



Community Health Improvement Plan

Peoria, Tazewell, and Woodford Counties

2016-2019

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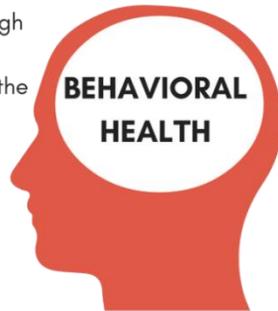
Executive Summary

July of 2015 began a series of meetings designed to bring three local health departments—Peoria, Tazewell and Woodford Counties—together to collaborate on a joint community health assessment (CHA) and community health improvement plan (CHIP).

PARTNERSHIP FOR A HEALTHY COMMUNITY 2016-2019 **HEALTH PRIORITIES**

✔ Improve Mental Health through prevention and access to services for the residents of the tri-county region.

✔ Reduce Substance Abuse among tri-county residents, especially youth.



This data and plan were developed through thoughtful input and work of the community. The process used to gather data for the development of this plan was the Mobilizing for Action through Planning and Partnerships (MAPP) tool.

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning tool for improving community health. Facilitated by public health leaders, this tool helps communities apply strategic thinking to prioritize public health issues and to identify resources to address them. MAPP is not an agency-focused assessment tool; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.¹

HEALTHY EATING, ACTIVE LIVING



To increase the number of individuals and youth who meet the recommended daily servings of fruit and vegetables.

To increase the number of individuals and youth who meet the recommended levels of weekly activity.



A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the implementation strategies chosen to address community needs. The purpose of the community health improvement plan is to describe how a host of community partners will work together to improve the health of the region our collective public health departments serve. The planning and implementation process is community-driven. This plan is used, in collaboration with community partners, to set priorities and align activities.

CANCER



Reduce the illness, disability and death caused by breast and lung cancer in the tri-county area.



REPRODUCTIVE HEALTH



Improve and promote reproductive and sexual health of adolescents and young adults

Over the course of gathering and conducting the four MAPP assessments and developing the CHIP, 3,059 citizens were surveyed, 1,170 hours were spent deliberating on the data, 70 agencies were

involved in the process, and 59 partners were included in the design of the final plan.

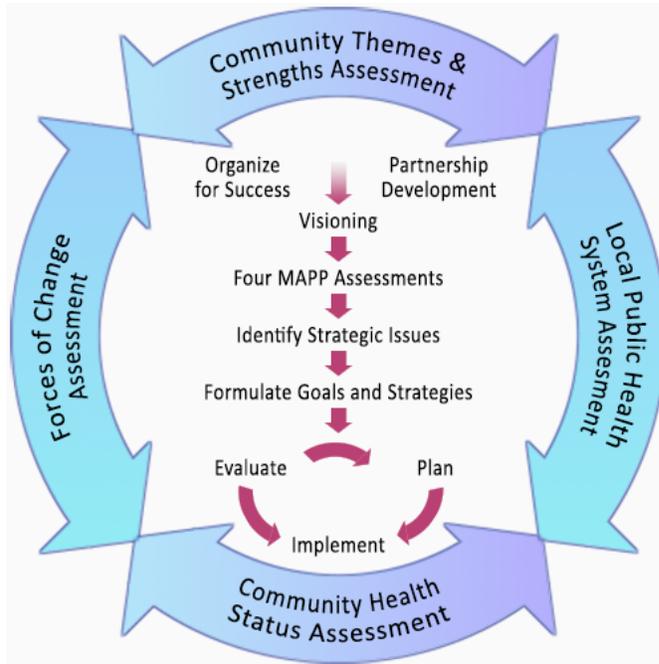
¹ National Association of County and City Health Officials, www.naccho.org.

Four strategic health priorities were identified. Goals, objectives, and strategies have been set for each priority, along with an evaluation plan, and community partners have chosen which strategies they will lead during the implementation phase. The completed CHIP, each assessment, and all supporting documents are available at: <http://healthyhoi.org/>

Ongoing reporting of progress and opportunities to get involved in this community plan can be found at www.healthyhoi.com

Process: Mobilizing for Action through Planning and Partnership

The Mobilizing for Action through Planning and Partnerships (MAPP) is a framework for communities to prioritize health issues, identify resources to address them, and take action. The following graphic illustrates the MAPP process. There are a total of six phases in MAPP. Each phase is described below.



Phase 1: Organizing

Phase 1 focuses on structuring a planning process that builds commitment, engages participants as active partners, uses participants' time well, and results in a plan that can be realistically implemented.

Phase 2: Visioning

Phase 2 guides the community through a collaborative, creative process that leads to a shared community vision and common values. Vision and values statements provide focus, purpose, and direction to the MAPP process as we collectively work toward common goals and reflect what the ideal future looks like.

Phase 3: Four MAPP Assessments

Each of the four MAPP assessments—

Community Health Status Assessment, Forces of Change Assessment, Community Themes and Strengths Assessment, and Local Public Health System Assessment—provides unique information. When considered as a whole, these data provide the foundation for identifying the strategic health issues that need to be addressed. The following table provides a description of each assessment.

Community Health Status Assessment	Identifies priority community health and quality of life issues. Answers the following questions: <i>“How healthy are our residents?”</i> and <i>“What does the health status of our community look like?”</i>
Forces of Change	Identifies forces, trends, and/or events such as legislation, technology, etc. that affect the context in which the community and its public health system operates. Answers the following questions: <i>“What is occurring or might occur that affects the health of our community or the local public health system?”</i> and <i>“What specific threats or opportunities are generated by these occurrences?”</i>
Community Themes and Strengths	Looks at the issues residents feel are important. Answers the following questions: <i>“What is important to our community?”</i> <i>“How is quality of life perceived in our community?”</i> and <i>“What assets do we have that can be used to improve community health?”</i>
Local Public Health System Assessment	Comprehensive assessment that includes all of the organizations and entities that contribute to the public’s health. Answers the following questions: <i>“What are the activities, competencies, and capacities of our local public health system?”</i> and <i>“How are the 10 Essential Public Health Services being provided to our community?”</i>

