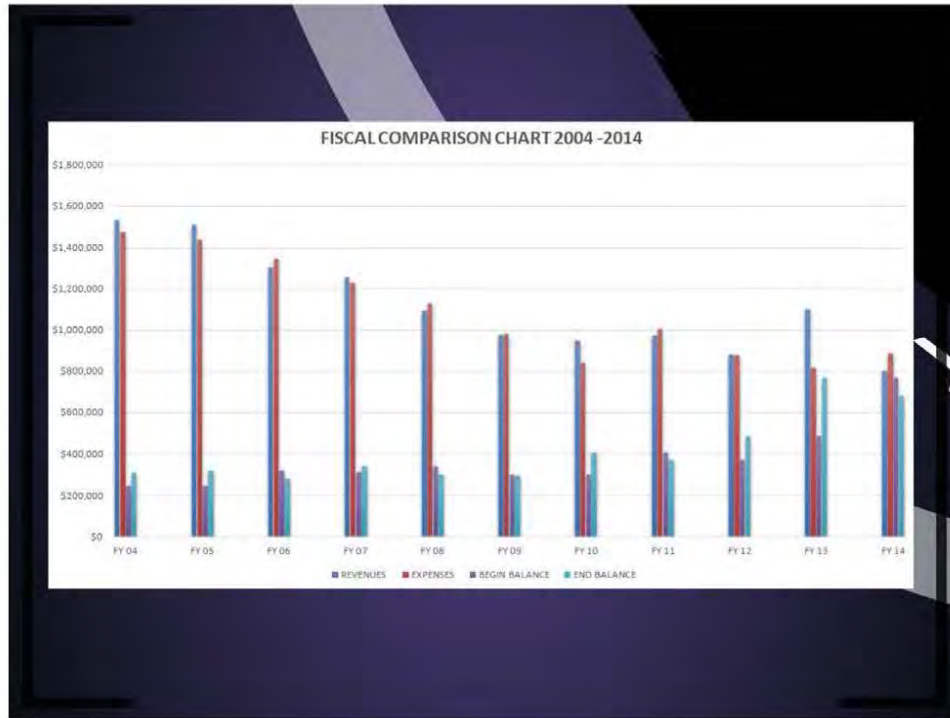




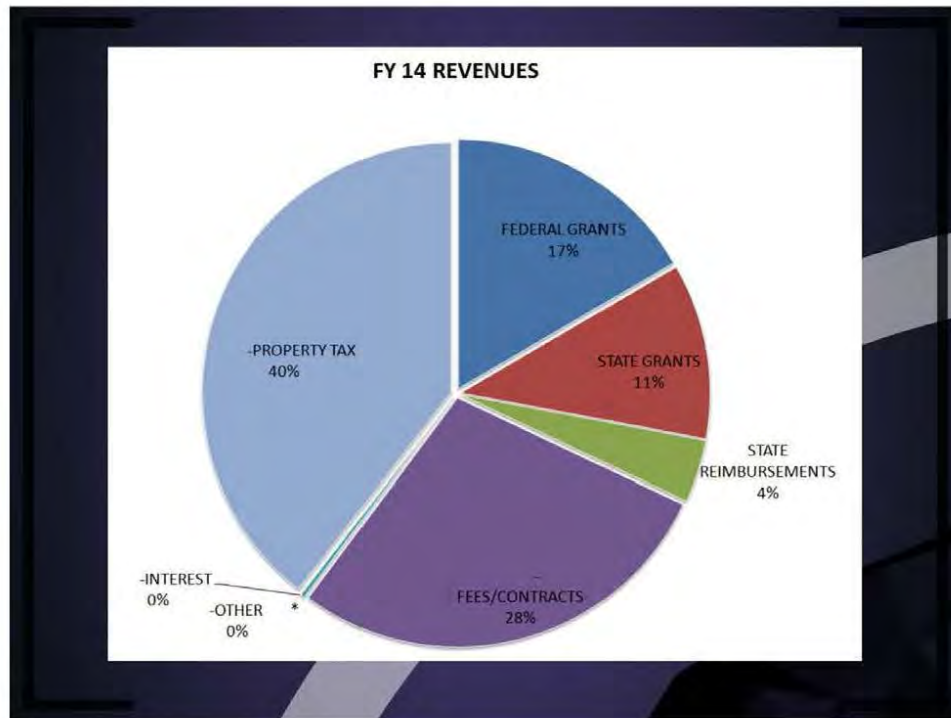




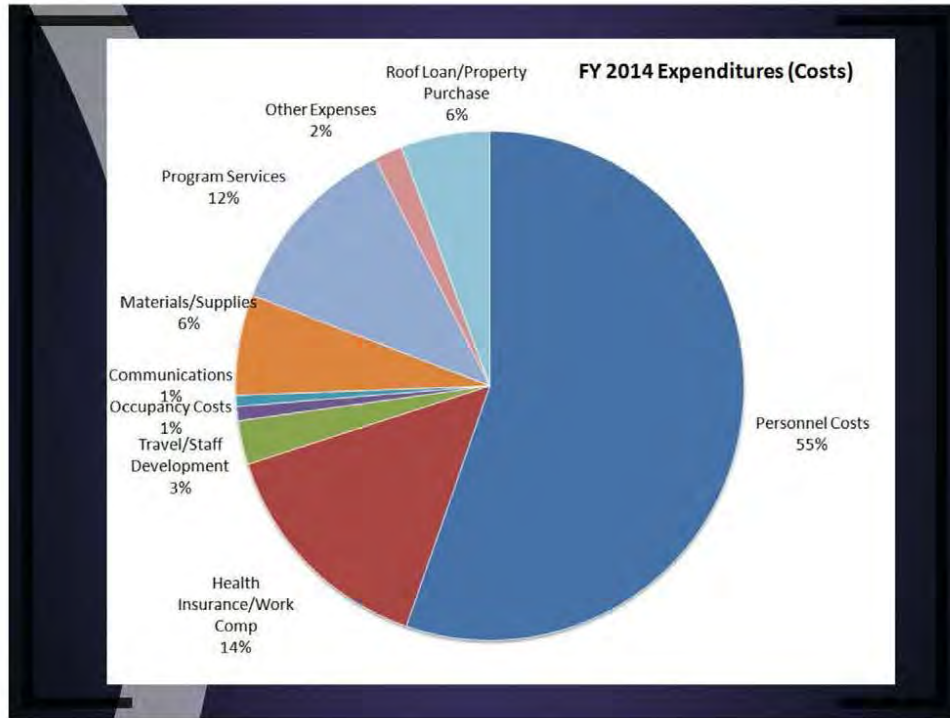










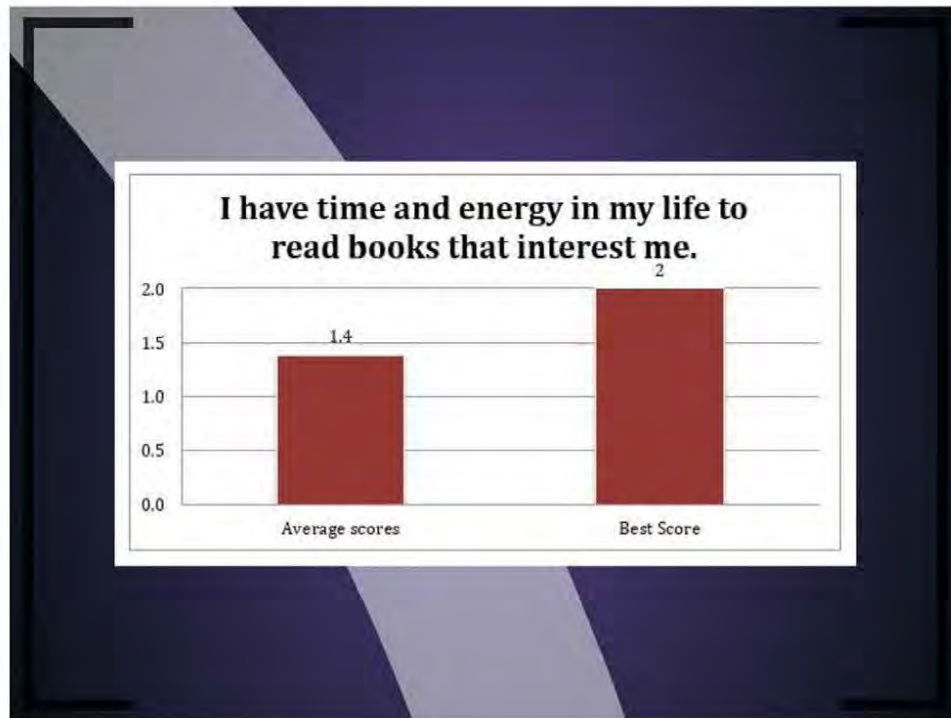


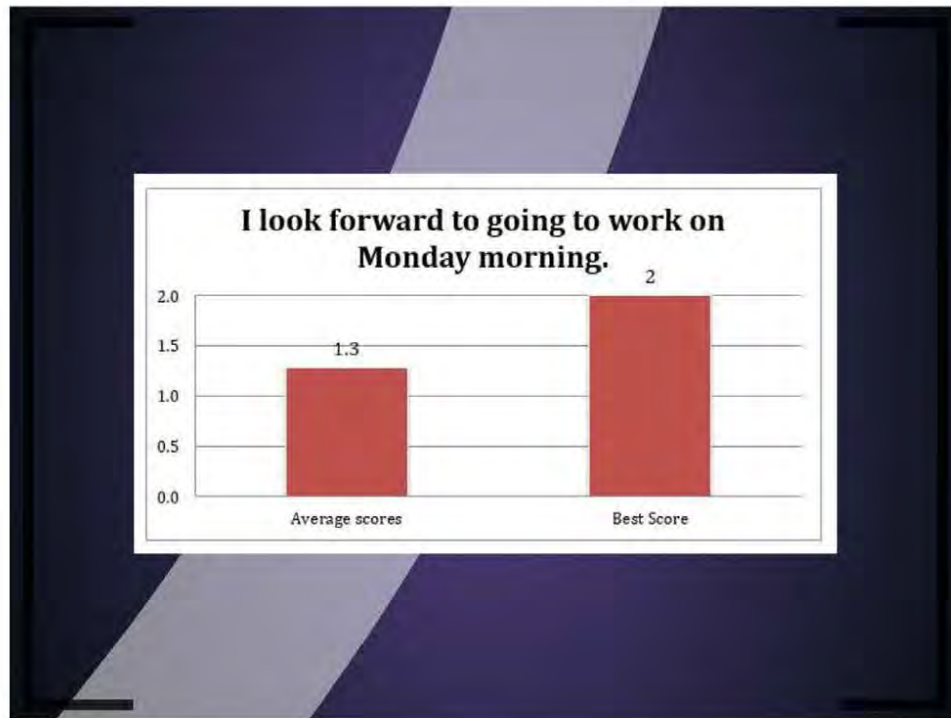
## *Policy*

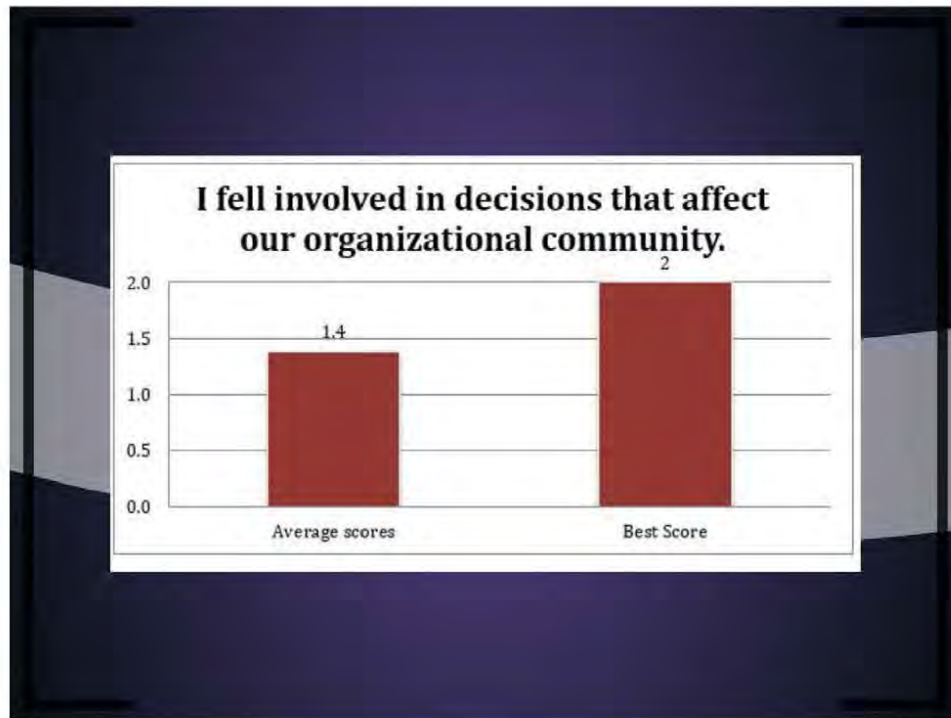
WIU- Higher education cut  
Property tax revenue  
DHHS  
HB 0133 Food handling- Farmer's market  
HB 3627 Immunizations in Pharmacies  
HB 3623 Hep C expansion  
HB 3826/SB 0046/SB 0049 -Food handling  
SB 1410 School immunization exemption  
Roughly 10% cost reduction request MCD

