ST. CLAIR COUNTY COMMUNITY HEALTH PLAN

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

St. Clair County Community Health Plan

ST. CLAIR COUNTY HEALTH DEPARTMENT

Acknowledgements

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

Alzheimer's Association
American Cancer Society
American Lung Association
Area Agency on Aging
Bethany Place
Big Brothers/Big Sisters
Call for Help
Catholic Social Services
Children's Home & Aid
Chestnut Health Systems
City of Belleville
City of East St. Louis
City of Ofallon
City of Lebanon
Comprehensive Behavioral Health
East Side Health District
Gateway Foundation
Get Up & Go!, Inc.
Heartlinks Grief Center
HSHS Medical Group
Illinois Public Health Association - Americorp
Illinois Public Health Institute
InsightFormation, Inc.
Karla Smith Foundation
LINC, Inc.
Lindenwood University
MidAmerica Public Health Training Center
M*D Resources, Inc.
Memorial Hospital
McKendree University

Neighborhood House
Opal's House
Prevent Child Abuse, IL
Programs & Services for Older Persons
Project Compassion
Racial Harmony
Southern Illinois Healthcare Foundation
Southwestern Illinois College
SIU Edwardsville – School of Nursing
St. Clair County Board of Health
St. Clair County Health Department
St. Clair County Housing Authority
St. Clair County Medical Society Alliance
St. Clair County Mental Health Board
St. Clair County Office on Aging
St. Clair County Regional Office of Education
St. Clair County Transit District
St. Clair County Youth Coalition
St. Elizabeth's Hospital
Touchette Regional Hospital
Treatment Alternatives for Safe Communities (TASC)
University of Illinois
Violence Prevention Center
Willard C. Scrivner, MD Public Health Foundation
YMCA of Southwest Illinois

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EXECUTIVE SUMMARY

In the spring of 2010, the St. Clair County Health Department and other members of the County Health Commission initiated a community health assessment and planning process in accordance with the State of Illinois' IPLAN requirements (Illinois Project for Local Assessment of Needs). The essential elements of IPLAN are:

- An organizational capacity assessment;

- A community health needs assessment; and

- A community health plan, focusing on a minimum of three priority health problems

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

> **Our Mission and Vision**
>
> We are a collaborative public health system that mobilizes resources to meet identified health needs and promote the health and well-being of all of the residents of St. Clair County.
>
> *We do this to enable St. Clair County to be among the healthiest counties in America by the Year 2020*

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

The 2011-2016 St. Clair County Community Health Plan was accomplished with direct contribution from over 70 individuals representing more than 50 different agencies from across the county. We also incorporated the voice of more than 1,600 community residents through surveys and community meetings. The year-long process progressed as follows:

- Community "Quality of Life "surveys were made available online and administered on paper.
- Performed an analysis of the health status of the community based on recommendations by the Illinois Department of Public Health and the Illinois Public Health Institute.

- Convened meetings with community partners to conduct the local health systems assessment based on the 10 essential health services.
- Completed the "Force of Change" assessment.
- Convened a partnership forum to present assessment findings and prioritize issues.
- Conducted "Action Team" workshops to develop community health plans with measureable goals and objectives.

The four priority health issues identified through this process include

1. **Risk Factor Prevention for Chronic Diseases**

   - Obesity
   - Active Living/Healthy Eating
   - Tobacco Prevention
   - Other Environmental Factors (Air Quality, Green Space, etc.)

2. **Maternal & Child Health**

   - Infant Mortality
   - Teen Pregnancy
   - STD/HIV Prevention

3. **Behavioral Health**

   - Suicide
   - Substance Abuse

4. **Violence Prevention & Safety**

The 2011-16 MAPP process brought many improvements over the 2006-10 process, including a renewed vision for health, dynamic partnerships and the use of innovative tools for multi-organizational strategic alignment. The four MAPP assessments revealed the tremendous assets and potential within the communities of St. Clair County to improve health outcomes for these conditions. It also reminded the members of the Commission that there remain many needs and barriers that we must collectively address in the next five years.

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

ST. CLAIR COUNTY

IPLAN

NATIONAL CITY
MADISON
BROOKLYN
FAIRMONT CITY
CASEYVILLE
EAST ST. LOUIS
SAUGET
WASHINGTON PARK
CAHOKIA
ALORTON
EAST CARONDELET
CENTREVILLE

Urban/Industrial (Region A)

COLLINSVILLE
FAIRVIEW HEIGHTS
O'FALLON
SHILOH
SWANSEA
SCOTT AFB
BELLEVILLE

Suburban/Commuter (Region B)

Rural/Agricultural (Region C)

LEBANON
SUMMERFIELD
DUPO
NEW BADEN
MILLSTADT
MASCOUTAH
FREEBURG
SMITHTON
ST. LIBORY
NEW ATHENS
LENZBURG
MARISSA

One County: Many Communities

Working Together for Health

Adopted August, 2011
By
the St. Clair County Board of Health and
the St. Clair County Health Care Commission
St. Clair County, Illinois

INTRODUCTION

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

- AN ORGANIZATIONAL CAPACITY ASSESSMENT;

- A COMMUNITY HEALTH NEEDS ASSESSMENT; AND

- A COMMUNITY HEALTH PLAN, FOCUSING ON A MINIMUM OF THREE PRIORITY HEALTH PROBLEMS

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

In the spring of 2010, the St. Clair County Health Department and other members of the Commission initiated the 4th round of their IPLAN community health assessment and planning process for the years 2011-2016. The six phases of the MAPP model were again selected as the model approach for this process because it is more intensive and inclusive than other approaches. It requires a high level of participation from community organizations and residents and utilizes a variety of methods to identify community health trends, gaps in care, local assets and – most importantly – develop and implement a plan that successfully addresses community health needs. MAPP helps communities form effective partnerships that can better identify their unique circumstances and needs and use their resources wisely.

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

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

Over its 25 year history, SCCHD has developed a successful reputation for community-based health assessment and planning that involves ongoing evaluation and continued refinement. This is done through a process of member agency collaboration and community participation. The Department has conducted several health assessment and planning projects over the last 25 years. They include projects for priority health issues in maternal and child health (infant mortality reduction, breastfeeding initiatives, and childhood obesity), adolescent health (teen pregnancy, depression, suicide), asthma, diabetes, and emergency preparedness for populations with special needs. In addition to enhancing and expanding those priorities established in previous IPLAN Community Health

Figure 1: The MAPP Process

Assessment and Planning projects, they serve as a reminder of the Health Department's approach towards community health assessment and planning as defined in our 1999 IPLAN:

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

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

PHASE ONE: ORGANIZING FOR SUCCESS/PARTNERSHIP DEVELOPMENT

In St. Clair County, the first phase of the MAPP process actually began many years before the nationally recognized model was published by the Centers for Disease Control and Prevention (CDC) and the Public Health Practice Program (PHPPO). As evidenced in the history of the St. Clair County Health Care Commission, the concept of organizing for success through partnership development has been a cornerstone of the Health Department since its inception in 1985.

History of the St. Clair County Health Care Commission

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

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

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

THE ORIGINAL MEMBERS OF THE HEALTH CARE COMMISSION INCLUDED:

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

These Commission members served as a nucleus of health professionals to assess community needs and collaborate on strategies for solution. The Commission extends community participation beyond health professionals. This includes consumers, educators, business representatives, parent

groups, media representatives, and community based organization representatives through other alliances and coalitions. In this manner, more comprehensive views are included in the assessment, policy development, and assurance functions. Community participation is also solicited from the health consumer. This is accomplished through various local groups in the community that Commission members are affiliated with, as well as direct surveys of health consumers and local organizations.

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

Commission Assessment & Planning Projects and Partnership Forums

1994 – Community Health Assessment & Planning Project (IPLAN I)
1998 – An Assessment on the Health of Our Community
1999 – Community Health Assessment & Planning Project (IPLAN II)
2001 – Moving Forward in the 21st Century
2002 – Building Healthy Community Partnerships
2002 – St. Clair County Comprehensive Youth "At Risk" Needs Assessment
2003 – An Assessment of Asthma for the Greater St. Louis Metro East Area
2003 – Improving Health for ALL of the Community – Eliminating Health Disparities
2004 – Addressing the Public Health Concerns of Diabetes
2005 – Stop the Epidemic of Childhood Obesity
2006 – Disaster Preparedness Assessment for Persons with Special Needs
2006 – Mobilizing for Action through Planning and Partnership (IPLAN III)
2006 – Real Teens, Real Issues, Real Solutions!
2007 – IPLAN Year in Review Workshop (Six Thinking Hats)
2007 – Get Up & Go! – A County-wide Health and Wellness Campaign
2008 – Maintaining Collaborative Community Health Partnerships Using Open Space Technology
2009 – 1st Annual Health Policy Summit – Theme: Active Living
2010 - 2nd Annual Health Policy Summit – Theme: Food Desserts and Nutrition

Over 20 years, the Commission has invited many members and affiliate organizations to work together for health. In 2009, County Chairman Mark Kern appointed its newest member, the St. Clair County Office on Aging to serve on the Commission. Currently the Commission has 13 appointed organizations and has affiliations with 12 additional organizations and coalitions (Table 1).

Table 1: Health Care Commission Members & Affiliates, Years 1991-2011

- American Heart Association
- American Lung Association
- Area Agency on Aging
- Asthma Coalition for the Greater St. Louis Metro East Area
- East Side Health District
- March of Dimes
- McKendree University
- Memorial Hospital
- Pioneering Healthier Communities Initiative

- St. Clair County Health Department
- St. Clair County Medical Society
- St. Clair County Mental Health Board
- St. Clair County Office on Aging
- St. Clair County Youth Coalition
- St. Elizabeth's Hospital
- Southwestern Illinois Coalition Against Tobacco
- Southern IL Health Care Foundation
- Southern Illinois University, School of Nursing
- Southwest Illinois HIV/AIDS Coalition
- Touchette Regional Hospital

- Programs & Services for Older Persons
- Regional Office of Education
- Scott Air Force Base Health and Wellness Center

- Willard C. Scrivner, MD Public Health Foundation
- YMCA of Southwest Illinois

In May 2010, St. Clair County Health Department staff presented an orientation of the six phases of the MAPP process to members of the Commission. In the months that followed, staff initiated the following steps to prepare for and complete the overall MAPP assessment and planning process:

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

The role of the Health Department throughout the MAPP process has been to equip leaders and volunteers; and to facilitate the individual team assessments and strategic planning efforts that followed. Preliminary training of the MAPP Assessment team members occurred throughout the summer of 2010 and the assessment process described in Phase Three occurred during the months of September 2010 through April 2006. Weekly and monthly meetings were held with individual assessment teams to share results and prepare update reports for the larger Health Care Commission at bi-monthly meetings.

Table 2: St. Clair County MAPP Assessment Leadership Team

Community Health Status Assessment
    Mark Peters, MS – Director of Community Health, SCCHD
    Vicki Rose, MS, Director, Programs and Services for Older Persons

Community Themes and Strengths
    Rita Arras-Boyd, RN, PhD – Assistant Professor, Southern Illinois University School of Nursing, Edwardsville, IL
    Paula Brodie, MS – Director of Community Programs, Southern Illinois Healthcare Foundation

Forces of Change Assessment
    Dana Rosenzweig, MSW – Executive Director, St. Clair County Mental Health Board
    Gene Verdu – Chairman, St. Clair County Office on Aging

Local Public Health System Assessment
    Kevin Hutchison, RN, MPH – Executive Director, SCCHD
    Reverend Annie Clark, Member, St. Clair County Board of Health, Willard C. Scrivner Public Health Foundation
    Hardy Ware, MA – Assistant Administrator, East Side Health Center, East St. Louis

PHASE TWO: VISIONING

St. Clair County conducted the MAPP visioning phase through their bi-monthly Health Care Commission meetings during the spring of 2010. The phase was similar to Phase One, because it involved a process of building upon an established foundation of a shared vision and values. During the years 2008-10, the vision of the Health Care Commission was strengthened and influenced by new partnerships stemming from the seven strategic issues established in the 2006-11 MAPP process (Appendix B – MAPP Timeline from 2006-10).   In 2008, St. Clair County was awarded funding through the National Pioneering Healthier Communities Initiative[1] and its partnership with the YMCA of Southwest Illinois. In 2009, these partnerships helped to leverage new funding opportunities and establish an annual Health Policy Summit of key community leaders and stakeholders around a single health theme. These partnerships influenced the visioning process in three ways:

- By emphasizing shared accountability, resources and information to effectively implement intervention strategies that reduce health outcomes and disparities;

- By presenting new perspectives from organizations representing faith-based, academic, city-planning, business and non-profit sectors; and

- By strengthening our commitment to influence health policy and environmental change in the places where we live, learn, work and play.

Through the Commission, the Health Department's operational philosophy of community health planning and implementation already had focus, direction and purpose. It also had a proven system of collaboration to incorporate new members based on the results of any forthcoming assessment and strategic planning efforts. What remained for the completion of this phase was a consensus process to evaluate the existing vision, mission, values and principles to better leverage the contributions and collective synergy of all members in the years to come. Based upon this process the current vision, mission, values and principles (listed on the following page) were reviewed in the spring of 2010. After an addendum was included in the existing vision statement, the mission, values and principles upon which the Commission has based its practices remained unchanged.

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[1] The National Pioneering Healthier Communities Initiative (PHC) is a collaboration project between the Centers for

Vision

We are a collaborative public health system that mobilizes resources to meet identified health needs and promote the health and well-being of all of the residents of St. Clair County. *We do this to enable St. Clair County to be among the healthiest counties in America by the Year 2020* (italicized portion added in 2010).

Mission

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

Values

- Focus on Prevention
- Public awareness through education
- Access to service for all
- Eliminate health disparities
- Self-responsibility
- Asset-based approach

- Evidence-based interventions with measurable impact
- Behavioral risk factors as the focus of interventions
- Community collaboration with shared responsibility

Our Principles

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

PHASE THREE: THE FOUR MAPP ASSESSMENTS

Members of the MAPP Leadership and Assessment Team formally began their assessment efforts in the spring of 2010 by forming teams and receiving training for each of the four MAPP assessments. The initial aims of each of the MAPP assessments and their assigned leaders are included in Appendix C. The four types of MAPP (National Association of County & City Health Officials, 2005) assessments are:

- The **Community Health Status Assessment** collects and analyzes health data and describes health trends, risk factors, health behaviors and issues of special concern.

- The **Community Themes and Strengths Assessment** uses participants to make a list of issues of importance to the community identify community assets and outline quality of life concerns.

- The **Forces of Change Assessment** identifies local health, social, environmental or economic trends that affect the community or public health system.

- The **Local Public Health System Assessment** measures the local public health system's ability to conduct essential public health services.

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

Additionally, Health Department staff conducted a Quality Improvement (QI) initiative to evaluate the community health improvement partnerships and plans established in the 2006-10 IPLAN. This two-year initiative was facilitated and funded by the Illinois Public Health Institute (IPHI). As a result of this QI initiative, St. Clair County not only gained an improved understanding of the dynamic and complex nature of a "genuine" collaborative process; but has begun to utilize more effective tools and techniques to successfully implement the Action Plans established in Phase Six of the MAPP process.