Phase 4: Identify Strategic Issues

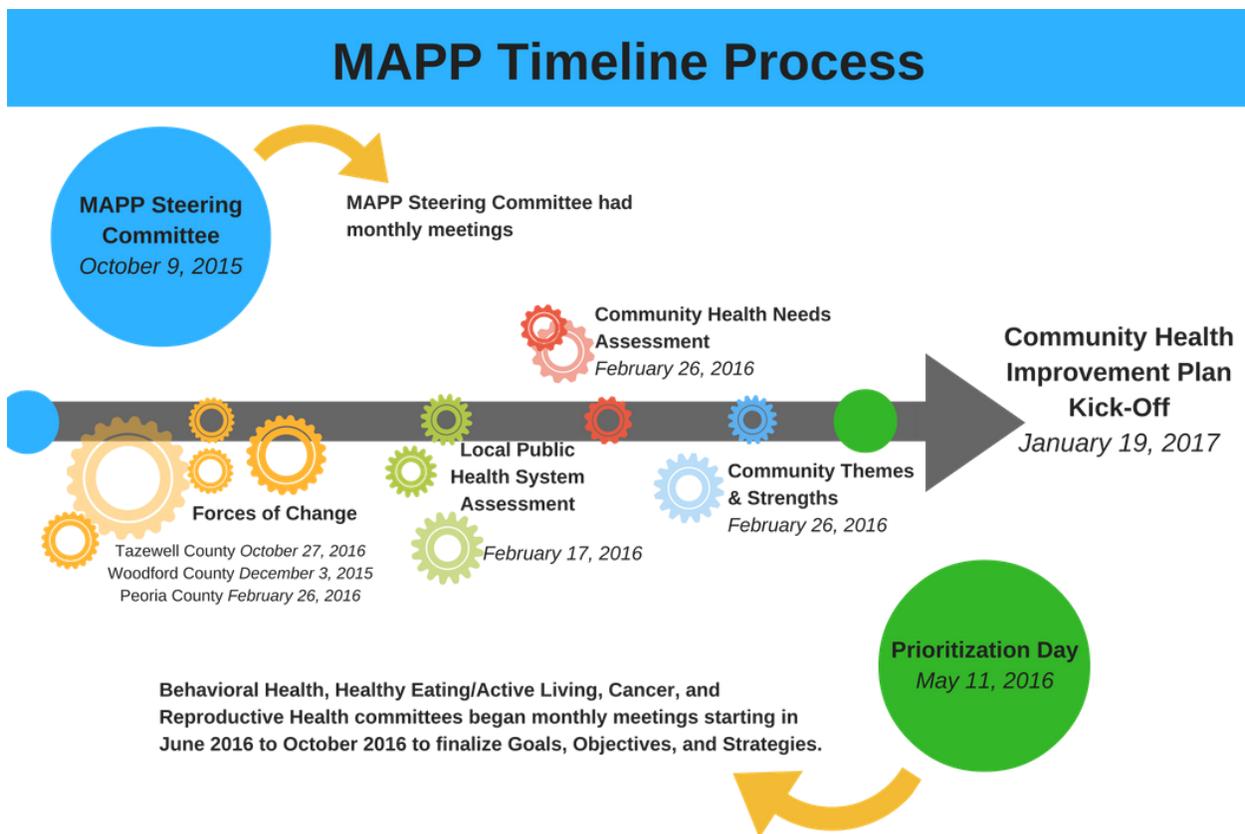
During this phase, once all information from each of the assessments has been compiled, participants develop an ordered list of the most important issues facing the community. Strategic issues are identified by exploring the convergence of the results of the four MAPP Assessments and determining how those issues affect the achievement of the shared vision.

Phase 5: Formulate Goals and Strategies

In Phase 5, participants take the strategic issues identified in the previous phase and formulate goal statements related to those issues. Broad strategies are identified for addressing issues and achieving goals related to the community's vision. The result is the development and adoption of an interrelated set of strategy statements.

Phase 6: Action Cycle

The Action Cycle links three activities—Planning, Implementation, and Evaluation. Each of these activities builds upon the others in a continuous and interactive manner. While the Action Cycle is the final phase of MAPP, it is by no means the "end" of the process. During this phase, the efforts of the previous phases begin to produce results, as the local public health system develops and implements an action plan for addressing priority goals and objectives.



The Six Phases of MAPP in Action

Phase 1: Organizing for Success

In August and September of 2015, a list of potential Steering Committee Members was developed. An initial meeting was held in October of 2015 to present the committee's role and outline the MAPP process. Meetings were held monthly and rotated among the three counties. Steering Committee Members provided input and helped craft the regional assessment process. Below is a list of Steering Committee Members. A complete list of meeting minutes and agendas is available here: <http://healthyhoi.org/mapp-process-2016-2019>.

NAME	ORGANIZATION	TITLE	COUNTY
Melissa Adamson	Peoria City/County Health Department	Director of Community Health Policy & Planning	Peoria
Hillary Aggertt	Woodford County Health Department	Administrator	Woodford
Bonnie Allen	Woodford County Board of Health	Board Member	Woodford
Kim Barman	Hopedale Medical Complex	VP of Community Health and Wellness	Tazewell
Beth Derry	Peoria County Regional Office of Education	Superintendent	Peoria
Melinda Figge	YWCA Pekin, Tazewell Public Health Foundation	Executive Director	Tazewell
Lisa Fischer	Eureka College	Assistant Dean	Woodford
Amy Fox	Tazewell County Health Department	Administrator	Tazewell
Nichole Frederick	City of Peoria, Community Development	Grants Manager	Peoria
Sally Gambacorta	Advocate Eureka Hospital Representative	Community Health Manager	Woodford
Kim Keenan	Gifts in the Moment	Co-director	Tazewell
Mike Kennedy	Human Service Center	President & CEO	Peoria
Tricia Larson	Tazewood Center for Wellness, Tazewell County Bd. of Health	Board of Health Member, Clinician	Tazewell
Bryan Miller	Roanoke Mennonite Church	Pastor	Woodford
Jim Runyon	Easter Seals, Illinois Partners for Human Service	Executive VP for Strategic Initiatives	Peoria
Denise Urycki	Gifts in the Moment	Co-director	Tazewell

Phase 2: Visioning

Vision and values were discussed over three meetings of the MAPP Steering Committee. The vision and values will continue to be worked and adjusted throughout the implementation period to make sure all citizens feel that it is understandable and resonates with their picture of a healthy tri-county.