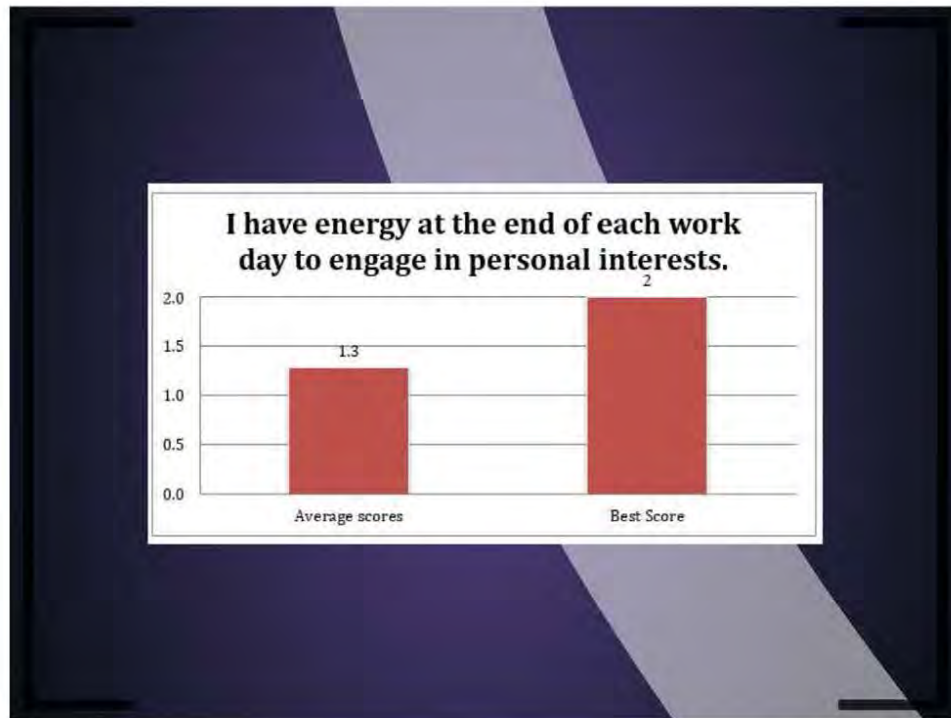








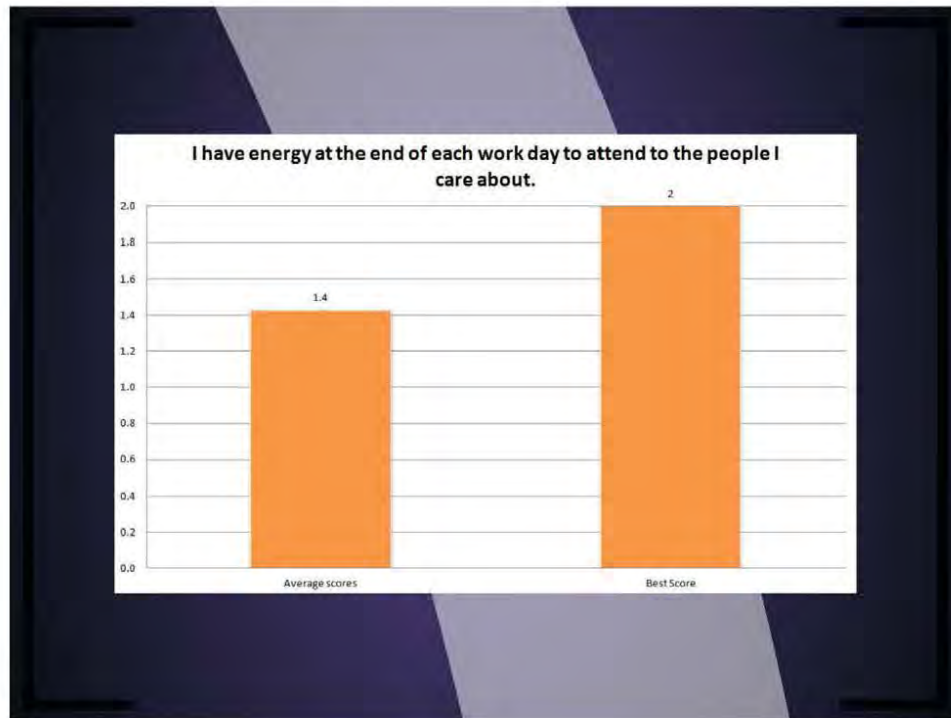




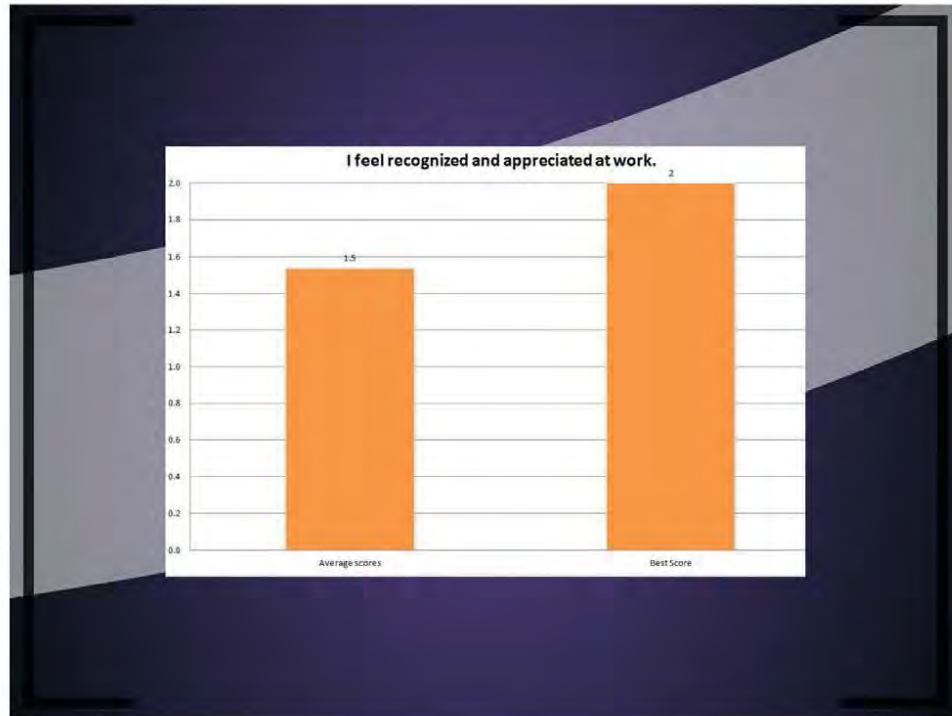










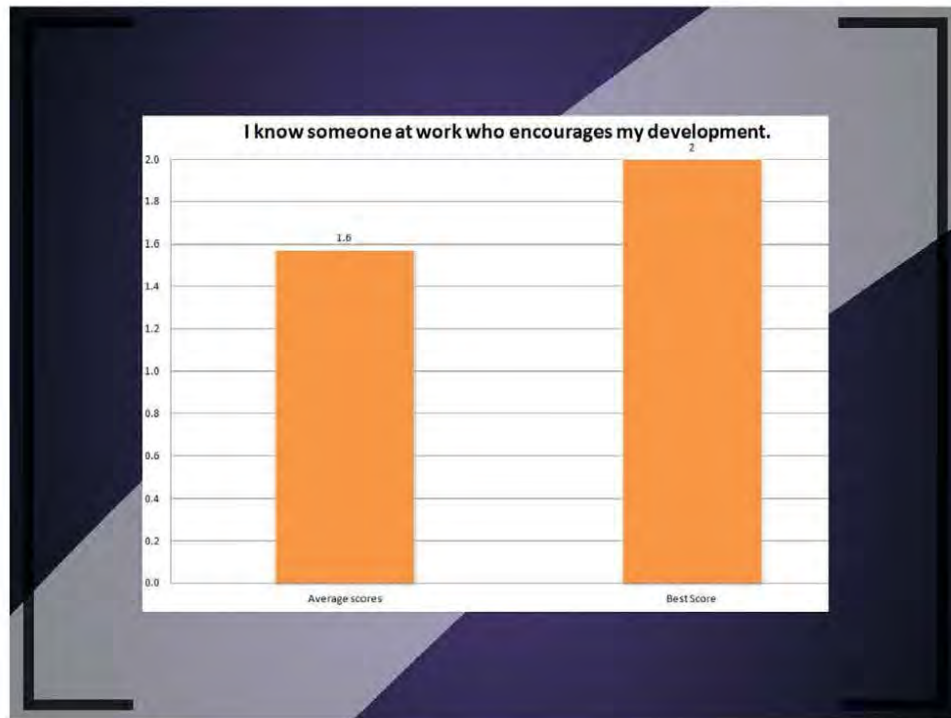


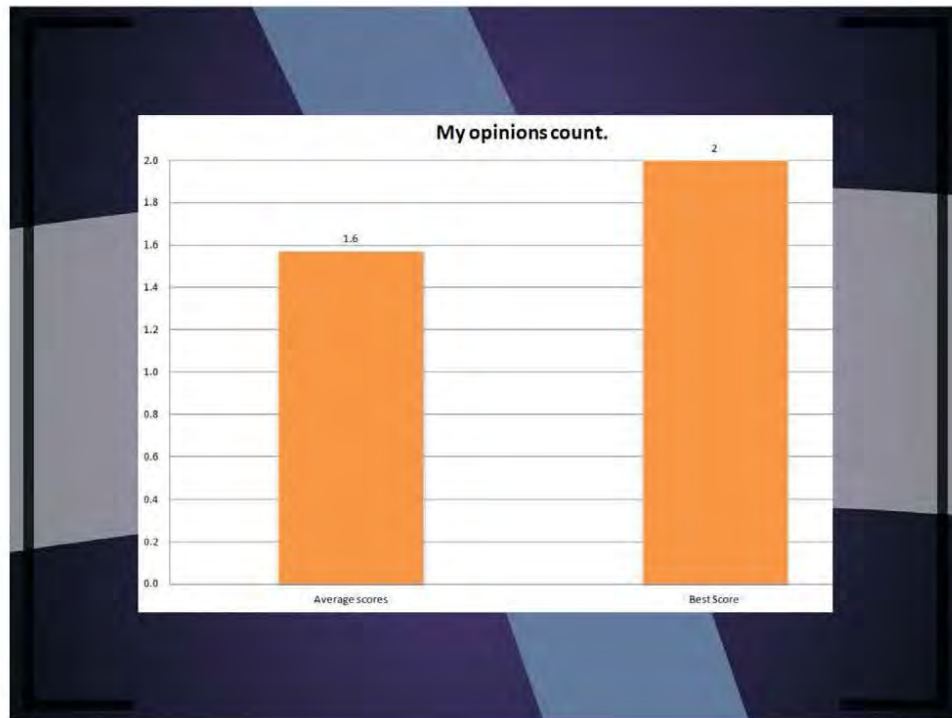


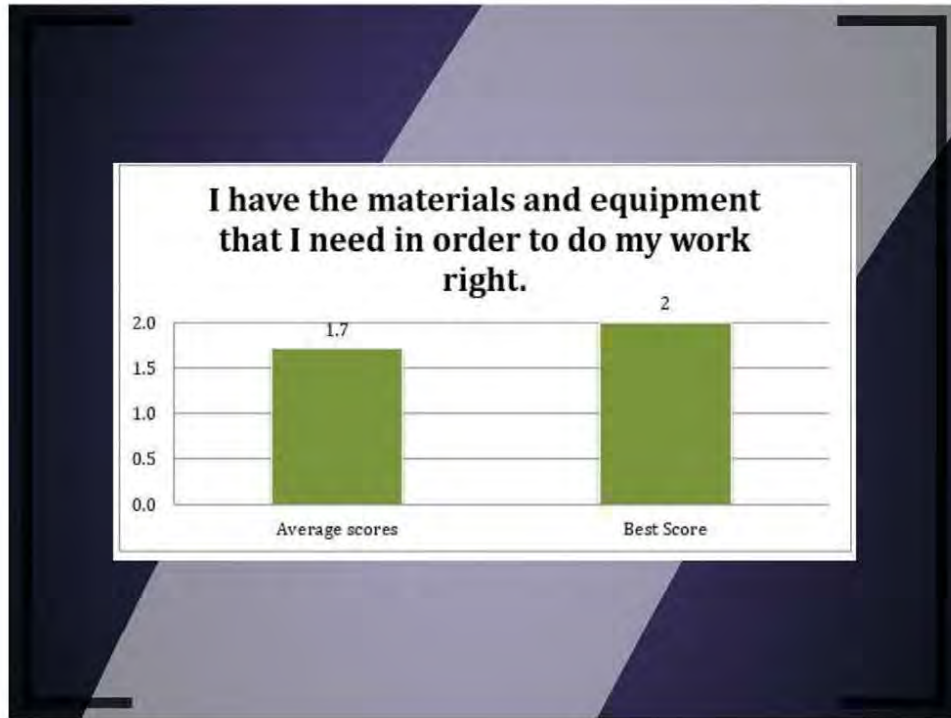






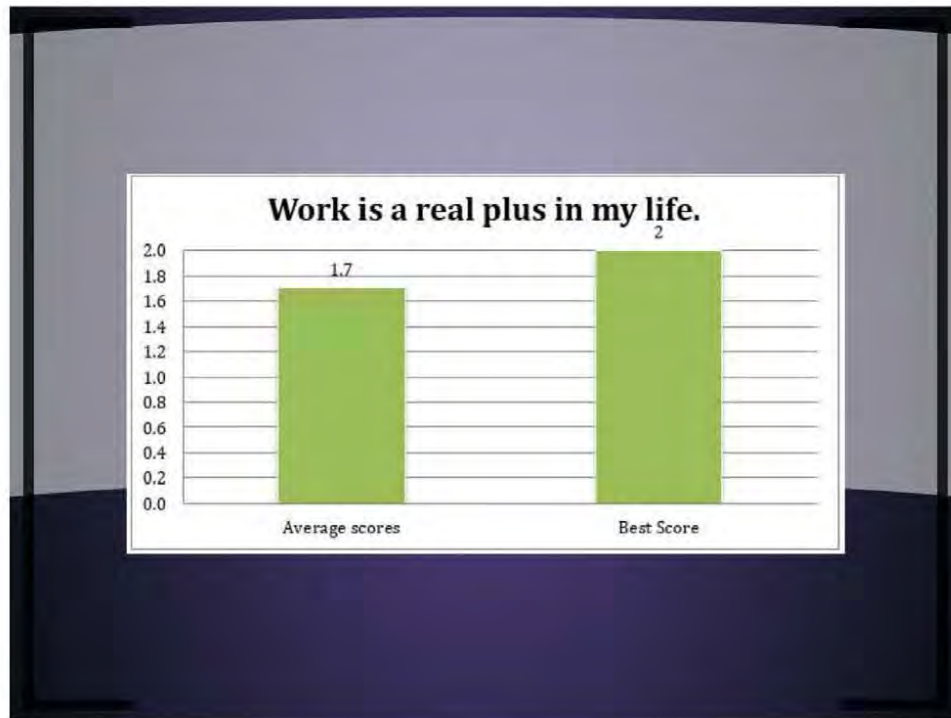




















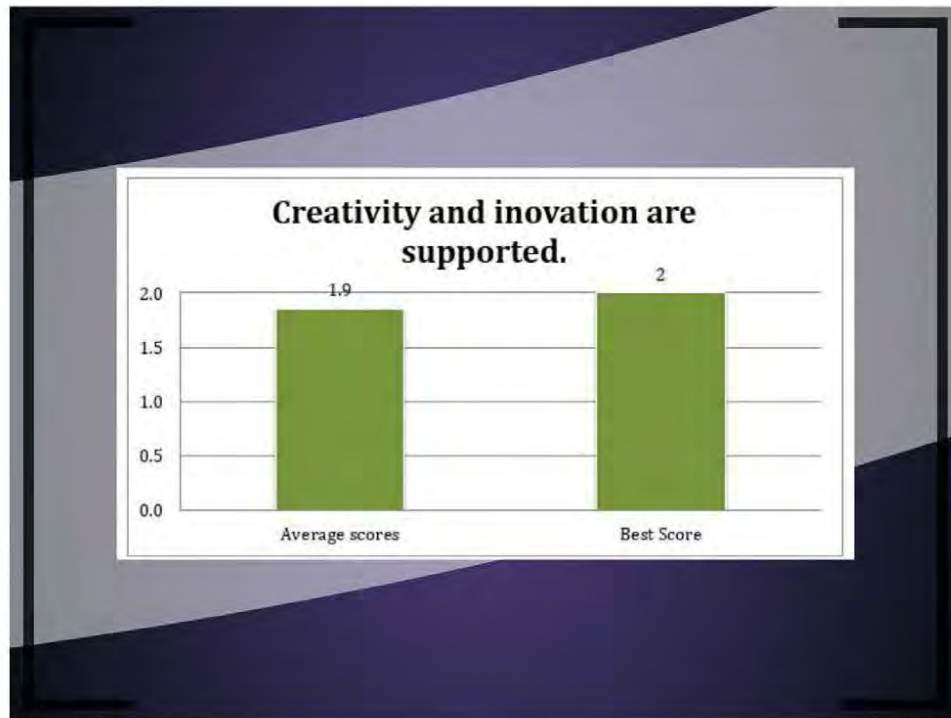
















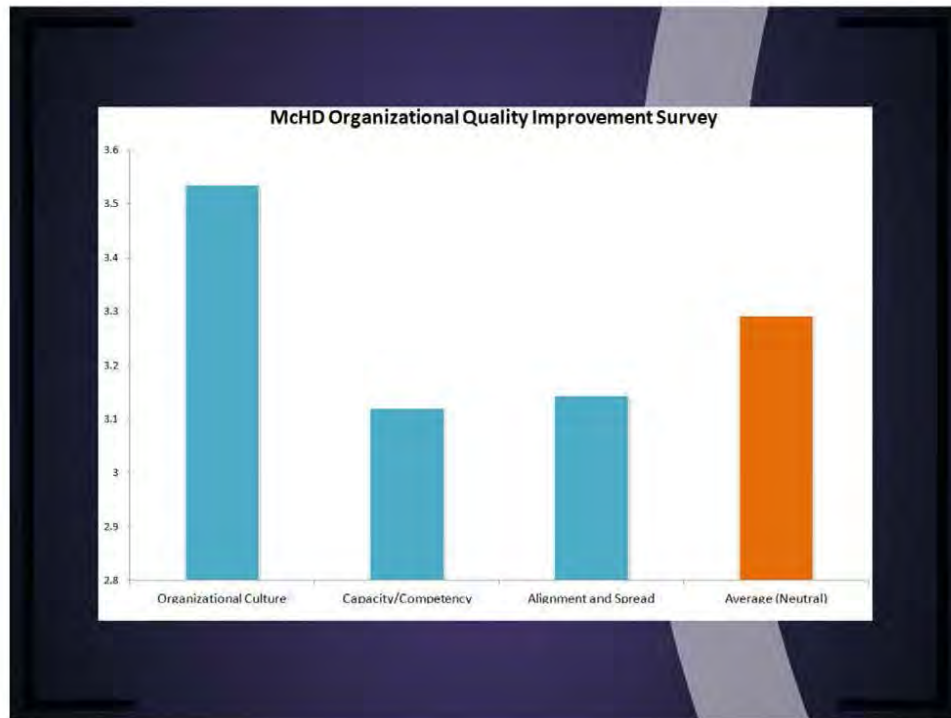


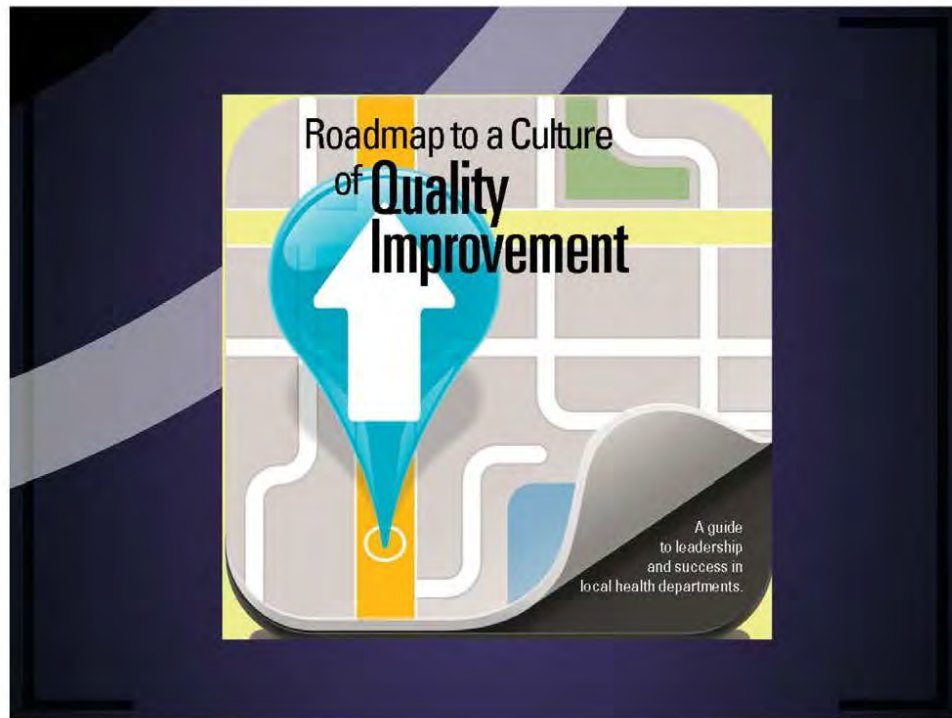








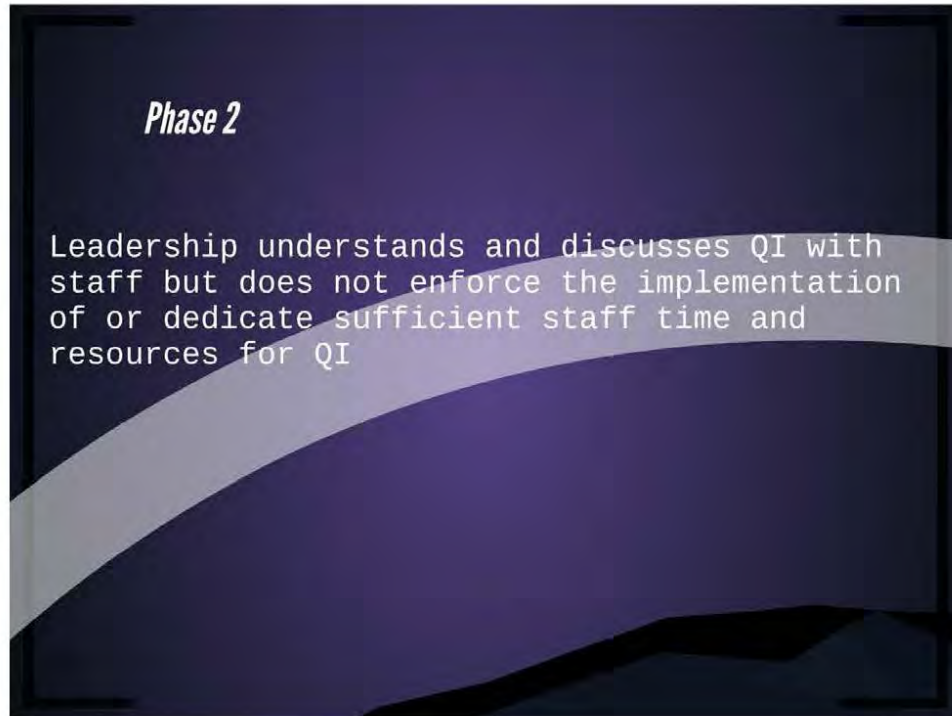




### *Phase 1: No Knowledge of QI*

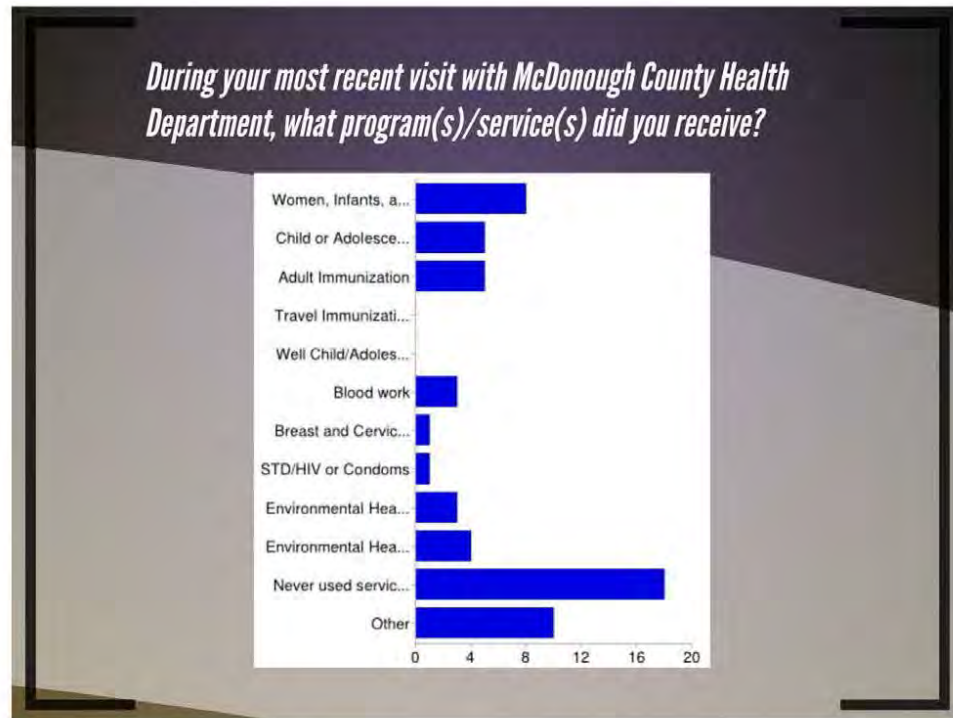
In this phase, LHD staff and leadership are unaware of QI and its importance. QI is not considered as a way of doing business, evidence base is not used in decision-making, and reactive rather than proactive approach is used to address problems.

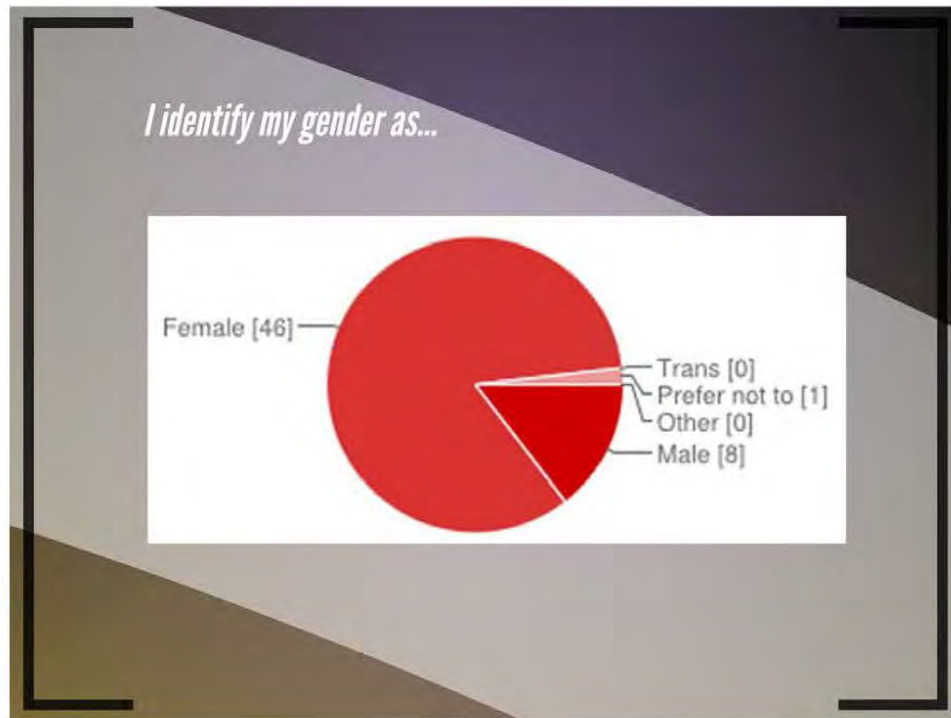




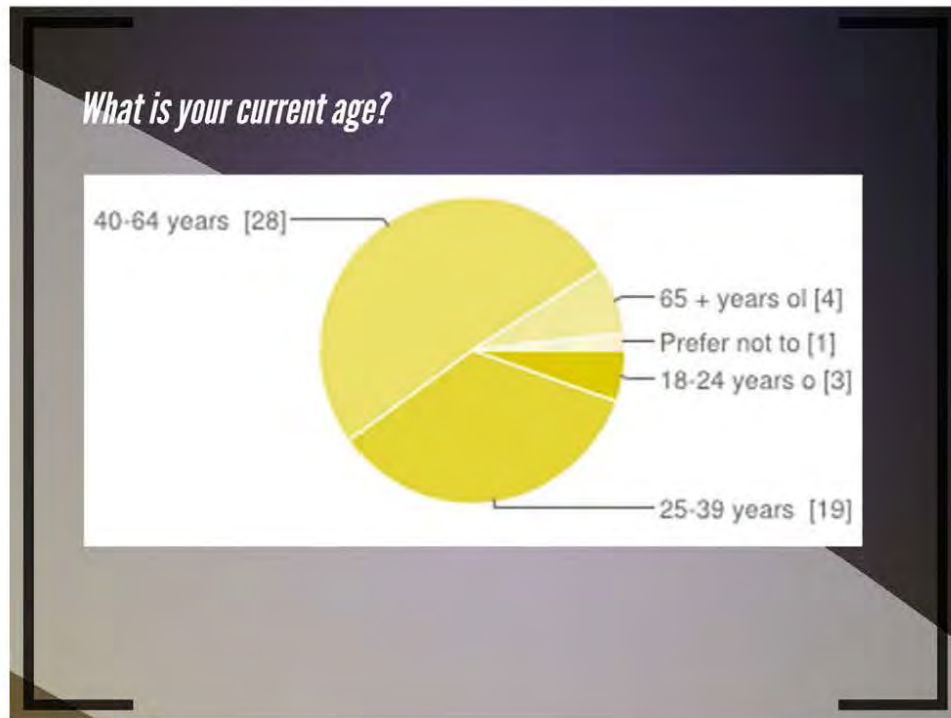
Note: When two answers are present the MCHD staff responses are listed on the left and the community responses are listed on the right.