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

Community Health Status Assessment

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

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

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

Table 3: Community Health Status Assessment Data Availability

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

Demographic & Socioeconomic Characteristics

St. Clair County, population 270,056, covers 663.9 square miles and is located directly across the Mississippi River from St. Louis, Missouri. This strategic location amid America's heartland affords its citizens the opportunity to take advantage of being just minutes away from one of the larger population centers in the U.S. On average, 385.7 people live within each square mile of the county. In 2000 there were 256,082 people living in the county within 96,810 households (averaging 2.59 people in each household) but by 2010 the population had increased to 270,056, an estimated 5.5% change (St. Clair County Quick Facts and Table 4).

Quick Facts – St. Clair County

- East Side Health District formed in 1940 (area in light blue)
- St. Clair County Health Department formed in 1986 (area in yellow)
- 2010 Population 89% Urban, 11% Rural
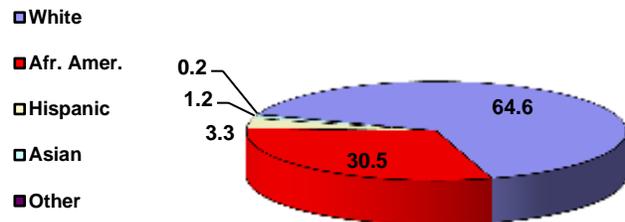
Percent Population by Race/Ethnicity

- ☐ White
- ■ Afr. Amer.
- ☐ Hispanic
- ☐ Asian
- ■ Other

64.6
30.5
3.3
1.2
0.2

Table 4 - Demographic Characteristics for St. Clair County				
	1980	**1990**	**2000**	**2010**
Total Population	267,931	262,852	256,082	270,056
% Male	47.1%	47.8%	47.8%	47.8%
% Female	52.1%	52.2%	52.2%	52.2%
Population by Age				
Median Age (Years)	28.5	32.0	35.3	35.0
% 18 Yrs & Older	68.5%	71.2%	72.3%	74.7%
% 21 Yrs & Older	NA	67.1%	68.2%	NA
% 65 Yrs & Older	10.9%	12.7%	13.2%	12.6%
Population by One Race				
% White	71.3%	71.5%	67.9%	64.6%
% Black or Afr. American	27.5%	27.1%	28.8%	30.5%
% Asian	0.5%	0.8%	0.9%	1.2%
% Amer. Indian/Alaskan Native	0.1%	0.2%	0.3%	0.2%
Hispanic or Latino (of any race)	1.2%	1.5%	2.2%	3.3%
% of Population Below Poverty			14.5%	17.1%

Source: US Census of the Population

St. Clair County is largely an urban community. The 2000 census reported that 87.5 percent of the population resided in urban areas, while 12.5 percent lived in rural communities. Additional land use development over the last several years has led to the conversion of farmland to more urban uses. In 2010, the percent shift of urban verses rural residents was reported as 89 percent and 11 percent respectively.

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

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

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

According to the 2010 Census, the greatest concentrations of people throughout the county are found in Region B. The migration to the east and away from the urban, industrial Mississippi River corridor and to the rural areas and suburbs above the bluffs showed similar patterns from that of the 2000 Census.

- The population of key communities in Region A (Centreville, Washington Park and East St. Louis) declined by 10 percent or more.
- Cahokia lost 7 percent of its population, and black residents became the majority.
- Fairview Heights grew 13.6 percent; Swansea 26.9 percent; O'Fallon 29.10 percent; Mascoutah 32.2 percent; and Shiloh 65.5 percent.
- Much of the increase in the population of Region B is attributed to good schools and the expansion of Scott Air Force Base, which provides nearly $2.3 billion towards the local economy.
- St. Clair County's percentage of white residents declined 0.3 percent, to 64.6 percent of the total population. The black population rose 11 percent, to 30.5 percent of the county population. Hispanic residents rose nearly 57 percent, to 3.3 percent.
- Diversity is clearer - Belleville experienced a 76-percent boost in its black population since the 2000 Census.
- The Hispanic population jumped nearly 72 percent, to 1,163 or about 2.3 percent of the total.
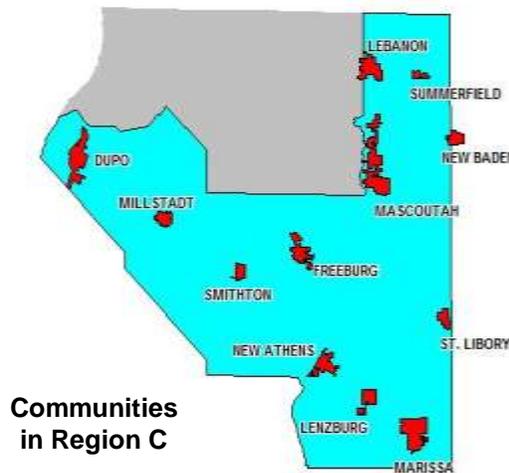
Figure 2: The Regions and Communities of St. Clair County

Communities in Region A
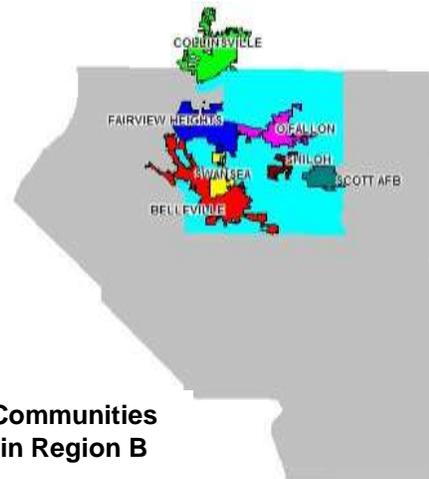

Communities in Region B

Communities in Region C

Poverty and Economic Indicators

Poverty limits the ability of individuals and families to meet their basic needs, affects their sense of self-worth, and compromises the stability of entire communities. Information from the U.S. Census Bureau reveals that this hardship continues to be a reality for thousands of people in St. Clair County. The percentage of St. Clair County residents living in poverty has steadily increased from 12 percent in 2006 to 15.3 percent in 2008 and 17.1 percent in 2010.

Extreme poverty, living on an annual income of less than half the poverty line (below $10,325 for a family of four), affects 17,319 people in St. Clair County, an extreme poverty rate of 6.7%. The extreme poverty rate has risen from 4.9% in 2006 and has declined from 6.8% in 2000 (Figure 3). Those living in extreme poverty are often in unsafe living conditions and struggle to meet the most basic of their needs.

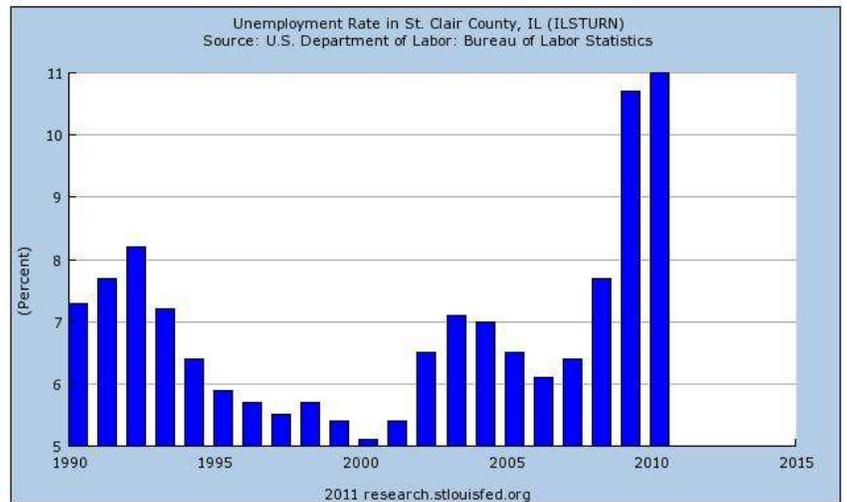**Figure 3: Percent of St. Clair County Population in Extreme Poverty**
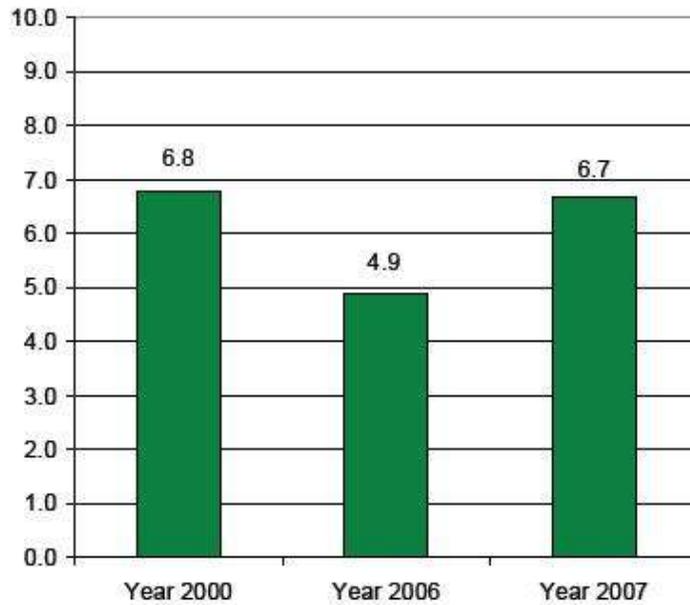
In addition to the 46,651 people who are poor in St. Clair County, an additional 18.1%, are at risk of falling into poverty. These individuals, often called low income, have family incomes that fall between the official poverty line and twice the poverty line. This leaves them dangerously close to the edge, where just one event, such as an illness or job loss, can push them into poverty

The current poverty line fails to give an accurate picture of what families need to achieve a decent, though modest, standard of living. Estimates that take into account the local cost of living reveal that it takes $45,545 for a family of four to make ends meet in St. Clair County (*The Self Sufficiency Standard for Illinois*, in 2008 dollars). Children are particularly vulnerable to poverty. An estimated 17,757 children live below the poverty line in St. Clair County, a child poverty rate of 26.9%. This reflects a dramatic rise in child poverty from that of 19.1 percent in 2006.

Figure 4: Unemployment in St. Clair County

The median household income in St. Clair County is $46,435, meaning half of all households in St. Clair County have incomes higher and half have incomes lower than this amount. Median household income has declined $1,531 since 2006 and has declined $2,280 since 2000 (when adjusted for inflation). Unemployment in St. Clair County has also shown an alarming rise since 2006. The 2010 rate of 11 percent represents an 80 percent increase since 2006 (Figure 4).

General Health and Access to Care

The MAPP Assessment Team reviewed the General Health and Access to Care indicators from the IPLAN Data System, as well as information from Hospital Discharge Data, CDC Wonder Mortality Data and the University of Wisconsin County Health Rankings Report to determine significant health issues for the general population of St. Clair County. Figures 5 and 6 on the following page along with Table 5 highlight the more significant findings of general mortality and morbidity measures.

Figure 5: Leading Causes of Years of Potential Life Lost (before age 64) to St. Clair County Residents during the Years 2004-07
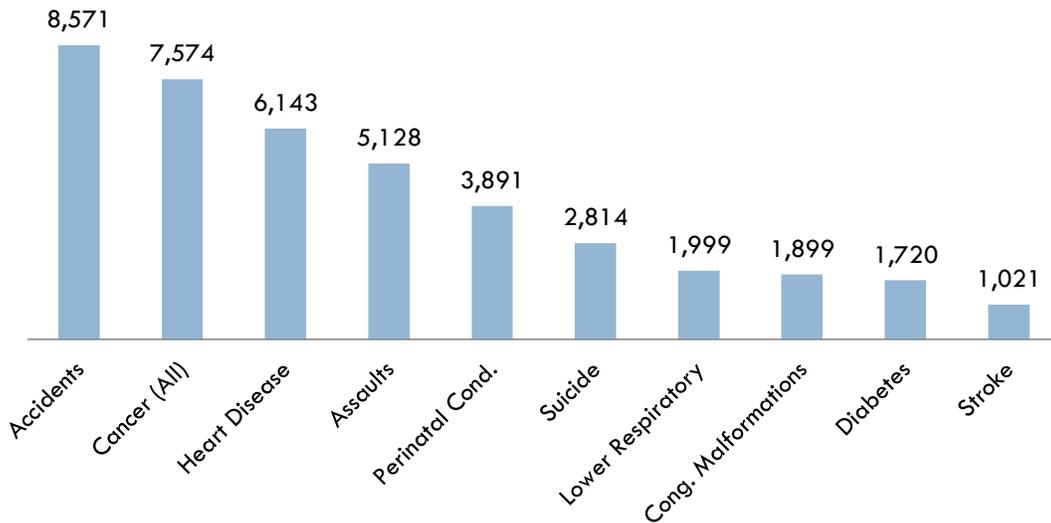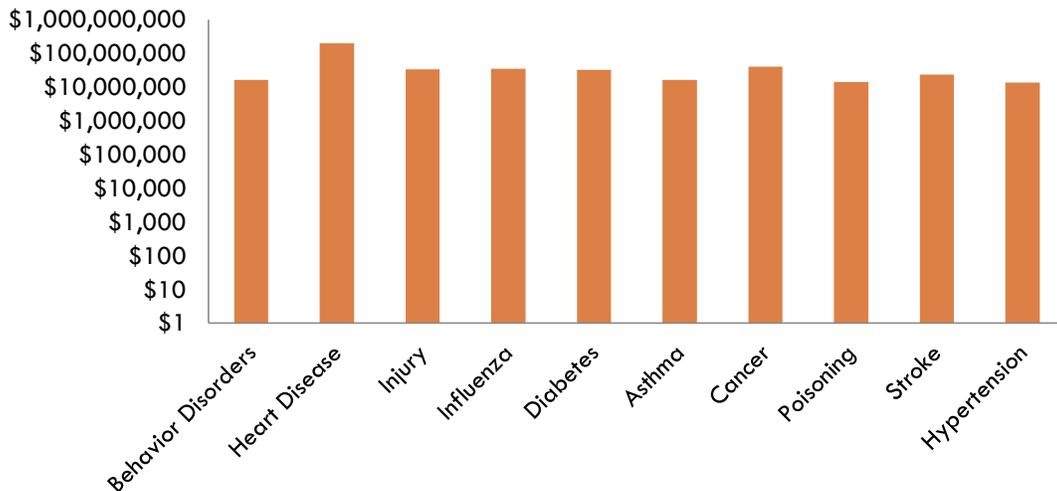

Figure 6: Cost of Leading Causes of Hospitalizations to St. Clair County Residents (<75) during the Years 2004-07

Source: CDC Wonder and IDPH Hospital Discharge Data

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

2004-07 Premature Death Rate (per 100,000 pop.)	Frequency of Hospitalizations (2004-07)
1. Heart Disease (97.1) 2. Accidents (31.3) 3. Lung Cancer (25.8) 4. Diabetes (25.2) 5. COPDs (24.7) 6. Colon Cancer (19.2) 7. Homicide (15.0) 8. Stroke (13.2) 9. Suicide (10.6) 10. Hypertension (2.0)	1. Behavioral Disorders (14,724 discharges) 2. Heart Disease (6,956) 3. Injury (1,822) 4. Influenza (1,818) 5. Diabetes (1,726) 6. Asthma (1,335) 7. Cancer (1,259) 8. Poisoning (1,226) 9. Stroke (1,099) 10. Hypertension (771)
Source: CDC Wonder	Source: IDPH Hospital Discharge Data

General health comparisons for St. Clair County using the University of Wisconsin County Health Rankings Report[2] released in 2011 show that St. Clair County ranks -

1. **94 out of 102** Illinois counties for health outcomes such as premature mortality, poor physical health, poor mental health.