Vision

The tri-county region will be a thriving community that is inclusive, diverse, and sustainable to ensure health equity and opportunity for well-being for all.

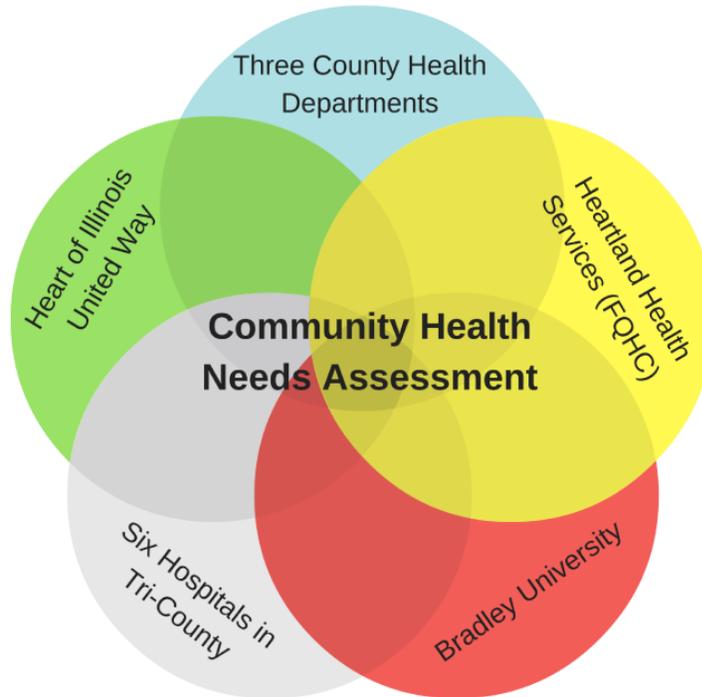
Community Values

Inclusive	Open to everyone.
Diverse	Understanding and respect of cultural differences enhances our community. Each resident has the opportunity to live their life to the fullest with equal opportunity for all.
Sustainable	Engaged and committed community work that lasts over a prolonged period of time regardless of economic and social challenges.
Health Equity	Everyone has a fair opportunity to attain their highest level of health regardless of race, ethnicity, gender, income, sexual orientation, neighborhood or other social condition. Achieving health equity requires eliminating gaps in health outcomes between different social groups.
Health & Wellbeing	A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Encompasses the full spectrum of health and well-being including: healthy behavior, access to quality clinical care, social and economic factors (education, employment, income, family and social support, community safety), and physical environment (air and water quality, housing and transit).
Knowledgeable	Valid, reliable information is valued as part of the decision-making process.
Engaged/Involved	A community where working collaboratively with others to address issues that affect their health and well-being, while actively building a sense of community is the norm.
Committed	A community where quality health care is accessible to all residents, including the indigent and underserved, and is not taken for granted, but is valued with a focus on prevention and respect for our bodies.
Safe	A community has a commitment to allocate the needed resources to create a safe environment and feel no fear or threat to their personal well being.

Phase 3: Four MAPP Assessments

Community Health Needs Assessment (Community Health Status Assessment)

The Tri-County Community Health Needs Assessment was a joint undertaking by the Central Illinois Community Health Collaborative (CICHC) to highlight the health needs and well-being of residents across the tri-county area. Partners included Peoria City/County Health Department, Tazewell County Health Department, Woodford County Health Department, Heart of Illinois United Way, Heartland Health Services (FQHC), Advocate Eureka Hospital, Hopedale Medical Complex, OSF Saint Francis Medical Center, Pekin Hospital, Kindred Hospital, UnityPoint Health – Methodist and Proctor, and Bradley University.



Through this needs assessment, the Collaborative identified numerous health issues impacting individuals and families in the tri-county region. The assessment focused on the demographic composition of the tri-county region, the predictors and prevalence of diseases (morbidity), leading causes of death (mortality), accessibility to health services, healthy behaviors, and individuals' perceptions of health.

This study includes a detailed analysis of secondary data to assess information regarding the health status of the community. In order to perform these analyses, information was collected from numerous secondary sources, including publically available sources as well as private sources of data. Additionally, primary data were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medications and mental health counseling.

Additionally, the data were analyzed for relationships between perceptions, behaviors, and demographic characteristics of respondents.

Specific criteria used to identify and prioritize health issues included: (1) magnitude in the community, including percentage impacted, future trends, and impact on low-income community; (2) severity in terms of an issue's relationship with morbidities, co-morbidities, mortality, urgency and health equity; and (3) potential for impact through collaboration.

The following fifteen issues emerged as potential priorities.

1. **EMERGENCY DEPARTMENT** chosen by 19% of at-risk population as primary source of healthcare.
2. While improving, approximately 9% of at-risk population **DOES NOT SEEK MEDICAL ATTENTION** when needed.
3. There's been an improvement in **HEALTHY EATING** since the 2013 CHNA, but rates of consumption for more than 2 servings of fruits and vegetables are still low. The percentage of people who do not **EXERCISE** has increased slightly.
4. **ACCESS TO HEALTH SERVICES** was impeded by inability to afford co-payments or deductibles, no insurance, and too long to wait for an appointment, ability to get to a provider.
5. **MENTAL HEALTH** appears to be improving slightly in Woodford County, but is trending downward in Peoria County. More residents have a higher self-perception of both physical and mental health in 2016 when compared to the 2013 CHNA.
6. The percentage of people who are **OVERWEIGHT & OBESE** has increased from 60.3% to 64.4% in Peoria County and from 63% to 69.4% in Woodford County, compared to rates in Illinois, which have decreased from 2009 (64.0%) to 2014 (63.7%).
7. **LOW BIRTH WEIGHTS** have been increasing in Peoria and Tazewell County.
8. While improving, almost 20% of the population was not able to get **DENTAL CARE** when needed.
9. Preventative exams relating to **WOMEN'S HEALTH** may be an issue to specific counties.
10. While State averages have remained constant, **DIABETES** is trending downward in Tazewell and Woodford counties. Peoria has seen a slight increase in diabetes incidence. Tri-county hospitals have seen treatment rates decline.
11. **ASTHMA** has seen a reduction in Peoria County, but an increase in Woodford and Tazewell counties. In Tazewell, the increase is significant. COPD has decreased in the Tri-County.
12. Most types of **SUBSTANCE USE** among 8th and 12th graders is lower than State averages with the exception of marijuana. However, 50% of tri-county 12th graders are using alcohol.
13. Incidence of **CHLAMYDIA** is growing in Peoria County, and **GONORRHEA** is on the increase in Woodford County. Across the rest of the tri-county, sexually transmitted disease incidence has decreased; however, rates in Peoria County are significantly higher than State averages.
14. Risk factors for **HEART DISEASE** are mixed, with lower than State averages in Peoria and Woodford counties, and the rate of high blood pressure in the tri-county is hovering at approximately 30%. Residents with high cholesterol have decreased at the State level, but increased in all three counties. Most types of cardiac disease have decreased; however, incidents of heart failure have increased.
15. **CANCER** and heart disease are the leading causes of mortality in the tri-county. **BREAST CANCER** in Woodford County is significantly higher than the State and the rest of the tri-county, and prostate and **LUNG CANCER** are higher than State averages for Peoria and Tazewell counties.