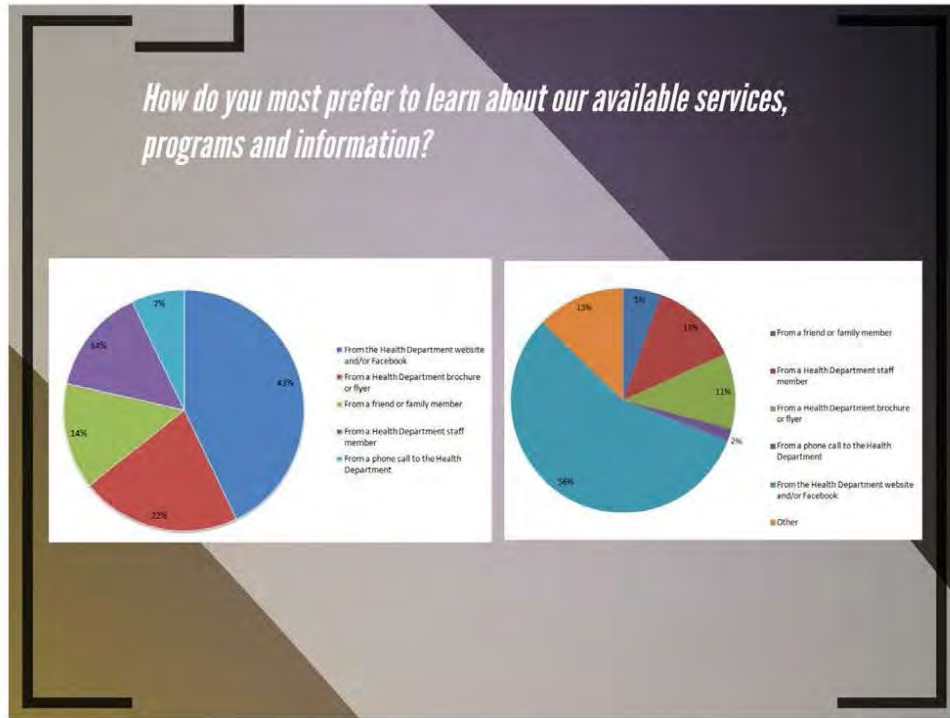




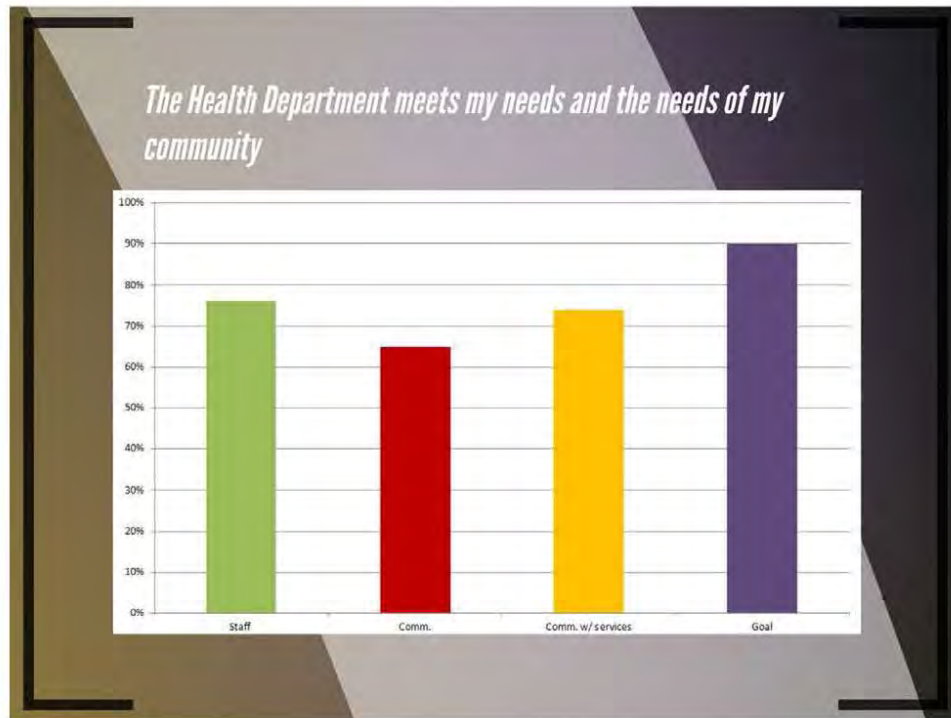


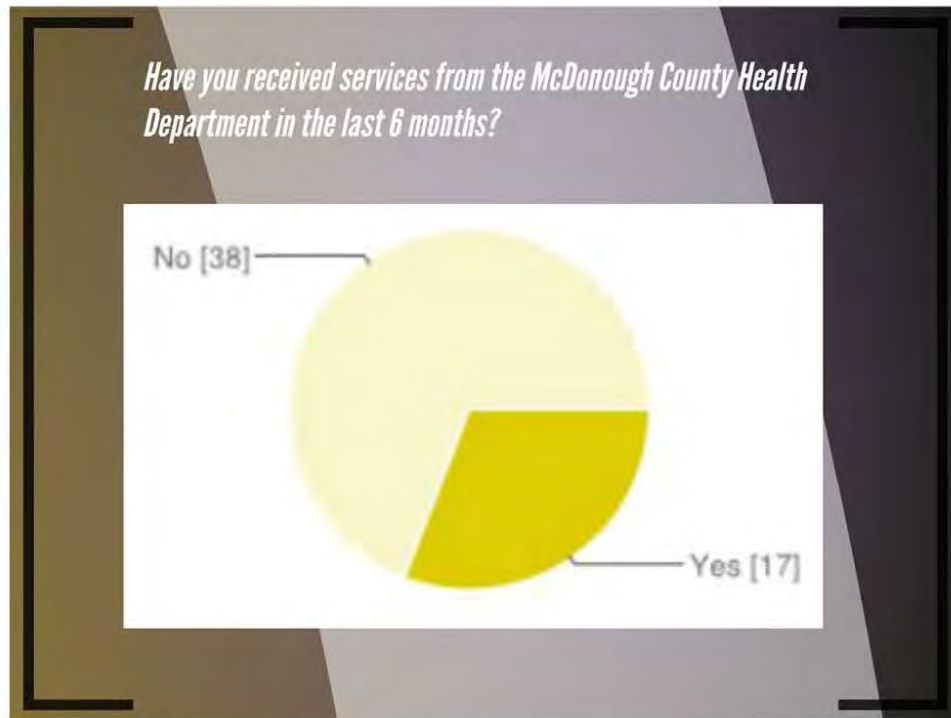


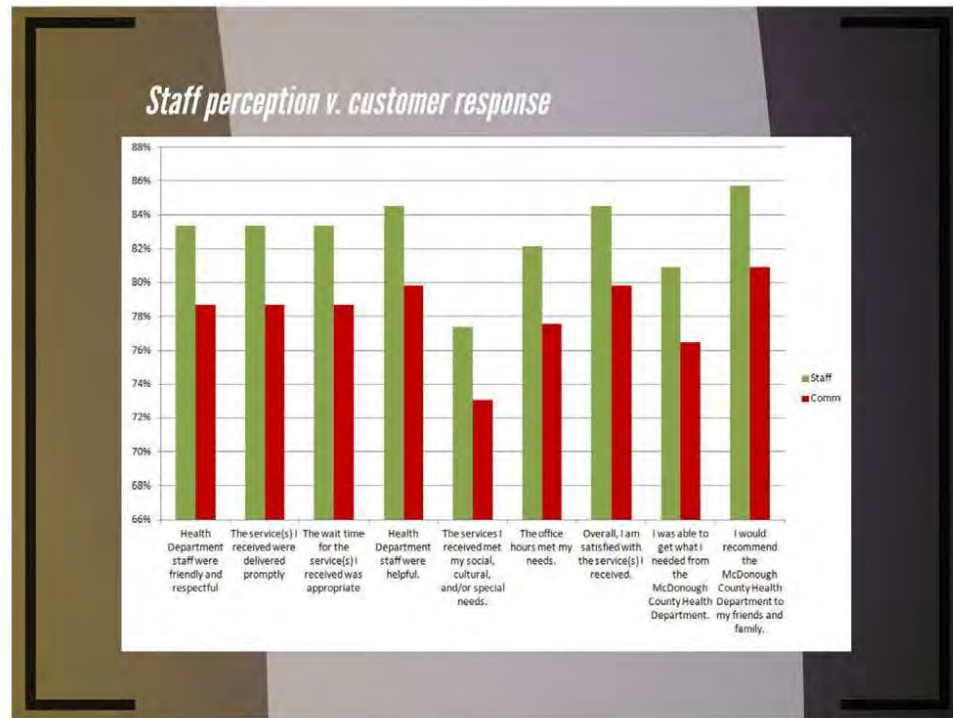




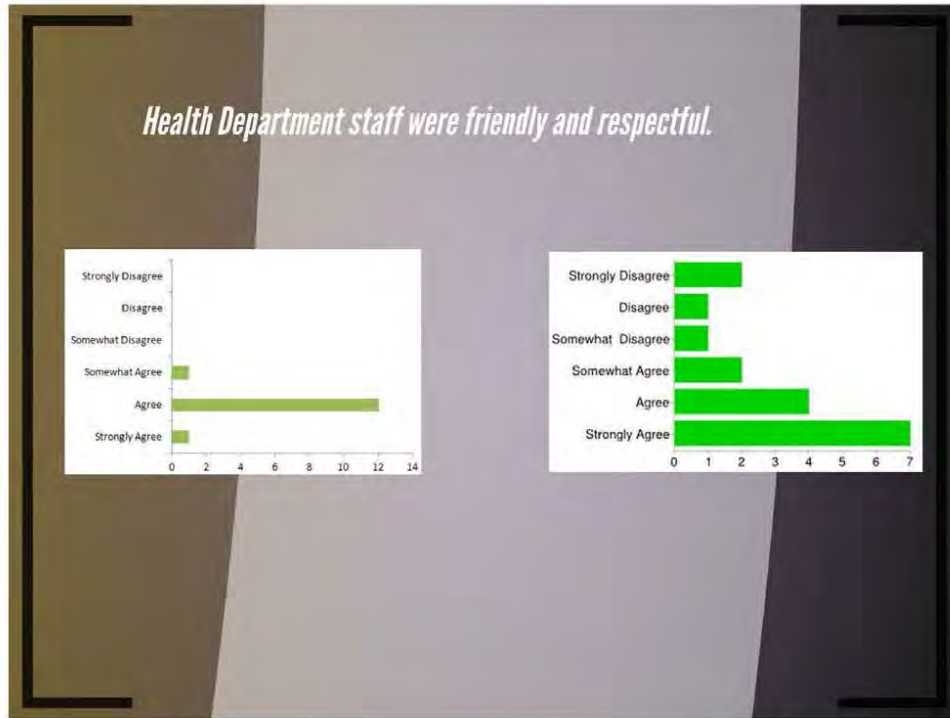


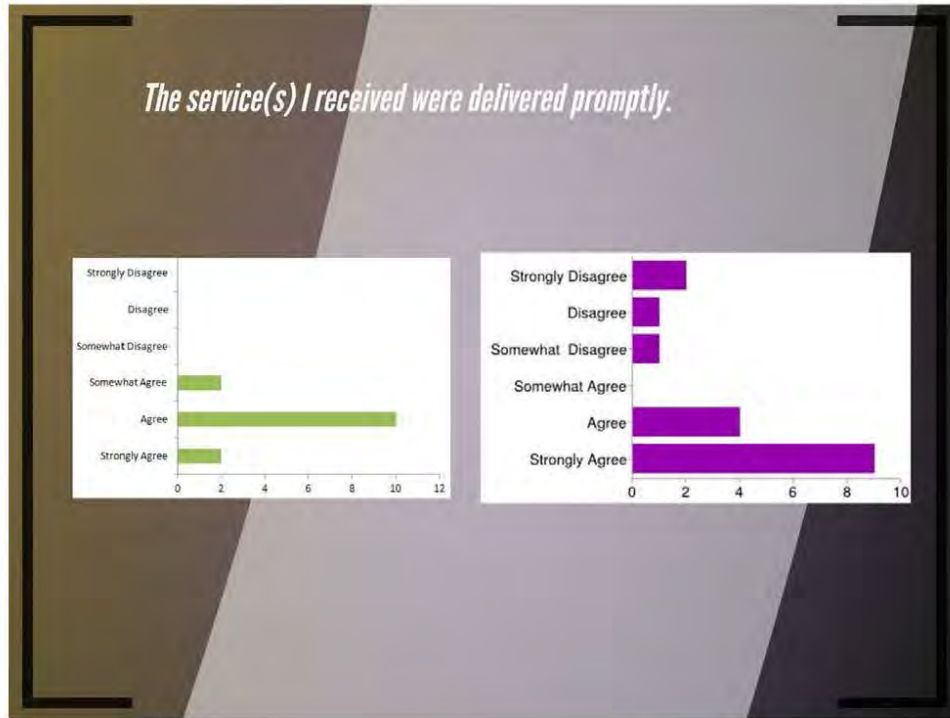


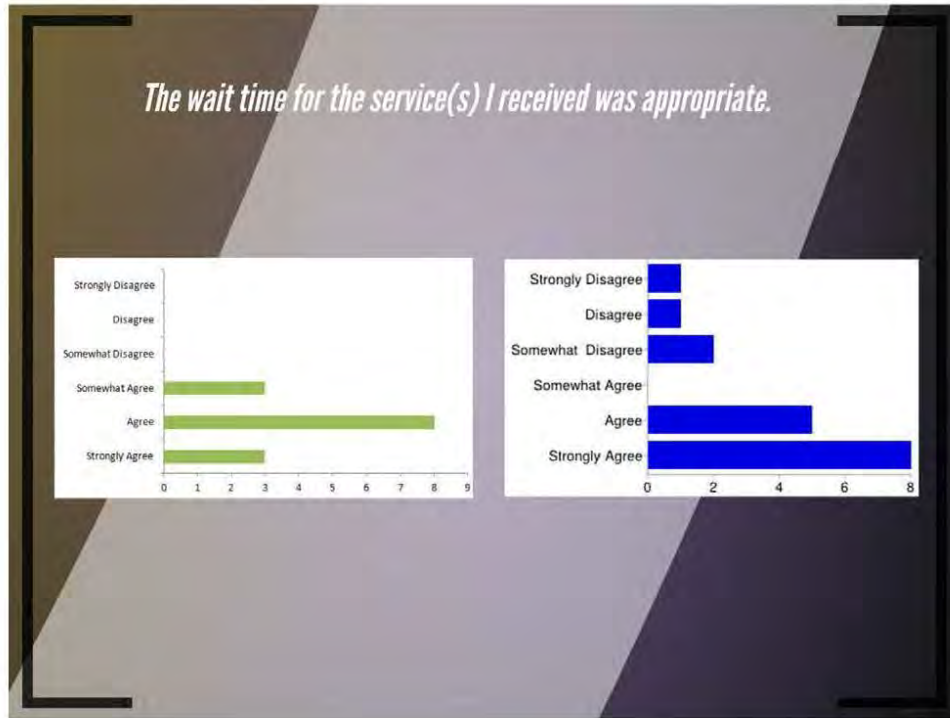


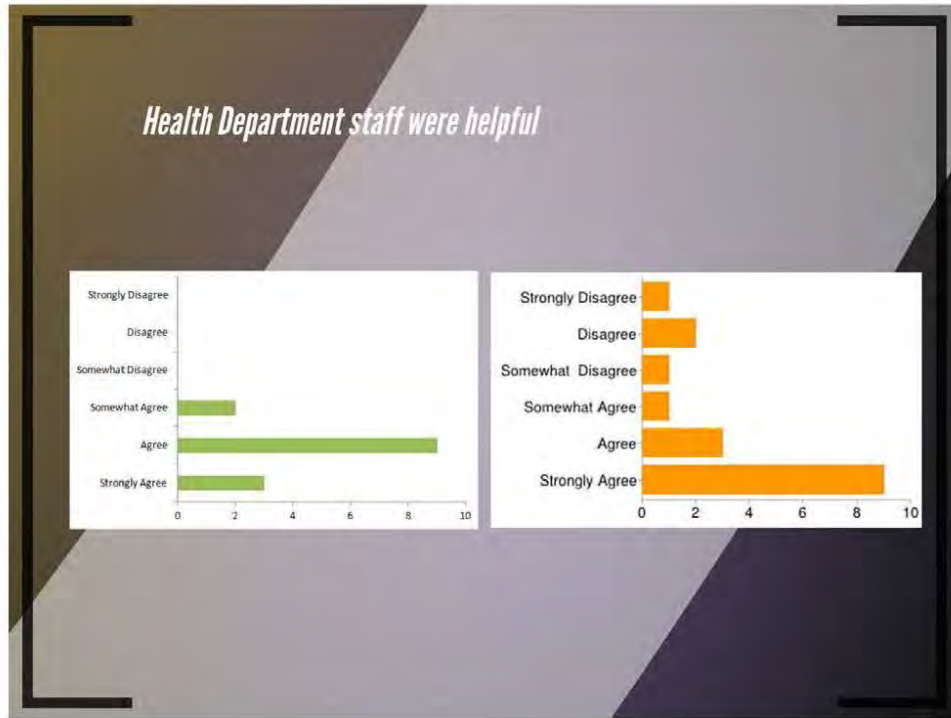




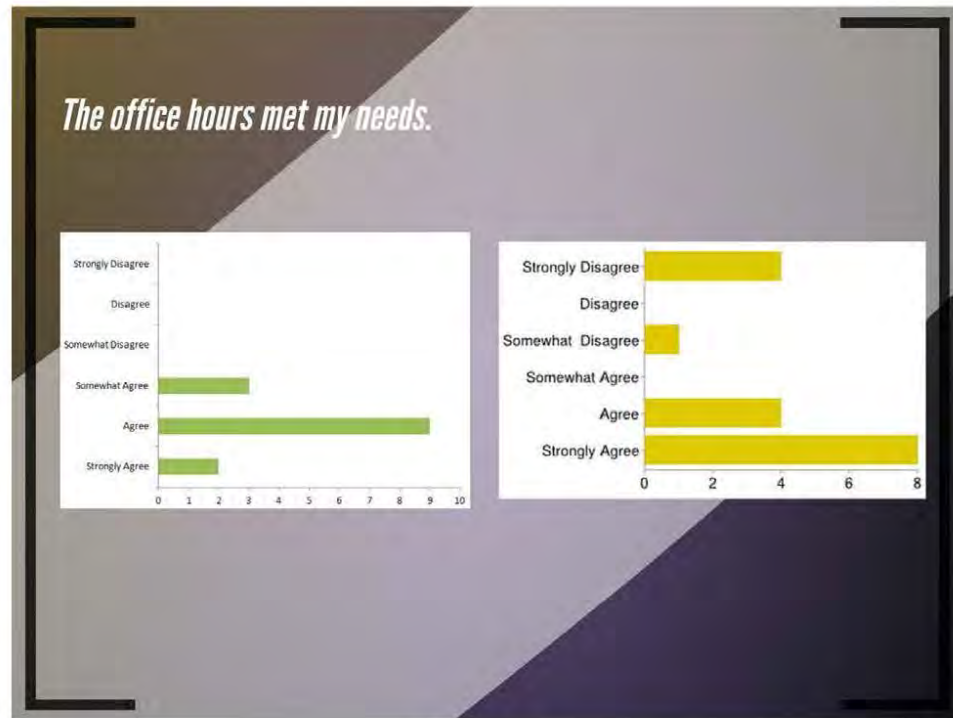


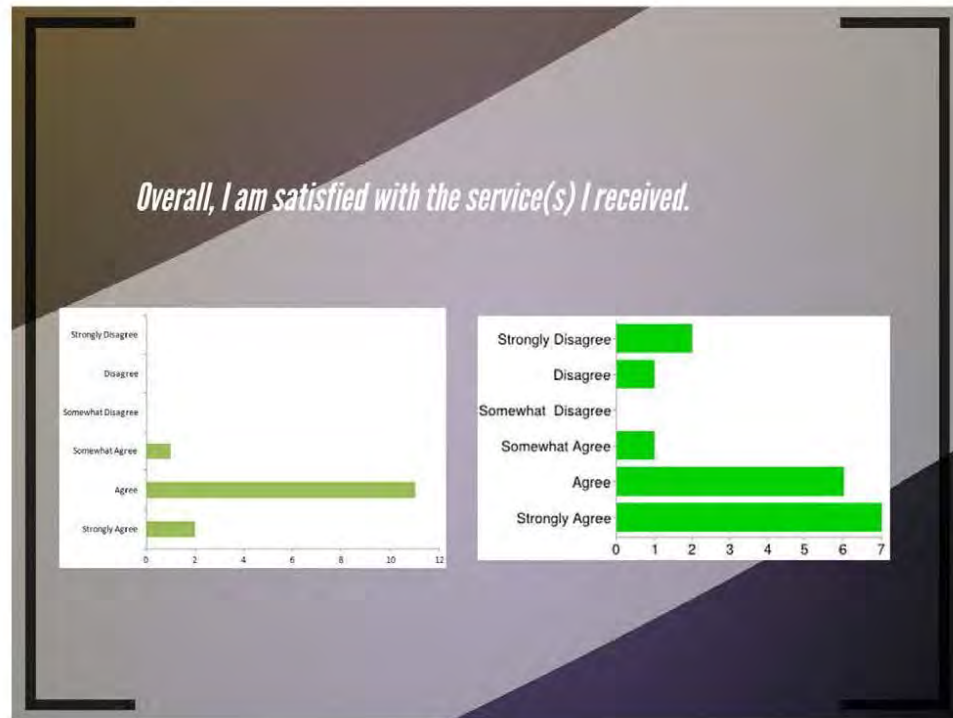




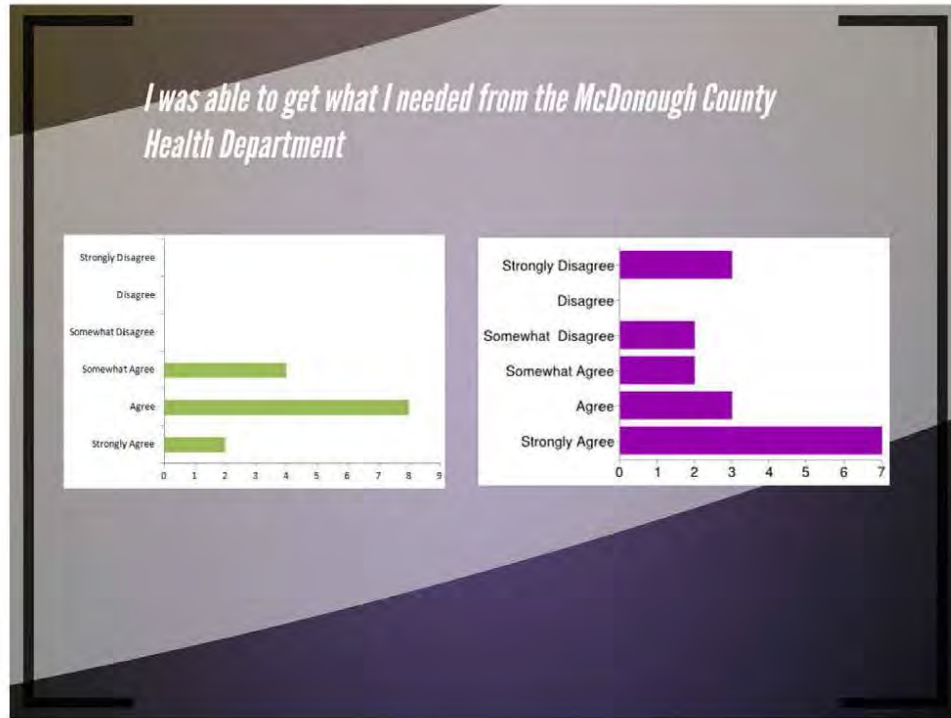


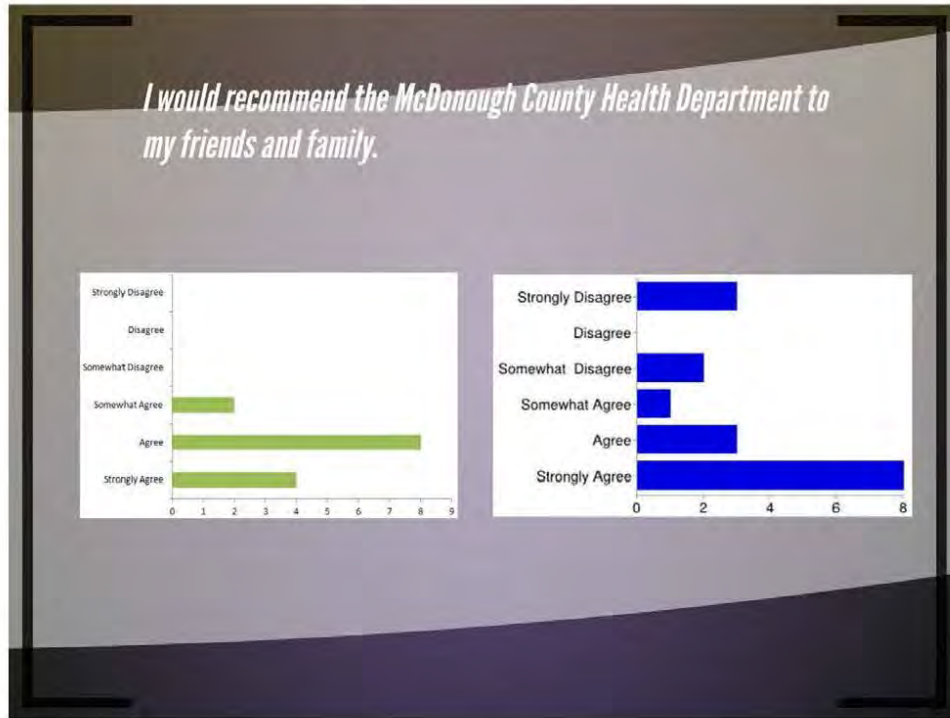


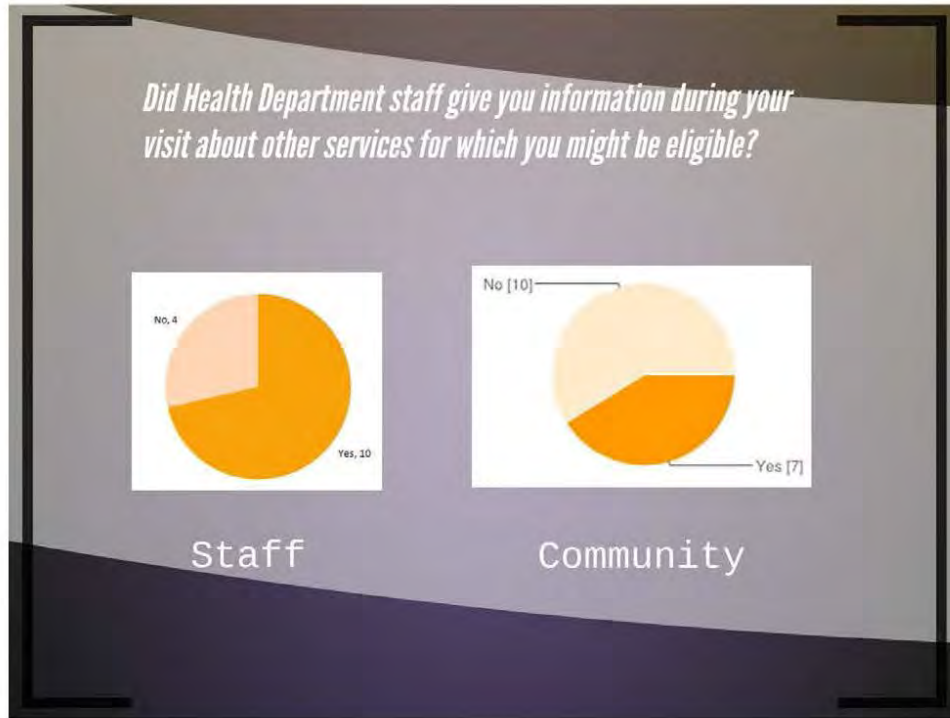


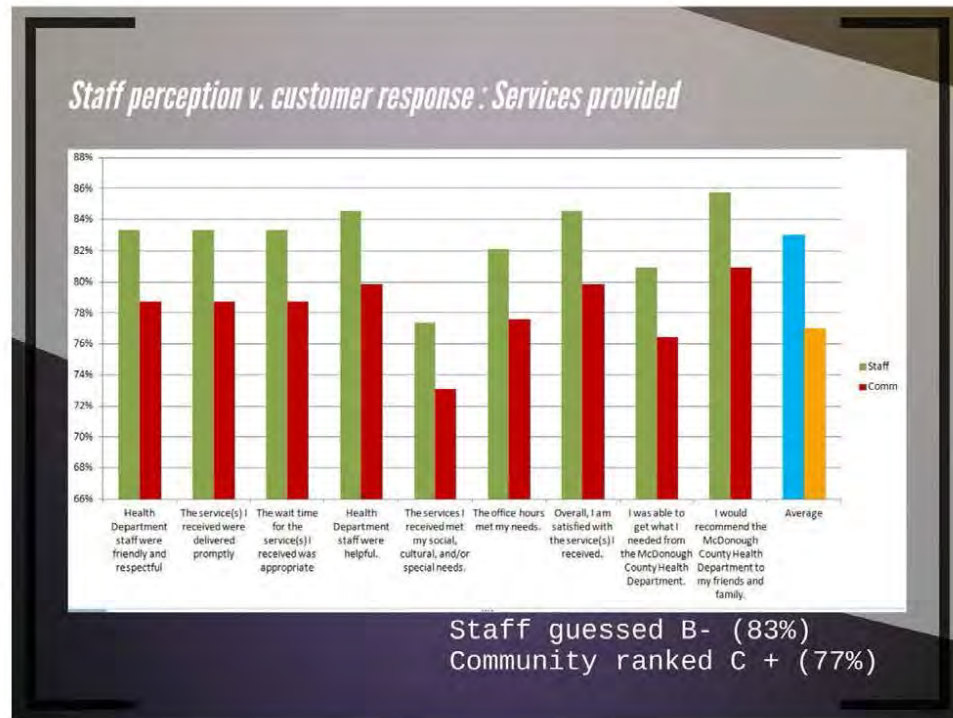


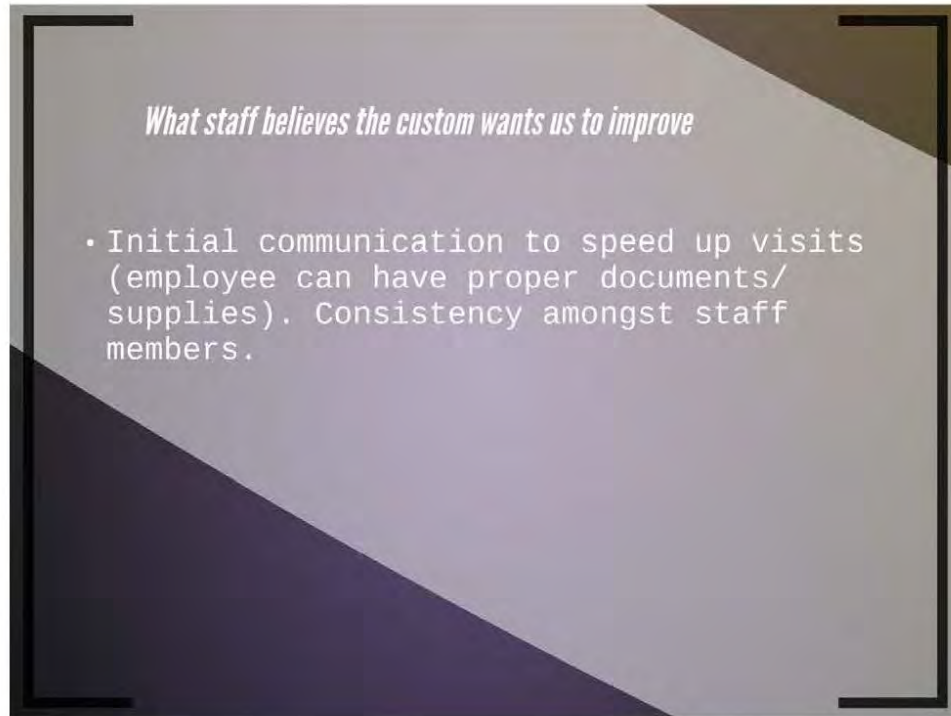












*What can we improve? (Comm.)*

- Take insurance. Be more knowledgeable about services in the area. Be more willing to educate about health issues. Let the public know about all of your services.
- Everything was great.
- Your website needs updated.
- Offer oops every day of the week
- Front line receptionist I had one day was having a bad day. First impressions are very important!
- New Staff
- Sucked
- Nothing (was done well)







### *Additional Comments (Staff)*

- Provide data from reputable source to support claims/programs.
- There are various other programs that other health departments have in place. Some of these programs that could benefit our county would be a rural health/dental clinic. At the clinic it could include family planning services, as well as an outpatient clinic since we have a shortage in providers in our county. Also, care to assist elderly at home such as cleaning, cooking, as well as home health nurses may be something to consider again with the baby boomers generation becoming older.



### *Additional comments (Comm.)*

- I have Medicare, but I would like to think that the city. Health dept. can help with inexpensive tests and vaccines for younger citizens.
- The health department has really lacked in the last 10 years. They are not concerned about public health and are impossible to reach through the stupid call routing system in the phones. I am very disappointed with their services.
- I do not live in McDonough but work in the area and have an office location there. The Health Dept. provided TB testing for my staff and offers the flu vaccine. One area of interest would be to offer injectable medications for those who need it. The area no longer has a provider for this since Eagle View is gone.



*Additional comments cont. (Comm.)*

I have heard from other community members that our local high school provides very little sex education for students and that some of the information might actually be misinformation. I see this as a place that the health department might step in, such as to provide free access to condoms. It's possible that this is already being done; I don't know. Another possible need. A few years ago, my then third-grader came home with head lice and told me that she got it from "the girl who has lice." She wasn't being mean; this girl was her friend. It took us a month to get rid of the lice, and a lot of what I thought about during that time was "How do poor people [without resources like washer and dryer at home, money to buy the products, time to bag all the stuffed animals, etc.] ever get rid of the lice?" The answer was, I think, that they didn't. The girl who had lice" had several brothers and sisters. I felt sorry for her and them. In general, I think that Macomb/McDonough Co. is full of these type of poverty-related problems, but that's probably not news to you. Thank you.



*Additional comments cont. (Comm.)*

- Family planning clinic is much needed for our community.
- New administrator and staff!
- family planning and teen support programs need to be increased for our area
- It would be nice to have mental health services available for the school districts in our region.
- several times have attempted to contact health dept with questions and can not speak to a person and do not know which option to choose on the automated answering machine. **Have given up trying to reach the office.**



*Additional comments cont. (Comm.)*

- The website was not very usefulness. I get most of my information from the web and it made the health department look unprofessional. I can't call the office because I work during the day, so I search for information at night. The hours of operation are only during normal work hours. This makes it difficult to use the services unless I can take off work.
- Thanks for the help, Greatly appreciated
- The website doesn't have any current information and is difficult to use. It should be fixed.







*Staff's perception of which programs the community would utilize if they were offered.*

- Health / dental clinic
- Blood draws (oops), immunizations, WIC, well testing, mammogram/paps
- Water well testing, immunizations, child lead testing, sewage inspections, food safety trainings, vector prevention,
- WIC, Immunizations, Food Service
- Dental clinic
- Exercise program/fitness
- Dental clinic





*Which programs would you utilize if they were offered at the health department? (Comm.)*

- Reproductive services for women
- Smoking cessation.
- Child immunizations
- I am generally **not aware** of what services are available and to whom.
- Fitness
- Mental Health services for schools aged kids

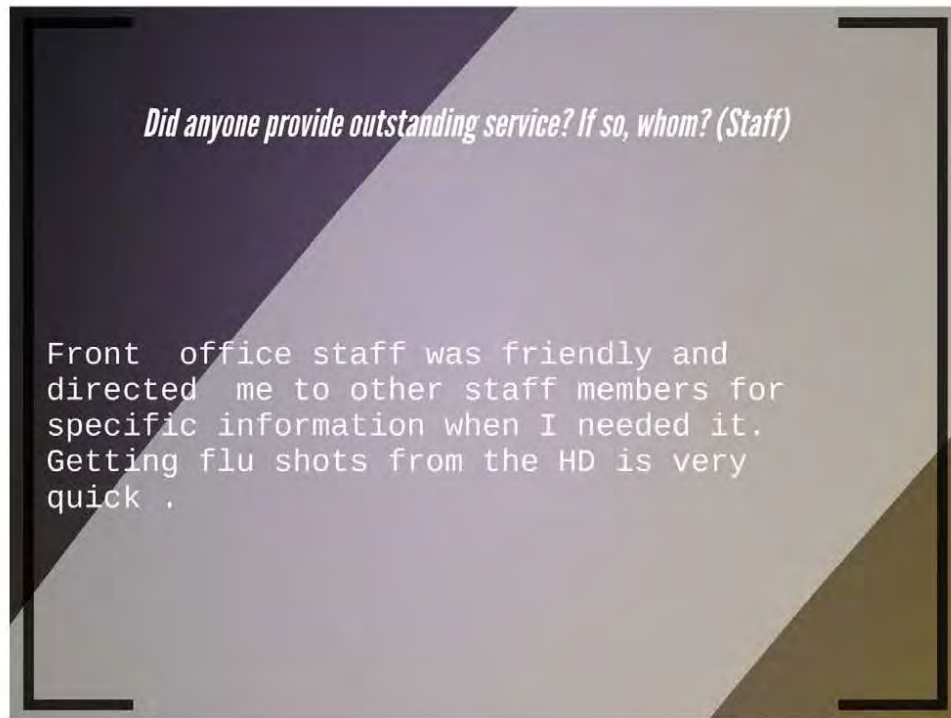


*Which programs would you utilize if they were offered at the health department? (Comm.)*

- Blood tests, informational programs
- Family Planning/Birth control Dental care
- Many people I know would utilize dental and mental health services. I have insurance which covers those services and transportation to reach providers, although if available through the dept, I might utilize them.
- programs or services specifically for the aging.
- Yearly exams/ bc
- I don't use services because they are set up in an obtuse manner that makes no sense







*Did anyone provide outstanding service? If so, whom? (Comm)*

- Everyone I spoke to was helpful.
- Robin and nurse
- The nurse who gave me the shot was very friendly.
- Shelly
- All staff members
- Chris Adams and his staff do a great job with foodservice inspections
- Chris Adams and his staff are they helpful to provide assistance when needed at a fund raiser, which are many and at my place of business.



*What did we do well during your visit? (Staff)*

- Blood draw services are very beneficial since I have a very high deductible insurance that also does not offer flu vaccine or immunizations. Also my provider has very limited services when it comes to immunizations.
- MCHD explained things well and offered written information also. MCHD staff are very courteous and greeted me with a smile.



*What did we do well during your visit? (Comm)*

- Education was provided in an informational way.
- Everything, Education
- Provide the testing supplies I wanted.
- Speedy service.
- Very nice and listened great understood and gave options of how to fix some issues.
- Always offering help with breastfeeding and always very friendly.
- You were attentive to my need to be seen promptly so I could return to work.
- Friendly
- You're great













----- End environmental scan presentation-----



## MCHD strategic planning retreat Day 3: 4-16-2015

## Agenda Day 3: 4-16-2015

## McDonough County Health Department Strategic Planning Agenda

April 16, 2015 | 1:00-5:00 P.M.

Proposed Agenda Topics	Process and Personnel Responsible	Time Frame*
Introductions, meeting agreements, and agenda review <ul style="list-style-type: none"> <li>Group rules</li> <li>Review values, mission and vision</li> <li>Review SWOC(T) document</li> <li>Output goal examples</li> </ul>	Facilitator: Nick	1:00-1:10 P.M.
Finding connection (Wk 5) <ul style="list-style-type: none"> <li>Match strengths w/ opportunities</li> <li>Link or offset challenges w/ opportunities or strengths</li> <li>Match weaknesses with strengths to minimize weakness</li> </ul> Emerging patterns?	Facilitator: Nick  Whiteboard ideas - connect with colored markers	1:10 – 1:30 P.M.
Micro Break		3 min
Emerging issues, themes, and strategic issues (Wk 5) <ul style="list-style-type: none"> <li>Ways strengths can be maintained, enhanced or leveraged</li> <li>Ways to minimize weaknesses</li> <li>Options for leveraging opportunities</li> <li>Potential impacts of threats and anything that can be done to address it.</li> </ul> What are the strategic issues?	Facilitator: Nick  Split into 4 groups - each group answers question and presents to whole group  Nominal group/brainstorm	1:33 – 2:00 P.M.
Micro Break		3 min
Issues, prioritization, and initiatives (Wk 6) <ul style="list-style-type: none"> <li>Turn issues into strategic priorities               <ul style="list-style-type: none"> <li>Mission impact v. viability worksheet</li> </ul> </li> <li>Combine like items</li> </ul>	Take sticky note strategic ideas/SWOC categories and move to impact v. viability chart.  Discuss	2:03 – 2:30 P.M.
Break		5 min
Turning priorities into goals (Wk 7) <ul style="list-style-type: none"> <li>Provide examples of goals</li> <li>Develop strategic goals</li> </ul>	Split into groups - each group turns 1 priority into a goal - share with entire group  Post goals on whiteboard	2:35 – 3:30 P.M.
Micro Break		3 min
Developing objectives and strategies (Wk 8) <ul style="list-style-type: none"> <li>Provide example objectives and strategies</li> <li>Create objectives and strategies for each goal</li> </ul>	Brain dump all ideas for objectives and strategies - 1 idea per sticky note - SMART – Place on board under goal	3:33 – 4:50 P.M.
Micro Break		3 min
Conclusion and wrap up: <ul style="list-style-type: none"> <li>What we have accomplished</li> <li>What worked/what didn't?</li> <li>Testimonials</li> </ul>	Facilitator  Nick Swope	4:50-5:00 P.M.

Note: The day 3 strategic planning session was held from 1 to 5 PM and made it to creating goals.



**MCHD strategic planning recap day 3: 4-16-2015**

McDonough County Health Department Strategic Planning Process  
April 16, 2015  
Staff retreat from 1:00 to 5:00 P.M.

## Facilitator:

- Nick Swope

## Participating Staff:

- Chris Adams
- Cynthia Sheffler
- Josh Anderson
- Kathy Cleer
- Kerri Allen
- Lynnette Cale
- Michelle Churchill
- Niki Duffy
- Robin Neve
- Shelly Benson
- Stefanie Johnson

## Purpose:

The final staff retreat focused on the identification of strategic issues and developing goals for the organization.

## Detailed overview:

The third and final full staff retreat was held on April 16, 2015 from 1-5 PM. The retreat focused on two main areas, identifying and prioritizing strategic initiatives and creating health department goals. The meeting consisted of, finding connections from the SWOT analysis, identifying emerging issues, prioritization, and creating goals.

The meeting started with an overview of the mission vision and values. Then proceeded to a recap of the previous SWOT analysis. From there the staff members were asked to identify connections within the SWOT data.





The SWOT analysis (written on four large pieces of flip chart paper) was presented on the ground. Staff members broke into 3 teams to identify connections between the information. Group one matched strengths with opportunities. Group two linked threats and challenges with opportunities and or strengths. Group three matched weaknesses with strengths. Each group had a colorful marker and drew connects. They then presented their ideas to the group as a whole.

- Money equals opportunities
- Education
- Value driven
- Expanded clinic ( immunizations and Medicare/Medicaid)
- Increase job satisfaction for Mondays
- Technology for billing
- QI aspect to continuing education
- Money used for public relations and promotion
- Customer service equals job satisfaction

Using all of the SWOT information and the connection discussing information the staff members were redistributed into four groups. Group one looked at ways strengths could be maintained, enhanced or leveraged. Group two looked at ways to minimize weaknesses. Group three looked at options for leveraging opportunities. Group four identified potential impacts of threats and anything that can be done to address it. Each group worked independently creating lists of their ideas. Using an adapted brain storming methodology each group shared their answers with the entire group. These answers were listed on flip chart paper and opened for discussion by the whole group. Overarching themes were identified from these lists.





Group one looked at ways strengths could be maintained, enhanced or leveraged.
<ul style="list-style-type: none"> <li>• Staff retention</li> <li>• Community education –more varied</li> <li>• Cross training of staff</li> <li>• More grants, increase budget</li> <li>• Quality Improvement committees</li> <li>• Improve morale</li> <li>• Fee for service</li> </ul>
Group two looked at ways to minimize weaknesses.
<ul style="list-style-type: none"> <li>• Complete website</li> <li>• Purchase insurance billing</li> <li>• Measure current quality standards</li> <li>• Set up standards of care</li> <li>• More multilingual materials (Arabic, Spanish,...) –WIC</li> <li>• Church area (can be used for) parking</li> <li>• Building infrastructure</li> </ul>
Group three looked at options for leveraging opportunities.
<ul style="list-style-type: none"> <li>• Budget- new grants and partnerships (internal to county and external)</li> <li>• Expand services within our mission</li> <li>• Quality Improvement and staff development</li> <li>• New social media outlets <ul style="list-style-type: none"> <li>◦ Integrate web and print media (soft/hard media)</li> </ul> </li> <li>• Q.R. codes on papers</li> </ul>
Group four identified potential impacts of threats and anything that can be done to address it.
<ul style="list-style-type: none"> <li>• Prioritize spending</li> <li>• Increased marketing and visibility</li> </ul>
Overarching themes identified by the group.
<ul style="list-style-type: none"> <li>• (The MCHD) is the best kept “secret” – (Look to improve) promotion and education</li> <li>• Stay current with technology</li> <li>• Money and fiscal responsibility</li> <li>• Quality Improvement</li> </ul>

The group then moved into identifying and prioritizing cross cutting themes, emerging issues and strategic issues. The group took turns reading the defining of strategic issues. Using the nominal group technique, each member wrote down issues on sticky notes. One idea per note

was written. Then all of the participants stuck their notes (issues/ideas) on to a large CompasPoint's Dual Bottom Line Matrix, drawn on the white board. Once everyone's ideas were on the matrix smaller groups categorized like ideas. The participants went around discussing and debating how and where each idea should be placed in the matrix. The results are below.