2. **101 out of 102** Illinois counties for health behaviors such as tobacco use, excessive drinking, teen pregnancy, obesity and motor vehicle crash death rate.

3. **25 out of 102** Illinois counties for clinical care such as uninsured adults, primary care physicians, preventable hospital stays, diabetic and mammography screenings.

4. **99 out of 102** Illinois counties for Social and Economic Factors such high school and college graduation rates, unemployment, children in poverty, inadequate social support and violent crime rate.

5. **64 out of 102** Illinois counties for physical environment factors such as air pollution ozone days, access to healthy food and access to recreational facilities (University of Wisconsin Population Health Institute, 2011).

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

- Most of the leading causes of death and sickness affecting St. Clair County residents can be prevented or delayed with lifestyle modifications (active living, healthy eating, stress reduction, safety awareness, alcohol, tobacco and other substance use prevention.
- The hospital costs attributed to these preventable conditions exacerbates the current economic climate.
- The emergence of behavioral health issues coincides with an increase in domestic violence and suicide.
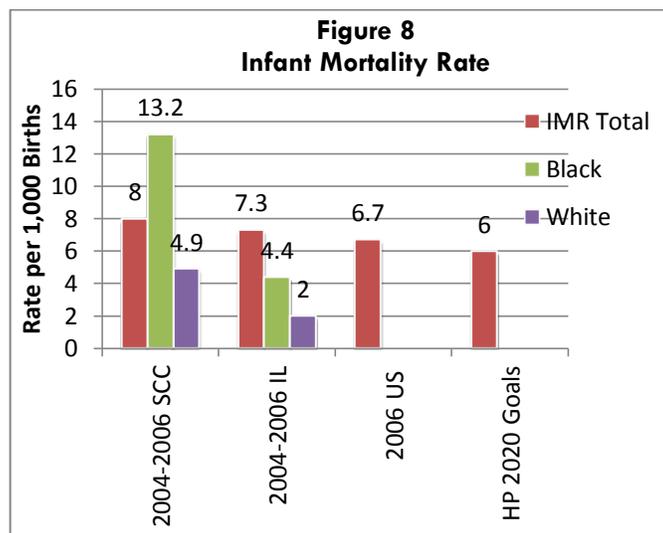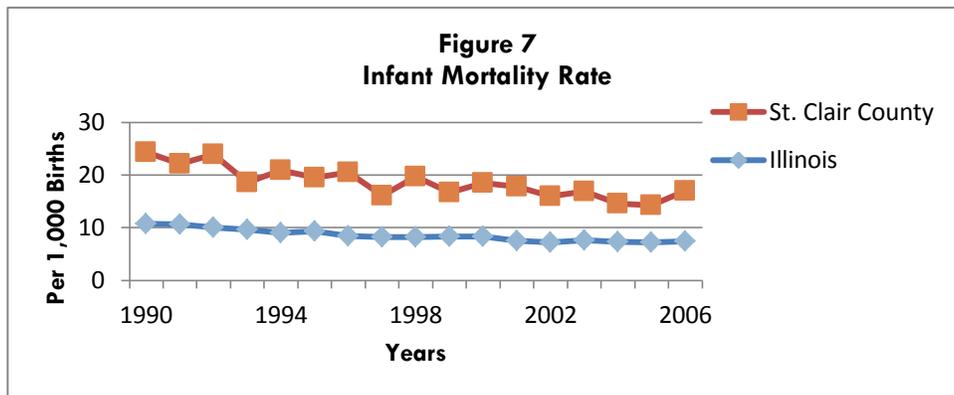
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[2] The County Health Rankings, commissioned by the Robert Woods Johnson Foundation are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. A more detailed report of the Rankings for St. Clair County can be found in Appendix D.

<u>Maternal and Child Health</u>

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

Infant Mortality/Morbidity

Infant mortality and morbidity are key indicators of a nation's health and while overall rates have improved in the last two decades, St. Clair County (Figure 7) continues to lag behind both the state of Illinois and the nation (Figure 8). Low Birth Weight and Very Low Birth Weight have continued to be leading contributors to infant mortality with little improvement in birth weight (Figures 9 & 10). St. Clair County continues to have lower birth weight (Figures 11 & 12) and premature births (Figure 13) than both Illinois and the nation. Even when improvements are seen, disparities between black births and white births have remained or widened (Figure 14, 15 & 16).

Figure 7
Infant Mortality Rate

Figure 8
Infant Mortality Rate

**Figure 9
Low Birth Weight (<2,500 grams or 5.5 lbs.)**

**Figure 10
Very Low Birth Weight (<1,500 grams or 3.3 lbs.**

**Figure 11
Low Birth Weight**

**Figure 12
Very Low Birth Weight**
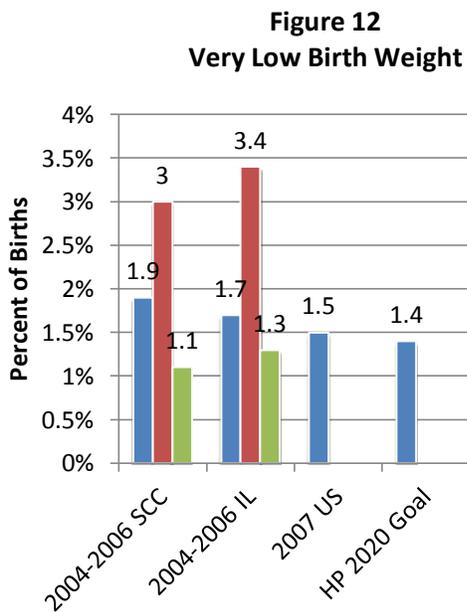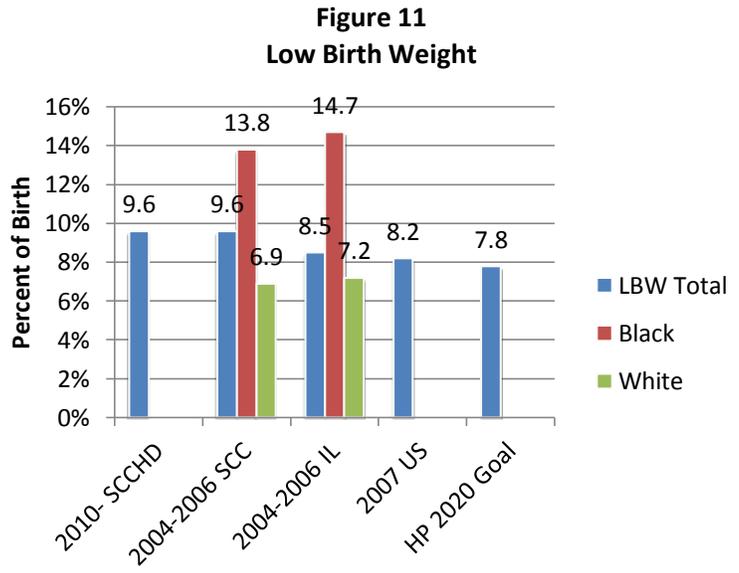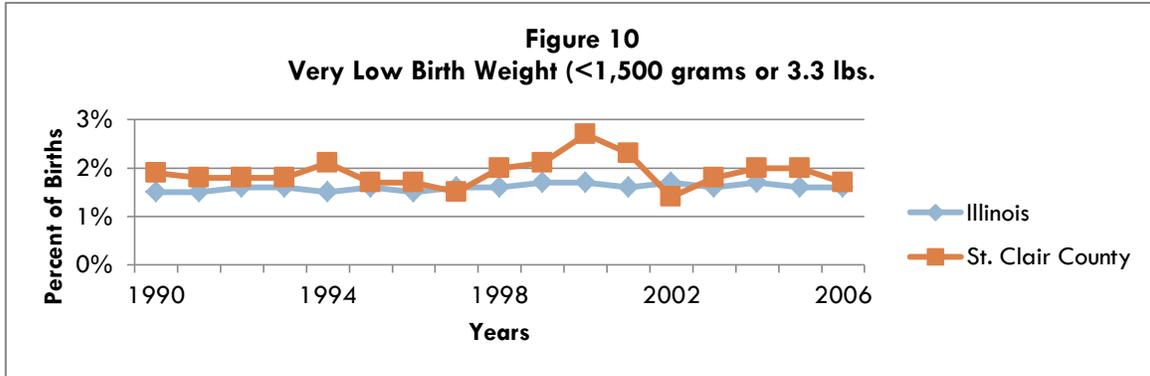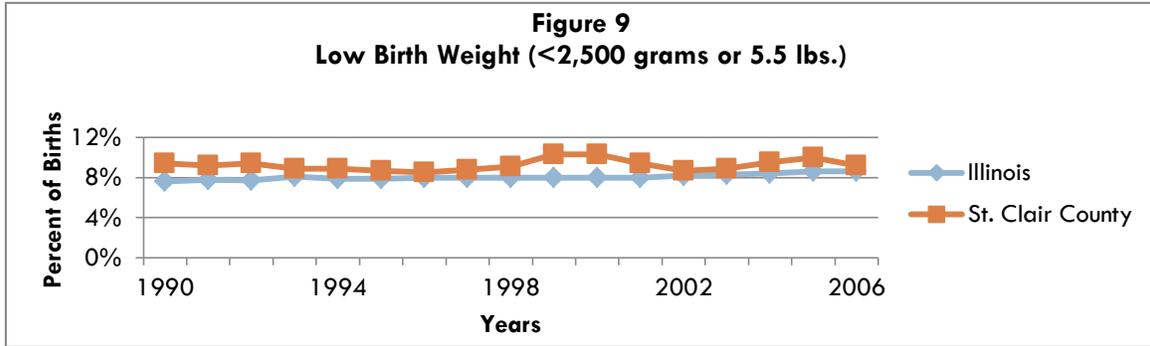
Figure 13
Preterm Birth (< 37 weeks)
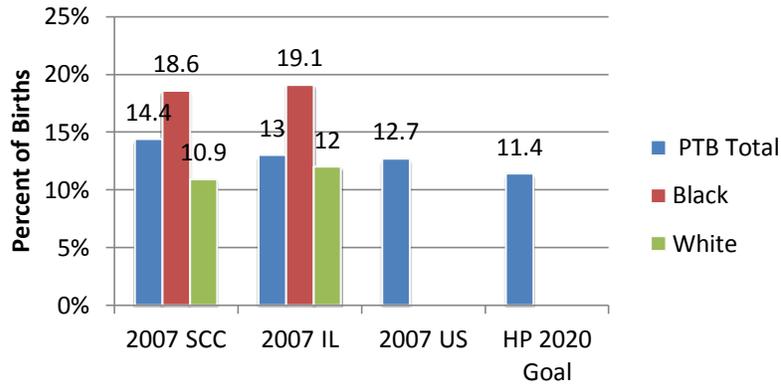
Figure 14
St. Clair County Infant Mortality Rate by Race
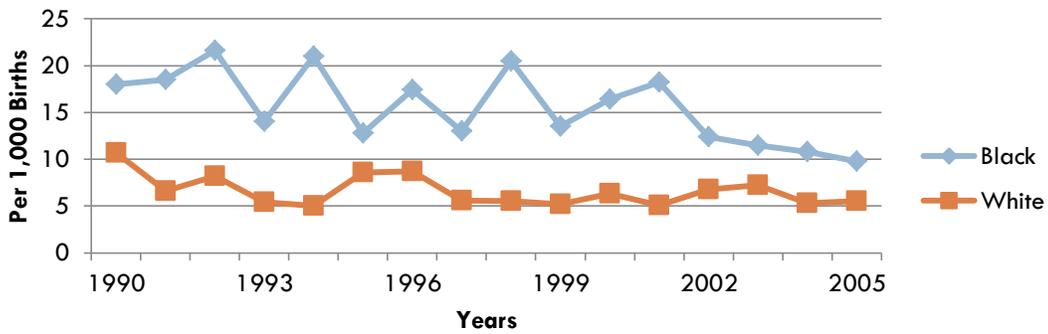
Figure 15
St. Clair County Low Birth Weight by Race
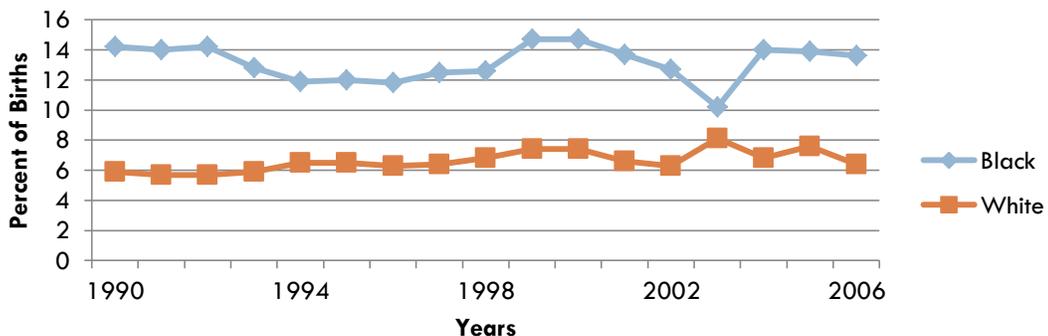
Figure 16
St. Clair County Very Low Birth Weight by Race
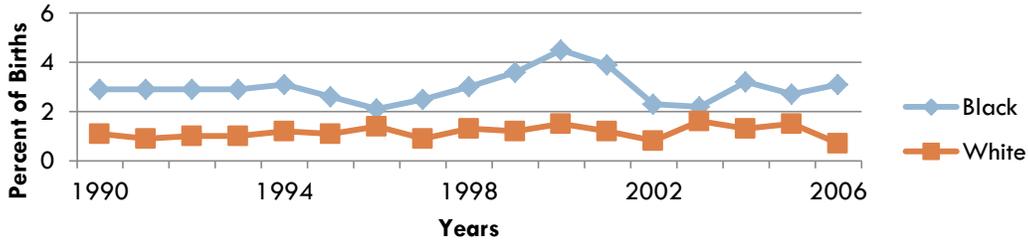
Prenatal Care

Prenatal care has continued to be a key determinant used to measure maternal health care by looking at the trimester care begins (Figure 17) and adequacy of care (Figure 18) according an established index of care (Kessner). While St. Clair County surpasses the national percentage and target for the trimester care begins, adequate prenatal care in St. Clair County is worse than Illinois and the Healthy People 2020 target. In addition, the high-risk population served by St. Clair County Health Department is dramatically lower for the percentage seeking care during their first trimester of pregnancy. Healthy People 2020 objectives are:

- Increase the females delivering a live birth who receive prenatal care beginning in the first trimester to 77.9%

- Increase pregnant females who receive early and adequate prenatal care to 77.6%

Figure 17
1st Trimester Prenatal Care
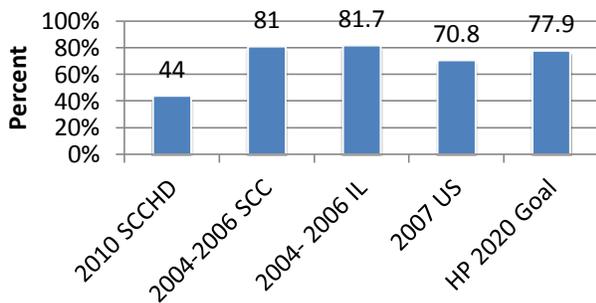
Figure 18
Adequate Prenatal Care
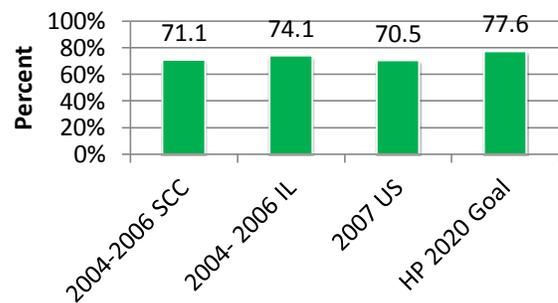
Smoking during pregnancy is a key risk factor for low birth weight. St. Clair County has higher prenatal smoking rates than both Illinois and the United States (Figure 19). All fall well below the Healthy People 2020 objective of increasing women who report abstaining from cigarettes during pregnancy to 98.6 percent.