The complete Community Health Needs Assessment, which breaks down the data by each county and as a tri-county region, can be found here: <http://healthyhoi.org/community-health-assessment>.

Forces of Change Assessment



One hundred and two community leaders across the tri-county area contributed to the Forces of Change Assessments. Three separate meetings, one in each county, were conducted. The assessment took place over one day and called together cross-sector stakeholders in each community to identify forces such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system during the years that this health improvement plan will be implemented.

The process was similar for each of the three meetings as follows:

1. Review the components of the Forces of Change Assessment.
2. Conduct a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of the community.
3. Conduct a SWOT analysis of the local public health system.
4. The group was divided into 5 small groups by random order of registration. The 5 groups each started at a category of influence. Categories used in Woodford County included: Social, Economic, Legal, Political, Technical, Scientific and Ethical.
5. Each small group took their initial category, listed relevant forces of influence and accompanying threats and opportunities.
6. After a specified period of time, the small groups moved to the next group category, and reviewed a collection of notes from a different small group adding their own thoughts.
7. Each small group then proceeded to review the new collection of notes and added to them through 7 rotations.
8. The group came back together as a whole group to discuss each of the categories of influence and forces, threats, and opportunities.
9. Major themes for each category were identified.
10. The group voted on the more pressing forces of change for the public health system in the next three to five years.

The process was facilitated for each community to ensure that local concerns were heard and identified. Priority issues of Mental Health Services and Funding Insecurity appeared in both the Tazewell and Woodford Assessments.

The following diagram illustrates the Tri-County Forces of Change identified during this assessment.

Forces of Change



Access to Mental Health Services

Instability of Funding



Competing Health Care Beliefs

Social Justice



Technology

Food Access



Increasing Poverty

ACA/Medicaid/
Managed Care



Health Inequality

A link to each county's Forces of Change Assessment can be located here: <http://healthyhoi.org/forces-of-change-assessment>.

Community Themes & Strengths Assessment

Two sets of survey data were used for the Community Themes and Strengths Assessment (CTSA). A section of the Community Health Needs Assessment (CHNA) looked at individuals' perceptions of the health issues impacting the community including unhealthy behaviors and issues related to well-being. A second online survey targeted the general tri-county population and asked residents to rate their quality of life. A total of five hundred eighty (580) responses were collected. Together a total of 2,961 responses were collected.

Across both surveys, several themes emerged. A healthy community is one that is safe, has job and economic opportunities, good schools, and healthy food options. Mental health was considered the most important health issue facing our community, followed by obesity/overweight, cancer, and heart disease and stroke. Behaviors considered risky/unhealthy were drug and alcohol abuse, anger/violence, and being overweight and poor eating habits. Most individuals perceive themselves to be in generally good physical and mental health.

The following table shows the similarities and differences across the two assessments.

Community Themes & Strengths Assessment		Community Health Needs Assessment	
Factors for a Healthy Community	%	Factors that Impact Wellbeing	%
Low crime/safe neighborhoods	63%	Job opportunities	42%
Good jobs and healthy economy	44%	Safer neighborhoods	33%
Good schools	43%	Healthy food choices	32%
Most Important Health problems	%	Perceptions of Health Issues	%
Mental health	49%	Mental health	47%
Cancers	39%	Obesity/overweight	41%
Heart disease and stroke	28%	Cancer	37%
Most Important Risky Behaviors	%	Perceptions of Unhealthy Behavior	%
Drug abuse	63%	Drug abuse	42%
Alcohol abuse	50%	Anger/violence	36%
Being over weight	42%	Poor eating habits	33%
Overall Health of the Community	%	Overall Physical health (self-perception)	%
Somewhat healthy	57%	Good	56%
Unhealthy	20%	Average	39%
Healthy	19%	Poor	5%
Very Unhealthy	3%		
Very healthy	1%		
Own Personal Health	%	Overall Mental Health (self-perception)	%
Healthy	45%	Good	72%
Somewhat healthy	37%	Average	25%
Very healthy	8%	Poor	3%
Unhealthy	7%		
Very Unhealthy	2%		

Additional information about community health perceptions can be found in Chapter 5 of the CHNA, and the Community Themes and Strengths Assessment is available here:

<http://healthyhoi.org/community-themes-and-strengths>.