CompasPoint's Dual Bottom Line Matrix

Heart: High mission impact with low viability	Star: High mission impact and high viability
<ul style="list-style-type: none"> <li>• Dental Clinic</li> <li>• Larger clinic space with dental, medical, family planning...</li> <li>• Health educator</li> <li>• Cross training of the staff</li> <li>• Insurance billing</li> <li>• Advertising               <ul style="list-style-type: none"> <li>◦ Promote at farmers' market</li> <li>◦ promote within (MCHD) of services (to clients)</li> </ul> </li> <li>• Website</li> <li>• Bundle kits- water kit and radon</li> <li>• Do comprehensive cost/benefit analysis</li> <li>• Do more out of the building education events</li> <li>• GIS food scores and restaurant score mapping</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Change automated phone recording               <ul style="list-style-type: none"> <li>◦ Improve system</li> </ul> </li> <li>• Educate and implement QI</li> <li>• Partner with other LHDs for QI</li> <li>• Utilize existing resources to address weaknesses</li> <li>• Meet with large companies for COOP planning collaboration</li> <li>• Post services rendered</li> <li>• Charge for SFIA signs instead of fines</li> <li>• Increase EH community involvement</li> <li>• QR codes</li> <li>• Social media and web               <ul style="list-style-type: none"> <li>◦ New social media accounts</li> <li>◦ Use social media effectively</li> <li>◦ Deals or coupons on website</li> <li>◦ Spread the word on Facebook</li> <li>◦ Push promotions through social outlets</li> </ul> </li> <li>• Develop and implement MCHD marketing and PR plan</li> <li>• Cross sell services               <ul style="list-style-type: none"> <li>◦ Suggestive selling</li> <li>◦ Talk to clients from WIC/Health check ask about immunizations</li> </ul> </li> <li>• Opportunity for revenue, tobacco retailing/licensing and fees</li> </ul>
Question mark: Low mission impact with low viability	Lightening mark: Low mission impact with high viability
<ul style="list-style-type: none"> <li>• PSA</li> <li>• Health fairs</li> <li>• New electronic sign</li> <li>• New parking lot</li> <li>• Redo front of building F.</li> </ul>	<ul style="list-style-type: none"> <li>• In house staff training               <ul style="list-style-type: none"> <li>◦ Cross train staff</li> </ul> </li> <li>• Host more meetings to increase awareness of services</li> <li>• Food Service Sanitation Classes (FSSMC) classes</li> </ul>

-Break-

After the discussing and consensus over the ideas in the priority matrix the groups set out to define their strategic goals. The definition of a strategic goal was read and examples were given to the participants. The participants were asked to go through each goal and identify themes that they did and didn't like about the goals. Using a combination of nominal group technique and brain storming these ideas were shared with the group as a whole and written on flip chart paper. Each participant was then asked to write three ideas on sticky notes of goals/themes they thought should be the strategic goals for the MCHD. These ideas were grouped together and written on the white board. Two front runners emerged and were quickly voted on as goals. Goal three and four were debated by the whole group until consensus was reached.

**Goal 1: Enhance Health Communication**

**Goal 2: Data and Quality Improvement**

**Goal 3: Work Force Development**

**Goal 4: Leading public health in McDonough County**

After each goal was established teams of two to three individuals took each goal and crafted a statement of what it will look like when the goal is implemented. On the white board, each team wrote their future goal statements under the strategic goals. The participants engaged in discussion and debate over the wording of each future description. This led to breakout sessions and numerous revisions of the sentences. These discussions continued until consensus was reached. Below are the official strategic goals and future implementation statements of the McDonough County Health Department.



**Goal 1: Enhance Health Communication**

McDonough County Health Department will use all resources including social media and the McDonough County Health Department website to inform, educate and promote programs and services to the public.

**Goal 2: Data and Quality Improvement**

McDonough County Health Department will implement data collecting tools to gather, analyze and report health information and performance standards in a timely organized manner as part of continuous Quality Improvement.

**Goal 3: Work Force Development**

McDonough County Health Department will serve as a model for other organizations by establishing an innovative workforce through staff development to promote excellence in public health practices.

**Goal 4: Leading public health in McDonough County**

McDonough County Health Department will ensure its primary leadership role in planning, providing for, and protecting the health of all residents of McDonough County, by increasing integration and partnership with community stakeholders.

----- End MCHD strategic plan recap: 4-16-2015 -----





**MCHD strategic planning workbook additions: 4-16-2015**

## 5.5 McHD SWOC(T) Analysis

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**Mission:** *The McDonough County Health Department will provide essential public health services for a safe and healthy community through promotion, protection, and prevention.*

Strategic issues are forward thinking and seize current opportunities. (NACCHO, n.d., p. 44)

**Analysis Part 1: Draw connections**

Three groups: Group A, Group B, Group C. Only draw connections in your group.

Each group has a marker. Draw a line between your group's connections.

- A. Match strengths with opportunities
- B. Link or offset threats and challenges with opportunities and/or strengths
- C. Match weaknesses with strengths that can offset or minimize them

Note the emergence of patterns or crosscutting themes.

Information created from NACCHO's Developing a Local Health Department Strategic Plan: A How-To Guide



**Analysis Part 2: Identify strategic issues**

1. Look for any patterns in the results.
2. Split into groups: Group A, Group B, Group C and Group D. Only discuss your group's prompt.

Roles needed: 1) A group facilitator to keep the group on task. 2) A scribe to write for the group. 3) Presenters share the group's ideas to the rest of the participants.

- A. Discuss ways strengths can be maintained, enhanced, or leveraged
- B. Discuss ways to minimize weaknesses
- C. Discuss options for leveraging or taking advantage of opportunities
- D. Discuss the potential impact of threat/challenges and anything being done to address or prepare for the threat
3. Present ideas to the group.
4. Identify any potential strategic issues that the health department may need to address.

**What ideas/issues are emerging?**

Information created from NACCHO's Developing a Local Health Department Strategic Plan: A How-To Guide





#### Identifying MCHD strategic issues

Strategic thinking requires making conscious choices about how to use limited resources to achieve your purpose in response to a dynamic environment. Therefore, strategic thinking includes making decisions regarding what you will and will not do, where you should focus your energies, and what our overall priorities should be. (Allison & Kaye, 2005) Strategic issues are fundamental policy questions or critical challenges that must be addressed in order for an LHD to achieve its vision. (NACCHO, n.d., p. 44)

#### Vision:

*The McDonough County Health Department will grow healthy lives and cultivate healthy choices to yield a healthy community.*

To identify strategic issues, review the results of the environmental scan and SWOT/SWOC, create a master list of issues, and discuss how the issues will affect the organization's work towards - and achievement of - the shared vision. (NACCHO, n.d., p. 45)

- 1 The issue should be **described succinctly**; preferably in a single paragraph. It should be framed as a question the organization can do something about.
- 2 The **factors that make the issue a fundamental challenge** should be listed. In particular, what in terms of the LHD's mandates, mission, values, internal strengths and weaknesses, and external opportunities and threats make this a strategic issue?
- 3 The **consequences of failing to address the issue** should be identified, so that the organization will know what kind of issues it faces. (Bryson, 2004)

Please keep in mind the Community Health Assessment priority issues:

- Sexual health
- Mental health
- Oral health
- Obesity prevention

#### List of strategic issues:

Information created from NACCHO's Developing a Local Health Department Strategic Plan: A How-To Guide



## 6. Identifying and Prioritizing Cross-cutting Themes, Emerging Issues, and Strategic Issues

**Mission:** *The McDonough County Health Department will provide essential public health services for a safe and healthy community through promotion, protection, and prevention.*

### CompassPoint's Dual Bottom Line Matrix: Mission Impact and Viability

Mission impact refers to the importance of an activity or program to the organization's goals, while financial viability considers if costs are covered, whether revenue is produced, or if there is financial sustainability. The overall strategy with this model is to combine a set of programs and activities that result in high mission impact and long-term financial viability. (Masoka, CompassPoint, 2005)

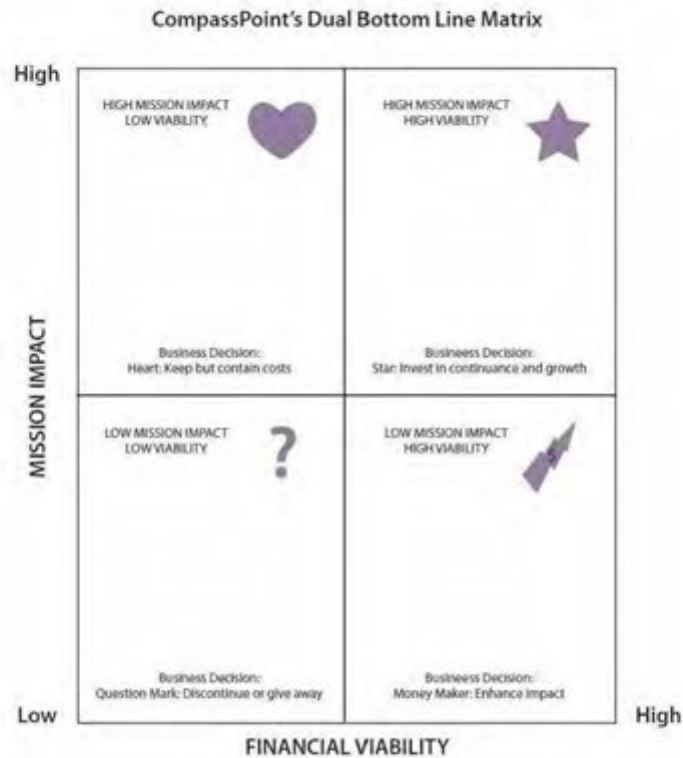
Using this tool, potential interventions or programs aligned with particular strategic issues are considered based on their level of mission impact and financial viability. High impact and high financial viability are most desirable, but it is important to establish a balance as well. For instance, the LHD may have a program that has high mission impact and low financial viability, but decides to continue in that direction as other financially viable programs balance things out. Alternatively, a health department may have a program that has low mission impact, but is funded and therefore has high financial viability. In this case, the LHD should consider whether there are ways to restructure or leverage the program to increase its mission impact. (NACCHO, n.d., p. 46)

### Task:

1. Individually write your strategic issues on sticky notes. One idea per note. Remember to use ideas from worksheet 5.5 as well as the SWOC analysis.
2. Place your ideas in the Matrix.

Information created from NACCHO's Developing a Local Health Department Strategic Plan: A How-To Guide





(Masoka, CompassPoint, 2005)

**Mission:** *The McDonough County Health Department will provide essential public health services for a safe and healthy community through promotion, protection, and prevention.*

**Financial Viability:** costs are covered; revenue produced; financial stability

Information created from NACCHO's Developing a Local Health Department Strategic Plan: A How-To Guide



## 7. McHD Strategic Goals

**Mission:** *The McDonough County Health Department will provide essential public health services for a safe and healthy community through promotion, protection, and prevention*

**What is a goal?** – Long-range outcome statements that are broad enough to guide the organization's programs, administrative, financial, and governance functions. (Allison & Kaye, 2005) The goals may be broad, but should still be measurable.

**Example goals from around Illinois:**

Example: Kane County Health Department

2012-2015 Strategic Plan

1. **Build a Mission-Focused Culture:** Build a sustainable organizational culture that is based on our core values and focused on achieving our mission.
2. **Model Stewardship:** Model responsible stewardship of public resources by providing efficient, high quality, and high impact population health services.
3. **Implement Informatics:** Fully meet or exceed national public health informatics standards in order to assure timely, efficient, and effective communications.
4. **Sustain Partnerships:** Sustain focused, effective partnerships to address identified community health priorities and get results that improve population health.
5. **Enhance Health Communication:** Enhance provision of health information to our diverse community that is: tailored, reliable, real-time, and actionable.

What do you like? What don't you?



Example from Peoria City/County Health Department

Strategic Plan: October 1, 2012-December 31, 2015

**Goal 1: Lead and Mobilize Community Health System Stakeholders**

The Peoria City/County Health Department (PCCHD) will lead and mobilize community health system stakeholders to monitor health status, recognize opportunities and initiate creative, collaborative strategies to protect and improve community health.

**Goal 2: Strengthen the Workforce**

PCCHD will develop a well-trained, diverse, enthusiastic workforce through staff development activities and efforts to improve the organizational climate, resulting in staff who are knowledgeable in public health principles and who serve as a model for the workforce in the community health system.

**Goal 3: Improve Data**

PCCHD will lead community health system efforts to gather, analyze, and report timely and accurate community health data for surveillance and implementation of community health improvement initiatives.

**Goal 4: Establish Performance Management**

PCCHD will develop a performance management system that incorporates performance standards, quality improvement, performance measurements, and a reporting process.

What do you like? What don't you?



## Example from Cook County Health Department

Strategic Plan April 2011

**Goal 1: Leading Public Health in Cook County**

CCDPH will ensure its primary leadership role in planning, providing for, and protecting the health of all residents of Cook County, by increasing integration with the Cook County Health & Hospital System (CCHHS) and closer collaboration with the five certified public health departments.

**Goal 2: Improving Health**

The health status of our residents and communities will be improved through implementation of a strategic health plan.

**Goal 3: Achieving Accreditation and Assuring Quality**

Continuous implementation of agency-wide performance management strategies and meeting established national standards for local public health practice will enable CCDPH to deliver the highest quality programs and services.

**Goal 4: Strengthening Organizational Capacity**

CCDPH will improve its organizational capacity to meet county-wide public health responsibilities, employing workforce development and specific initiatives focused on communications, information technology, and fiscal resources.

What do you like? What don't you?



Example: St. Clair County Health Department

Strategic Plan 2012-2017

**1. Mandated Roles:**

SCCHD will provide health protection and disease prevention services in accordance with Illinois standards for mandated public health services.

**2. Identifying and implementing data collection tools**

SCCHD will collaborate with community partners to identify and/or create tools to collect and share data, create electronic medical records for the local public health system, and evaluate achievement of community health improvement goals.

**3. Using social media and an enhanced website to inform and educate the public**

SCCHD will use social media and an enhanced website to inform the public about public health issues as well as its programs and services.

**4. Workforce Development**

SCCHD will provide staff with tools that promote excellence in public health practice in order to have a responsive, well-trained and competent workforce.

**5. Create a culture of Continuous Quality Improvement (CQI) at SCCHD**

SCCHD will achieve ongoing program and service improvement through implementation of the Plan Do Study Act model of CQI.

What do you like? What don't you?

**Task:** Developing goals for the McDonough County Health Department

Roles needed: 1) A group facilitator to keep the group on task. 2) A scribe to write for the group. 3) Presenters share the group's ideas to the rest of the participants.

How can we incorporate goals that include our strategic priorities and our IPLAN priorities?  
(Please refer to the mission and viability matrix)

1. Split into groups. Each group should focus on one strategic priority.
2. Craft a goal (like those above) and write it on the top of a piece of flipchart paper.
3. Each group will share their goal
4. We will discuss the goals together.





## 8. McHD Strategic Objectives and Strategies

**Mission:** *The McDonough County Health Department will provide essential public health services for a safe and healthy community through promotion, protection, and prevention*

**Objectives** – Short to intermediate outcome statements that are clear, measurable, and specifically tied to the goal. PHAB requires SMART objectives, defined below:

- 1.) The plan will include health department objectives/strategies to advance community health improvement goals identified during the IPLAN process.
- 2.) The plan will include organizational goals and objectives to address issues identified in the SWOT Analysis and the Organizational Capacity Self-Assessment. (St. Clair LHD)

### Must be SMART

**S**pecific – specify what is to be achieved, by how much, and by when

**M**easurable – ensure that the objective can be measured (i.e., data is, or will be, available to measure progress)

**A**chievable – set objectives that are feasible for the agency

**R**elevant – align objectives with the mission and vision of the agency

**T**ime-oriented – establish a timeframe for achieving the objective

The formulas below provide an easy way to remember how to develop an outcome objective with the important components:

Measure of change, in what, by whom, by when

20% increase in health department nursing staff by January 2014

Degree of Change + Type of Change + Area of Change + Target Population + Time Frame

15% decrease in obesity rates among 10-12 years olds in XYZ community by June 2016

(NACCHO, n.d. p.51)



**Strategic planning all staff email: 5-6-2015**

“Hello outstanding staffers! As promised here are the proposed objectives (bullet points) for the health department. All of these objectives were created from the ideas you wrote on the flipchart paper, sticky notes and your idea pages. Please take a look at them and make changes as you see fit (add/remove/draw smiley faces...).”

**Goal 1: Enhance Health Communication**

McDonough County Health Department will utilize all available resources, including social media and the McDonough County Health Department website, to inform, educate and promote programs and services to the public.

- Promote 100% of MCHD’s programs, services and events through the MCHD website and social media outlets by May 2016.
- Increase MCHD’s marketing and visibility by 20% annually from May 2015 to May 2020.
- \*Expand the number of community education by 10 % annually for both the environmental and community health divisions from May 2015 to May 2020.
- Develop and implement a MCHD promotion plan by May 2016.
- Expand social media followers by 150 yearly (base 324, 2015) from now until 2020.
- Expand social media to Twitter, Instagram, LinkedIn and other relevant social media sights by May 2020.
- \*\*Create an Internet Committee to take ownership of updating website and social media information by May 2016.
- By May 2016, integrate 50% of new print materials with web resources.

**Goal 2: Data and Quality Improvement**

McDonough County Health Department will implement data collecting tools to gather, analyze and report health information and performance standards in a timely organized manner as part of continuous Quality Improvement (QI).

Develop and implement a customer satisfaction survey with quarterly reviews of results at staff meetings and yearly updates as needed from May 2015 to May 2020.

- By May 2020, MCHD will progress through all six phases of quality improvement as outlined by NACCHO’s *Roadmap to a Culture of Quality Improvement*.



- By May 2016, create a Quality Improvement Committee.
- Make current food scores available to McDonough County residents through website and social media by May 2016.

### **Goal 3: Work Force Development**

McDonough County Health Department will serve as a model for other organizations by establishing an innovative workforce through staff development to promote excellence in public health practices.

- Increase internal employee cross training opportunities to once every quarter, starting September 2015. (Baseline 0, 2015)
- 90% of employees will receive staff development and/or employee cross training from external agencies by May 2016 to May 2020.
- From May 2015 to May 2020, allocate 4 hours each month to generating new and innovative ideas to be shared at the staff meetings and potentially be selected for implementation.
- Implement a yearly, electronic staff satisfaction survey starting May 2016 to May 2020. (Baseline [average great job], April 2015).
- Provide yearly opportunities for continued education training for staff in grant writing, social media and technology trainings starting May 2015 until May 2020.
- Prioritize People Encouraging People's quarterly activities to focus on improving the lowest-scored sections on staff satisfaction surveys beginning May 2015 until May 2020. (Baseline improvement areas: low moral on Monday, fairly compensated, and energy at the end of the work day; April 2015)

### **Goal 4: Leading public health in McDonough County**

McDonough County Health Department will ensure its primary leadership role in planning, providing for, and protecting the health of all residents of McDonough County by increasing integration and partnership with community stakeholders.

- IPLAN objective integration—sexual health, obesity, dental, mental
  - --family planning with sexual health
  - --dental day/clinic with dental health
- By May 2016, create a committee of 3-5 employees and apply for one county/regional grant that aligns with MCHD's mission.
- By May 2016, install and implement insurance billing capabilities at MCHD.
- By May 2016, install and implement electronic medical records.
- By May 2016 Increase multilingual WIC, EHL, and Health Check materials to reflect current population needs.



- Increase community partnerships with a yearly collaboration event from May 2015 to May 2020.
- Expand services within our mission (immunizations/travel immunizations)
- Increase school faculty and student collaboration on health initiatives by 20% a year, starting May 2015 to May 2020. (Baseline zero, 2015)
- \*\*By May 2016, conduct a feasibility study to expand health department services relating to dental, mental health, and a health educator.
- By 2020, host a minimum of 40 community meetings yearly.



**C. Description of the methods used for the review of major elements by stakeholders**





**Description of the methods used for the review of major elements by stakeholders**

This section describes the methods used for the review of the major Health Department elements by stakeholders through an environmental scan. This section is very similar to the environmental scan (p.9) section present in the main document. Six target areas were used in the review. Those were, core services/community health assessment, current services, finances/policy, staff satisfaction, quality improvement and customer satisfaction.

Section one of the environmental scan outlined the Illinois Project for the Local Assessment of Needs (IPLAN) which identified community health priorities for 2015 to 2020, the ten essential services of public health, and the four core service of public health in Illinois. These health priorities were created from the community health committee. This committee was consisted of engaged community members in McDonough County. The MCHD strategic plan hopes to align with the community health priorities (community health assessment) of,

- sexual health,
- mental health,
- oral health,
- and obesity prevention.

Section two outlined the services that MCHD currently offers. This provided insights into the most utilized programs, such as Woman and Infant Children (WIC) and Food Safety. Comprehensive usage statistics of each program can be found in the 2014 annual report.

Section three outlined MCHD's finances over the last ten years, as well as 2014's revenue and expenditures breakdowns. Comparing 2004 to 2014, MCHD went from an approximately 1.5 million dollar a year organization to a 900,000 dollar a year organization. However, during this time period, the end of the year revenue (money in the bank) has more than doubled from around \$300,000 (2004) to \$700,000 in (2014). The revenue streams funding the health department are diverse, and include such things as, local property tax, federal and state



grants, state reimbursements, and fees/contracts. The diverse funding streams provide evidence of more stable fiscal health. The expenditures (costs) of the health department primarily come from personnel costs. Other costs come from health insurance/workers comp, travel/staff development, occupancy, communications, materials, programs and services, and infrastructure costs.

Section four identified policies that might affect the Health Department. These policies came from the Illinois Department of Public Health and the County Board Representative. There is a proposed 10% reduction in funding from the county. New House and Senate bills, such as the ability of pharmacies to expand immunizations and farmer's market food handling regulations, will impact both the community and environmental health divisions. A proposed 31% cut to higher education has the potential to impact the county's property tax revenue because roughly one third of the county's population is associated with the university.

Section five presented the findings from the job satisfaction survey. All (14) full time employees completed the survey. The job satisfaction survey consisted of 30 yes/no answers. The results suggested that staff believed the McDonough County Health Department was a good<sup>2</sup> (raw score of 49 out of 60) place to work. The lowest satisfaction scored question by the staff showed that roughly 50% of the staff agreed with the statement, "I am fairly compensated." There were numerous unanimous answers by the staff (100% agreement) "most interactions at work are positive," "my manager cares about me as a person," and "I trust our leadership team."

Section six presented findings from a quality improvement survey aligned with NACCHO's Roadmap to quality improvement. It was identified that the Health Department is

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<sup>2</sup> Richard Bellingham created the job satisfaction survey. It originally appeared in Volume 3, Number 5 edition of Absolute Advantage workplace wellness magazine published by the Wellness Councils of America. An average job satisfaction score between 40-49 is considered good.





in-between Phases 1 and 2. This indicates that the health department is working to define quality improvement in the organization, but have not yet committed resources to the endeavor.

Finally, a customer satisfaction survey was completed by 55 community members, 17 of which reported receiving services at the Health Department. The staff also completed an identical satisfaction survey. This was done so that each question could be compared to the staff's perception of quality of service. The staff slightly overestimated their quality of service compared to community respondents. The greatest area to improve, according to patients who received services, was for the health department to provide social, cultural, and/or special needs to those it serves. This information assisted in the staff identifying strengths and weaknesses of themselves and their organization.



**D. Description of the steps in the planning process**



**Description of the steps in the planning process**

The McDonough County Health Department's strategic planning process was fairly straight forward. Examples of the planning materials can be found in a previous appendix (p.28).

The complete process consisted of such elements as

- Data gathering,
- Strategic planning staff introduction,
- Staff mandate determination,
- Staff driven values determination,
- Staff driven mission determination,
- Staff driven vision determination,
- Environmental scan,
- SWOC(T) identification,
- Staff driven SWOC connections,
- Staff driven strategic prioritization matrix,
- Staff driven strategic goals determination,
- Staff driving strategic objectives determination.



**E. Annual reports of progress towards goals and objectives**



**Annual reports of progress towards goals and objectives in the plan, including monitoring  
and conclusions on progress toward meeting targets**

(This section is intentionally left blank.)



## Appendix 2 Health priorities



## Appendix 2 Health priorities

The information presented below was gathered from CHC input. It was designed to impact and shape the 2015-2020 health priority discussion. This information was debated and deliberated upon to create the IPLAN objectives and intervention strategies.

### Health priority 1: Sexual Health

Community Health Plan Worksheet completed from the 3-18 meeting information (Sexual Health)

Community Health Plan Worksheet 2 of 4 (Sexual Health)

Health Problem: Sexual Health
<p>Risk Factor(s): Sexual Health</p> <ul style="list-style-type: none"><li>• Engaging in unprotected sex</li><li>• Having multiple sexual partners</li><li>• Previous history of sexually transmitted infections</li><li>• Alcohol and recreational drug abuse</li><li>• Teen and young adult years of age</li></ul> <p>Chlamydia</p> <ul style="list-style-type: none"><li>• All of the above risks</li><li>• Women (female anatomy is more susceptible to Chlamydia infection)</li><li>• High risk among adolescents and young adults</li></ul>
<p>Contributing Factors (what in our community causes/leads to the risk factors?):</p> <ul style="list-style-type: none"><li>• Condoms are not easily accessible (no longer in public restrooms, etc.)</li><li>• Continued risky sexual behavior</li><li>• Large college population</li><li>• Lack of knowledge of services available<ul style="list-style-type: none"><li>○ among health professionals</li><li>○ target population</li></ul></li></ul>
<p>Resources available (What programs/things/classes do we already have that address this problem?):</p>
<p>Corrective actions (Ideas to reduce contributing factors):</p> <ul style="list-style-type: none"><li>• Provide easier access to condoms</li><li>• Normalized STD testing available (normal working hours so not to stand out)</li><li>• Family Planning Clinic in Macomb (closest one is Galesburg and Burlington)</li></ul> <p>Citizen's Bank</p>





<ul style="list-style-type: none"> <li>• Proving relevant and timely employees of health risks</li> <li>• Encouraging each employee to share the news and provide their families/peers groups with information</li> <li>• Incorporating Community Day educational sessions for all residents young and young at heart; share information with focus groups and advisory board leaders of risks and solutions</li> <li>• Provide a confidential referral program for care</li> </ul>
<p>Target Population (Who are we impacting in McDonough County?):</p> <ul style="list-style-type: none"> <li>• 18-24 age</li> <li>• Anyone who is sexually active</li> <li>• Teens and young adults</li> <li>• WIU students</li> </ul>
<p>Estimated funding needed (how much?):</p> <p>####</p>
<p>Anticipated funding sources (from who?):</p> <ul style="list-style-type: none"> <li>• McDonough County Health Department</li> <li>• Planned Parenthood</li> <li>• Family Planning of Illinois</li> <li>• Beu Health Center/WIU</li> </ul>
<p>Additional ideas relating to sexual health in McDonough County:</p>
<p><b>Impact Objectives</b></p> <p>Impact Objective</p> <ul style="list-style-type: none"> <li>• Increase the number of youth and young adults delaying the onset of sexual activity and increase protective behaviors among sexually experienced youth.</li> <li>• Increase the number of pediatricians and primary care providers who address sexual health issues with preteen and teenage patients, discussing Sexually Transmitted Infections (STI) and</li> <li>• Encouraging screening for STI.</li> <li>• By May 2016, increase contraceptive availability in McDonough County for those aged 14 to 24.</li> <li>• By May 2018, increase the percent of 9-12 grade students in McDonough County who abstain from sexual intercourse to 65%. (Baseline: ####%; ##YEAR## Illinois Youth Risk Behavior Survey)</li> <li>• By May 2018, increase the percent of high school and WIU students in McDonough County who report using a condom at last sexual intercourse to 50%. (Baseline: ####%; ##Year## Illinois Youth Risk Behavior Survey)</li> </ul>



- By May 2018, Increase the number of STD partners/contacts examined and treated by 10% in McDonough County at public health clinics and by private providers. (Baseline: To be determined)
- By May 2018, stabilize the increasing Chlamydia rate in McDonough County.

### Outcome Objective

- By 2020, have a 5% reduction in all reportable sexually transmitted diseases in McDonough County.
- By 2020, reduce the number of McDonough County youth and young adults (aged 14-24) infected with *Chlamydia trachomatis* by 10%.

### Relationship to Healthy People 2020: Sexually Transmitted Diseases

HP 2020 Goal: Promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications.