Figure 19
No Smoking During Pregnancy
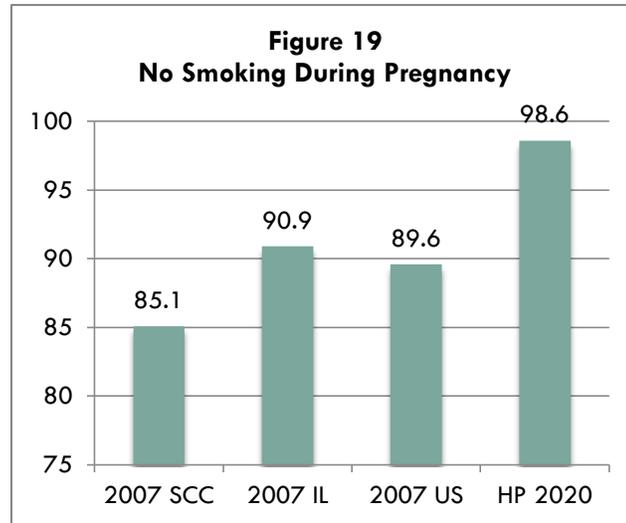
Infant/Child Care

Healthy People 2020 are tracking many conditions and indicators that affect the health, wellness, and quality of life of infants and children. Four important indicators are tracked through programs offered at St. Clair County Health Department: Breastfeeding (Figure 20), Immunization Levels (Figure 21), Medical Home (Figure 22) and Elevated Lead Levels (Figure 23) in children. St. Clair County Health Department serves a high-risk population that lags behind both the state of Illinois and the national average in all but one of the four indicators (medical home). We are also well below the Healthy People 2020 objectives:

- Increase infants who ever breastfeed to 81.9 percent

- Increase infants breastfed at 6 months of age to 60.5 percent

- Increase children aged 36 months who received recommended doses of immunizations to 80 percent

- Increase children who have access to medical home to 63.3 percent

- Decrease the number of children with elevated blood lead levels to 0.1 percent

While not all children have a medical home, almost all children served by St. Clair County Health Department report having health insurance (Figure 24), above both the Illinois and national levels and almost reaching the Healthy People 2020 goals.

Figure 20
Breastfeeding Initiated

**Figure 21
Recommended Immunizations by 36
Months of Age**

Bar chart showing Percent. Values: 2010-SCCHD 65.9, 2010-IL (WIC) 79, 2008 US 68, HP 2020 Goal 80.

**Figure 22
Children with Access to Medical Home**

Bar chart showing Percent. Values: 2010-SCCHD 76.6, 2010-IL (WIC) 85.14, 2006 US 57.5, HP 2020 Goal 63.3.

**Figure 23
Elevated Blood Lead Levels in Children**

Bar chart showing Percent. Values: 2008 SCC 1.6, 2008-IL (WIC) 2.3, 2006 US 1.2, HP 2010 Goal 0.1.

**Figure 24
Health Insurance**

Bar chart showing Percent Reported. Values: 2010 SCCHD 98.67, 2010-IL (WIC) 96.08, 2008 US 83.2, HP 2010 Goal 100.

Source of MCH Data: SCCHD Annual WIC and MCH Reports

Teenage Pregnancy

Teen pregnancy remains a priority health issue for St. Clair County due to the alarming number of births to teenage mothers. Over 14% of all 2006-09 births in St. Clair County were to teens aged 19 years and younger. This is 42% higher than the Illinois births to teenagers for the same time period. Figure 25 shows the disparity by race for teen births.

Percent Births to Teenage Mothers 2006-09
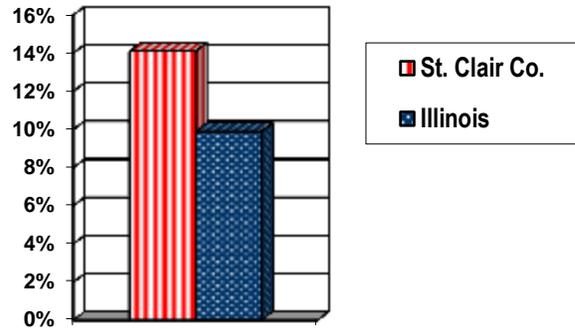
Figure 25: Racial Breakdown - Number of Births to St. Clair County Teens < 19 years 2004-07

1%

35%

64%

White Teens
Black Teens
All Other Teens
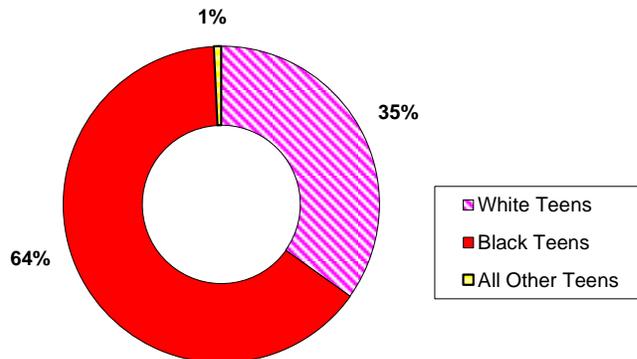
Source: IDPH, Teen Pregnancy Reports at www.idph.state.il.us/health/statshome.htm

Chronic Disease

Over one hundred and thirty million Americans live with one or more chronic diseases, and seventy-five percent of the nation's total medical costs go to treating people with those conditions. About half of the deaths associated with chronic disease can be attributed to largely preventable behaviors, such as poor diet and physical inactivity. St. Clair County has mirrored this trend over the last twenty years and has increased its efforts to address these behaviors with a focus on the growing public health concern of obesity and its related factors (Future, 2010). Being obese (or even just overweight) is the second leading cause of preventable death in the United States and is

measured by body mass index (BMI), your weight to height ratio. Overweight is defined as having a BMI over 25 and obese is defined as having a BMI above 30. The Illinois Behavioral Risk Factor Surveillance System (BRFSS) has provided some useful information on measures of overweight and obese adults since 1996 which is summarized in the chart below.

> **Obese and Overweight Individuals are at a much higher risk of suffering from the following conditions**
>
> - High Blood Pressure
> - High Cholesterol
> - Heart Disease and Stroke
> - Type 2 Diabetes
> - Gall Bladder Disease
> - Arthritis
> - Sleep Apnea
> - Respiratory Problems
> - Certain Cancers

Table 6 shows the combined 2003-07 Premature Mortality Rates (<65 years of age) for leading chronic diseases in St. Clair County.   The economic impact that these conditions have in St. Clair County is shown in Figure 26. Given that many of these conditions can be prevented through moderate changes in our diet and activity levels, the quality of life and annual cost-saving potential of evidence-based prevention programs is remarkably high.

Prevalence of St. Clair County Adults Considered Overweight or Obese

Table 6 – Premature Mortality Rates for Leading Chronic Disease Conditions in St. Clair County	
Cardiovascular Disease	74.5
Chronic Obstructive Pulmonary Disease	11.0
Diabetes	16.7
Lung Cancer	22.1
Rates are calculated per 100,000 population.	Source: CDC Wonder

$$$ Financial Impact $$$

Figure 26 - Annual Hospitalization Costs for St. Clair County Residents, Ages 5 to 64 Years who suffer from the Conditions Listed Above 1998 - 2007
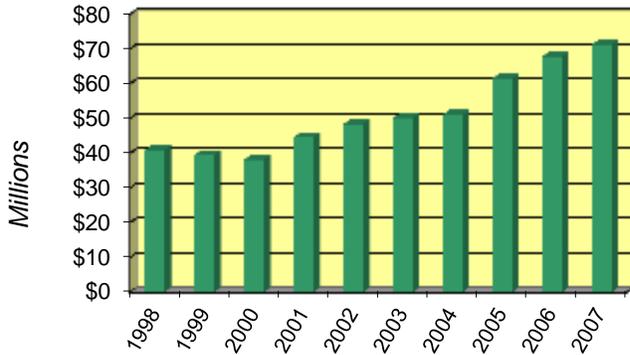
2003-07 Top Hospitalization Costs for St. Clair County Residents (<64 Years of Age)

- Heart Disease $ 176.5 million
- Cancer $ 38.2 million
- Diabetes $ 26.2 million
- Hypertension $ 10.3 million

Source: IDPH, Hospital Discharge Data

Figures 27-30: Mortality Rate Comparisons for Select Chronic Diseases (age adjusted) per 100,000 population

Diabetes
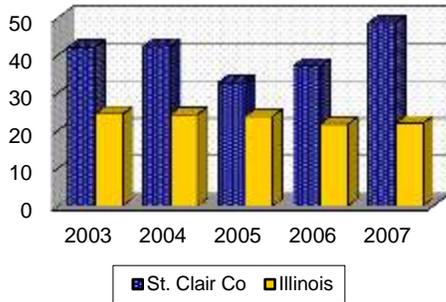
St. Clair Co   Illinois

Chronic Obstructive Pulmonary Diseases

St. Clair Co   Illinois

Lung Cancer

	03	04	05	06	07
St. Clair	65.9	62.1	60	57.8	69.7
Illinois	55.8	54.8	52.7	52.6	53.8

Cardiovascular Disease

	2003	2004	2005	2006	2007
St. Clair	334.5	313	306.3	302.4	284.8
Illinois	310.9	292	285.5	267.7	253.1
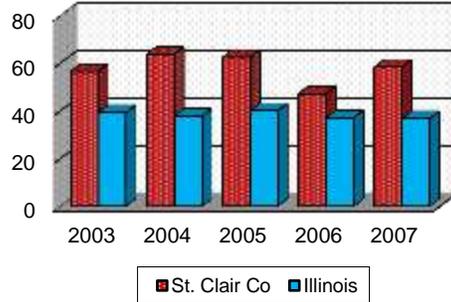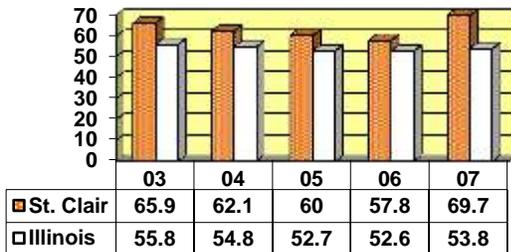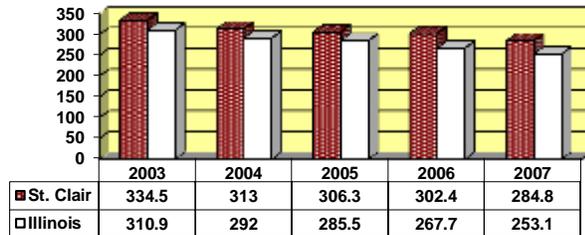
Source: CDC Wonder

Chronic Disease Disparities

In addition to having significantly higher mortality rates for Diabetes, COPDs, Lung Cancer and CVDs when compared with the State of Illinois, St. Clair County also experiences disparities based on gender, race and ethnicity. Males have an age adjusted death rate for Lung Cancer, COPDs and Cardiovascular Disease that is 84 percent, 59 percent and 41 percent higher (respectively) than women. African Americans have an age adjusted death rate for Diabetes and Cardiovascular Disease that is 157 percent and 40 percent higher than Caucasians. African Americans have an age adjusted death rate for Diabetes and Cardiovascular Disease that is 157 percent and 40 percent higher than Caucasians. Conversely, Caucasians have an age adjusted death rate for Lung Cancer and Chronic Obstructive Pulmonary Diseases that is 10 percent and 52 percent higher than African Americans.

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

Percent of St. Clair County Adults Considered Inactive or Below Regular Physical Activity Guidelines
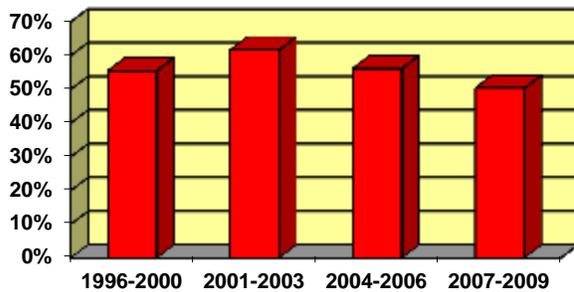
Tobacco Use

- **In the 2004-06 BRFSS survey for St. Clair County adults, 20% of the adults surveyed were regular smokers!**

- **In 2007-09, this same survey revealed a 15% reduction in adult smokers.**

For the last 13 years in St. Clair County…

- **Over 80% of adults have not been getting their recommended daily intake of fruits and vegetables!**

- **Between 50% and 62% of the adults are considered inactive or fall below regular physical activity guidelines.**

Percent of St. Clair County Adults who consume the Recommended Five Servings of Fruits and Vegetables Every Day
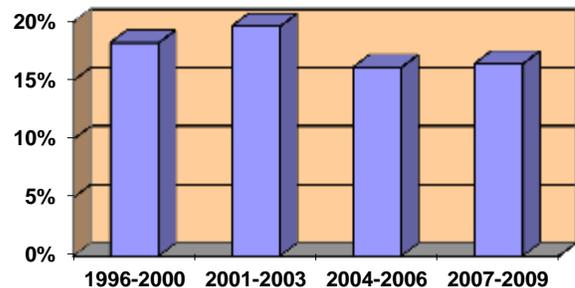
Source: IDPH, BRFSS

Infectious Disease (Sexually Transmitted Diseases)

In the United States an estimated 19 million new cases of sexually transported diseases (STDs) are reported each year. According to the American Social Health Association, direct medical costs for treatment of sexually transmitted diseases in the U.S. are about $8.4 billion (1997). A study by Pultorak, Wong, Rabins, Mehta, estimated the direct medical costs of Chlamydia, Gonorrhea, and primary and secondary Syphilis in Illinois adolescents age 15 to 24 at $71,727,328 (2006). In addition to the economic impact, the surveillance and prevention of sexually transmitted disease is important for a number of reasons, including the high human cost in terms of pain and suffering. STDs and their complications can cause chronic pain and infertility among women, contribute to adverse pregnancy outcomes, and increase susceptibility to HIV two to five times. According to new evidence, Identifying and treating STDs, can reduce the transmission of HIV.

The Illinois Control of Sexually Transmitted Diseases Code [77 Illinois Administrative Code 693] requires physicians, laboratories and blood banks to report within seven days to the local health authority (i.e., county/city health department or IDPH for jurisdictions where there is no health department) all diagnosed cases and positive laboratory findings of reportable STDs (Figure 31).

St. Clair County is working in consultation with the Illinois Department of Public Health Sexually Transmitted Disease Section targeting a select age group. Concern is focused on the population group of 10 to 24 year olds. Rates within this group remain disproportionally high throughout the state and this trend holds true in St. Clair County. St. Clair County ranks fourth and fifth in the state for Chlamydia and gonorrhea in this very young age group.