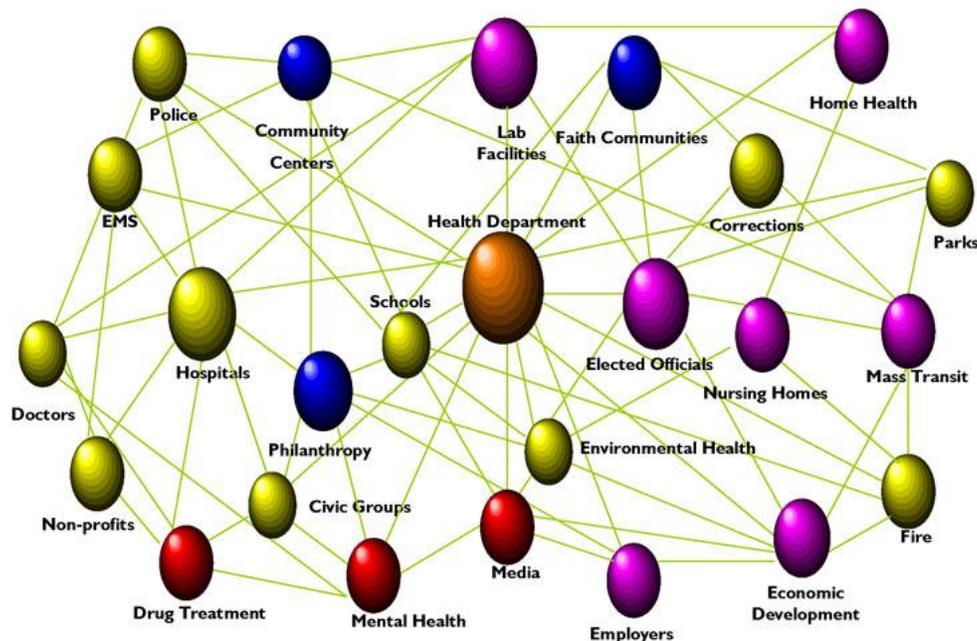
Local Public Health System Assessment

The purpose of the LPHSA is to identify areas for system improvement, strengthen local partnerships, and assure a strong system is in place for effective delivery of day-to-day public health services and response to public health emergencies.

The LPHSA evaluates the local public health system on the 10 Essential Public Health Services (EPHS)—activities that all communities should undertake and which make up the core functions of public health: Assessment, Policy Development, and Assurance using a tool developed by National Public Health Performance Standards (NPHPS). The 10 EPHS's are:

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

The following image is a graphic representation of the Local Public Health System. It shows an intricate web of relationships across and between the many sectors that make up the public health system.



On February 17, 2016, the Local Public Health System Assessment (LPHSA) was conducted. The event drew 84 public health system partners that included public and voluntary sectors. The Tri-County MAPP Steering Committee developed a list of agencies to be invited to participate in the full-day retreat. The event organizers carefully considered how to balance participation across sectors and agencies and how to ensure that diverse perspectives, as well as adequate expertise, were represented in each breakout group. Over 560 hours of work time were dedicated that day to helping assess the local public health system, and is a highlight to the commitment of our community partners.

The table below shows the number of attendees representing diverse partners across many sectors.

Constituency Represented	Peoria County	Tazewell County	Woodford County
Colleges and Universities	4	5	1
Community-Based Organizations and Non Profits	7	5	5
Hospitals, Health Systems and Clinics	3	2	4
Local Health Department	9	15	7
Local Government	1	5	4
Schools	1	1	2
TOTAL	25	33	24

The Illinois Public Health Institute (IPHI) was contracted to conduct the LPHSA, including compiling the results from all 10 EPHS evaluations into a final report. Participants were divided into five groups based on their background and expertise. Each group was assigned two essential services to evaluate. Individuals within each group were then subdivided into one of three teams according to the county they were representing. Scores were collected for each EPHS by county. The table below shows how each EPHS was ranked by county.

Essential Public Health Service Rankings for the Tri-County			
Rank	Peoria	Tazewell	Woodford
1 st	ES6: Enforce Laws	ES3: Inform, Educate, Empower	ES6: Enforce Laws
2 nd	ES3: Inform, Educate, Empower	ES6: Enforce Laws	ES3: Inform, Educate, Empower
3 rd	ES2: Diagnose & Investigate	ES2: Diagnose & Investigate	ES2: Diagnose & Investigate
4 th	ES5: Develop Policies	ES1: Monitor Health Status	ES5: Develop Policies
5 th	ES1: Monitor Health Status	ES5: Develop Policies	ES1: Monitor Health Status
6 th	ES4: Mobilize Community Partnerships	ES4: Mobilize Community Partnerships	ES4: Mobilize Community Partnerships
7 th	ES7: Link to/Provide Care	ES7: Link to/Provide Care	ES7: Link to/Provide Care
8 th	ES8: Assure Competent Workforce	ES8: Assure Competent Workforce	ES8: Assure Competent Workforce
9 th	E10: Research	ES9: Evaluate	ES9: Evaluate
10 th	ES9: Evaluate	E10: Research	E10: Research

Local Public Health System Assessment Key Take-Aways

Throughout the discussions of the 10 Essential Public Health Services, a number of cross-cutting themes emerged in the dialogue among each group. Key strengths that were noted throughout the public health system across the three counties include partnerships and collaboration, assessment and monitoring of population health, external communication and health education, and enforcement of public health laws and ordinances. The top scoring essential service areas for the LPHSA were Essential Service 6 (Enforce laws and regulations that protect health and ensure safety), Essential Service 3 (Inform, educate, and empower people about health issues), and Essential Service 2 (Diagnose and investigate health problems and health hazards in the community). Dialogue throughout the 10 Essential Services revealed that the Tri-County LPHS has a strong spirit of collaboration in place and has high expectations for the regional planning effort.

Some areas of weakness emerging throughout the discussions exploring the effectiveness of the LPHS included partnership gaps, data collection and analysis, funding, evaluation and quality improvement. The lowest scoring essential service areas for the LPHSA were Essential Service 10 (Research for new insights and innovative solutions to health problems), Essential Service 9 (Evaluate effectiveness, accessibility, and quality of personal/population-based health services), and Essential Service 8 (Assure a competent public and personal health care workforce). However, the group identified many short- and long-term opportunities to address these challenges collectively.