HP 2020 Objective: STD-1 Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections

### Intervention Strategies:

Increase partnerships with schools

\* (Example Sangamon County)

- Increase school based health education and group
- Based behavioral interventions delivered to adolescents to promote behaviors that prevent or reduce the risk of pregnancy and STI.
- Encourage physicians and primary care providers to use mandatory school and sports physical examinations to discuss reproductive health issues and STI. Increase screening for Chlamydia and d gonorrhea using urine based testing.
- Encourage research and epidemiologic study of McDonough County STI cases

\*

(Example Cook County)

To reduce the rates of sexually transmitted infections and unintended pregnancies in youth, IPLAN 2015 proposes:

Strategies:

- Increase awareness of the sexual health status of youth, the implications of early and unprotected sexual activity and the factors influencing youth sexual decisions.
- Advocate for policy change on the state and local levels to address implementation of sexual health education curriculum in schools.



- Assess the needs of youth in high risk communities to advocate for increased funding to provide opportunities for youth development.
- Increase coordination of youth health and social service providers to increase understanding of current community resources and to better meet the needs of youth.

#### MCHD ideas

Increase Condoms available at the McDonough County Health Department

Sex education plan

Partner treatment plan

Expansion of MCHD testing services

Partner with school of nursing

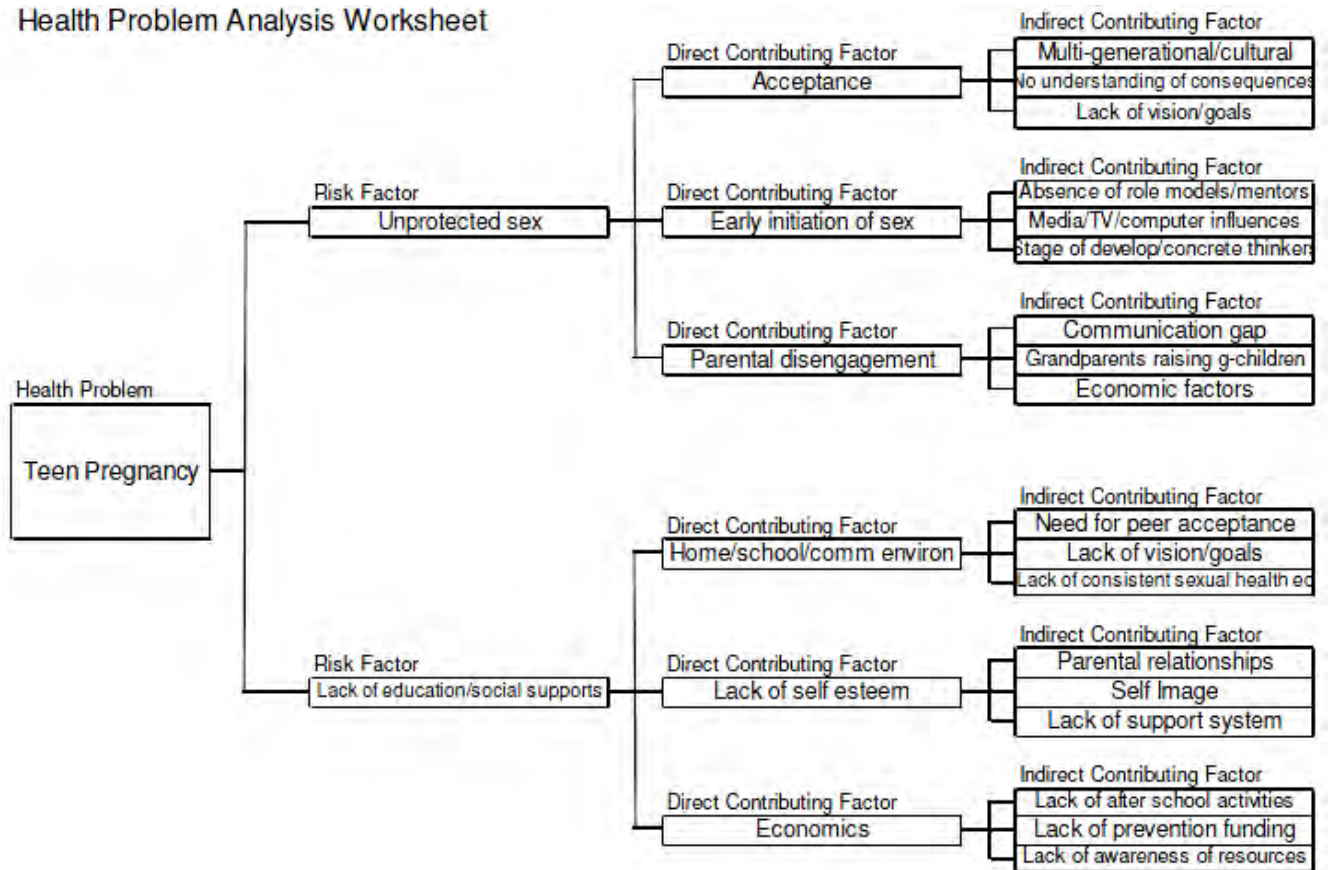
Expand condom distribution points at high schools, down town, Greek system

WIU peer education through Greek system and SHAC



This is only an example used to generate discussion and ideas.

### Health Problem Analysis Worksheet



## Health priority 2: Mental Health

Community Health Plan Worksheet completed from the 3-18 meeting information (Mental Health)

Health Problem: Access to Mental Health Services

Risk Factor(s):

- Substance abuse
- Genetics – Bio/Chem imbalance
- Environment and social causes (current or childhood)
- traumatic experiences (childhood)
- Victim of emotional, sexual, or physical abuse
- Physical or emotional neglect
- Illegal drug abuse/dependence

Contributing Factors (what in our community causes/leads to the risk factors?):

- Long wait for psychiatric services
- Costs to individuals with and without insurance/SSI
- Sporadic weather patterns in Midwest
- Prolonged use of certain medications
- Adult antisocial behavior
- Poverty
- Bullying
- Exposure to infections or toxins during pregnancy
- Phobias
- Unemployment
- Depression
- Generalized anxiety disorder
- Witnessing parental violence
- Not using mental health services/treatment
- Drug addiction
- Self-medication
- Poor social support systems
- Genetics
- Trauma (physical /emotional psychological)
- Abuse
- Stress
- Non healthy home environment
- Indirect



- Finance and financial barriers
- Limited resources
- Neglect
- Abuse
- Limited knowledge
- Dysfunction the family unit
- Brain trauma
- Illness
- Abuse (physical/mental/emotional/sexual)
- Incarceration
- Parent/Guardian poor mental health
- Social Stigma
- ACA funding

Resources available (What programs/things/classes do we already have that address this problem?):

- MDH Behavioral Services, North Central Behavioral Health and WIU Psychology Clinic
- MDH Psychiatrists on staff
- Police department aware of mental health issues

Corrective actions (Ideas to reduce contributing factors):

- Quicker turn around to see psychiatrist
- More sliding scale and free mental health programs
- Medication case management services
- Inner agency council
- Challenges and role of police with mental health
- Recognizing and treating depression in the early stages
- WIU counseling center
- Work/partner with doctors

Citizen's Bank

- Proving relevant and timely employees of health risks
- Encouraging each employee to share the news and provide their families/peers groups with information
- Incorporating Community Day educational sessions for all residents young and young at heart; share information with focus groups and advisory board leaders of risks and solutions
- Provide a confidential referral program for care
- Provide screens to employees and LMI
- Help fund programs for intervention

Target Population (Who are we impacting in McDonough County?):

- Everyone (General population)
- Lower income families
- Lower income Adults
- Veterans



Estimated funding needed (how much?):
Anticipated funding sources (from who?):
Additional ideas relating to mental health in McDonough County: <ul style="list-style-type: none"> <li>• Focus on mental health, not just mental illness –prevention</li> </ul>
<p>Impact Objective</p> <ul style="list-style-type: none"> <li>• By 2017, the IPLAN committee will address and recommend strategies in resolving the issues related to access to care.</li> <li>• By 2018, increase the proportion (number) of adults who need services and receive behavioral health services.</li> <li>• By 2018, increase the proportion (number) of children who need services and receive behavioral health services.</li> <li>• By 2017 promote mental health services and resources available in McDonough County through the MCHD website and inner agency counsel.</li> </ul> <p>Outcome Objective</p> <ul style="list-style-type: none"> <li>• By 2020, increase the percentage of the population who has a health care provider to 95%, 10 % improvement.</li> <li>• By 2020, increase the proportion of children with mental health problems who receive treatment to 75%. (no baseline available)</li> </ul> <p><i>HP2020</i></p> <ul style="list-style-type: none"> <li>○ MHMD–6: Increase the proportion of children with mental health problems who receive treatment. Target: 75.8 percent.</li> <li>• By 2020, increase the proportion of adults with mental disorders who receive treatment. (no baseline available)</li> </ul> <p><i>HP2020</i></p> <ul style="list-style-type: none"> <li>○ MHMD–9: Increase the proportion of adults with mental disorders who receive treatment. SMI to 72.3% and MDE to 75.9%</li> </ul>

#### Intervention Strategies:

Promote available facilities

Collaborate with mosaic, bridge way, NW behavior Health, tele psych and WIU Vets tele psych

Mental health first aid

Police and mental health training





WIU mental health survey data

WIC depression screening

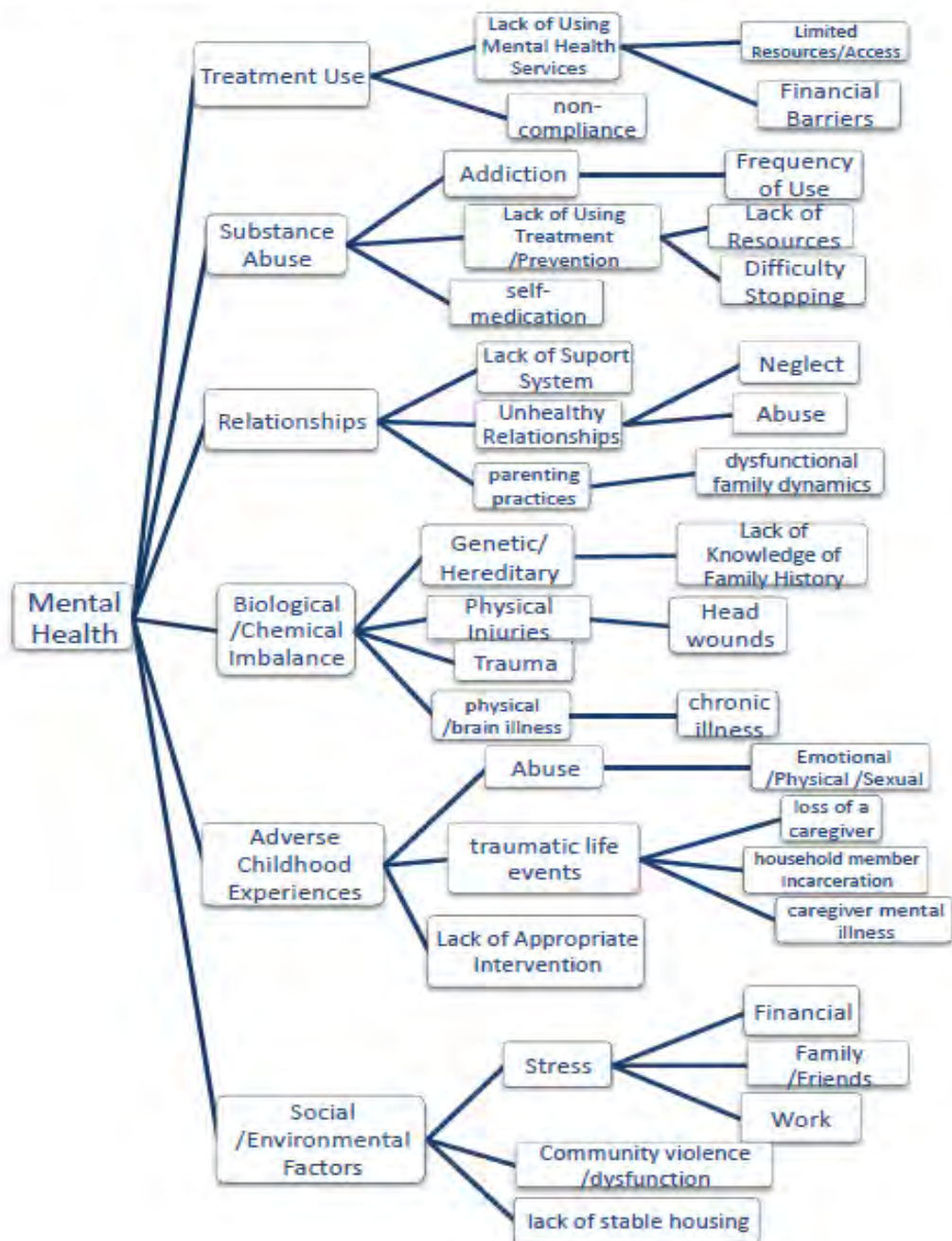
Ways to improve mental health

- Social service organization
- Stay connected
- Exercise
- Eat well
- Reduce stress
- Mental health first aid
- Mandela



This example from McLean County was used to create discussion and spark ideas.

Health Problem      Risk Factor      Direct Contributing Factor      Indirect Contributing factor



## Health priority 3: Oral Health

Community Health Plan Worksheet completed from the 3-18 meeting information (Oral Health)

Health Problem: Oral Health
<p>Risk Factor(s):</p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Genetics</li> <li>• Unhealthy diet</li> <li>• Poor oral hygiene habits</li> <li>• Smoking/tobacco use</li> </ul>
<p>Contributing Factors (what in our community causes/leads to the risk factors?):</p> <ul style="list-style-type: none"> <li>• Dental provider shortage.</li> <li>• Insurance</li> <li>• Disproportionally expensive for local residents- especially for low-income residents</li> <li>• Geographic isolation- rural areas have fewer dental professionals necessitating travel in order to receive dental care</li> <li>• Inadequate transportation- limited public transportation may hinder residents, particularly low-income residents, from travelling to a dentist</li> <li>• Large elderly population- elderly populations are less likely to have dental coverage. They are typically unemployed and Medicare does not provide dental coverage</li> <li>• Socioeconomic status (income)</li> <li>• Poor eating habits</li> </ul>
<p>Resources available (What programs/things/classes do we already have that address this problem?):</p> <ul style="list-style-type: none"> <li>• Dr. Pawlias is now accepting children on Medicaid</li> </ul>
<p>Corrective actions (Ideas to reduce contributing factors):</p> <ul style="list-style-type: none"> <li>• Better payment turnaround from the state in paying dentists so more dentists will accept Medicaid recipients</li> <li>• Dental costs are exorbitant (too expensive for those without insurance)</li> <li>• Another dental clinic opening up in Macomb (closest one is Carthage and Stronghurst)</li> </ul> <p>Citizen's Bank</p> <ul style="list-style-type: none"> <li>• Proving relevant and timely employees of health risks with in our community</li> <li>• Encouraging each employee to share the news and provide their families/peers groups with information</li> <li>• Incorporating Community Day educational sessions for all residents young and young at heart; share information with focus groups and advisory board leaders of risks and solutions</li> <li>• Adopt-a-class programs to include oral care and buy toothbrushes and paste to the children</li> <li>• Rewards program to children who care for their teeth</li> <li>• Fundraise for new Dental Clinic</li> </ul>



<ul style="list-style-type: none"> <li>• Dental day <ul style="list-style-type: none"> <li>○ 5K run for funding (Miles for Smiles)</li> </ul> </li> </ul>
<p>Target Population (Who are we impacting in McDonough County?):</p> <ul style="list-style-type: none"> <li>• Everyone</li> <li>• Youth</li> <li>• Adults</li> <li>• Lower income individuals and families</li> <li>• Uninsured adults/kids</li> <li>• Underinsured adults/kids</li> </ul>
<p>Estimated funding needed (how much?):</p>
<p>Anticipated funding sources (from who?):</p> <ul style="list-style-type: none"> <li>• 5 K run/walk to fund dental day</li> </ul>
<p>Additional ideas relating to oral health in McDonough County:</p>
<p>Impact objectives (Example McDonough County and McDonough County)</p> <ul style="list-style-type: none"> <li>• By 2020, decrease visits to emergency departments for oral health issues by 5%.</li> <li>• By 2018, increase the number of primary care providers performing oral health exams for uninsured adults by 50%.</li> <li>• By 2020, increase the number of high risk children receiving fluoride varnish application prior to age 3 to fully erupted teeth.</li> </ul> <p>Outcome objectives</p> <ul style="list-style-type: none"> <li>• By 2020, increase the proportion of uninsured/underinsured children, adolescents, and adults who receive routine annual oral health care. (no local baseline available)</li> </ul> <p>HP2020</p> <ul style="list-style-type: none"> <li>○ OH-7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year. Target: 49.0 percent.</li> </ul> <ul style="list-style-type: none"> <li>• By 2020, reduce the proportion of McDonough County children and adolescents with untreated dental decay by 15%. (no local baseline available)</li> </ul> <p>HP2020</p> <ul style="list-style-type: none"> <li>○ OH-1: Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.</li> <li>○ OH-2: Reduce the proportion of children and adolescents with untreated dental decay.</li> </ul>

Intervention Strategies:



## McDonough County Dental Day

Present cost of dental prevention compared to treatment to county board

Partner with a dental hygienists education program

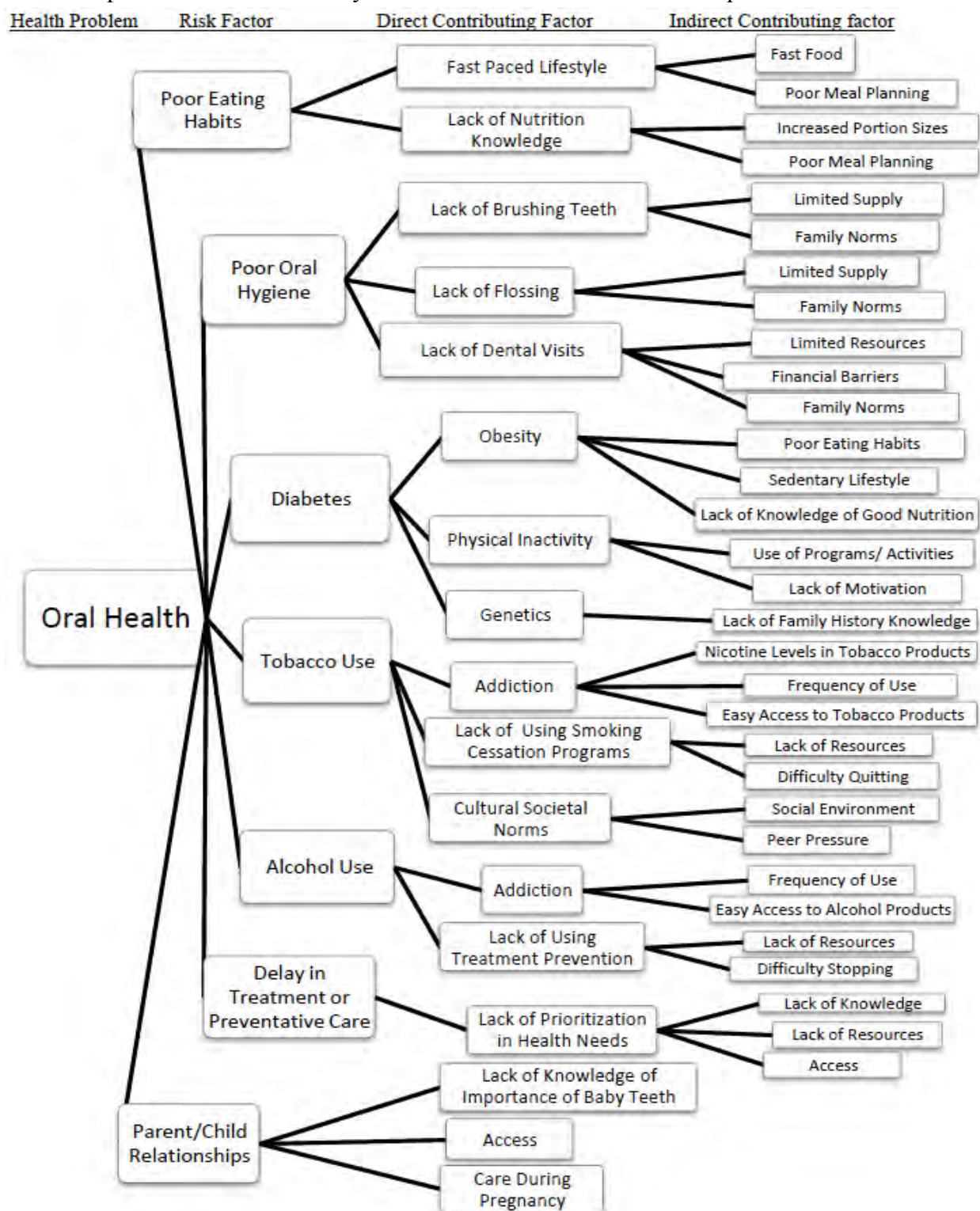
Carl Sandburg

Bring new dentists down from the train line

Incentivize dentists with rural loan repayment grants



This example from McLean County was used to create discussion and spark ideas.



## Health priority 4: Obesity Prevention

Community Health Plan Worksheet completed from the 3-18 meeting information (Obesity Prevention)

Health Problem: Obesity Prevention
<p>Risk Factor(s):</p> <ul style="list-style-type: none"><li>• Physical inactivity</li><li>• Unhealthy diet and eating habits</li><li>• Environment (lack of sidewalks, workplace settings, community, childcare, school, etc. influences health decisions)</li><li>• Genetics/family history</li><li>• Family lifestyle (similar eating, lifestyle, and activity habits)</li><li>• Age (hormonal changes, less active lifestyle, muscle loss)</li><li>• Socioeconomic status</li><li>• High blood pressure</li><li>• High LDL</li><li>• Low HDL</li><li>• High triglyceride</li><li>• High blood glucose (sugar)</li><li>• Cigarette smoking</li><li>• Environmental factors</li><li>• Mental health-lack of self-efficacy, motivation</li></ul>
<p>Contributing Factors (what in our community causes/leads to the risk factors?):</p> <ul style="list-style-type: none"><li>• Sedentary work environments and leisure</li><li>• Abundance of convenience/fast foods (24 hr. fast food on Jackson St.)</li><li>• Low socioeconomic status of area</li><li>• Lack of consistent nutrition education</li><li>• Stress response (comfort food)</li></ul>
<p>Resources available (What programs/things/classes do we already have that address this problem?):</p> <ul style="list-style-type: none"><li>• Fitness centers (SNAP, Free Range Yoga, Recreation Center)</li><li>• Walking trails</li><li>• Frisbee/disc golf courses</li><li>• YMCA</li><li>• Youth programs</li><li>• Summer camps (Food for Thought)</li><li>• Farmer's Market</li><li>• Hy-Vee dietitian</li></ul>





<ul style="list-style-type: none"> <li>MDH Programs- diabetes Education center, Rehabilitation Services (Silver Sneakers Program), Nutrition Counseling, Wellness Coaching, Employee Wellness Challenges.</li> </ul>
<p>Corrective actions (Ideas to reduce contributing factors):</p> <ul style="list-style-type: none"> <li>Provide more healthy food choices at local restaurants</li> <li>Encourage local food growers to participate in Farmer's Market (very low attendance the last few years in McDonough County)</li> <li>Offer fresh and healthier food options at our schools, summer camps and food programs</li> <li>Better quality of fresh foods at our area grocery stores</li> <li>More community support to our Macomb Food Coop.</li> <li>More bike routes throughout town (have seen improvement here)</li> <li>MDH- Focus on more education on weight control with primary healthcare providers (more screenings), increased nutrition education at all levels.</li> </ul> <p>Citizen's Bank</p> <ul style="list-style-type: none"> <li>Providing employees with relevant and timely facts of health risks</li> <li>Providing healthy snacks and water daily at the bank</li> <li>Providing a place for employees to walk during breaks</li> <li>Encouraging each employee to share the news and provide their families/peers groups with information</li> <li>Incorporating Community Day educational sessions for all residents young and young at heart; share information with focus groups and advisory board leaders of risks and solutions</li> </ul> <p>IL Extension</p> <ul style="list-style-type: none"> <li>Life educator- programming on stress and balancing work/family</li> </ul>
<p>Target Population (Who are we impacting in McDonough County?):</p> <p>Under 18</p> <p>Over 18</p> <p>All ages</p>
<p>Estimated funding needed (how much?):</p> <p>\$10,000 community-wide funding (MDH)</p> <p>###</p>
<p>Anticipated funding sources (from who?):</p> <p>Grants, USDA SFSP</p>



Additional ideas relating to obesity in McDonough County:

## Impact Objectives (Examples Hancock and McLean County)

### Impact

- By 2018, adults will report a 5% increase in physical activity from %%% to ###% on the Behavioral Risk Factor Survey.
- By 2018, increase the rate of adults and children in McDonough County who engage in regular physical activity. (baseline - sedentary lifestyle: ###adults, ###% children)

#### HP2020

- PA-1: Reduce the proportion of adults who engage in no leisure-time physical activity. Target: ###32.6 percent.
- PA-2: Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.
- PA-3: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.
- By 2017, increase the consumption of fruits and vegetables by all populations in McDonough County. (Baseline - low fruit/veggie intake ###% adults, ###% youth).

#### 107 HP2020

- NWS-14: Increase the contribution of fruits to the diets of the population aged 2 years and older. Target: 0.9 cup equivalents per 1,000 calories.
- NWS-15: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older.
- NWS-15.1 Increase the contribution of total vegetables to the diets of the population aged 2 years and older. Target: 1.1 cup equivalents per 1,000 calories.
- By 2017, decrease the consumption of sugar sweetened beverages by all populations in McDonough County. (no baseline available)

#### HP2020

- NWS-2.1 Increase the proportion of schools that do not sell or offer calorically Sweetened beverages to students. Target: 21.3 percent.
- NWS-17: Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older.

### Outcome Objectives

- By 2020, the percentage of residents who report they have been told they have hypertension will decrease 2% from ### to ### based on the Behavioral Risk Factor Survey
- By 2020, increase the proportion of children and adults in McDonough County who are at a healthy weight. (Baseline - adults 38.5%; children 83.8%)

#### HP2020

- NWS-8: Increase the proportion of adults who are at a healthy weight. Target: 33.9 percent.



- NWS-11: Prevent inappropriate weight gain in youth and adults
- By 2020, halt the trend of steadily rising obesity prevalence in McDonough County. (baseline prevalence- increased ##% in six years, from %%% in 2002 to ##% in 2008) HP2020
  - NWS-9: Reduce the proportion of adults who are obese. Target: 30.6 percent.
  - NWS-10 Reduce the proportion of children and adolescents who are considered obese.

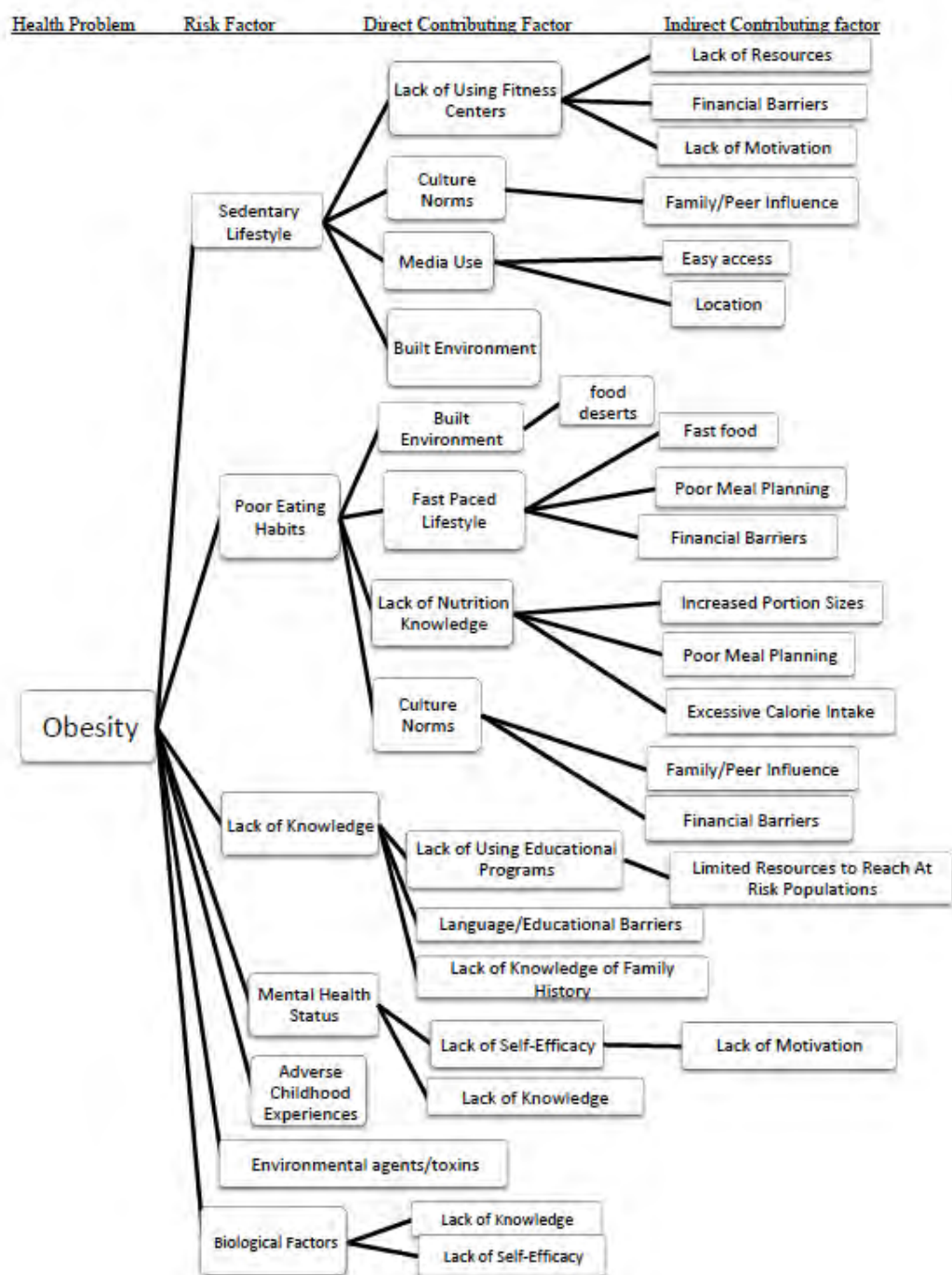
Intervention Strategies:

Farmers' market integration

MDH body composition testing



This example from McLean County was used for discussion and to generate ideas



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## **Appendix 3 Meetings and Meeting Minutes**



### **Appendix 3 Meetings and Meeting Minutes**

#### **IPLAN COMMUNITY HEALTH ADVISORY MEETING**

**OCTOBER 22, 2014**

Starting Time: 10:17am

10:17am: Introduction to IPLAN 2015-2020, Phase 1, 2 and 3

10:23am: Photo submission available date for Photovoice - the website is projected to be up and running by November 1.