- Chlamydia- Accounted for 34% of reported cases in 2006 Illinois data for teens aged 15-19 years
- Data for St. Clair County in 2006 reported the number of cases for ages 10-29 year olds was 1,737 or 91% for Chlamydia
- Teens and young adults are disproportionately affected in Illinois as well as racial disparities are seen in reported data for both Chlamydia and gonorrhea in this age group
- Gonorrhea cases in 15 to 24 year olds accounted in 2006 for 60% of cases in Illinois
- Person's ages 10-29 years in St. Clair County accounted for 88% of 696 reported cases of gonorrhea

Why should we be concerned about these high rates for in our adolescents and young adults? Research has identified the following findings in these two groups:

- Sex at Early Age
  - 25% of Females Had Sex by 15 Yrs
  - 80% of Females Had Sex by 19 Yrs
- Drug and Alcohol Usage
- Average Antibiotic Compliance Rate 54% -Lead to inadequate treatment
- Biologic Factors
  - Lack of Cervical Mucus Protection- Sexually active before physical maturity
- Denial, Risk Taking and Multiple Partners

- Failure to seek parents as a source for sexual education, reliance on peer support
- STD Education: Abstinence-Only, Biology vs. behaviors-Multiple sexual messages. Environmental - Media Messages, Clubs, etc.
- Access to care for young males without health care coverage or a medical home.
  - Limited resources for males in community
  - Reluctance to seek medical, care except in emergent situations
  - Use of local emergency department for primary care

Figure 31: IDPH Reported STD Cases in St. Clair County
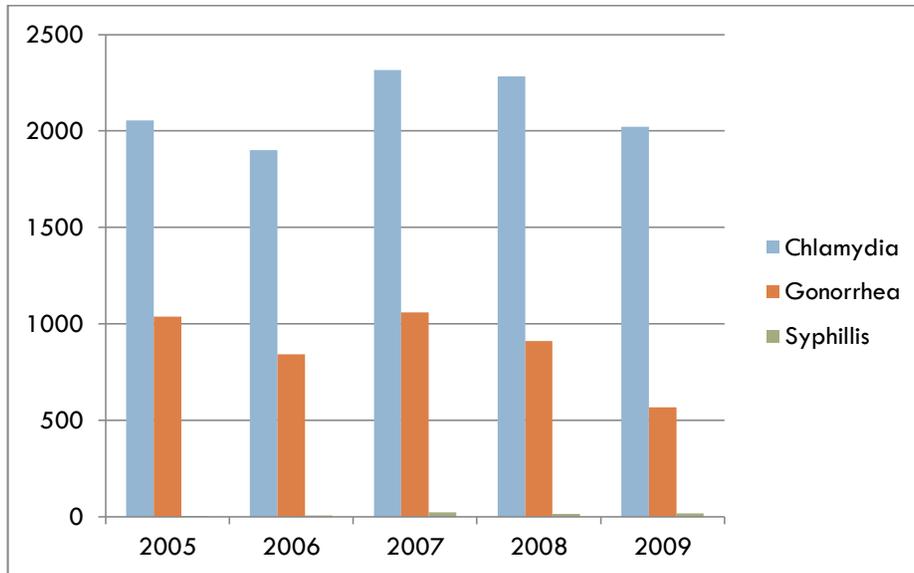
Rates for Chlamydia and gonorrhea cases in St. Clair County remain highest in our teen to young adult population. Review of the above graphs demonstrates case rates remain unacceptably high for these three identified diseases in our adolescent and young adult populations.

The above listed factors and risky behaviors in this population help to contribute to high case rates. Additionally there is disproportionate burden of STDs within racial and ethnic minorities. Blacks and Hispanic groups bear a disproportionate burden of STDs. STDs and their complications can cause chronic pain and infertility among women, contribute to adverse pregnancy outcomes including newborn illness and death, increase susceptibility to HIV two to five times, and are often asymptomatic. STDs can also cause significant medical and psychological complications, infertility, and cancer, some which are incurable.

- All of these outcomes put an adverse effect on our entire health care system at a cost of $16.6 billion per year in US.
- STD's affects quality of life, longevity, future population growth, and increased economic health care burdens.

Reasons for the differences may include socioeconomic status, limited health care access, variability in utilization of health care, and background disease prevalence. Lack of access to health care can result in longer duration of infection, and increase the background disease prevalence in a

population. When disease prevalence is high, the risk of acquiring the infection, even with lower-risk sexual behaviors, increases.

Figure 32 (IDPH STD Surveillance)
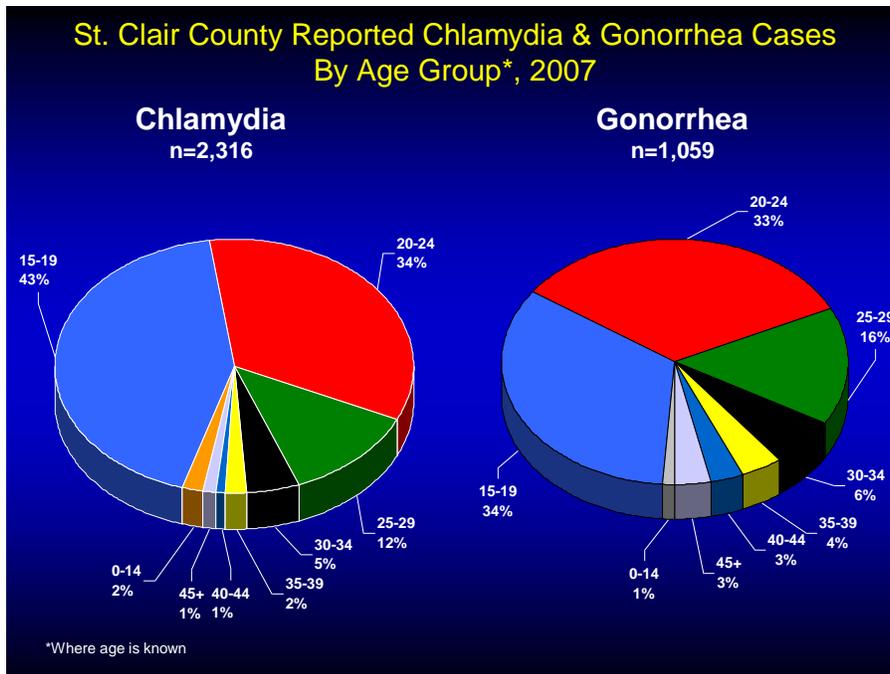
Environmental Characteristics[3]

Solid Waste Management

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

The St. Clair County Health Dept. (SCCHD) Environmental Protection Division, guided by the principles established in the Resource Conservation and Recovery Act (RCRA), provides basic regulatory surveillance, inspection and reporting activities under a "Delegation Agreement" with Illinois Environmental Protection (IEPA). Activities subject to this program include:

■ Permitted Solid Waste Landfills

■ Permitted Recycling Facilities including compost sites (landscape waste)

■ Open Dumps and Nuisance Complaints

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

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

- ▪ The Milam Disposal and Recycling Facility began receiving waste in the 1960's. It is located in the northwest corner of St. Clair County and scheduled for closure in 2012, with plans to extend its landfill into Madison County.
- ▪ The Cottonwood Hills Disposal and Recycling Facility began operations in 2003. Located in the southeast corner of St. Clair County, this facility is projected to provide disposal capacity for another 30+ years.

Due mainly to our location along the Mississippi River, across from St. Louis, MO, more than 60 percent of landfill waste comes from outside St. Clair County. Based upon the Tri-County Solid Waste Plan, with the expansion of the Milam Landfill (expected 2012) and the longevity of the Marissa/Cottonwood Hills Landfill, it appears our waste disposal capacity is being maintained for the next several years.

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

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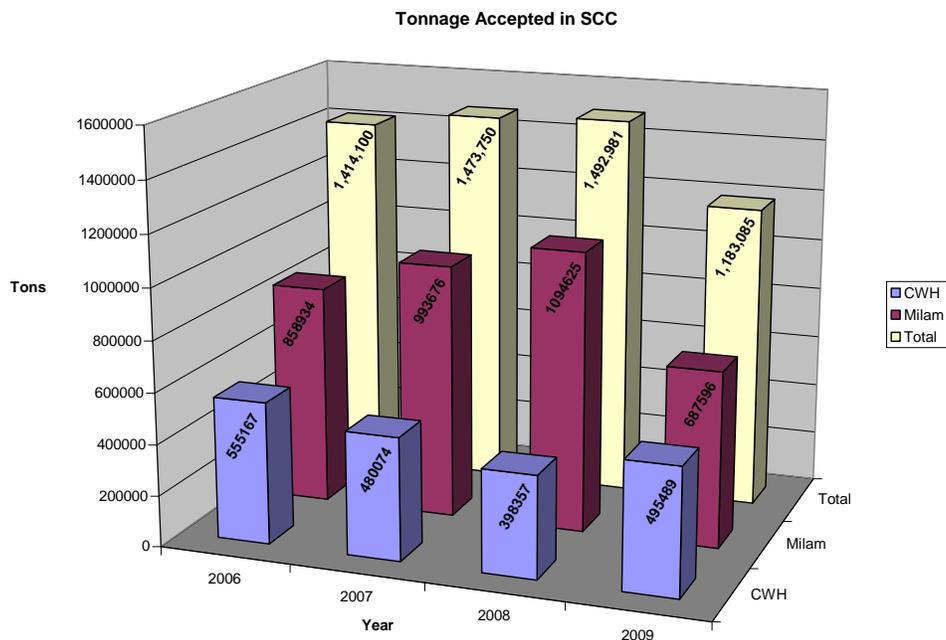
Landfills in St. Clair County are equipped with leachate collection systems and landfill gas collection systems. These pollution control methods are critical components of an operating system designed to protect groundwater and air quality.

Recycling Programs

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

School Paper Reycling Program

Year	Tons
2004	4973
2005	3653
2006	3385
2007	3825
2008	3843
2009	3156

* 1 Ton = approximately 17 trees
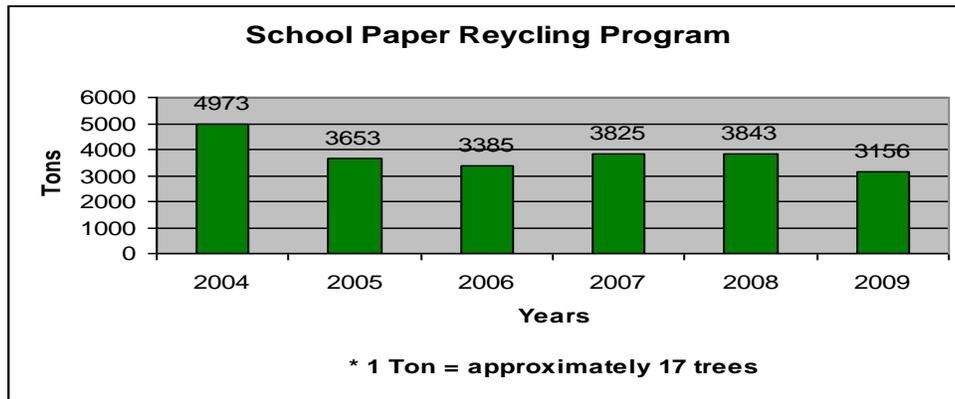
The County periodically participates in Household Hazardous Waste Collections and used tire collections in conjunction with IEPA. With the cumulative effect of curbside recycling, single-stream recycling and individual recycling efforts, St. Clair County currently enjoys an estimated 35% recycling rate. This rate is expected to increase as the availability of single-stream recycling services increases. The following communities offer curbside pick-up to its residents:

1. Belleville
2. Fairview Heights
3. Mascoutah
4. Lebanon
5. O'Fallon
6. Swansea

Open Dumps/Nuisance

St Clair County maintains a county-wide surveillance program to identify and enforce against illegal dumping. A significant reduction of Open Dump/Nuisance Complaints has been experienced over the last several years, believed to be the result of local disposal and recycling capacity availability, and comprehensive site investigations coordinated between St. Clair County Health Department, IEPA and the St. Clair County Sheriff's Office. St. Clair County currently possesses facilities and vendors to address most solid waste management issues, including:

- 2 active landfills
- 2 landscape compost facility

- 1 Hazardous Waste Incinerator (Veolia/Sauget)
- 3 Special Waste management facilities (Safety-Kleen/Caseyville & East St. Louis; Illini Environmental/Caseyville)

Efforts are underway to develop/reinstate:

- Electronics Recycling Facility

- Tire Recycling Plant

- Construction and Demolition Debris recycling/disposal facilities

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

Air Quality

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

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

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

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

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

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

Beginning in December 2011, the City of Belleville will join this list as a "no burning allowed" community.

The BFI facility composts and recycles an average of 60,000 tons per year of "landscape waste" (grass, leaves, sticks, brush) that would otherwise consume space in area landfills, and produces a material (compost) readily available to consumers for soil enhancement.

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

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

The 2008 Illinois Air Quality Report indicates a downward trend for all major air emission categories (i.e. particulate matter, sulfur dioxide, nitrogen oxides, carbon monoxide, lead, and ozone). The report also provides an "Air Quality Index Summary" wherein metro-east maintains "good" air quality 58.2 percent of the time, "moderate" 40.2 percent, and "Unhealthy for Sensitive Groups" 1.6 percent. At no time does the report indicate "Unhealthy" status for air quality in the metro-east (which includes a portion of St. Clair County).

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

Water Quality

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

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

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

Drinking Water

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

Groundwater

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

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

Wastewater Treatment

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

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

Storm Water Management

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

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

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

One Health[4]

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

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

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

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

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

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

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

Over the past 40 years, St. Clair County development has spread out into many former agriculture areas, thereby displacing its wildlife, disrupting natural storm water movement, and creating the need for better land use management. (See "Land Use" map below.). In an effort to establish a logical, well-thought-out set of land use and community development policies that would guide public and private decision-making in St. Clair County, a Comprehensive Plan was established in 1969, followed by subsequent revisions. The Comprehensive Plan represents a vision of where the community wants to be in the future and outlines strategies to achieve that vision. Included in the principal functions of the plan is to create a balance between man, land, plants and animals.
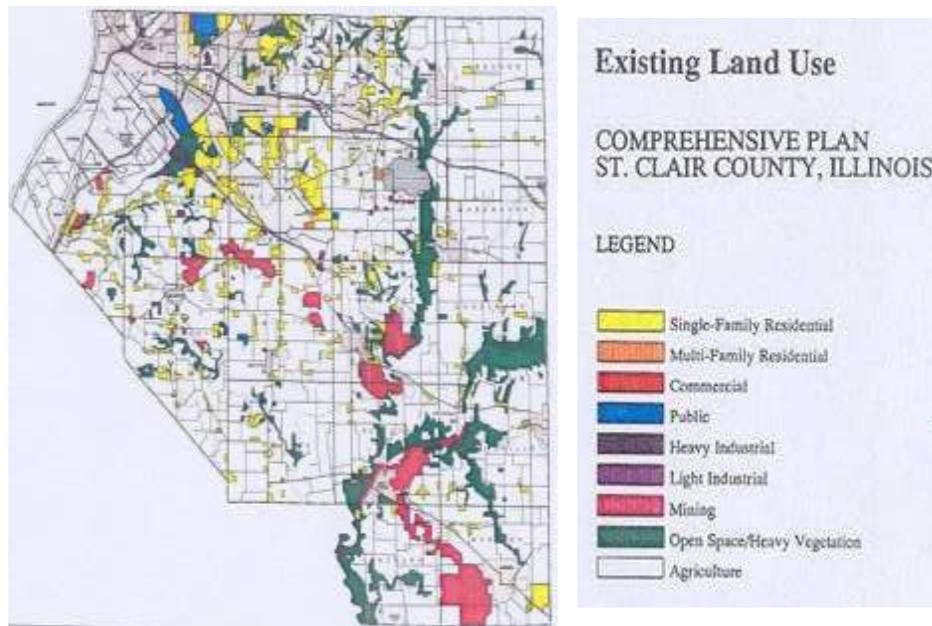
St. Clair County is located in the heart of the Midwest, an area rich with natural resources. Officials have developed policies, ordinances and plans in an effort to help protect these resources. Continued monitoring, inspecting, and maintenance of these systems must continue and furthermore, expand to ensure our water is safe to drink, our vegetables are safe to eat, our air is safe to breathe and our man-made ideals do not overburden or even eliminate our natural resources on which we all depend to maintain life itself. To that end, the term "sustainability" is often used to describe the preferred approach to collectively address the issues/topics described above, in addition to energy production and consumption. Sustainability is commonly defined as "policies and strategies designed to meet society's present needs without compromising the ability of future generations to meet their own needs." "Sustainable Development" is a concept embedded in the

policies and programs (Comprehensive Plan) designed, adopted and implemented in St. Clair County, Illinois and this emphasis should be promoted and continued.