Key STRENGTHS	Key WEAKNESSES
<ul style="list-style-type: none"> - Partnerships and collaboration - Assessment and monitoring of population health - External communication - Health education - Enforcement of public health laws and ordinances 	<ul style="list-style-type: none"> - Partnership gaps - Data collection and analysis - Funding - Evaluation and quality improvement
TOP scoring essential services	LOWEST scoring essential services
<ul style="list-style-type: none"> - ES 6 (Enforce laws and regulations that protect health and ensure safety), - ES 3 (Inform, educate, and empower people about health issues), and - ES 2 (Diagnose and investigate health problems and health hazards in the community). 	<ul style="list-style-type: none"> - ES 10 (Research for new insights and innovative solutions to health problems), - ES 9 (Evaluate effectiveness, accessibility, and quality of personal/population-based health services), and - ES 8 (Assure a competent public and personal health care workforce).

While there was some variance between Model Standards, the scores across the three counties were relatively similar for each essential service and for the overall LPHS. The average scores for the overall LPHS fell in the moderate level of activity (with average scores of 41 and 42). The greatest disparity in scoring between counties occurred in Essential Service 8 (Assure a competent public and personal health care workforce), with an 11-point difference between Peoria (high) and Tazewell (low); Essential Service 1 (Monitor health status to identify community health problems), with a 10-point difference between Tazewell (high) and Peoria and Woodford (low); and Essential Service 10 (Research for new insights and innovative solutions to health problems), with an 8-point difference between Peoria (high) and Tazewell (low). The health equity questions received some of the lowest scores, which brought down the average scores for each of the essential services.

Embarking on the Mobilizing for Action through Planning and Partnerships (MAPP) process will help the Tri-County LPHS improve collective performance as a cohesive system by engaging partners across the spectrum of the public health system to develop a comprehensive Community Health Improvement Plan with shared ownership and shared priorities that all partners can work together to address through alignment of individual and collective efforts.

The full LPHS report is available here: <http://healthyhoi.org/local-public-health-system-assessment>.

Phase 4: Strategic Issues

On May 11, 2016, forty (40) community partners gathered to determine strategic issues for this planning period. In the morning session, each county was represented by a team of agencies, individuals and organizations that deliver services or live in the county being discussed. Information from all 4 MAPP assessments was presented to county teams by health department staff members. Each team deliberated over individual county data only, then chose three priorities they felt were indicated by assessment data.

In the afternoon, all counties came together to complete the same process as was done in the morning session, but this time with the tri-county in mind. All assessment information presented in the afternoon was tri-county data.

After tri-county issues were identified, individual county priorities were revealed. The goal of the day was for each individual county to have their top three priorities from the morning session to be represented in the tri-county issues. Two issues were common across all three counties: **Behavioral Health** and **Healthy Eating/Active Living**. Tazewell and Woodford's third priority was **Cancer** (lung and breast), and Peoria's third issue was **Reproductive Health**.

The following infographics summarize key data points used in selecting the four health priorities.

Tri-County Demographics

362,140



The Tri-County Population of Peoria County (PC), Tazewell County (TC), and Woodford County (WC)

Increasing

Over the past 5 years the population has increased.

Aging

The largest increase is among residents age 65+.

Race

90% white in TC & WC;
70% white and 16.1% black/
African American in PC.

Households

133,118

Overall, the number of family households remained unchanged from 2013.

- Two-parent families account for 44.2%, 55.4%, and 64.1% of households within PC, TC, and WC respectively.
- One-person households account for 20% of the Tri-County population.
- Single female households represent 8%-13.7% of the population in each of the counties.

Economy & Poverty



Median Income Level
\$50,712 - \$66,639

Median Income Level ranges within the Tri-County region from **11.3% lower** (PC) to **16.6% higher** (WC) than the State of Illinois



Unemployment



In 2015 only WC's unemployment rates were lower than the State of Illinois (5.4%); with PC and TC higher.

Poverty



In the Tri-County region, the percentage of families living in poverty has increased

8.1%-17.0%

Overall, the rates in TC and WC remain lower than the State of IL, with PC being greater.



High School Graduation

In 2015, Peoria Public Schools, Limestone, Peoria Heights, and Pekin reported **graduation rates below** the State average (86%). All WC school districts were above the State average.



Truancy

In 2014, Peoria Public Schools (27%), Limestone (12%), Lowpoint-Washburn (7.0%), Pekin (5%) and East Peoria (5%) reported Truancy.

Education



Healthcare & Access

Insurance Coverage

Residents of the Tri-County region had a **comparable or higher rate** of healthcare coverage than the State of Illinois.

The percentage of people covered in Tazewell County had a significantly **decreased** from 95.9% in 2007-2009 to 88.1% in 2010-2014.



86 % Cannot Afford It
Reason for not having insurance



Access to Care

14 % Unable to Access Medical Care When Needed

Additionally, 15% were unable to access Prescriptions when needed, 18% were unable to access Dental Care when needed, and 9% were unable to access Counseling when needed.

Causes of Inability to Access Medical Care

- Couldn't Afford Co-Pay (35%)
- No Insurance (29%)
- Too Long to Wait for an Appointment (24%)



Why Behavioral Health?

Perceptions of Health In Our Community

#1 Mental Health

Ranked the **highest** health issue within the community

72%

Of tri-county residents report overall good mental health, less than National Goal 80%.

8.4% (WC), 10% (TC), and 17.8% (PC) reported **more than 8 days of "not good"** Mental Health per month



37% reported the reason being unable to afford co-pay.



Drug Abuse, Anger/Violence & Alcohol Abuse ranked in the Top 4 perceived Unhealthy Behaviors.

59 Drug-Induced Deaths within the tri-county in 2014.



40 # of **Suicide Deaths** in 2014

In 2012, the suicide rates for PC(12.2), WC (12.8) and TC (15.4) were **above** the state rate (10.1).



Ratio of Population to Mental Health Providers

Peoria County: 490:1; Tazewell County : 690:1, Woodford County: 3,560:1



63%

According to the 2016 IL Youth Survey 63% of 12th Graders disapprove of Marijuana, a **decrease** from 2014.

Why Healthy Eating Active Living?