10:25am: Benefits of Photovoice - pictures and description will be analyzed and added to the need assessment data.

10:36am: Usage of IPLAN – Comparing data for County, grant funding, prioritize health problems.

10:37am: Spread the words for Photovoice with newspaper, radio and other media. Post on the Facebook page of other agency.

10:41am: Meeting adjourns.





IPLAN Community Health Advisory Committee Meeting

Date: October 22, 2014

Name	Agency	Phone	Email
Jennifer Dailey	Mosaic		jennifer.dailey@mosaicinfo.org
Teah Anderson	MCHD	309-837-9451	Sanderson@weshedph.com
Alex Zimmermann	Bew/WIU	618-219-5174	AM-Zimmermann@uiowa.edu
Jo Ann Hairston-Jones	Bew/WIU	298-3225	J-Hairston-Jones@uiowa.edu
Crystan Wilson	Bew/WIU	298-8005	crystan@uiowa.edu
Maureen Bezold	WID-HSSW	309-838-2400	mp-bezold@uiowa.edu
Kate McLaughlin	EARLY INTERVENTIONS/DOIE #26	309-436-5776, ext. 213	ext@egsnet.com
Carla Tesler	YMCA	309-833-2129	ymca.carla@gmail.com
Emily Boyer	Tri States Public Radio		eb-boyer@uiowa.edu
Nick Draper	McDonough Voice	309 833 2345	ndraper@mcDonoughvoice.com
Mary Jane Clark	ICAHW	309-331-4472	mjclark@icahn.org
Jason Riley	YMCA	309-333-9079	jiriley@macombymca.org
Randy Moore	Center for Youth and Family Services	(309) 833-7191	rj-moore@uiowa.edu

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Name	Agency	Phone	Email
Bill Jacobson	Housing Auth. of McDon Co.	837-2363	home@macomb.com
William Weterl	Genesis Garden	309-255-3445	<del>william.weterl@genesis-garden.org</del>
Marie Brown	Genesis's Garden		m.brown@genesis-garden.org
Jill Beck	United Way	837-9180	mcdunitedway@comcast.net
Laura Leezer	Citizens Bank	837-0604	laura.leezer@citizensbank.com
Rachel Lenz	Macomb Park District	309-833-4862	r.lenz@macomb.parks.com
Steve Yeast	Macomb Elk Lodge	309-333-2102	rusty@macomb.com
Diane Tate	McDonough District Hyatt	309-836-1584	bd.tate@mdh.org
Adrian MacGrogan	" "	" "	ammacgrogan@mdh.org
Lisa Protsman	SNAP Fitness	309-751-4341	lisa-manepratz@uphoo.com
Ed Davin	MACOMB ELKS	309-696-4858	EJ-Davin@wlu.edu

24 signed up

## IPLAN COMMUNITY HEALTH ADVISORY MEETING

November 19, 2014

Starting time: 10:20 am

10:23 am: Discussion on secondary data of demographic, socioeconomic, maternal and child health, chronic diseases and environmental health of McDonough County

10:25 am: Analyzing poverty with census data is complicated for McDonough County

10:38 am: Age of pregnant mother at McDonough County

10:49 am: Smoke free campus and smoking sign on business in Macomb

10:53 am: Discussion on substance abuse and comparison of smoking cigarette, marijuana and how legalization of medical marijuana could be a factor

11:11 am: Unprotected sex in high school and university, lower condom distribution and availability.

11: 25 am: Crime rate and rape rate comparison of Universities

11: 34 am: Meeting adjourns.



# IPLAN Community Health Advisory Committee Meeting

Date:

11-19-2014



Name	Agency	Phone	Email
Johnna Hairston-Jones	Beta Health Center	298.3225	JHairston-Jones@wva.edu
Alex Zimmerman	Beta Health Center		Alex-Zimmerman@wva.edu
Laura Leazer	Citizens Bank	839-0604	leazerl@hometrustbank.com
Diane Tate	MDA Outreach Service	836-1582	dtate@mdh.org
Emily Bauer	eh-bauer@wva.edu	298-1873	Tri States Public Radio
Nia Dwyer	nldwyer@McDonough.edu	618-225-0345	McDonough Co. Voice
Katherine Kerne	WVA Social Work Dept	298-2490	Kerne.k@wva.edu
Kate Munk	EMERY Performance	304-434-5775, 134	emeryk@emery.net
Diana Belknap	USDA Rural Development	217-224-4302 x4	Diana.Belknap@il.usda.gov
Bill Jacobs	Housing Authority		
Sunny Biggs	HAMC		hambc@macomb.com
Miriam Bradham	Genesis Garden	309-544-5500	miriam.bradham@gmail.com
Monte Brana	Genesis Garden		m.brana@genesisgarden.org



[illegible]

## McDonough County Photovoice Project

1-20-2015

Post event themes and highlights from the discussion

Ideas of what health means to them

- Healthy eating
- Healthy prepared foods available
- Safe , clean and good environment for being active
- Mental health access
- Limited usage of outdoor facilities
- Great community programs but they are not promoted in a centralized location.
- Access to health care
- Access to fresh food
- Curb access
- Increased green spaces
- Centralized information hub for health and social services
- Community center
- Dental care
- Utilization of events and services

One word that describes future health in McDonough County

- Hopeful
- Movement
- Inspire
- Access
- Improvement
- Life



- Commitment
- Rural
- Meaningful
- Initiating
- Frustrated
- Help





IPLAN: McDonough County Photovoice Event

Date: 1-20-2015



	Name	Agency	Phone	Email
1	Nick Swore	MCHD	309-318-1201	nswores@mcshdpt.com
2	Katherine Renee	Emergency Council / Daphnia HS Science Club	309-288-2490	ke-perone@wiu.edu
3	Jenny Biggs	Peace Corps Fellows	615-491-7804	j1-biggs@wiu.edu
4	Amey Sweet	MCHD	217-440-8210	ae-sweet@wiu.edu
5	Marta Salinas	COHS		me-salinas@wiu.edu
6	Nick Skub	MDH	309-836-1584	schubn@umich.edu
7	Lynette	MCHD	309-837-9451	Lleale@mcshdpt.com
8	Omotola Adega	MCHD	309-299-4832	O-mashaga@wiu.edu
9	Kashie Johnson	Soup + More	309-255-4193	kashiejohnson1613@aol.com
10	Sarah Johnson	Soup + More	309-218-1011	bsahj@wiu.edu
11	Yvonne Lee	WU	618-440-1607	y-lee2@wiu.edu
12	Miriam Bradshaw	Genesis's Garden	309-544-5000	miriam.bradshaw@gmail.com
13	Marie Brana	Genesis's Garden		mbrana@genesisgarden.org



	Name	Agency	Phone	Email
14	Pam Nelson	Project Insight	(308) 837-5685	pnelson@wci.sec.org
15	Emily Bayr	Tri States Public Radio	309 298 1873	eb-bayer@niu.edu
16	Cheryl Adams	MCITD	309-837-9551	Cadams@mcitd.com
17	Ann Marie Hayes-Hicks	WIC	309 228-1527	am-hayes-haykins@wicu.edu
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## IPLAN COMMUNITY HEALTH ADVISORY MEETING

January 21, 2015

Starting time: 10:15

10:16 Brief introduction and overview by Nick Swope reminding the Community Health Committee (CHC) that they will be selecting the health priorities for McDonough County was given.

10:20 Start PPT Presentation

10:21 Overview of McDonough County Photovoice Project

10:27 Review Community Health Committee Survey

10:30 Members were asked to add anything to the prioritization criteria

10:40 The CHC was then shown the top five categories as selected by the CHC survey, previous meetings and the Photovoice project. The categories were; obesity prevention, access to dental health, access to mental health, respiratory disease and sexual health.

11:00 Adapted nominal group technique was used to allow everyone to share. CHC wrote their idea priorities and reasons and shared them to the group. Notes were jotted down and votes were tabulated

11:15 The CHC clearly identified two priorities; Access to mental health and sexual health. Respiratory disease was eliminated due to lack of votes. Dental health and obesity prevention were split.

11:17 The CHC deliberated on which one to eliminate; obesity prevention or dental health. They conducted a revote and were still split.

11:20 The CHC decided to expand the health priorities from three to four and include obesity prevention and dental health.

11:30 Meeting Adjourns



# IPLAN Community Health Advisory Committee Meeting

Date: 1-21-2015



Name	Agency	Phone	Email
Tiffany Metzel	Early Beginnings <sup>Box 26</sup>	309-855-3276	TEwright@wiu.edu
Michelle Hauvize	Mosaic	309-837-5506	michelle.hauvize@mosaicinfo.org
Melissa Gaihoun	Family Violence Coord Council	309-533-9321	fvcc9@hotmail.com
Pam Nelson	Project Insight	309-837-5685	=
Kisa Fulkerson	Hot I Extension	309-837-3939	1fulkers@illinois.edu
Patricia Eathington	WIV - School of Nursing Community	298-2816	
Will Metzel	First Presbyterian Church Genesis Garden	309-208-5448	william@firstpresmcaomb.org
Monte Blome	Genesis Garden	309 326 3075	monte@genesis-garden.org
Jacavelle Conroy	Wilde	815-701-7127	
Zack Dobert	Prefige (Carnival City)	309-837-2121	



## IPLAN COMMUNITY HEALTH ADVISORY MEETING

March 18, 2015

Starting time: 9:00

9:00 Brief introduction and overview of the meeting was given by Nick Swope. This included an introduction of the people sitting around the table.

9:10 Individuals received community health plan worksheets with complied information from the February electronic CHC session. The example obesity risk/contributing factor tree was discussed.

9:20 The CHC discussed and worked through the obesity prevention worksheet set.

9:50 The example risk/contributing factor tree was discussed.

9:52 The CHC discussed and worked through the sexual health worksheet set.

10:30 The example risk/contributing factor tree of oral health was discussed and adapted.

10:40 The CHC discussed and worked through the oral health worksheet set.

11:10 The example risk/contributing factor tree on mental health was discussed.

11:15 The CHC discussed and worked through the mental health worksheets set.

11:45 Meeting adjourns



IPLAN Meeting (CHC) 3-18-2015  
 Michelle Hendrix - Mosaic HSC  
 Deane Tate - MDS - Youth Educator  
 Melissa Colborn - EVCE Coordinator  
 Josh Anderson - MCHD - ERc  
 Fern Allen - MCHD Community Health Director  
 Shelly Benson - MCHD Community Health  
 Laura Lezer - Children's book



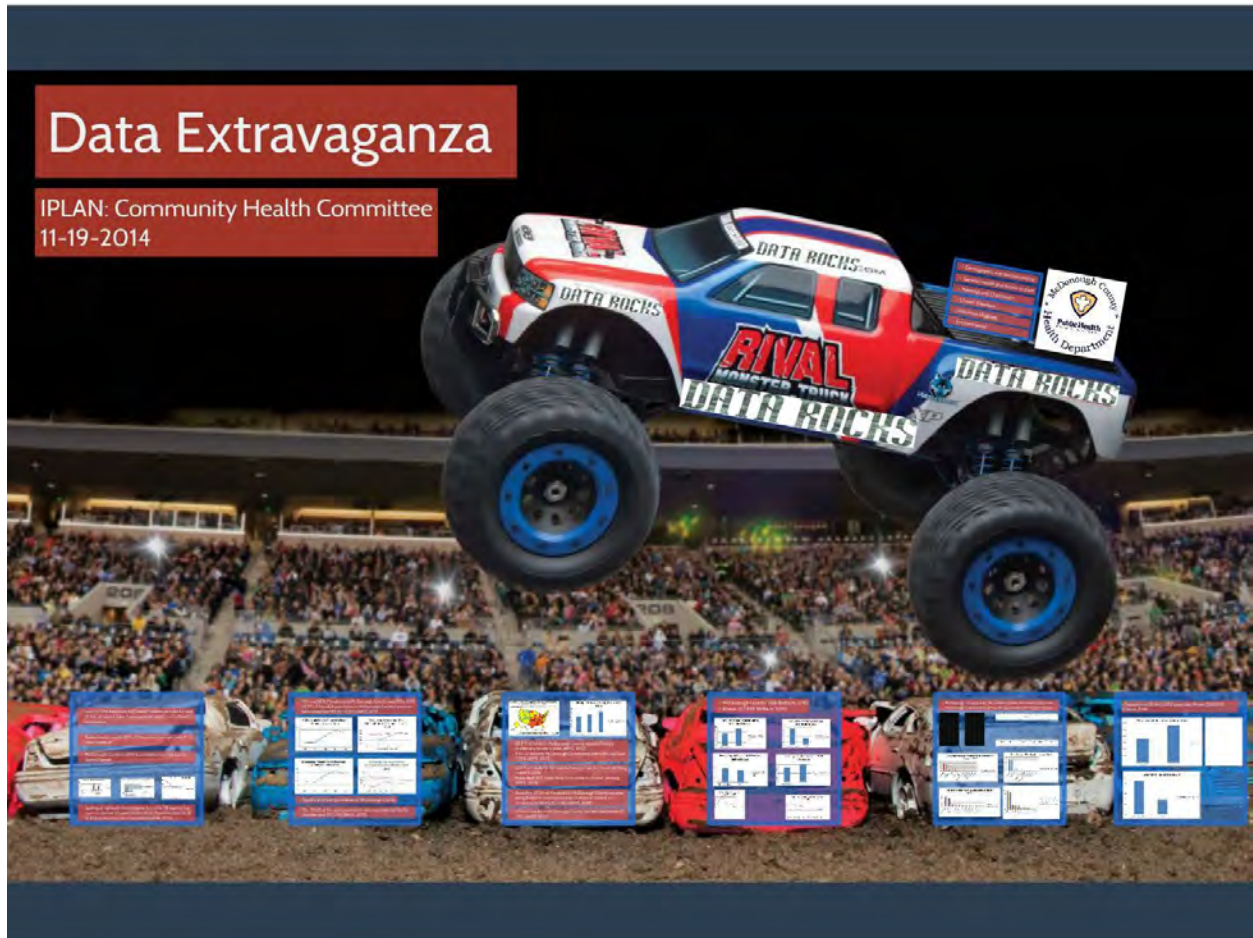
## Appendix 4 Community Health Data





## Appendix 4 Community Health Data

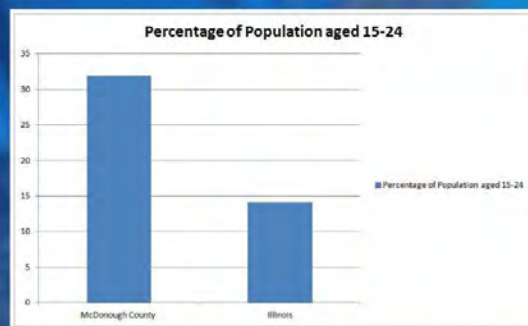
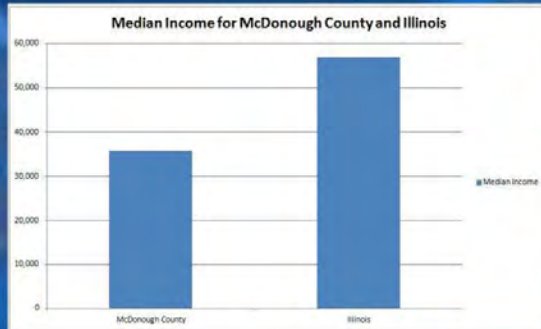
The health data used for the 2015-2020 IPLAN process was primarily derived from secondary data sources. The McDonough Photovoice project is the exception (see appendix 5, p.358). There were numerous data sources used. They can be located in the works cited sections (p.32) of the main document. The community health data section of the main document (p.18) provides a greater contextual understanding of the data in this appendix.



- Demographic and Socioeconomic
- General Health and Access to Care
- Maternal and Child health
- Chronic Diseases
- Infectious Diseases
- Environmental



• Population of 32,464 (2013 projection) Illinois (12882135)  
(Census, 2014)





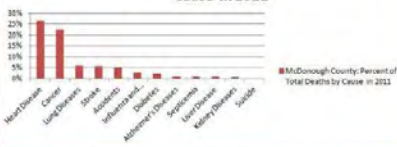
- McDonough County ranks 11th of 102 counties for Health Outcomes
- McDonough County ranks 29 out of 102 counties for Health Factors



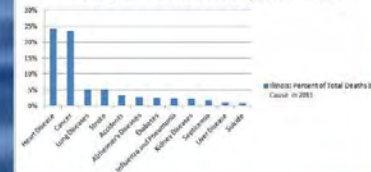
McDonough County	Heart Disease	Cancer	Long Diseases	Stroke	Accidents and Poisoning	Infectious Diseases	Diabetes	Alzheimer's Disease	Respiratory Diseases	Liver Disease	Kidney Diseases	Suicide
Rank	1	2	3	4	5	6	7	8	9	10	11	12

Illinois	Heart Disease	Cancer	Long Diseases	Stroke	Accidents	Alzheimer's Disease	Diabetes	Infectious Diseases	Kidney Diseases	Respiratory Diseases	Liver Disease	Suicide
Rank	1	2	3	4	5	6	7	8	9	10	11	12

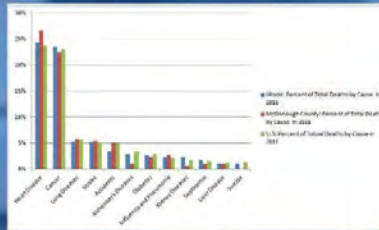
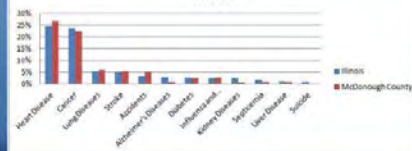
McDonough County: Percent of Total Deaths by Cause in 2011



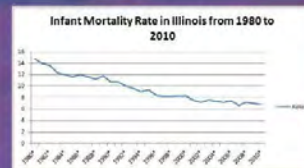
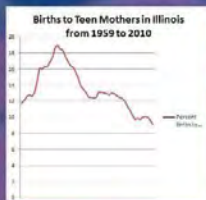
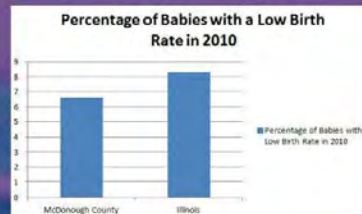
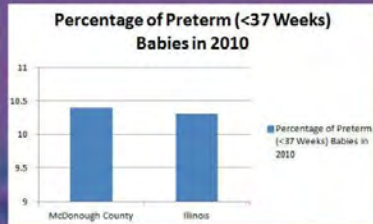
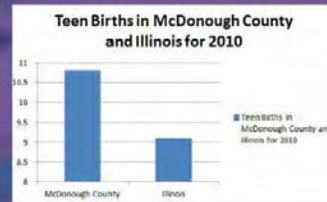
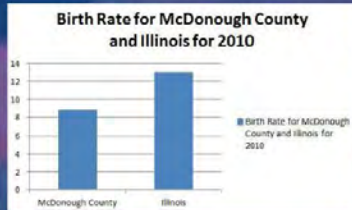
Illinois: Percent of Total Deaths by Cause in 2011



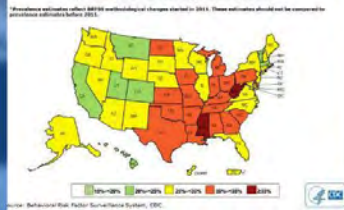
Illinois and McDonough County: Causes of Death in 2011



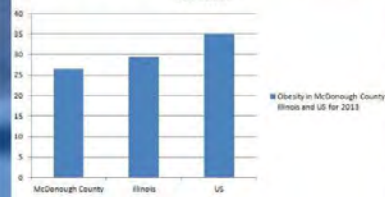
- McDonough County: 288 Births in 2010
- Illinois: 167,998 Births in 2010



Prevalence\* of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2013



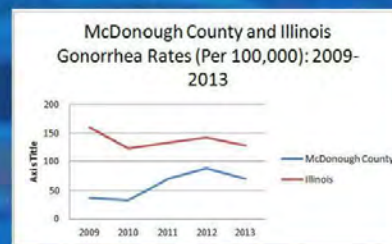
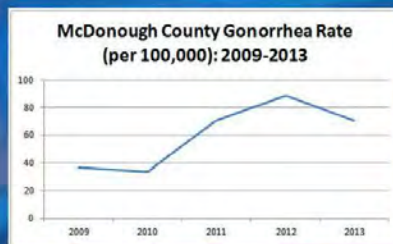
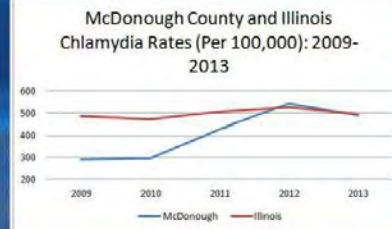
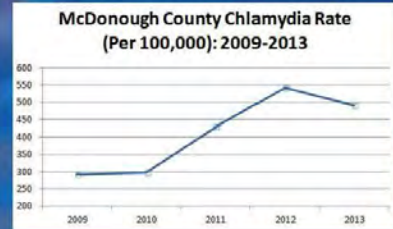
Obesity in McDonough County, Illinois and US for 2013



- 38.8 % of adults in McDonough County reported being a smoker or a former smoker (BRFS, 2013)
- 8.5% of Adults in McDonough County were ever told they have COPD (BRFS, 2013)
- 20.1 % of adults 18-65 reported being at risk for chronic drinking in (BRFS, 2013)
- Males were 10% more likely to be at risk for chronic drinking (BRFS, 2013)
- Disability- 27.2% of the adults in McDonough County reported being limited in any way because of physical, mental, or emotional problems (CI 11.8%) (BRFS, 2013)
- 17.3% of adults in McDonough County reported depression (CI 7.8%) (BRFS, 2013)



- HIV and AIDS Prevalence in McDonough County was 14 fro 2013
- 23.5% of the adult population in McDonough County have ever been tested for HIV (CI- 11.5%) (BRFS, 2013)



- Syphilis is almost non existent in McDonough County
- Flu- 34.6% of the adult population was vaccinated for the flu virus last year (CI 11.2%) (BRFS, 2013).

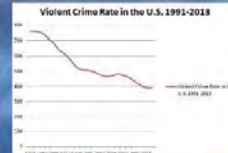
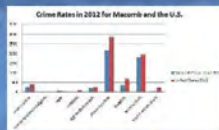




- Lead: In 2012 there were 435 tested children samples for lead, of that, 32 total children had reportable rates ( $\geq 5$ ) of lead in their system.

- Radon levels: roughly 50% of the county has high ( $\geq 4$  pCi/L) radon levels of

- McDonough County in 2014 is considered to a tick county (Lyme Disease)



- Looking at national crime statistics from the FBI reports that from for the last 10 years (2004-2013) there has been an 18 to 47.5 point drop in all crime statistics (FBI, 2013)

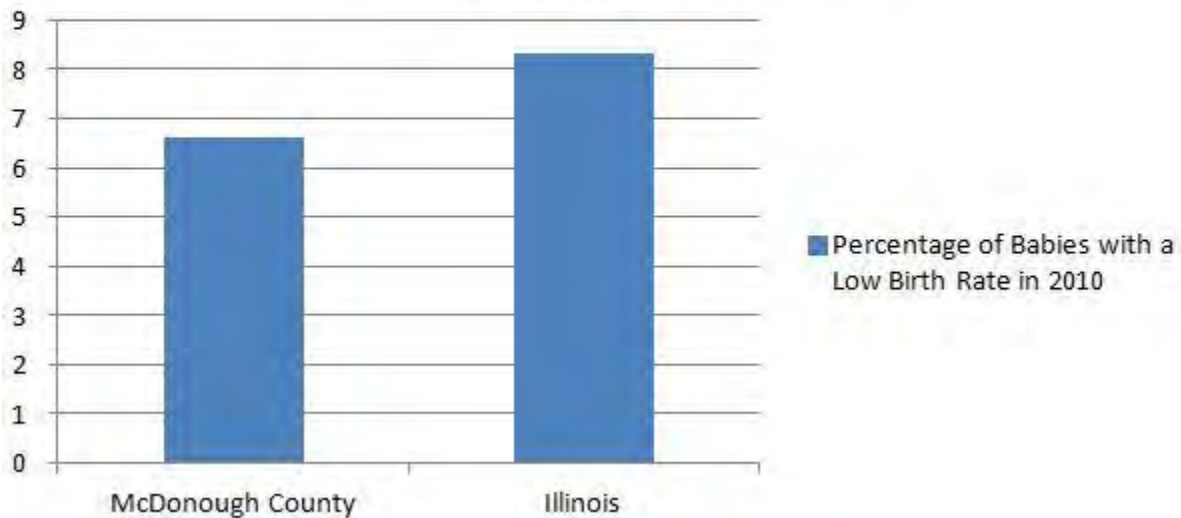
# Data Extravaganza

IPLAN: Community Health Committee  
11-19-2014

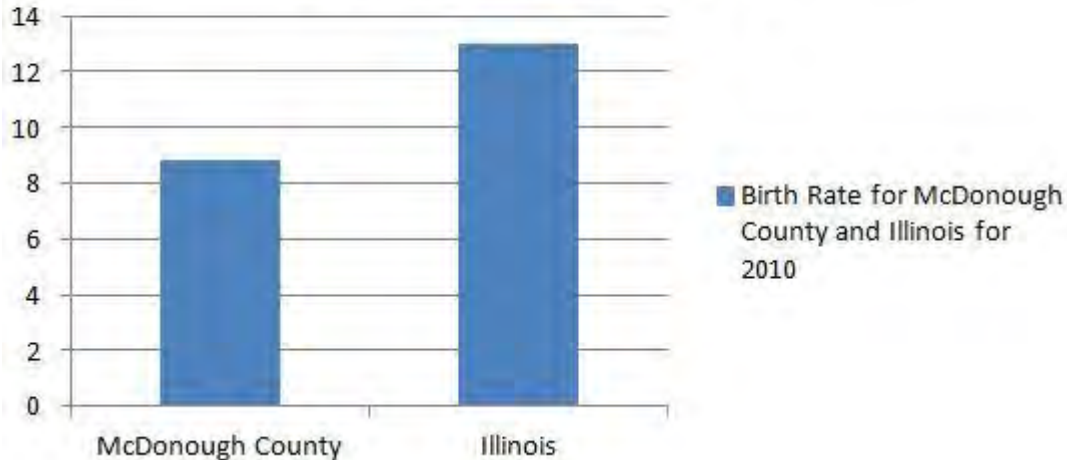


IPLAN 2015-2020

## Percentage of Babies with a Low Birth Rate in 2010



## Birth Rate for McDonough County and Illinois for 2010

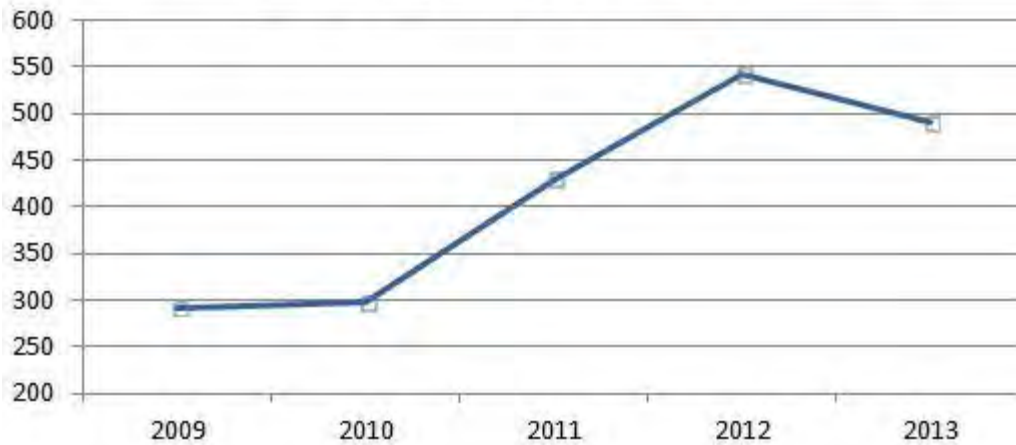


## Percentage of Preterm (<37 Weeks) Babies in 2010

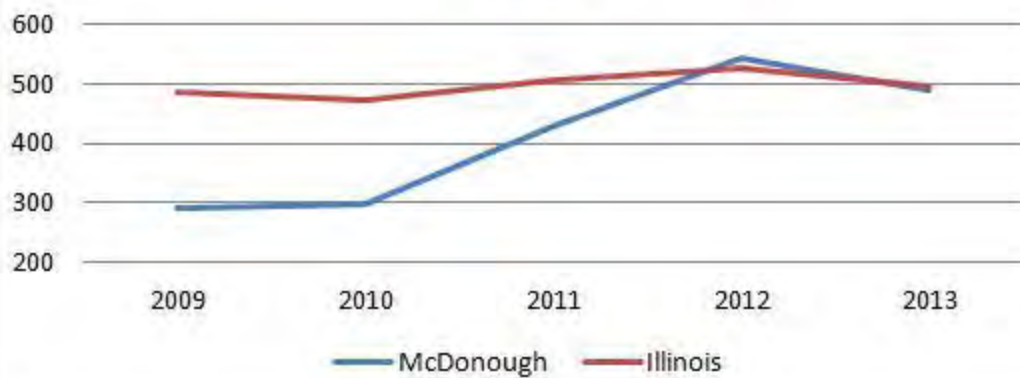




## McDonough County Chlamydia Rate (Per 100,000): 2009-2013



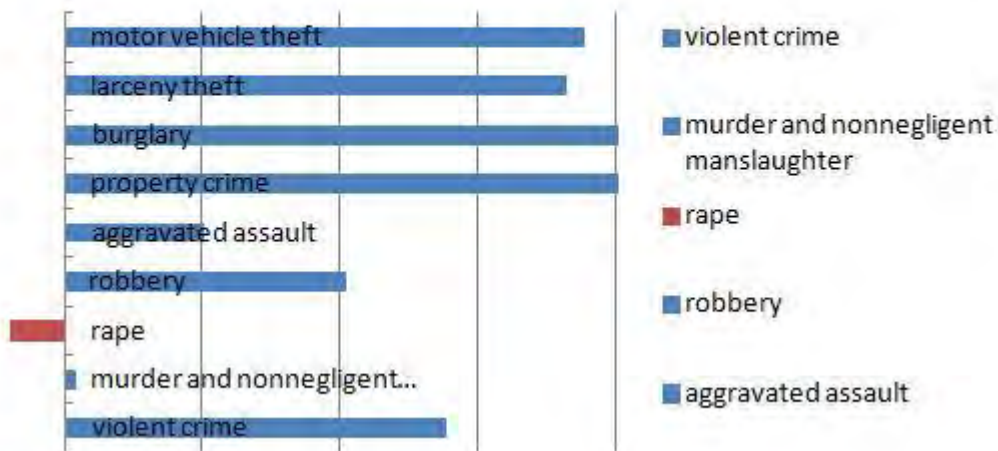
## McDonough County and Illinois Chlamydia Rates (Per 100,000): 2009- 2013