Five priority issues were identified from the community health status assessment. They include (1) Safety Awareness & Injury Prevention (Unintentional and Intentional Injuries), (2) Behavioral Health (Suicide, Substance Abuse, Mental Disorders, Quality of Life), (3) Respiratory Health (Lung Cancer, COPDs), (4) Cardiovascular Disease, Diabetes and its factors, and (5) Maternal & Child Health (IMR, Teen Pregnancy, Sexually Transmitted Infections). These priority issues will be considered as part of the phase four and five portion of this report.

Community Themes and Strengths Assessment

Under the direction of the MAPP Assessment Team, a 'Quality of Life' survey was administered among a sample population of St. Clair County residents to assess the overall quality of life and to identify community concerns, themes and strengths. The survey replicated the 2005 Quality of Life questionnaire and added additional items for access to healthy, affordable foods and opportunities for recreation (see Appendix E). Between the months of September 2010 and February 2010, students from the SIU-Edwardsville School of Nursing collected 1,573 surveys from St. Clair County residents (ages 18 years and older) from local colleges, workplaces, businesses, health and other community events and included an online version through Survey Monkey. An additional seven focus group sessions were conducted in small groups for parents, young adults, and senior adults (age 55 and older) representing all three geographic regions and demographic categories (for gender, race and ethnicity). Survey results were broken down by gender, race, education, age group and sub-county regions and compared with the 2005 survey (Table 7 and 8).

**Table 7: Quality of Life Survey
Responses by Demographic Make-Up**

		SAMPLE Number	SAMPLE %	COUNTY % Adults
GENDER	Male	564	35.9%	45.8%
	Female	1006	64%	54.2%
RACE	White	1076	70.7%	67.1%
	African/Am	369	24.3%	28.8%
	Other	76	5%	9.6%
EDUCATION	<HS	87	5.7%	13.4%
	HS	444	29.2	29.1%
	College-BS	775	50.9	49.1%
	MS/PhD	217	13.8	8.4%
RESIDENCE by Region	A (ESL area)	285	19.3%	22.9%
	B (Blv area)	856	57.8%	41.8%
	C (Rural)	339	22.9%	35.8%
Ethnicity	Hispanic	45	3.1%	2.7%
	Non-Hispanic	1414	96.9	97.3%
AGE	18-24	215	13.8%	12.9%
	25-44	568	36.4%	35%
	45-64	556	35.7	33.4%
	>65	220	14.1 %	16.5%

Table 8: Quality of Life Survey
Percent Comparison of "Dissatisfied" Responses

Arrows Indicate 10% or > Change	Percent Expressing Dissatisfaction	
	2010	2005
Economy	↓23.39%	26.2%
Transportation	↑18.9%	13.9%
Food Access	17.5%	NEW
Safety	↑17.1%	14.7%
Recreation	17.0%	17.6%
Tolerance	16.4%	17%
Community Involvement	16.1%	17.1%
Health Care	↓15.7%	23.1%
Place to Grow Old	14.6%	14.7%
Raise Kids	11.8%	12.0%
Overall Quality of Life	11.5%	11.7%
Information Access	4.8%	4.5%

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

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

Six priority issues were identified from the Community Themes and Strengths Assessment. They include (1) Lack of jobs and jobs that provide adequate wages and benefits; (2) promoting violence free and traffic safe communities, (3) access to healthy and affordable food, (4) lack of recreational opportunities and activities that are affordable and diverse, (5) addressing transportation barriers, and (6) develop more community involvement. These priority issues will be considered as part of the phase four and five portion of this report.

Forces of Change Assessment

Purpose

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

- Uncontrollable factors that impact the environment in which the local public health system operates.

- An inventory of social, economic, demographic, educational, cultural, and other major system characteristics that pose opportunities or challenges to improving the health of the community.

Process

A survey instrument was developed based upon a review and revision to the Forces of Change Survey instrument used in 2005. This review affirmed that many of the potential forces impacting the health of the community five years ago continue to be relevant. Additional issues were added to the instrument and respondents were able to add their own issues (see Appendix F for survey instrument).

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

Results

Survey responses were received from sixty-six (66) community representatives. Response rates were calculated for each of the 22 potential forces defined on the survey instrument. The results of the assessment were as follows:

<u>Opportunities (in rank order)</u>

1. Growth in Employment/Increase in household income through higher wages
2. Strengthening the educational preparation of young people
3. Expanding availability to health care services/Health care Reform/under and uninsured families
4. Improving air quality and environmental conditions
5. Reducing/preventing violence
6. Suburban development/transportation development/public works infrastructure/urban development/access to service in rural areas to reduce alcohol, tobacco, and other substance abuse
7. Adjusting service to meet shifts in the population within the County
8. Development and use of tools to improve collaboration
9. Improving mental health services

<u>Challenges (in rank order)</u>

1. Violence (domestic, child abuse, crime)
2. Economy-livable wage/employment growth and development
3. Alcohol, tobacco and other substance abuse
4. Aging of the population
5. Under and uninsured families/availability of health care services/Healthcare Reform
6. Educational preparation of young people
7. Transportation infrastructure/public works infrastructure/availability of services in rural areas
8. Shifts in population within the county/urban development/suburban development
9. Environmental conditions/air quality
10. State non-payment of claims

A force of change can pose both a challenge and an opportunity, depending on one's perspective and how a community chooses to respond to a force. An analysis of the responses to the forces of change assessment reveals that the forces that pose the greatest opportunities for improving the health of the community, also pose the greatest challenge.

**Chinese Symbol
Challenge = Opportunity**

机会

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

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

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

Local Public Health System Assessment

Overview

Under the direction of MAPP Assessment Team, the SCCHHC conducted an assessment of how well the Local Public Health System (LPHS) works together to meet health needs based upon optimal standards as defined in the ***National Public Health Performance Standards Program Version 2.0 (abridged version).*** The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as

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

The audience for this instrument is the local public health system. This may include organizations and entities such as the local health department, other governmental agencies, healthcare providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, environmental agencies and many others. Any organization or entity that contributes to the health or well-being of a community is considered part of the public health system

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

Assessment Tool

The NPHPSP instrument is based on the framework of the ten Essential Public Health Services. The Essential Services represent the spectrum of public health activities that should be provided in any jurisdiction (Figure 31). Therefore, the instrument itself is divided into ten sections – one for each of the Essential Services. Because many entities contribute to delivering the Essential Services, the focus of the NPHPSP is the "public health system".

Figure 31: The Ten Essential Public Health Services
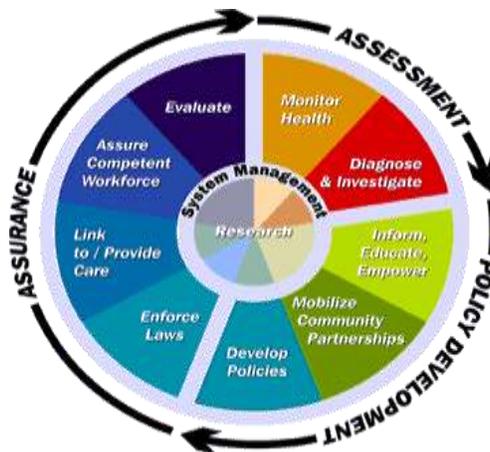
1. **Monitor** health status to identify community health problems.
2. **Diagnosis and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and insure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems

Purpose

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

Assessment Scoring

The Local Assessment Instrument is divided into ten sections-one for each Essential Service. Each Essential service section is divided into several indicators. The indicators identify major components of the Essential Services. Associated with each indicator are model standards that describe aspects of optimum performance for local public health systems.   The full version 2.0 instrument was tailored to be responsive to the needs of St .Clair County (Appendix G).

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

The response options are:

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

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

Process

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

Results

Using a scoring methodology that generates a percentage score from a range of responses on a Likert Scale, a maximum score of 100% was attainable for each model standard. Survey responses were summarized and an average score computed for the overall Essential Service Score. The overall score for system performance was rated at 63% indicating that the St. Clair County LPHS demonstrates significant activity in meeting national performance standards (Figure 32).

Figure 32
St. Clair County LPHS Ten Essential Service Performance Scores
Overall Score – 63.0%
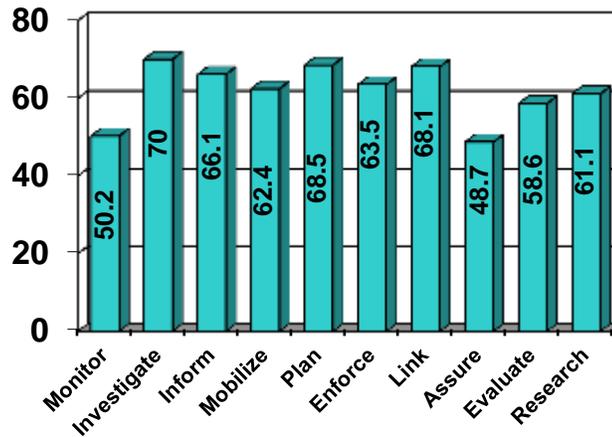
The full results (Appendix H) were examined to identify lower scoring performance indicators to identify areas that need to be improved and to strengthen the performance of the LPHS. The Essential Services with lowest performance indicator scores were:

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

Priority Issues

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

1. **Workforce assessment** projecting the optimal numbers and types of personnel and the formulation of plans to address identified workforce shortfalls or gaps.
2. **Continuing Education** providing the public health workforce, faculty, and students with opportunities for relevant interaction and learning.
3. **Profiling the Health of the Community** developing a common set of measures to prioritize the health issues , allocate and align resources, and to monitor population-based health status improvement over time.
4. **Evaluation of Health improvement** establishment of performance criteria to evaluate specific indicators for population-based services and , personal health services and collect data to assess program effectiveness and to allocate resources.
5. **Health Communication** development of communications strategies to build awareness of the priority public health issues and to align strategic goals of local partners

Conclusions

The LPHS Assessment results indicate that the overall performance score of 63.0% is good and is considered "Significant Activity" by the NPHPS standards. A closer examination of the findings reveals areas needing improvement.

How can the public health community:

1. Expand the current and future healthcare workforce needed to serve the community?
2. Increase continuing education and training opportunities linking academia with the public health workforce.
3. Develop a common set of measures to prioritize, allocate and align resources, and monitor health status.
4. Establish performance criteria to evaluate specific indicators and collect data to assess program effectiveness and to allocate resources
5. Develop communications strategies to build awareness of the priority public health issues and to align strategic goals

PHASE FOUR: IDENTIFYING STRATEGIC ISSUES

With the results of the Phase Three MAPP Assessments coming to a close, St. Clair County initiated the next step of the community health assessment and planning process in late winter and early spring of 2011. The Commission drew upon one of its principal strengths to mobilize community representation and leadership to plan and implement a day-long health assessment and planning forum and a follow-up objective setting workshop that would accomplish the following phase four steps:

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

The MAPP Leadership Team began to formally plan for a spring event to report on the four assessments and convene a consensus building process to establish priority health issues among existing and new community partners. On April 26, 2011 the MAPP Leadership Team convened a partnership forum hosted by the Willard C. Scrivner, MD Public Health Foundation to report on the four assessments. As part of the workshop, the team conducted a consensus building process to establish priority health issues among existing and new community partners (Appendix I – Invitation List and Appendix J – Forum Agenda).

Additionally, the Commission sought the expertise of Ms. Laurie Call to serve as an outside facilitator and help identify strategic issues from the priority issues identified in the four MAPP assessments. Ms. Call is the Director for the Center for Community Capacity Development, Illinois Public Health Institute and has numerous years of experience in the field of public health planning and community development.

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

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

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

Table 9
Priority Issues Emerging from the Four MAPP Assessments

Community Health Status Assessment

1. Safety Awareness & Injury Prevention (Unintentional and Intentional Injuries)
2. Behavioral Health (Suicide, Substance Abuse, Mental Disorders, Quality of Life)
3. Respiratory Health (Lung Cancer, COPDs)

4. Cardiovascular Disease and Diabetes
5. Maternal & Child Health (IMR, Teen Pregnancy, Sexually Transmitted Infections)

Community Themes & Strengths Assessment (Quality of Life)

1. Economic concerns – lack of jobs, and jobs that provide adequate wages and benefits.
2. Transportation concerns- lack of public transportation, and affordable transportation for people with limited economic means
3. Safety concerns- worries about crime with special concern for children. Traffic safety & lack of sidewalks also cited as a concern
4. Food Access – an issue new on this survey, Fourth most cited concern. Likely compounded by economic and transportation concerns.
5. Tolerance /Community Involvement – similar to the 2006 survey, this remained a top concern even though scores showed some improvement since the last survey.
6. Lack of recreational opportunities and activities that are affordable and meet the diverse needs of St. Clair County residents.

Forces of Change Assessment

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

Local Public Health System Assessment

1. **Workforce assessment** - projecting the optimal numbers and types of personnel and the formulation of plans to address identified workforce shortfalls or gaps.
2. **Continuing Education** - providing the public health workforce, faculty, and students with opportunities for relevant interaction and learning.
3. **Profiling the Health of the Community** - developing a common set of measures to prioritize the health issues, allocate and align resources, and to monitor population-based health status improvement over time.
4. **Evaluation of Health improvement** - establishment of performance criteria to evaluate specific indicators for population-based services and, personal health services and collect data to assess program effectiveness and to allocate resources.
5. **Health Communication** - development of communications strategies to build awareness of the priority public health issues and to align strategic goals of local partners

The April 26th event was hosted at a local conference facility (Our Lady of the Snow Shrine) and attended by 70 participants representing 32 local community groups and organizations.   After the participants were presented with an overview of the MAPP process, the results of the four MAPP

assessments and the results of a forum participant poll,[5] Ms. Call facilitated a question and answer panel discussion with the Assessment Team Leaders to allow the participants to ask questions about any of the assessments. Afterwards, Ms. Call facilitated a large group discussion using the ORID model. ORID is a simple yet powerful model for helping groups reach better decisions.

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

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

Step Three – I (for Interpretive): Asking members "Which issues are already being addressed by the community? Which issue could have the most profound impact if addressed? What cuts across a lot of different areas?