Perceptions of Health In Our Community

#2 Obesity

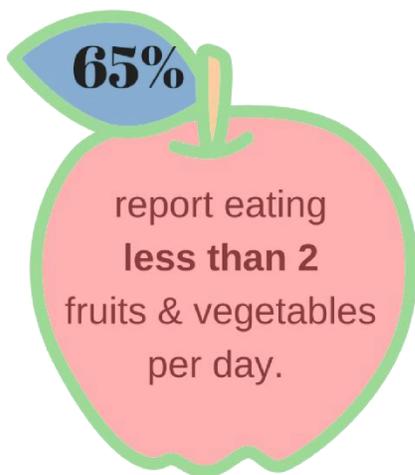
Ranked as the second highest health issue within the community

Poor Eating Habits & Lack of Exercise

Listed as the 3rd and 5th perceived most unhealthy behaviors by the tri-county



Compared to decreases in State rates



34%



Of tri-county residents
DID NOT exercise in the last week.

Daily recommended intake of fruits and vegetables varies by age and gender, however it is widely accepted to have **5 servings** of **fruits** and **vegetables**.

Of tri-county residents
report eating more than
5 fruits and vegetables
per day.



Why Breast & Lung Cancer?

Health In Our Community

24%

Smoking

Were selected by Tri-Count residents as Unhealthy Behaviors in the Community

8%

No Routine Checkups

Cancer

One of the leading causes of death in Tri-County

Risk Factors

Breast Cancer

Peoria (131.8) and Woodford (141.9) Counties have **higher incidence** of Breast Cancer compared to the State of Illinois (127.7)

Lung Cancer

Peoria (87.5) and Tazewell (87.0) Counties have **higher incidence** of Lung Cancer compared to the State of Illinois (69.4)

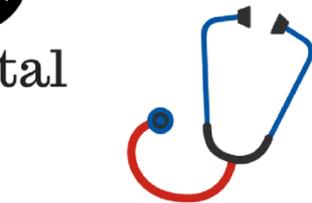
Healthy Eating & Exercise



Genetics



Environmental Exposure



Routine Screenings

Why Reproductive Health?

Perceptions of Health In Our Community

#6

Early
Sexual
Activity

Ranked among
TOP TEN
health issues
within the
Tri-County

#10

Sexually
Transmitted
Infections

STI
Sexually Transmitted Infection

Chlamydia

794.7 cases per 100,000 PC residents; **2.5 times greater** than IL

***Low Birth Weight**
7.8%
National Goal

In Peoria County 8.8% and in Tazewell County 7.4% of infants are Low Birth Weight

*Defined as infants born less than 5.5lbs

Gonorrhea

241.3 cases per 100,000 PC residents; **5 times greater** than IL.

Teen Births
50 Births

per 1,000 Women 15-19*

Overall, teen birth rates are trending down, but within *Peoria County rates are still **significantly higher** (50 per 1,000) compared to state (22.8) and national levels (24.2).

Phase 5: Goals & Strategies

Planning committees were formed and met regularly to identify goals, objectives, and strategies for each priority. Goals represent broad statements that describe the long-range outcome desired. Specific, Measurable, Achievable, Relevant, Time-oriented (SMART) objectives were developed using benchmarks set by Healthy People 2020. All strategies selected are grounded in evidence-based research. Committees utilized County Health Rankings, *What Works for Health*, Healthy People 2020, *Interventions and Resources*, and Community Guide to Preventive Services as references for strategy selection.

Behavioral Health		
GOAL	Improve Mental Health through prevention and access to services for the residents of the tri-county region.	Reduce Substance Abuse among tri-county residents, especially youth.
Objective 1	Increase the proportion of adults reporting good mental health from 72% to 80% by 2019.	Reduce the rate of drug-induced deaths with the tri-county region by 10% from 16.3 per 100,000 tri-county residents to 14.7 per 100,000.
Objective 2	Reduce the suicide rate by 10% for the 11.0 deaths per 100,000 within the tri-county to 9.9 deaths per 100,000 tri-county residents.	Increase the percentage of 12th graders within the tri-county that disapprove the use of marijuana by 20% from 63% to 83%.
Strategy 1	Behavioral Health Primary Care Integration	Reduction of Opioid Abuse
Strategy 2	Culturally adapted healthcare	Behavioral Health Primary Care Integration
Strategy 3	Mental Health Benefits Legislation	Justice System Level Interventions
Strategy 4	School-based Social and Emotional Instruction	Targeted truancy interventions
Responsible Leaders	Behavioral Health Steering Committee Supporting County Health Department - Peoria City/County Health Department	Behavioral Health Steering Committee Supporting County Health Department - Peoria City/County Health Department

Healthy Eating			Active Living	
	Adults	Youth	Adults	Youth
GOAL	To increase the number of individuals who meet the recommended daily servings of fruit and vegetable consumption.	To increase the number of youth who meet the recommended daily servings of fruit and vegetable consumption.	To increase the number of individuals over the age of 18 who are meeting the recommended levels of weekly activity as described in HP 2020.	To increase the number of individuals 18 years and younger who are meeting the recommended levels of weekly activity as described in HP 2020.
Objectives	By 2019, Increase the percentage of individuals 18 years and older consuming 3 or more servings of fruits and vegetables per day from 35% to 50% per week from 66% to 71%.	By 2019, increase by 10% the # of youth who report 3 or more daily servings of fruits and vegetables from 12% to 22%.	By 2019, Increase the percentage of adults in the tri-county area who are exercising in the last week from 66% to 71%.	By 2019, decrease by 10% the # of youth who report 3 or less days of physical activity of 60 minutes in duration from an average of 28.75% across 6 to 12 grades to 20% in the tri-county area.
Strategy 1	Interventions in Community Settings	School-based programs promoting nutrition and physical activity	Creating enhanced access to places for physical activity	
Strategy 2	Access to Fresh Fruits and Vegetables	Women, Infants, and Children (WIC)	Behavioral and social approaches	
Strategy 3	Policies	Fruit and vegetable tasting	Campaigns and informational approaches	
Strategy 4			Environmental and policy approaches	
Responsible Leader	Adrienne Southerland, Pekin Hospital (Adult Chair), Kaitlyn Streightmatter, U of I Extension (Youth Chair) Supporting County Health Department - Tazewell			