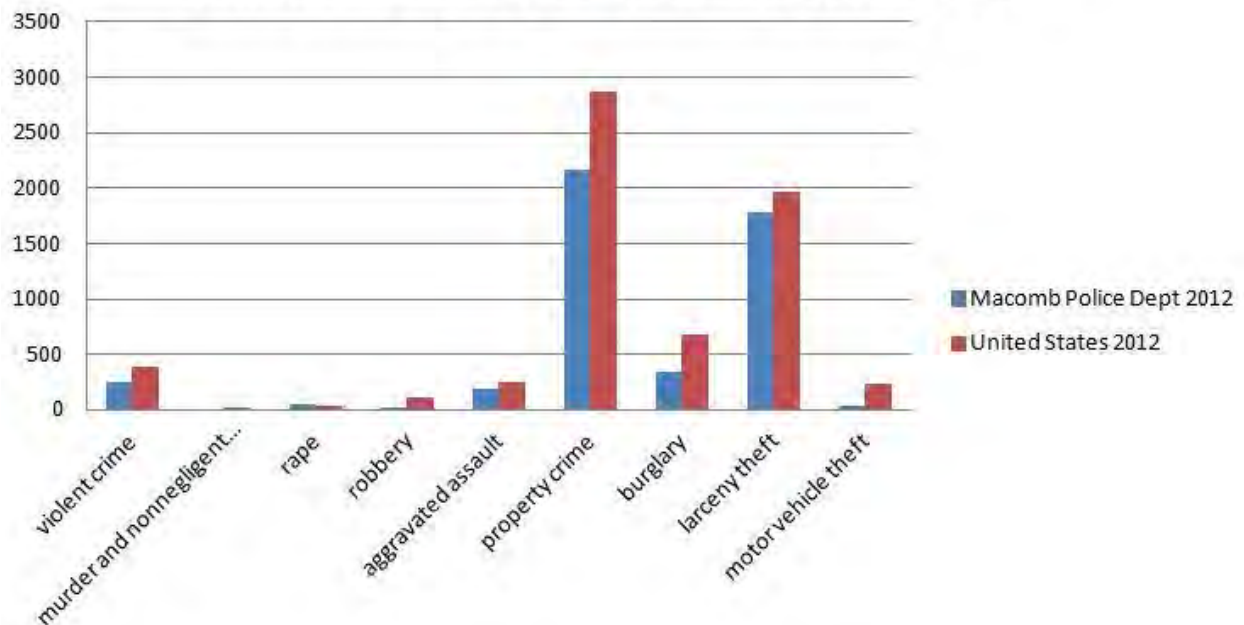
Chlamydia	Cases					Rates				
	2009	2010	2011	2012	2013	2009	2010	2011	2012	2013
Female	44,560	44,598	46,728	48,575	45,764	703.0	682.1	714.7	742.9	699.9
Male	15,964	15,957	18,083	18,977	17,943	262.6	253.6	287.4	301.6	285.2
Unknown	18	117	128	149	90					
Total	60,542	60,672	64,939	67,701	63,797	487.5	472.9	506.1	527.7	497.2



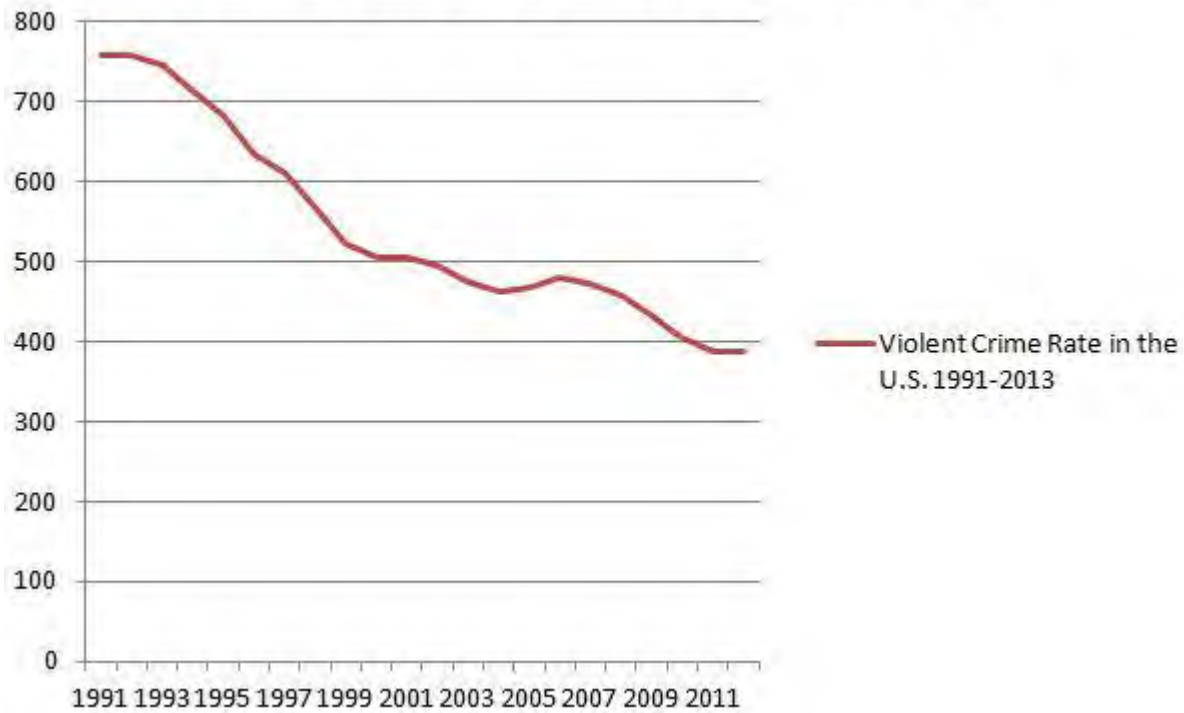
## Crime Rate Difference Between Macomb,IL and the U.S.



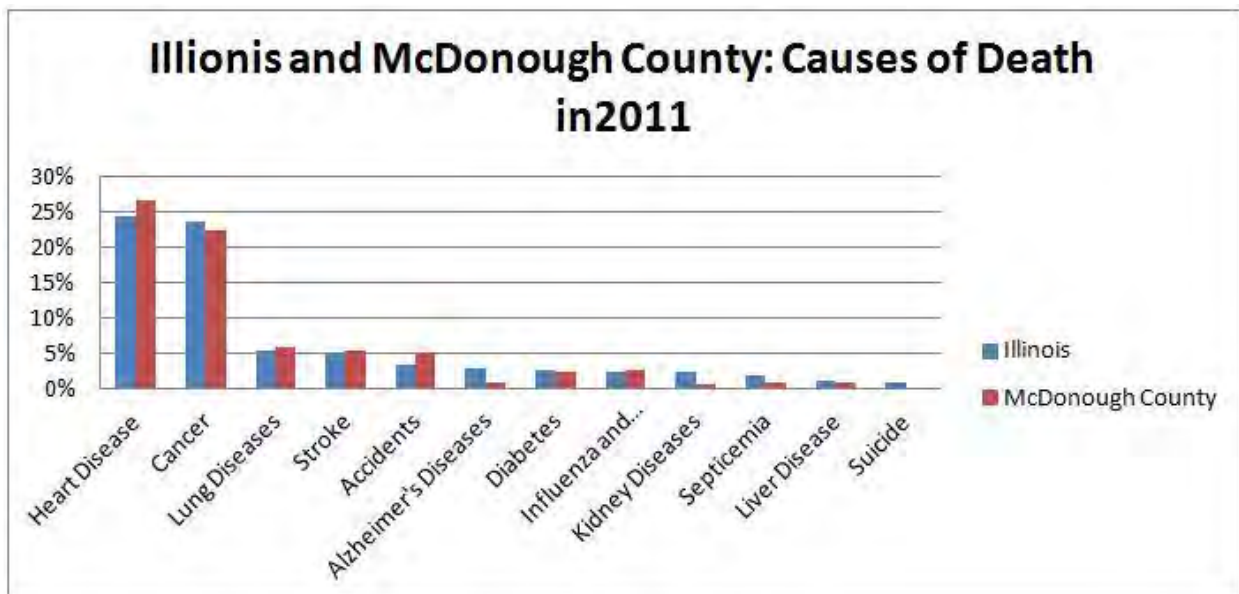
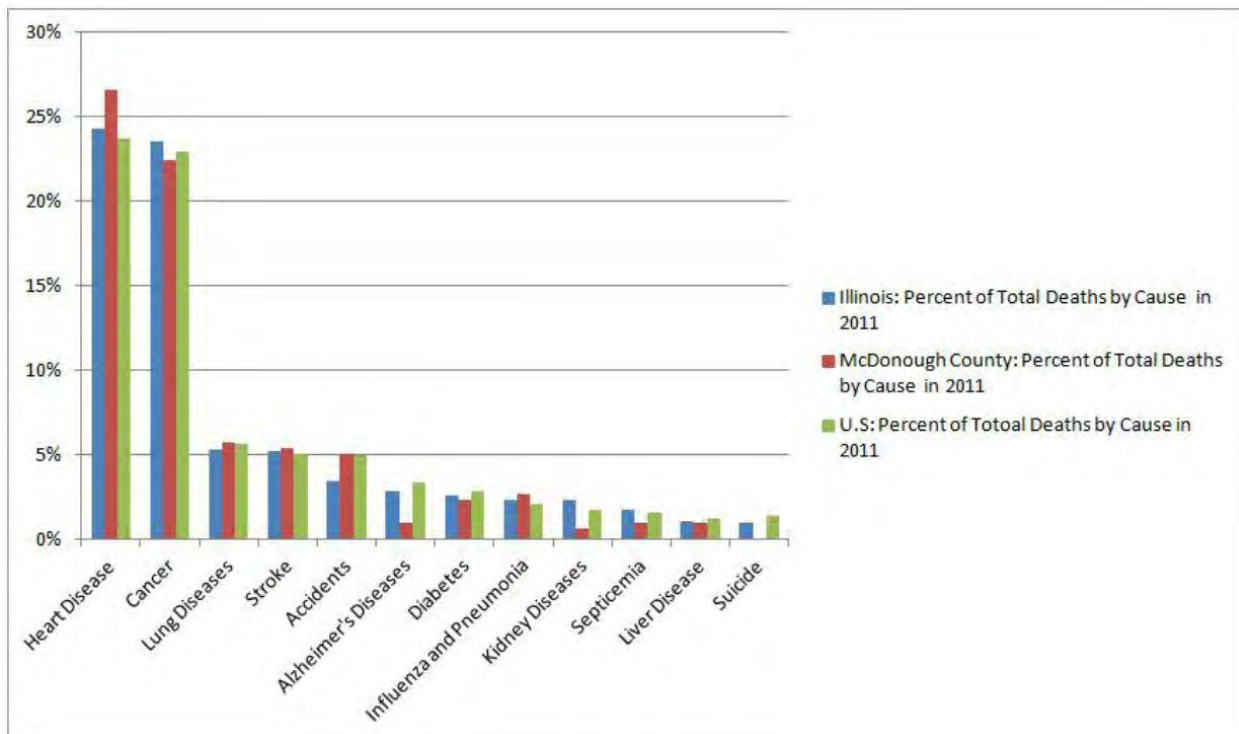
## Crime Rates in 2012 for Macomb and the U.S.



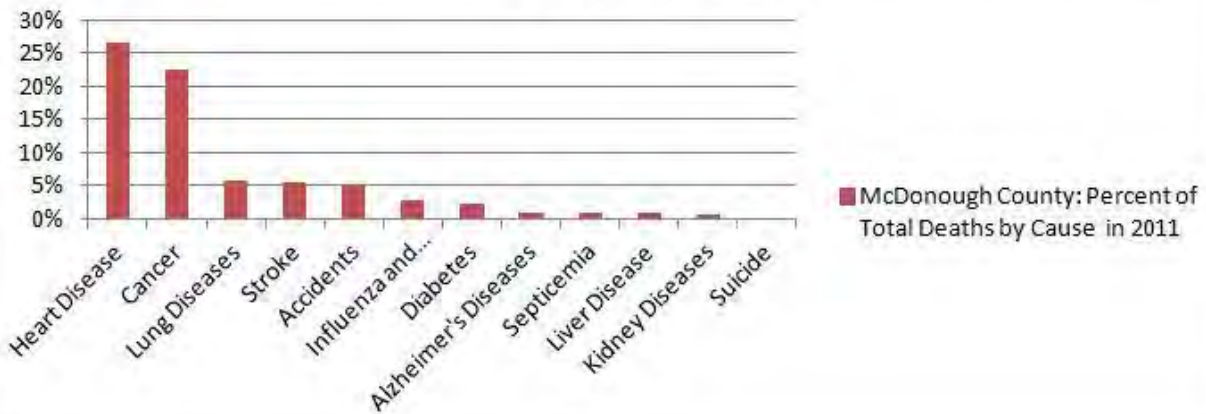
## Violent Crime Rate in the U.S. 1991-2013







## McDonough County: Percent of Total Deaths by Cause in 2011



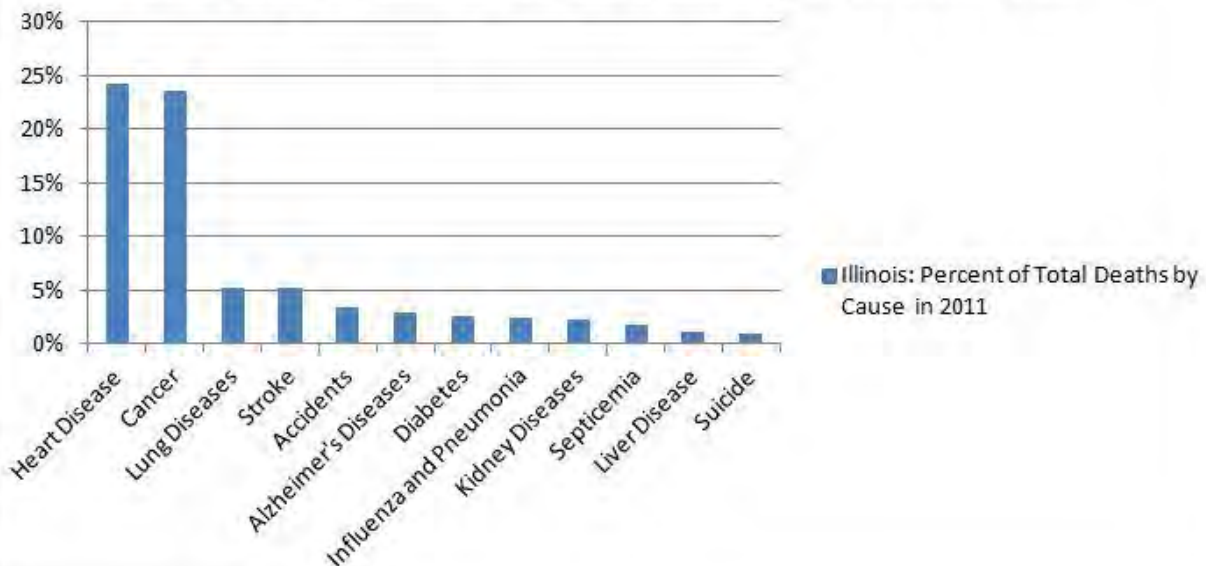
McDonough County	Heart Disease	Cancer	Lung Diseases	Stroke	Accidents	Influenza and Pneumonia	Diabetes	Alzheimer's Diseases	Septicemia	Liver Disease	Kidney Diseases	Suicide
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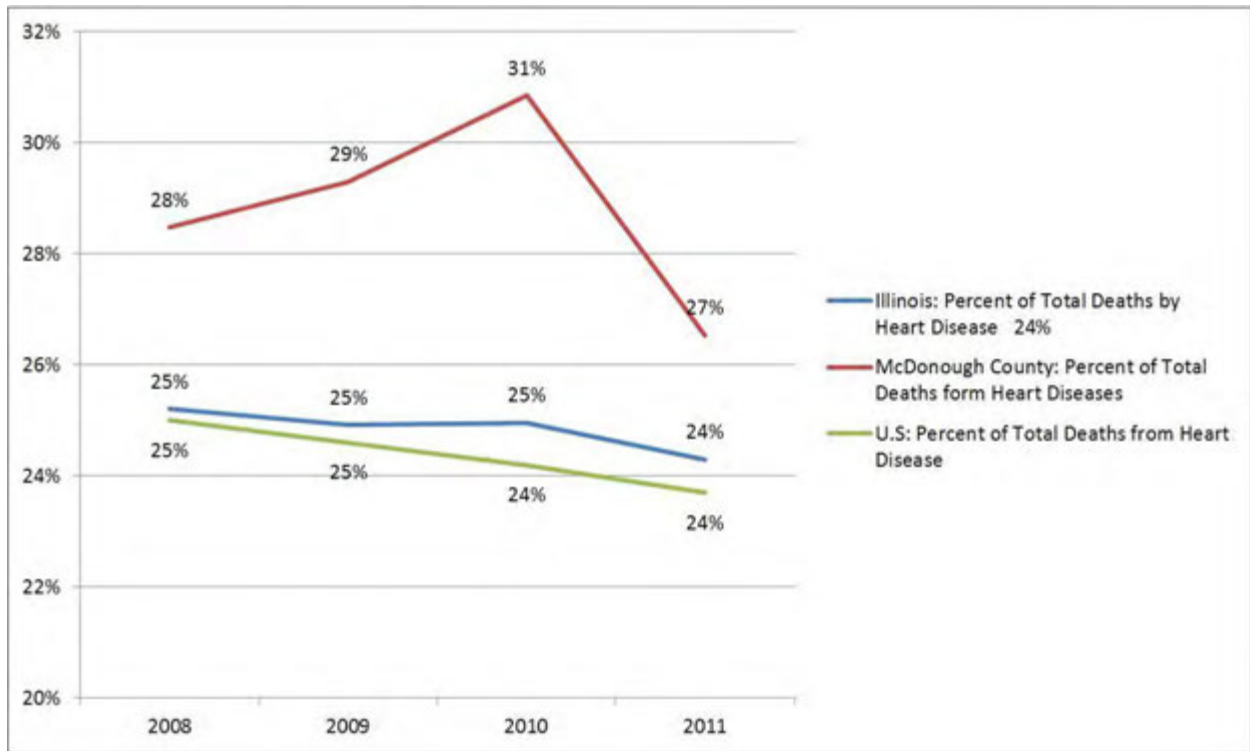
Rank	1	2	3	4	5	6	7	8	9	10	11	12
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Illinois	Heart Disease	Cancer	Lung Diseases	Stroke	Accidents	Alzheimer's Diseases	Diabetes	Influenza and Pneumonia	Kidney Diseases	Septicemia	Liver Disease	Suicide
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Rank	1	2	3	4	5	6	7	8	9	10	11	12
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## Illinois: Percent of Total Deaths by Cause in 2011



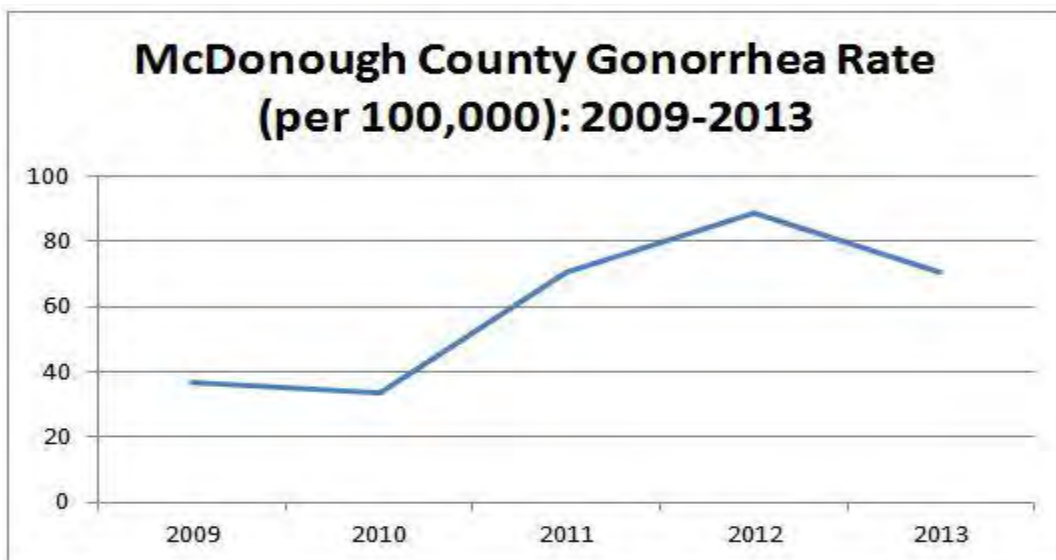


### Illinois Reported STD Cases and Rates per 100,000 Population by Sex 2009-2013

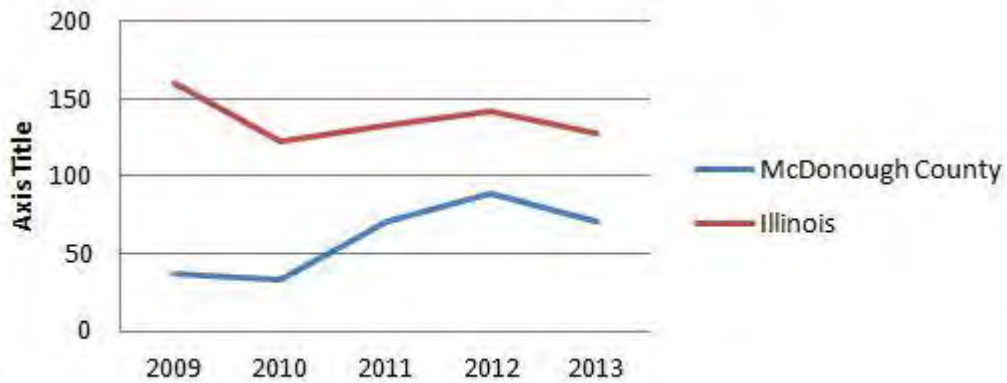
Chlamydia	Cases					Rates				
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Gonorrhea	Cases					Rates				
	2009	2010	2011	2012	2013	2009	2010	2011	2012	2013
Female	11,248	8,924	9,500	9,837	8,574	177.4	136.5	145.3	150.5	131.1
Male	8,710	6,824	7,513	8,283	7,872	143.2	108.5	119.4	131.6	125.1
Unknown	4	29	24	29	18					
<b>Total</b>	<b>19,962</b>	<b>15,777</b>	<b>17,037</b>	<b>18,149</b>	<b>16,464</b>	<b>160.7</b>	<b>123.0</b>	<b>132.8</b>	<b>141.5</b>	<b>128.3</b>

Early Syphilis	Cases					Rates				
	2009	2010	2011	2012	2013	2009	2010	2011	2012	2013
Female	107	198	188	197	190	1.7	3.0	2.9	3.0	2.9
Male	987	1,212	1,274	1,303	1,416	16.2	19.3	20.2	20.7	22.5
Unknown	0	0	0	0	1					
<b>Total</b>	<b>1,094</b>	<b>1,410</b>	<b>1,462</b>	<b>1,500</b>	<b>1,607</b>	<b>8.8</b>	<b>11.0</b>	<b>11.4</b>	<b>11.7</b>	<b>12.5</b>



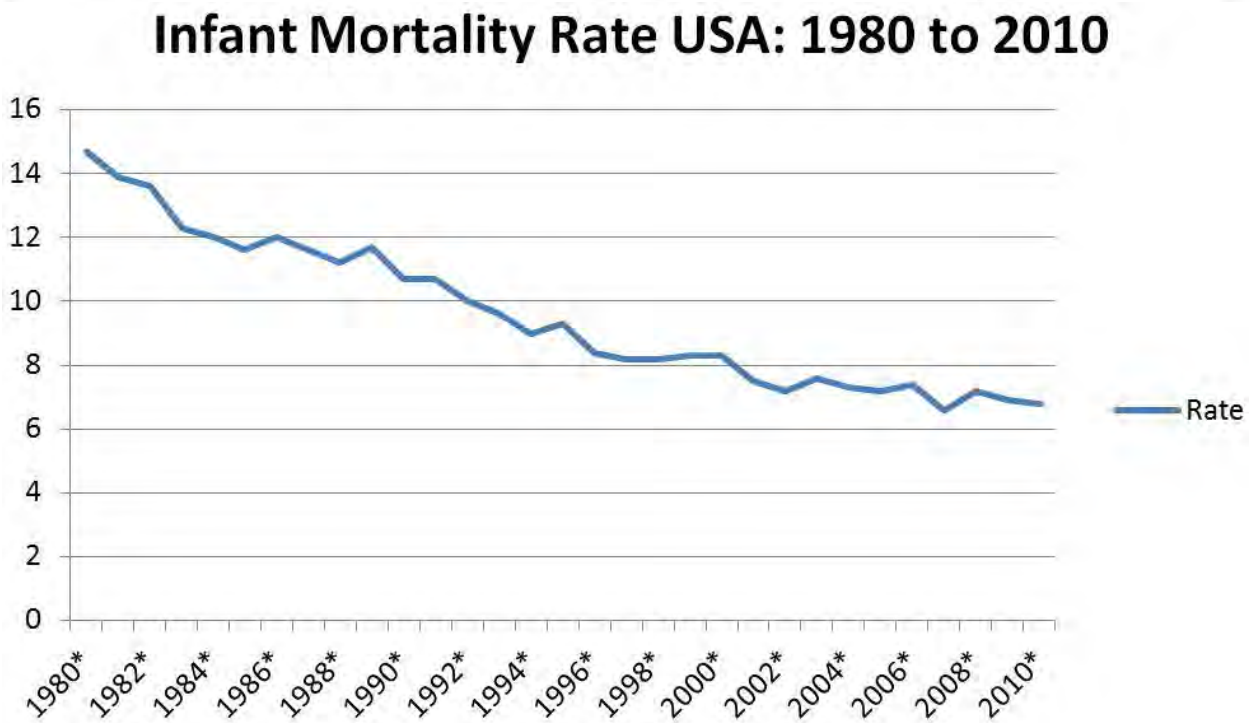
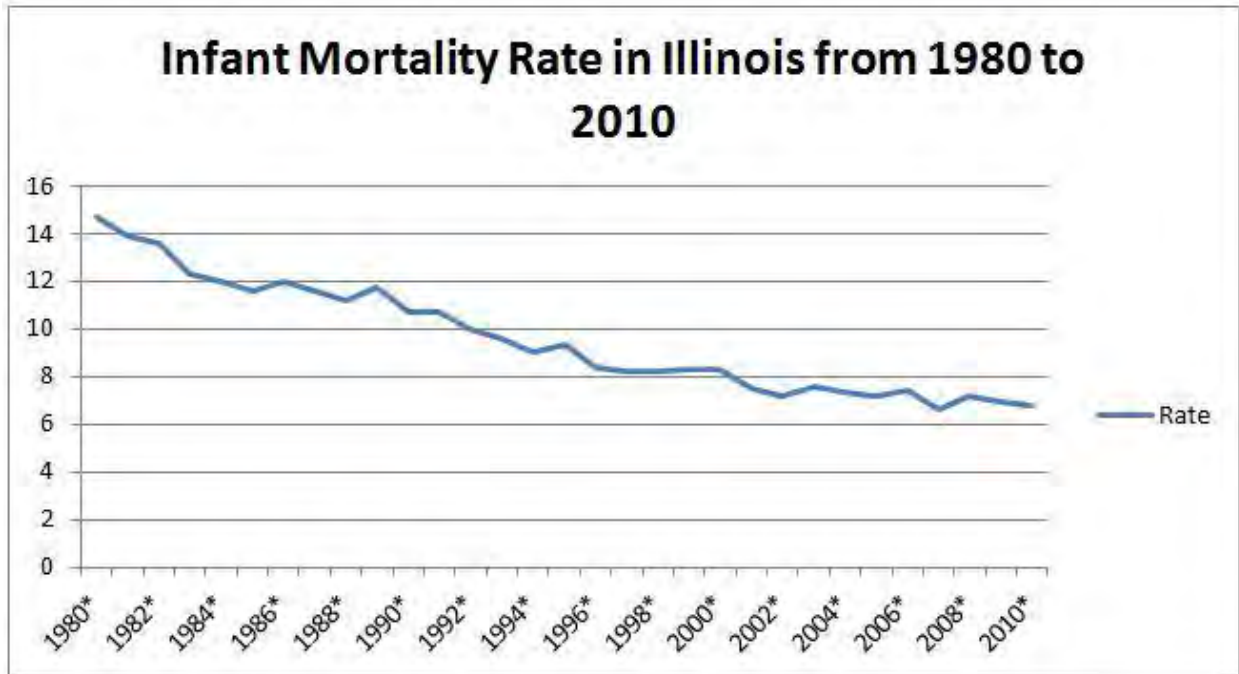
## McDonough County and Illinois Gonorrhea Rates (Per 100,000): 2009- 2013