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

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

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

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

Table 10 identifies the four major strategic health issues that were formed by consensus at the April 26th Partnership Forum:

Table 10: Strategic Health Issues Identified
At the IPLAN Partnership Forum (April 26th)

1. Risk Factor Prevention for Chronic Diseases
   - Obesity
   - Active Living/Healthy Eating
   - Tobacco Prevention
   - Other Environmental Factors (Air Quality, Green Space, etc.)
2. Maternal & Child Health

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[5] In addition to the results of the four MAPP assessments, members of the Assessment Leadership Team conducted a final poll among those invited to the April 26th Forum. The poll asked invitees to identify key factors that should be addressed for St. Clair County to realize its vision to be among the healthiest Counties in America. The results of the poll are listed in Appendix K.

- Infant Mortality
- Teen Pregnancy
- STD/HIV Prevention
3. Behavioral Health
   - Suicide
   - Substance Abuse
4. Violence Prevention & Safety

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

PHASE FIVE: FORMULATE GOALS AND STRATEGIES

Following the April 26th Partnership forum, team leaders were established for each of the priority health action teams with follow-up consultation and preparation provided via teleconference. This was done to prepare for a second workshop to formulate goals and strategies. On June 23, 2011 the Action Teams met with Ms. Call and the MAPP Assessment Leadership Team for a goal and objective setting workshop. St. Elizabeth's Hospital and the Southern Illinois Healthcare Foundation hosted the workshop. A brief review of the overall IPLAN process and a definition of terms and action planning tools (Appendix M) were provided in a large group setting. The morning and afternoon sessions permitted each team to complete the following five steps:

Phase Five Steps

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

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

- Logic Model template worksheets for establishing goals, objectives and strategies for addressing problems.
- Easels and markers
- A copy of the Healthy People 2020 Summary of Objectives
- A copy of the Illinois State Health Improvement Plan (SHIP)
- A facilitator and representative for reporting back to the large group.

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

Community Health Plan: Chronic Disease

HEALTH PROBLEM: CHRONIC DISEASE Morbidity and Mortality due to select chronic diseases: • Diabetes • Heart Disease • Lung Cancer and COPDs.	**OUTCOME OBJECTIVE:** By the year 2016, reduce the premature mortality rates per 100,000 population for Lung Cancer, COPD, Heart Disease and Diabetes to 34.1, 19.5, 77.1 and 20.2, respectively (20 percent of their current rate).
RISK FACTOR(S): • Tobacco Use • Inactive Lifestyle • Environmental Factors • Ambient Air Conditions • Poor Eating Habits	**IMPACT OBJECTIVE(S):** • By the year 2013, reduce the percent of adults (age 18 and older) who consumes less than 5 servings of fruits and vegetables per day from 79.8 percent (2007 BRFSS) to 60 percent. • By the year 2013, reduce the percentage of adults who report doing no leisure time exercise or physical activity in the past 30 days from 24.3 percent (2009 SMART BRFSS) to 20 percent. • By the year 2013, improve attendance and participant compliance of local smoking cessation programs among community support and treatment organizations by 10 percent annually.
CONTRIBUTING FACTORS (DIRECT/INDIRECT): • Influence of peers, family and culture • Lack of smoke-free policy and programs for smoking awareness and cessation • Access to Healthy Affordable Foods • Level of addiction • Stress/financial burden for employer/healthcare system • Educational Attainment	**INTERVENTION STRATEGIES:** • Increase promotion of QUITLINE and local Tobacco Cessation programs • Increase promotion of alternatives to leaf burning • Increase the participation of communities and schools in the County's Get Up & Go Campaign • Utilization of media and cessation products • Enhance screening, counseling and referral among healthcare providers • Expand advocacy participation among state level • Strengthen workplace enforcement, screening, referral and hiring policies
COMMUNITY STAKEHOLDERS & RESOURCES: • McKendree University • Get Up & Go! Health and Wellness Campaign • SIUE School of Nursing • Memorial Hospital • St. Elizabeth's Hospital • St. Clair county Health Care Commission	**BARRIERS TO BE ADDRESSED:** • Participant follow-up and monitoring of progress • Funding shortages • Effectively marketing to population 18-40 years of age • Lack of inter-agency referral and policy enforcement

Community Health Plan Worksheet: Chronic Disease

Description of the health problem, risk factors and contributing factors:

The 2003-07 premature mortality rate per 100,000 population for select chronic diseases such as Lung Cancer (42.6), Chronic Obstructive Pulmonary Disease (24.7), Heart Disease (97.1) and Diabetes (25.2) is significantly higher than the Illinois and U.S. equivalent.   Addressing the risk factors of inactivity, poor diet and tobacco use has been identified as the principle mechanism for reducing these outcomes by 20 percent in the next five years.

Related Healthy People 2020 Objectives:

- **D–3:** Reduce the diabetes death rate. Target: 65.8 deaths per 100,000 population.
- **D–16.1** Increase the proportion of persons at high risk for diabetes with pre-diabetes who report increasing their levels of physical activity. Target: 49.1 percent.
- **HDS–2:** Reduce coronary heart disease deaths. Target: 100.8 deaths per 100,000 population.
- **C–2:** Reduce the lung cancer death rate. Target: 45.5 deaths per 100,000 population.

Corrective actions to reduce the level of the indirect contributing factors:

- By conducting Smoking Awareness & Cessation programs for hard to reach groups (adolescents, African Americans, and working mothers) rates of smoking among county residents will diminish.
- By expanding community and school activities to promote health and wellness (Community Gardens, Food coops, fitness events, walking and riding trails) residents will find more opportunities to engage in physical activity and healthy eating.

Proposed community organizations to provide and coordinate the activities:

- Alzheimer's Association
- American Cancer Society
- Area Agency on Aging
- Get Up & Go!
- Illinois Tobacco Quitline
- McKendree University
- Memorial Hospital
- Southern Illinois University Edwardsville
- St. Clair County Health Department
- St. Clair County Office on Aging
- St. Elizabeth's Hospital
- University of Illinois
- YMCA of Southwest Illinois

Evaluation plan to measure progress towards reaching objectives:

The Risk Factor Prevention for Chronic Disease team will meet regularly to monitor objectives and sub-objectives for outcome and impact objectives, schedule and track intervention activities and recruit new members using strategy aligned management and scorecard tools introduced to the Health Care Commission in 2009. These tools will also allow the teams to integrate new objectives and tasks as necessary.

Anticipated sources of funding and/or in kind support:

- Federal, State and Local Grants
- Local Health Departments
- IL Tobacco Quitline
- W.C. Scrivner, MD PHF
- Local Government
- Local Hospitals & FQHC
- Pioneering Healthier Communities
- Get Up & Go

Community Health Plan: Infant Mortality

HEALTH PROBLEM:	OUTCOME OBJECTIVE:
Infant Mortality	Reduce the infant mortality rate from 9.6 (2006) to 8.5 by the year 2016. Also by the Year 2016: Reduce Neonatal mortality from 4.4 to 4.0. Reduce Post neonatal from 5.2 to 4.5.
RISK FACTOR(S): • Maternal Smoking, use of Alcohol & Drugs • Poor nutrition • Disease that affects pregnancy (i.e. Bacterial Vaginosis • Maternal Complications (i.e. hypertension, obesity, preeclampsia) • Teen Mothers (14 years and under)	**IMPACT OBJECTIVE(S):** • By year 2013, the number of SCCHD WIC Infants that initiate breastfeeding will increase to 65 percent, and the number of Infants who are still breastfeeding at six months will increase to 35 percent (2010 SCCHD percentages are 59.3 and 21, respectively). • By year 2013 reduce the number of Mothers who report abstaining from smoking cigarettes during pregnancy to 92 percent (the 2007 percent is 85.1%) • By year 2013, increase the number of mothers who receive early and adequate prenatal care to 78 percent (combined 2004-06 percent is 71%).
CONTRIBUTING FACTORS (DIRECT/INDIRECT): • Availability of and access to prenatal counseling and screening programs for the following: smoking awareness and cessation, adverse pregnancy outcomes associated with transmission of STDs and HIV infection, breastfeeding and other nutritional awareness and supplements. • Parents smoked or having smoked. • Lack of knowledge of services available in the community. • Access to healthy and affordable food.	**INTERVENTION STRATEGIES:** • Smoking Awareness & Cessation programs expanded for hard to reach groups (adolescents, African Americans, and working mothers) • Expand outreach efforts to OB/GYN and Family Practice Physicians to share insurance coverage program information • Expand Farmer's Market and other food coop programs to provide healthy and affordable foods to families. • Continue WIC and case management outreach services to area hospitals, social service agencies, churches and community service organizations regarding availability of services. • Provide healthcare information to teens through adolescent health and abstinence programs through Teen Parent Support.
COMMUNITY STAKEHOLDERS & RESOURCES: • St. Clair County Health Care Commission • St. Clair County Youth Coalition • W.C. Scrivner, M.D. Public Health Foundation	**BARRIERS TO BE ADDRESSED:** • Participant follow-up and monitoring of progress • Lack of Inter agency referral • Funding shortages and Program Cuts • Lack of medical insurance coverage • Food Insecurity Neighborhoods • Transportation and access to services

Community Health Plan Worksheet: Infant Mortality

Description of the health problem, risk factors and contributing factors:
Infant mortality and morbidity measures in St. Clair County continue to lag behind both the State of Illinois and US rates. The 2008 Infant Mortality Rate of 9.4 deaths per 1,000 live births is 30.5 percent higher than the Illinois Rate. Countywide disparities also exist between population groups distinguished by geographic location, race and ethnicity.

Related Healthy People 2020 Objectives:
- **MICH–1.3** All infant deaths (within 1 year). <u>Target</u>: 6.0 infant deaths per 1,000 live births
- **MICH–1.2** Fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days after birth). <u>Target</u>: 5.9 perinatal deaths per 1,000 live births and fetal deaths.

Corrective actions to reduce the level of the indirect contributing factors:
- By conducting Smoking Awareness & Cessation programs for hard to reach groups (adolescents, African Americans, and working mothers), babies have a higher chance of being born at a normal weight.
- By expanding WIC and case management outreach efforts to local hospitals, clinics, physicians, social services, churches and other community based organizations more to share insurance coverage program information
- By developing partnerships with local food providers and other food coop programs mothers and families can gain access to affordable and nutritious food.
- By providing healthcare and skill building information to teens through classroom adolescent health and pregnancy prevention programs, adolescents will develop self-esteem, strengthen healthy social networks and gain new knowledge and skills to make healthy choices.

Proposed community organizations to provide and coordinate the activities:
- Children's Home & Aid Society
- East Side Health District
- Memorial Hospital
- Southern Illinois Healthcare Foundation
- St. Clair County Health Department
- St. Elizabeth's Hospital
- Racial Harmony
- Farmer's Market

Evaluation plan to measure progress towards reaching objectives:
The Maternal & Child Health team will meet regularly to monitor objectives and sub-objectives for outcome and impact objectives, schedule and track intervention activities and recruit new members using strategy aligned management and scorecard tools introduced to the Health Care Commission in 2009. These tools will also allow the teams to integrate new objectives and tasks as necessary.

Anticipated sources of funding and/or in kind support:
- Federal, State and Local Grants
- Local Health Departments
- Farmer's Market
- Local Government
- Local Hospitals
- FQHC and Free Clinics

Community Health Plan: Suicide

HEALTH PROBLEM: SUICIDE	OUTCOME OBJECTIVE: SUICIDE
Suicide Attempts and Deaths	By the year 2016, the annual percentage of suicide deaths among St. Clair County residents will decrease by ten percent. The number of suicides reported in SCC in 2010 was 29. An additional 19 suicides have been reported in the first six months of 2011.
RISK FACTOR(S): • Substance Abuse • Mental Illness • Loved One/Friend Committed Suicide • Family History • Family Violence • Incarceration	**IMPACT OBJECTIVE(S):** • By year 2013, increase the number of primary care facilities that provide mental health treatment onsite or by paid referral by 10 percent annually. • Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.
CONTRIBUTING FACTORS (DIRECT/INDIRECT): • Availability and access to counseling and screening programs for substance abuse • Age of 1st use of drugs • Poor academic success • PTSD-Veterans • Failed Belongingness/Peer Pressure • Perceived Burden • Acquired ability to inflict injury • Low self-esteem and decision making skills • Lack of knowledge of services available in the community • Economy-unemployment/homelessness	**INTERVENTION STRATEGIES:** • Continue case management outreach services to area hospitals, social service agencies, churches and community service organizations regarding availability of services • Expand outreach efforts through partnerships with the Gateway Foundation, the Heartlinks Grief Center and the Karla Smith Foundation.
COMMUNITY STAKEHOLDERS & RESOURCES: • St. Clair County Health Care Commission • St. Clair County Youth Coalition • Karla Smith Foundation • St. Clair County 708 Mental Health Board • Gateway Foundation • Heartlinks Grief Center • Scott Air Force Base Health & Wellness Center	**BARRIERS TO BE ADDRESSED:** • Lack of After School Programs and activity involvement • Lack of Inter agency referral • Lack of medical insurance coverage • Participant follow-up and monitoring of progress • Peer Pressure • Social Stigmas and Low Self Esteem

Community Health Plan Worksheet: Suicide

Description of the health problem, risk factors and contributing factors:

The 2003-07 premature mortality rate for suicides of 10.6 deaths per 100,000 population is 32 percent higher than the Illinois rate (8.1).

The number of suicides reported in SCC in 2010 was 29. An additional 19 suicides have been reported in the first six months of 2011.

Related Healthy People 2020 Objectives:
- **MHMD–1:** Reduce the suicide rate. Target: 10.2 suicides per 100,000.
- **MHMD–2:** Reduce suicide attempts by adolescents. Target: 1.7 suicide attempts per 100.
- **MHMD–5:** Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral. Target: 87 percent

Corrective actions to reduce the level of the indirect contributing factors:
- By strengthening our existing case management and outreach efforts with local service providers, information about the availability of services will reach families and individuals at the community level (churches, schools, worksites).
- By expanding our assessment and outreach efforts with local providers we can make an effective (unduplicated) use of existing resources and focus on a shared search for new resources to sustain and expand service delivery.

Proposed community organizations to provide and coordinate the activities:
- Chestnut Health Systems
- Children's Home & Aid Society
- Comprehensive Behavioral Health
- Heartlinks Grief Center
- Karla Smith Foundation
- Prevent Child Abuse Illinois
- Project Compassion
- Southern Illinois Healthcare Foundation
- Scott Air Force Base
- St. Clair County Health Department
- St. Clair County Office on Aging
- St. Elizabeth's Hospital
- St. Clair County 708 Mental Health Board

Evaluation plan to measure progress towards reaching objectives:

The Behavioral Health team will meet regularly to monitor objectives and sub-objectives for outcome and impact objectives, schedule and track intervention activities and recruit new members using strategy aligned management and scorecard tools introduced to the Health Care Commission in 2009. These tools will also allow the teams to integrate new objectives and tasks as necessary.