CANCER

GOAL	Reduce the illness, disability and death caused by breast and lung cancer in the tri-county area.	
Objectives	By 2019, decrease the female breast cancer mortality rates by 3% as described in HP 2020.	By 2019, reduce lung cancer mortality rates by 3% as described in HP 2020.
Strategy 1	Increase the early stage of cancer detection, diagnosis and treatment of new cases.	Increase tobacco screenings and tobacco cessation counseling in the community.
Strategy 2	Increase the proportion of adults who were counseled and screened about breast cancer.	Reduce secondhand smoke exposure
Strategy 3		Reduce use of tobacco products by adolescents (past month)
Strategy 4		Increase the proportion of homes with an operating radon mitigation system for persons living in homes at risk for radon exposure.
Responsible Leaders	Anne Bowman, Director of Oncology, UnityPoint Health – Methodist Proctor Azza Mohammed, Epidemiologist, Tazewell County Health Department Supporting County Health Department - Woodford County Health Department	

REPRODUCTIVE HEALTH

GOAL	Improve and promote reproductive and sexual health of adolescents and young adults.		
Objectives	Reduce total preterm births among Peoria County African American/Black women to 11.4% by 2019.	Reduce gonorrhea rates among men and women age 15-44 years by 10% by 2019.	Reduce pregnancies among adolescent females aged 15-19 years by 10% by 2019.
Strategy 1	Preconception care & contraception		
Strategy 2	Service learning programs: pregnancy and STIs		
Strategy 3	Comprehensive risk reduction sexual education		
Strategy 4	Behavioral & biomedical interventions to prevent HIV and other STIs		
Strategy 5	Parenting and Caregiver Interventions		
Responsible Leaders	Melissa Adamson, Peoria City/County Health Department Supporting County Health Department - Peoria City/County Health Department		

Phase 6: Action Cycle

Upon adoption of the Community Health Improvement Plan (CHIP) by each Local Health Department's Board of Health, the MAPP Steering Committee will be dissolved. The Partnership for a Healthy Community, formed in 2014 as a community driven initiative to support the health and well-being of individuals in Central Illinois, has agreed to focus their efforts and resources in implementing the new CHIP strategies in the Tri-County area. As members of the Partnership, the Peoria, Tazewell and Woodford County Health Departments will take a lead role in implementing the CHIP and continuing the Partnership's mission to improve the health of the community. The Health Departments' leadership will assure a consistent approach during this three-year cycle to implement the strategies in the Community Health Improvement Plan, from choosing interventions and evaluating outcomes, to providing results to the community.

The Partnership Board of Directors is comprised of the Local Health Departments, community agencies, organizations, and citizens. A current list of partners is available here: <http://healthyhoi.org/about-us>.

Tasks of the Partnership will include the following:

- Monthly meetings of the Partnership to assure the development and support of Work Teams for each of the strategic priorities. The Partnership will review work team reports, offer feedback, and help with any identified needs.
- Offering support services including public information, website revisions, data collection and analysis, surveys, and community partnerships.
- Updating the current Partnership website for the utilization of tracking and retention of all work products from each priority issue.
- Developing a community dashboard to show accountability to the community.
- Assuring all members who chair a priority issue to sign a Commitment Form to show commitment to each other and to the Partnership mission.
- Providing a yearly update report card to the community to show progress results, barriers, challenges, and success.

Process of Development of Priority Work Teams:

Each identified strategic community priority is chaired by a community partner and supported by a local health department. Individual Work Teams are comprised of community agencies, organizations and citizens. Work Teams will meet monthly to ensure that plans and evaluations are designed and implemented around the strategies to meet the goals and objectives of each priority issue. The Health Departments' role on each Work Team will be to assist and support efforts with plans and activities, communications, resource gathering, and connection to key partners within the Tri-County area.

Community Partners

It is important to list the community organizations, individuals and agencies that participated in the community health assessment, the community health improvement plan and who are our partners in the ongoing implementation.

Advocate Eureka Hospital	Advocates for Access
American Cancer Society	Association for the Developmentally Disabled of Woodford County
Bradley University	Center for Prevention of Abuse
Central Illinois Area Health Education Center	Central Illinois Friends
Central Illinois Health Information Exchange	Champaign Urbana Public Health District
Chestnut Health Systems	Children's Home
City of Eureka	City of Peoria
City of Peoria	Easter Seals of Central Illinois
El Paso EMS	Eureka Apostolic Christian Home
Eureka College	Eureka School District
Eureka Public Library	Eureka United Methodist Church
Family Core	First Free Methodist Church
Gateway Foundation	Gifts in the Moment
Good Beginnings Center	Goodfield State Bank
Greater Peoria Economic Development Council	Heart of Illinois United Way
Heartline & Heart house	Heartland Community Health Clinic
Hopedale Medical Complex	Hult Center for Healthy Living
Human Service Center	Illinois Alcohol & Drug Evaluation Services
Illinois Cancer Care	Illinois Central College
Illinois Institute of Addiction Recovery	Indiana State University
Local Initiatives Support Corporation	Metamora Township High School
Methodist College	Million Hearts
Molina Healthcare	National Alliance on Mental Health
Neighborhood House	OSF St. Francis
Pekin District 108	Pekin Hospital
Pekin Police Department	Pekin YMCA
Peoria City/County Health Department	Peoria County Bright Futures
Peoria County Government	Peoria Housing Authority
Peoria County Sheriff's Department	Peoria Journal Star
Peoria Police Department	Peoria Public Library
Peoria Public School District 150	Regional Office of Education
Roanoke Benson School District	Roanoke Mennonite Church
Rock Creek Bible Church	South Side Mission
Susan G. Komen Foundation	Tazewell County Government
Tazewell County Health Department	Tazewell County Emergency Management Agency
Tazewell County Probation	Tazewell County Resource Center

Tazewell/Woodford County Head Start	Tazwood Center for Wellness
Think First: Illinois Neurological Institute	Unity Point Health
University of Illinois	University of Illinois College of Medicine
University of Illinois COMP	University of Illinois Chicago
University of Illinois Extension	University of Missouri
Unland Companies	Ward Chapel AME
We Care	Women's Pregnancy Center
Woodford County Housing Authority	Woodford County Emergency Management Agency
Woodford County Government	Woodford County Health Department
Woodford County Probation	Woodford County Sheriff's Department
Woodford County Special Education Association	Woodford County Zoning