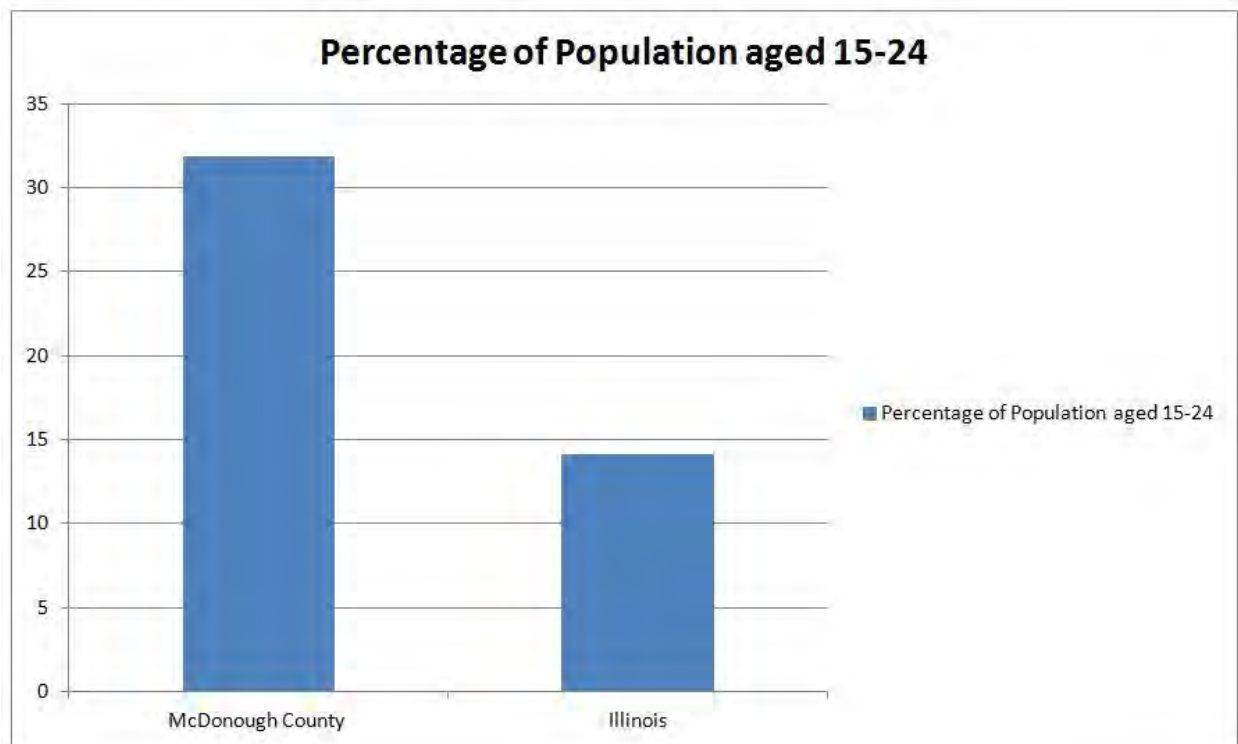
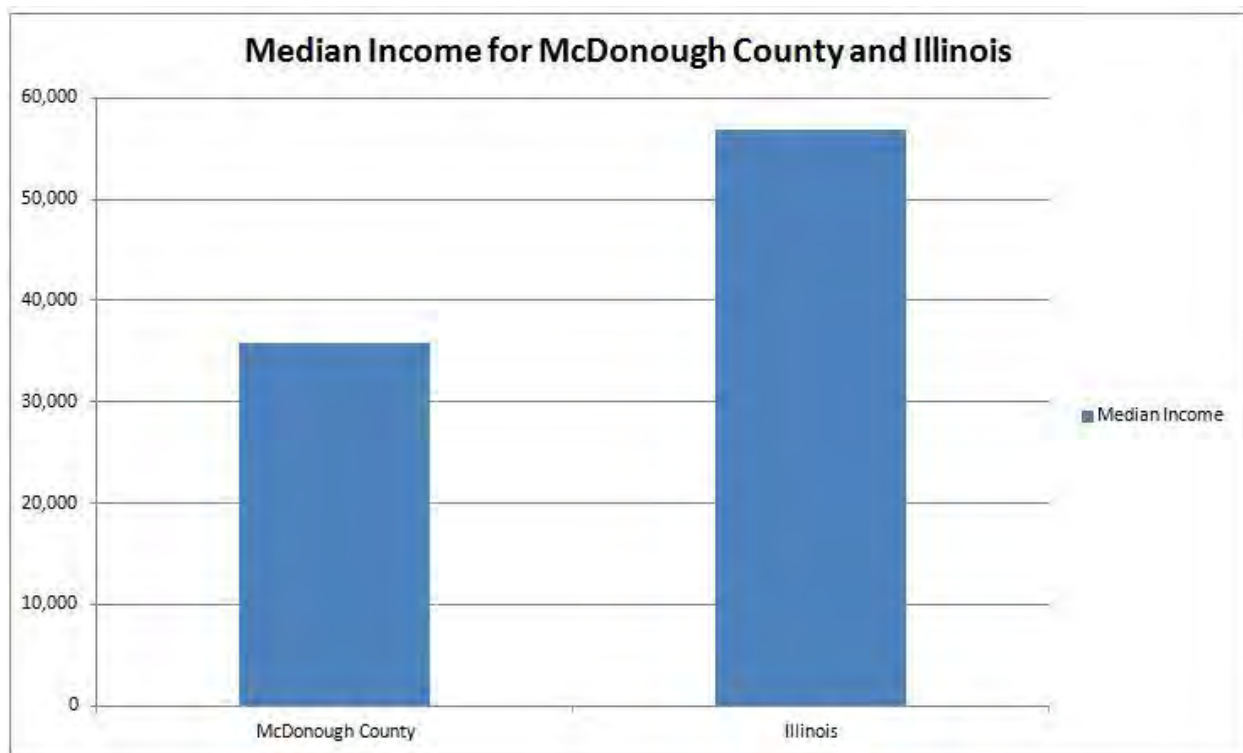


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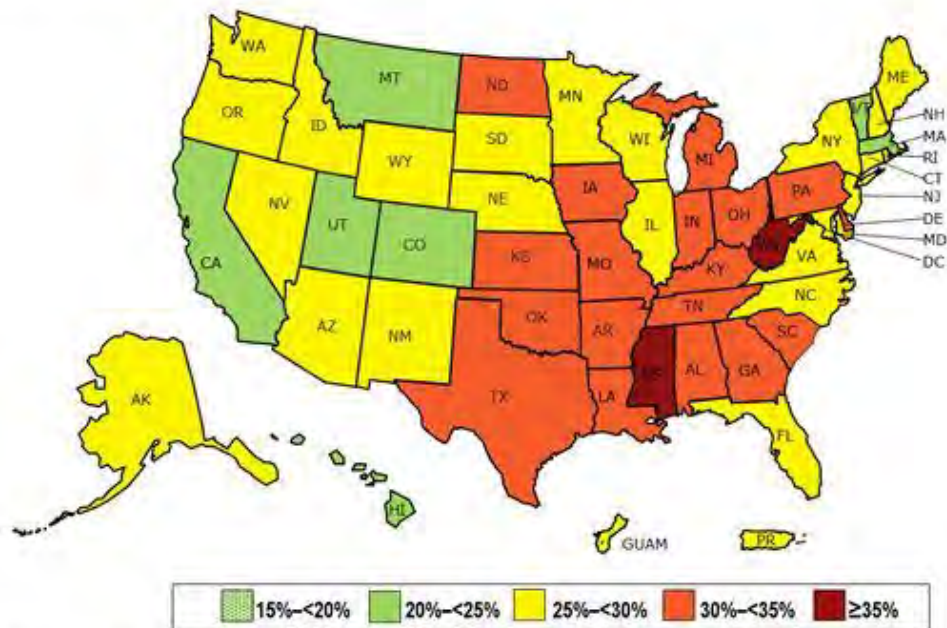






## Prevalence\* of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2013

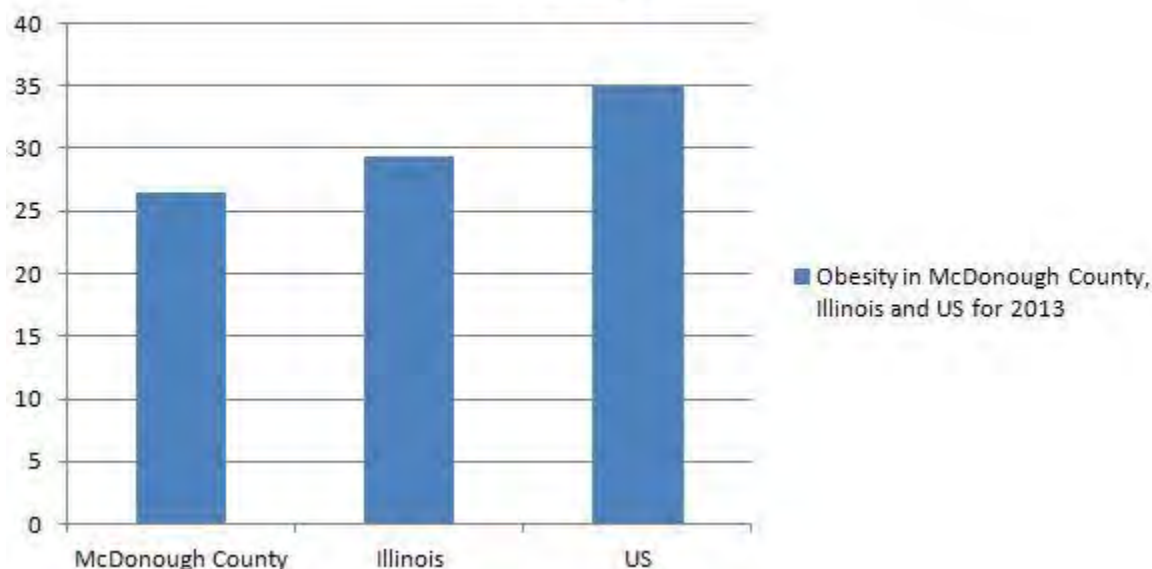
\*Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.



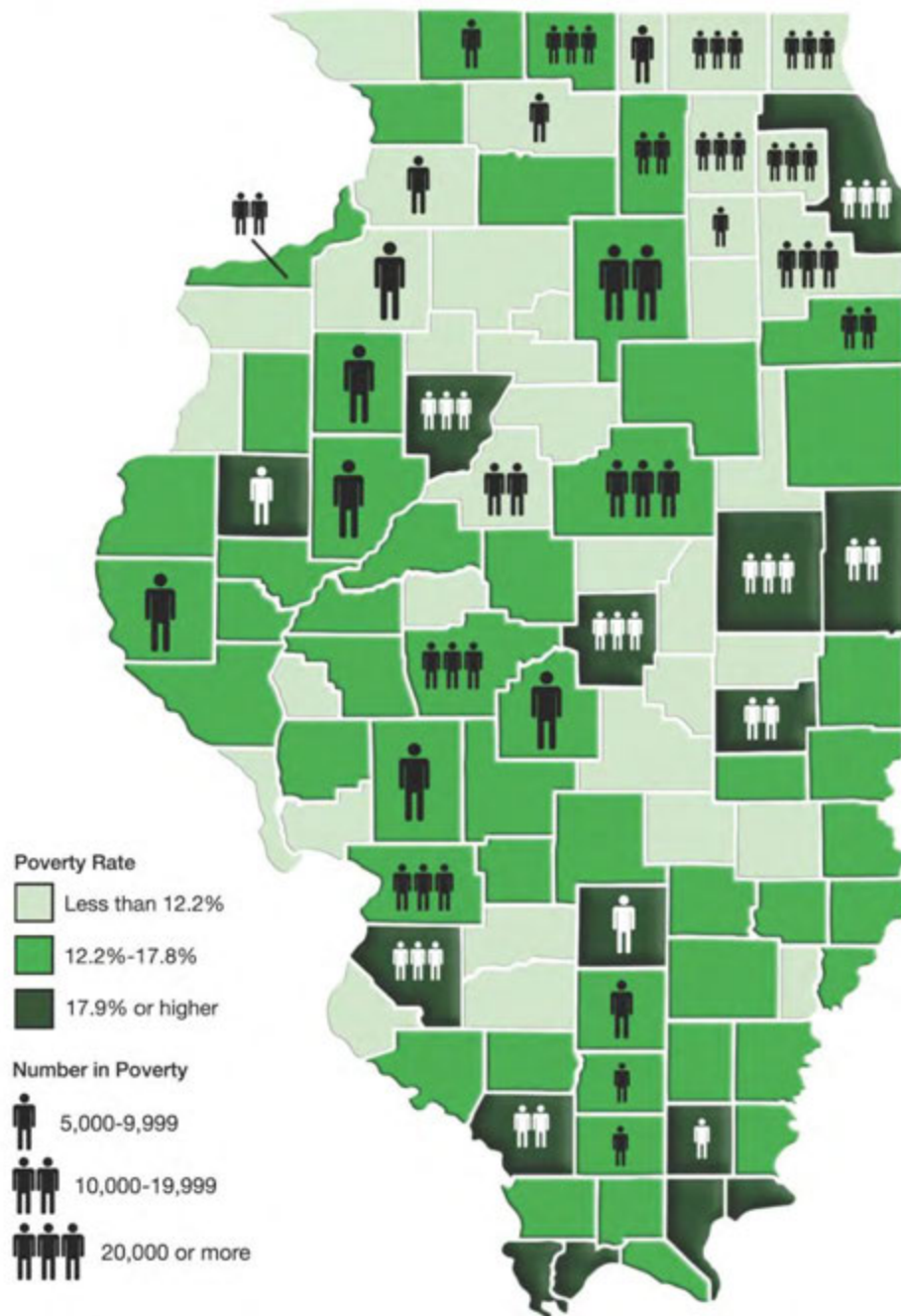
Source: Behavioral Risk Factor Surveillance System, CDC.



## Obesity in McDonough County, Illinois and US for 2013



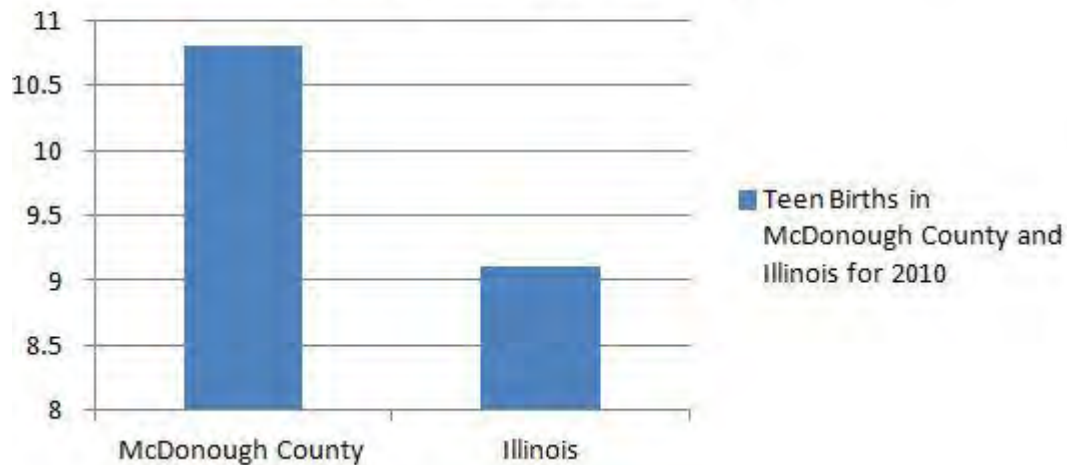
## Illinois Poverty by County, 2012



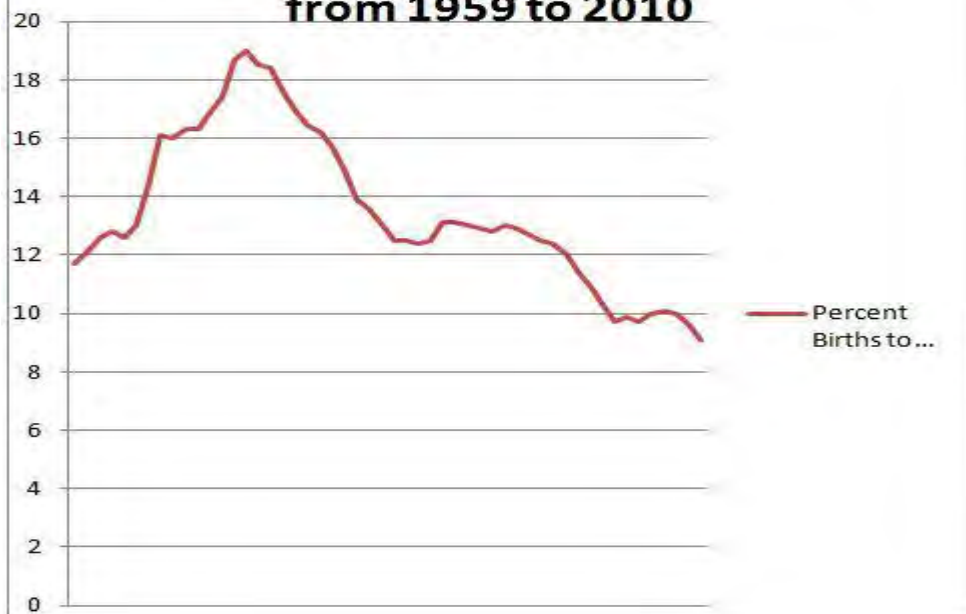
Source: Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2012 Small Area Income and Poverty Estimates.

\*Teen Birth Rate\*

## Teen Births in McDonough County and Illinois for 2010



## Births to Teen Mothers in Illinois from 1959 to 2010



\*Teen Birth Rate\*



## **Appendix 5 McDonough County Photovoice Project**



## Appendix 5 McDonough County Photovoice Project

The McDonough Photovoice project culminated on January 20<sup>th</sup>, 2015 at the Western Illinois University Art Gallery. This project acted as a primary data source for the CHC and the IPLAN process. Below are all of the 55 submitted images (with captions), and select images from the event.

### McDonough Photovoice Project community photo submissions with captions



Sharing transportation has less pollution involved. ♥♥♥ —Project Insight Student



Rust to a car is like cancer to a human. —Project Insight Student



I believe that safety is a very important part of health and there should be more of these –  
Project Insight Student



As a kid, did you ever ask your parents why you had to eat your green beans? If so, they probably said, "Because they're good for you!" You couldn't see the benefits of eating them because Mom and Dad said so. Besides, they sat there watching you. Like kids facing a plateful of vegetables, some adults may ask, "why should I go to church?" Honoring, Worshiping, and glorifying God and supporting the body of Christ are few reasons but here's one more that you probably didn't think of: "Because it's good for your health!" –Project Insight Student





I believe that the earth is so important and it is poorly treated even though it gives us a home. It kills me that people litter. Health to me is taking care of what you own and live on!!!!!! - Project Insight Student



This is the Macomb skate park. You have to have a safe and clean environment to be healthy. – Project Insight Student



Health to me is eating right: no overeating or under eating. –Project Insight Student



People look at me funny for breast feeding my daughter in public. This is a Breastfeeding sticker. Whenever I see these signs it make me feel in that place I won't be judged. I hope this image tells people that breastfeeding is ok anywhere. This is health to me. -anonymous







Health is teaching lifesaving skills to community members. Pictured: Flier for the MDH 2015 CPR & First Aid Classes. – McDonough District Hospital



Health is having up to date, reliable information and healthy prompts available for all to see! Pictured here: The MDH Wellness Board in the basement of MDH that is updated monthly. – McDonough District Hospital



Health is having a free place to exercise 24 hours a day. Pictured here: The MDH PROS Room. The PROS room is available for all MDH employees to use 24 hours a day, and fitness classes are offered Tuesday and Thursday nights. – McDonough District Hospital





Health is having a well-lit, clean area to eat a healthy lunch in. Pictured here: The MDH Coin Café. – McDonough District Hospital



Health is having an accessible green space where employees and MDH clients can relax. – McDonough District Hospital



Health means having a comfortable, accessible place to take a break from work and to store a healthy lunch. –McDonough District Hospital



Health means offering a variety of free educational programs to community members on a variety of topics. Pictured here: International Speaker Richard Taylor, PhD at a September event for Memory Loss. – McDonough District Hospital





This photo represents health and is important because it is essential for everyone to have a healthy diet. By having a healthy diet, it can decrease a person's chances of getting sick and contracting viruses. Fruits and vegetables offer a great way to obtain a lot of vitamins and nutrients! -Lindsey



This photo represents health to me because I believe it is very important to work out on a regular basis. By working out I am able to stay physically fit and am able to do more without feeling so drained. Working out increases my physical and emotional state! -Lindsey



This photo of someone washing their hands is very important. People come in contact with so many germs each day with touching different objects. It is so important to people's health to wash their hands multiple times a day after doing certain activities. So many bacteria and viruses could be on your hands and you could never know it. –Lindsey



This photo represents health in many ways to me. I find it very important to prevent the spread of communicable diseases through water. As you can see, this water fountain is not clean and contains a lot of germs so do not put your mouth on water fountains! - Lindsey



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Page 8



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- Kathy & Scott Whitson



For me, one aspect of health is eating directly out of the garden. I include here a picture of a perfectly ripe Cherokee Purple tomato because it is at this time of year that I begin to miss the heirloom tomatoes that are such an important part of our diet in the summer. —John

Heather



Health is to journey, to venture, to seek  
Walking and jogging and reaching your peak  
To go out, to explore, and voyage with friends  
But not all are able when the sidewalk ends - Heather







Being healthy is all about prevention. A preventative measure includes exercise, so get outside and get some exercise along with your best friend! -Gera



Tobacco can cause so many different health problems. Quit not only for yourself but also for your loved ones! -Gera



Being healthy means eating healthy so make sure to eat your daily fruits and vegetables! -Gera





Washing your hands is crucial when it comes to preventing yourself from getting sick. Especially during flu and cold season. -Gera



The picture I chose to describe health is a picture of a recycling bin. Health is providing a clean living environment and making use all useful materials. Reducing land filling and incineration is very important in our community because it play a role in living healthy everyday! - Brittani

Anonymous



No handgun sign. If health is safety, then I don't feel so healthy when I live in a place that needs this posted. It's scary that random people have handguns. I want to live in a place where weapons aren't prohibited in public spaces - because they're not there. -Anonymous



Macomb's library is a positive place for kids and our community. Everyone can use the Internet, and when they finish the new addition they're going to have even more things to offer in a nicer space. - Anonymous



On my way to campus I always see this ugly, glass-filled tennis court. Totally unusable. It's next to an awesome Frisbee golf course and basketball courts that people use all the time. This is what happens when people don't keep up an area. It ought to be taken out and made into a field or garden or something. - Anonymous





Hoop to nowhere. This broken, dilapidated, and vandalized basketball hoop would be perfect for playing ball and doing positive, non-drinking activities with friends. Run down activity spaces like this are all over the place. How can my friends and I be active if the closest places look like this? I bet if supplies were provided, people from the dorms would even volunteer to rehab this sad, old hoop. - Anonymous



Good oral health and hygiene is more than just a pretty smile or ease of chewing and eating. Good oral health impacts general and overall health throughout a person's life. It is important that dental care starts at a very young age. Untreated cavities in children can result in pain, infection, poor attentiveness in class, missed school days and low self-esteem. Adults can experience severe oral or facial pain from cavities, gum disease and other oral infections, most of which can be prevented. Oral diseases have been linked to diabetes, heart disease and stroke. A dentist can provide preventive care to maintain oral health and detect problems at an early stage. McDonough County needs a dental clinic willing to accept the medical card as well as a sliding scale fee for children and adults alike. -Anonymous



Sexuality is part of being human. It's essential to be well-informed about all aspects of sexual health. Similarly, it's important to be aware of factors that can complicate your sexual health such as unintended pregnancies and sexually transmitted diseases. Practice safe sex until you are ready! -Anonymous



Sexual health is not just about how it affects you tonight or tomorrow morning. What you do today affects your tomorrow and your next year and 10 years from now. When I think about a person's sexual health, I am thinking about the long run but most people are not. Preventing infections that are only spread through sex preserves our ability to reproduce and our chance to be here for many years to come. Not everyone wants to reproduce and that's okay but nothing should take that choice away from you. -Anonymous



There are so many ways to protect yourself these sexually and it is easier to access than you might think. Latex condoms are free in many health centers and available upon request. Getting tested for sexually transmitted infections is simple. Some places only ask for a urine sample. And why aren't we hearing more about a vaccine that prevents cancer? I mean cancer-everyone should be signing up for this! — Anonymous





Smoking kills more than 480,000 people annually. Quitting smoking is health to me. Don't be just a number, get free help today! Where quitters always win! – Anonymous



Wheelchair ramp: thumbs up. Curb: thumbs down. – Anonymous



Yummy vegetables straight from a farm to my kitchen. That is health to me - Anonymous







Red, white, and blueberries for health! Eating fruits instead of ice cream. –Anonymous



Do pedestrians really have the right of way here? I don't know. –Anonymous



It's healthier for you to walk than drive, right? Where are you supposed to walk? –Anonymous







In Colchester at Friendway Park on a nice Spring day after school with an empty playground. When I was younger this would have been full of kids, now kids are at home on the Internet – Anonymous



Public spaces are for everyone. They should be treated like your home. You wouldn't throw garbage under your chair at home would you? Especially smoking in this public park where children play –Anonymous



Riding my bike and being outside makes me think of health. I always feel better when I see these signs. –Anonymous



Bike racks! This is great, kids can ride their bike to the park and have some place to put it. I believe the more kids have to do the better. – Anonymous



This picture speaks for its self, yuck. I am impacted by second hand smoke and by litter on the ground when people are smoking. – Anonymous



When I think of health, I think of health care providers and those responsible for saving lives in times of need. Being an EMT is important to me because saving lives is an amazing thing one can do. There have been countless times where I have had people's lives in my hands, almost as if I was in charge of making them healthy again. That's why I took this photo of an EMT class here at Western. – Anonymous

-End of Photovoice submissions and captions-



# McDonough County Photovoice Event

January 20, 2015

Images from the event





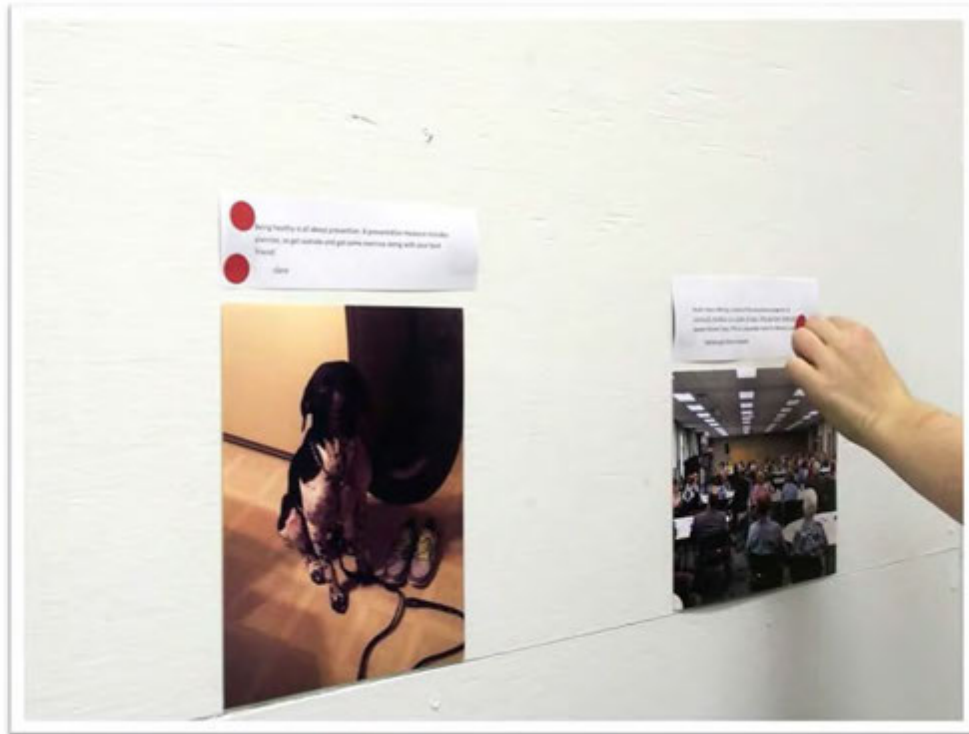


















-End of the 2015-2020 McDonough County Health Department IPLAN Document-