Anticipated sources of funding and/or in kind support:
- Federal, State and Local Grants
- Local Health Departments
- Community Resource Development
- Local Government
- Local Hospitals
- FQHC and Free Clinics

Community Health Plan: Violence Prevention and Safety

HEALTH PROBLEM: Violence Prevention and Safety	**OUTCOME OBJECTIVE:** By the year 2016, the St. Clair County violent crime rate (per 100,000 population), which is currently 1,289, 450 percent more than the national benchmark (2011 St. Clair County MATCH county Health rankings), will be reduced to less than 1,000.
RISK FACTOR(S): • Exposure to Violence • Isolation • Unemployment	**IMPACT OBJECTIVE(S):** • By year 2013, the number of children and family members exposed to domestic violence will be reduced to 50 percent (current national 2008 baseline is 60.6 percent).
CONTRIBUTING FACTORS (DIRECT/INDIRECT): • Housing Deterioration • Reduction in Police Presence • Apathy • Unemployment • Underpowered Citizens • Lack of Positive Activity • Poverty • Lack of resources • Fear of victimization • Funding • No involvement with neighborhood • Lack of diverse activities	**INTERVENTION STRATEGIES:** • Provide resources and services to increase community involvement and engaging alternatives • Expand outreach efforts to high risked communities and neighborhoods • Improve access to community policing strategies and neighborhood watch programs. • Provide Domestic Violence information to teens through community programs and interventions
COMMUNITY STAKEHOLDERS & RESOURCES: • St. Clair County Health Care Commission • St. Clair County Youth Coalition • Violence Prevention Center • City Government (East St. Louis, Belleville & Ofallon) • Project Compassion	**BARRIERS TO BE ADDRESSED:** • Funding shortages • Lack of resources and help programs available • Economic Development • Neighborhood/Community Connectedness

Community Health Plan Worksheet: Violence

Description of the health problem, risk factors and contributing factors:

The 2003-07 premature mortality rate for assaults of 15.6 deaths per 100,000 population is 89.7 percent higher than the Illinois rate (7.9). Countywide disparities also exist between population groups distinguished by geographic location, race and ethnicity.

Related Healthy People 2020 Objectives:

- **IVP–33:** Reduce physical assaults. Target: 14.7 physical assaults per 1,000 population.
- **IVP–39:** (Developmental) Reduce violence by current or former intimate partners.
- **IVP-42:** Reduce children's exposure to violence. Target: 54.5 percent.

Corrective actions to reduce the level of the indirect contributing factors:

By providing resources and services to increase community involvement youth can engage in proactive alternatives to acts of crime.
By expanding outreach efforts to high risked communities and neighborhoods citizens can learn ways to improve the safety of their neighborhoods and create stronger networks of support and prevention.

Proposed community organizations to provide and coordinate the activities:

- Children's Home & Aid Society
- East Side Health District
- LINC, Inc.
- Neighborhood House
- Opal's House (IFVCC)

- St. Clair County Health Department
- St. Clair County Regional Office of Education
- Univ. of Illinois - East St. Louis ARP
- Violence Prevention Center

Evaluation plan to measure progress towards reaching objectives:

The Violence Prevention and Safety team will meet regularly to monitor objectives and sub-objectives for outcome and impact objectives, schedule and track intervention activities and recruit new members using strategy aligned management and scorecard tools introduced to the Health Care Commission in 2009. These tools will also allow the teams to integrate new objectives and tasks as necessary.

Anticipated sources of funding and/or in kind support:

- Federal, State and Local Grants
- Local Health Departments
- Crisis Centers

- Local Government & Schools
- Local Hospitals
- Neighborhood Associations

PHASE SIX: THE ACTION CYCLE
(Plan-Implement-Evaluate)

Continuous Quality Improvement

Our local efforts to create healthy communities and a better quality of life, to increase the visibility of public health within the community, to anticipate and manage change, and to encourage community engagement must place a strong emphasis on **community ownership** of the process. This is integral to an effective action cycle approach to implementing the Community Health Plans created in Phase Five of MAPP. Efforts will also be needed to sustain **community cohesiveness** to stay focused on the goal and to develop **local capacity** to identify and respond to emerging health problems. The evidence of our past practices and the collective experience of our current stakeholders[6] suggest a high potential for fulfilling these concepts through a process of continuous quality improvement (CQI). This CQI process will also seek to integrate our existing community health assessment and planning efforts with the State Health Improvement Plan (Illinois Department of Public Health, 2010) over the next five years. Not only will this provided a needed and logical framework for future planning efforts, it will also expand our collaborative network and provide additional expertise as we continuously mobilize resources to address the health needs and promote the health and well-being of all the residents of St. Clair County.

As noted in the previous section on *Formulating Goals and Strategies*, four strategic issues were identified through a consensus-building process involving 70 participants representing 32 community groups and organizations. Yet, the objectives and related strategies initially developed for these issues only begin to address the steps needed to realize St. Clair County's vision of "becoming one of the healthiest counties in the United States by the year 2020." At best, these objectives represent the start of a process to create an ideal and realistic projection of what a true public health system could accomplish in the next five years. At worst, they become a dusty collection of well-intentioned ideals that never make it off the cubicle shelf. If the vision is to be realized; however, the process must be replicated, additional partners must be recruited, implementation must be realized and shared accountability must be relevant.

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

Since the journey of a thousand miles begins with one step, the St. Clair County Health Care Commission intends to replicate the process beyond the four community health plans submitted in this initial IPLAN by developing additional health plans for other identified problems (i.e. obesity, teen pregnancy, substance abuse, STD/HIV and homicide). St. Clair County will also build upon the foundation established in the 2006-11 IPLAN which began to utilize quality improvement and performance accountability tools for engaging community partners and monitoring progress towards shared goals and objectives. These tools rely upon the principles of Strategy Aligned Management (SAM) and make use of virtual Community Scorecards linked to intervention activities and partner templates.   Appendix N provides an overview of how St. Clair County is making effective use of the CBSC tools.

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

SURVEILLANCE AND EVALUATION (FINAL NOTE)

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

To accomplish this goal, four additional objectives will be accomplished over the 2011-15 Community Health Plan implementation period:

1. Commission members will actively engage in an annual review of those programs within their agency that are associated with identified priority health issues. This review will include an assessment of objectives relevant to those identified in the Community Health Plan worksheets.
2. The St. Clair County Health Department will take the lead to maintain and enhance its community health information system for purposes of program and health outcome monitoring. This system will be sanctioned by a specific protocol and supported by input from Commission members and other stakeholders.
3. The St. Clair County Health Department will continue to seek funding to support a full time Community Health Assessment Coordinator to work with Commission staff and other community stakeholders to assist in the collection, monitoring and evaluation components of the community health plan.
4. The St. Clair County Health Care Commission will commit to the MAPP process as a model for engaging community members and building collaborative partnerships that are willing to take a "community-minded" approach to dealing with the remaining five strategic issues.

APPENDICES

A. Introduction to the MAPP Process

B. St. Clair County 2006-10 MAPP Chronology

C. MAPP Assessment Team Leaders & Roles

D. MATCH County Health Rankings

E. Survey on Quality of Life in St. Clair County

F. Survey on "Forces of Change"

G. Essential Public Health Services & Performance Indicators

H. NPHPS Assessment Scores for St. Clair County

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Appendix A: Introduction to the MAPP Process

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

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

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

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

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

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

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

- *MAPP uses traditional strategic planning concepts within its model.* While many communities have participated in a strategic planning process of some kind, applying such concepts to public health practice within your community can help you to identify and secure resources, match needs with assets, respond to external circumstances, anticipate and manage change, and establish a long-range direction for the community.
- *MAPP is focused on systems thinking* to promote an appreciation for the dynamic interrelationship of all components of the local public health system required to develop a vision of a healthy community.
- *MAPP creates opportunities for public health leadership* by encouraging community ownership and leadership of public health activities, allowing space for creative and collective thinking that many ultimately produce more innovative, effective, and sustainable solutions to complex problems and issues. MAPP has increased the visibility of public health within communities by implementing a participatory and highly publicized process.
- *MAPP helps to develop a shared vision* to form the foundation for building a healthy future.
- *MAPP uses data* to inform each step of the process.
- *MAPP builds on previous experiences and lessons learned by* anticipating and managing change, seeking opportunities, and utilizing existing resources.
- *MAPP helps to develop partnerships and collaboration* to optimize performance through shared resources and responsibility.
- *MAPP uses dialogue* to ensure respect for diverse voices and perspectives during the collaborative process.
- *MAPP encourages the celebration of successes* to ensure that contributions are recognized and to sustain excitement for the process.

Benefits of Undertaking MAPP

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

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

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

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

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

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

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

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

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

Appendix B: 2006-10 Chronology

2006	2007	2008	2009	2010
• Phase III (Assessment) of the 18 month MAPP process yields 20 priority health concerns from the four MAPP assessments of (1) Community Themes and Strengths; (2) Forces of Change; (3) Community Health Status; and, (4) Public Health System. • Phase IV (Identifying Strategic Issues) of the MAPP process establishes six Strategic Health Priorities (1) Broadening Community Connectedness to improve overall Quality of Life; (2) Improving Health Outcomes for CVD, MCH and Respiratory Health; (3) Improving Health Services to the Aging Community; (4) Addressing the Needs of those who require Behavioral Health Services; (5) Improving Access to Care; and, (6) Strengthening the Public Health Workforce. • Phase V (Formulating Goals and Strategies) develops 13 overarching goals and 47 corresponding strategies. • Theme for Fall Partnership Conference: **Real Teens, Real Issues, Real Solutions**!	• Phase XI (Action Cycle) of the MAPP process begins with a volunteer base of Health Care Commission members co-chairing action teams for select Strategic Health issues. • All 13 MAPP Goals and 47 corresponding strategies are reviewed at the Commission's 1st Year MAPP Review Exercise. Thirty-five (35) Action Items for the Six Strategic Issues are re-established at the "*Six Thinking Hats*" session facilitated by the Mid-America Regional Public Health Leadership Institute (MARPHLI). • Theme for the Fall Partnership Conference: **Get Up & Go! – A County-Wide Health and Fitness* Campaign.** *The term "Fitness" was later changed to "Wellness" in 2009 to incorporate a broader sense of "well-being" and overall quality of life.	• Health Care Commission inaugurates the 1st Annual *Get Up & Go* 30-Day Health and Fitness Challenge. County Chairman and 13 mayors issue *Get Up & Go* resolutions to raise awareness for community wide efforts to improve health and fitness. One hundred and twenty (120) groups participate county-wide. • Commission adopts seventh strategic health issue to address disparities in Sexually Transmitted Infections (STIs). A partnership workshop is hosted in the spring. • St. Clair County selected as a Three-Year Pioneering Healthier Communities (PHC) site by the National YMCA and the CDC. A local leadership team joins 17 other USA communities at the *5th National Activate America PHC Training Conference* in Washington, DC. • Theme for the Fall Partnership Conference: **Maintaining Collaborative Community Health Partnerships Using Open Space Technology.**	• St. Clair County receives QI Mini-Collaborative funds from the IPHI for a 3-year project to improve the quality of the Commission's role in leading its community health improvement planning process to convene and engage partners in developing health objectives and strategies for reaching desired outcomes for priority issues. • St. Clair County hosts the 2nd Annual *Get Up & Go* 30-Day Health and Wellness Challenge. • The Pioneering Healthier Communities Team becomes the "Policy Arm" of the Get Up & Go Campaign to address environmental changes and local policies that improve active living and healthy eating county-wide. • The PHC Team facilitates a Fall Health Policy Summit for Community Leaders and challenges 150 participants to take an active role in making St. Clair County **the Healthiest County in the USA by the Year 2020!**	• The Illinois Department of Public Health selects St. Clair County as one of two finalists to include in its American Recovery Reinvestment Act - Communities Putting Prevention to Work grant (ARRA-CPPW). • The PHC Team utilizes grant funds for three main focus areas: (1) to issue mini-grant cooperative agreements to local schools and communities that enhance active living and healthy eating; (2) to help support the County-wide Health and Fitness Campaign; and, (3) to facilitate a 2nd Annual Health Policy Summit. • The SCC QI Mini-Collaborative Project initiates a Community Balanced Scorecard Approach to address its seven priority issues and prepare for the 4th Round of the five-year IPLAN process using MAPP.

Appendix C: MAPP Assessment Team Leaders and Roles

Community Health Status Assessment
Mark Peters and Vicki Rose (CoChairs)

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

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

Community Themes and Strengths Assessment
Dr. Rita Arras, and Paula Brodie (CoChairs)

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

This group gathered information for the above three items from a broad representation of population groups and community organizations. They used a combination of surveys, questionnaires, focus groups and/or key informant interviews. Plans & Needs included the following:
- *Suggested names and contact information for participants for select population or community groups.*
- *Preparation of "Kick-off Invitational" for group representatives to come together to be (1) briefly introduced to the overall MAPP process; (2) presented with the information gathering tools (indicated above); (3) a facilitator led discussion of implementation issues & timeline for completion; and, (4) overall question and answers.*
- *A desire to avoid contact duplication or "survey overkill."*

Forces of Change Assessment
Dana Rosenzweig and Gene Verdu (CoChairs)

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

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

Local Public Health System Assessment
Reverend Annie Clark and Hardy Ware (CoChairs)

1. Measures the capacity of the local public health system to conduct essential public health services.
2. Completes LPHS Assessment on model standards for essential services.
3. Make Up of Local Public Health System includes:

- Health Departments
- Hospitals
- Doctors
- Mental Health
- Environmental Health
- Schools
- Community Centers
- Elected Officials
- Police
- Fire
- EMS
- Churches

- Home Health
- Nursing Homes
- Corrections
- Parks & Recreation
- Laboratory Facilities
- Drug Treatment
- Civic Groups
- Philanthropist
- Community Health Centers
- Employers
- Economic Development

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

Appendix D: MATCH County Health Rankings for St. Clair County

County Health Rankings
Mobilizing Action Toward Community Health

St. Clair, Illinois

	ST CLAIR COUNTY	ERROR MARGIN	NATIONAL BENCHMARK*	ILLINOIS	RANK (OF 102)
HEALTH OUTCOMES					84
Mortality					96
Premature death — Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,657	9,235-10,078	5,564	6,859	
Morbidity					93
Poor or fair health — Percent of adults reporting fair or poor health (age-adjusted)	18%	15-21%	10%	16%	
Poor physical health days — Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.1	3.4-4.7	2.6	3.3	
Poor mental health days — Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.5	2.9-4.1	2.3	3.2	
Low birthweight — Percent of live births with low birthweight (< 2500 grams)	9.4%	9.0-9.7%	6.0%	8.4%	
HEALTH FACTORS					100
Health Behaviors					101
Adult smoking — Percent of adults that report smoking >= 100 cigarettes and currently smoking	26%	22-30%	15%	21%	
Adult obesity — Percent of adults that report a BMI >= 30	28%	25-33%	25%	26%	
Excessive drinking — Binge plus heavy drinking	18%	14-22%	8%	19%	
Motor vehicle crash death rate — Motor vehicle crash deaths per 100,000 population	15	14-17	12	12	
Sexually transmitted infections — Chlamydia rate per 100,000 population	871		83	460	
Teen birth rate — Teen birth rate per 1,000 female population, ages 15-19	54	52-56	22	41	
Clinical Care					25
Uninsured adults — Percent of population under age 65 without health insurance	14%	12-17%	13%	17%	
Primary care physicians — Ratio of population to primary care physicians	832:1		631:1	778:1	
Preventable hospital stays — Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	83	81-86	52	83	
Diabetic screening — Percent of diabetic Medicare enrollees that receive HbA1c screening	78%	73-83%	89%	80%	
Mammography screening — Percent of female Medicare enrollees that receive mammography screening	65%	60-71%	74%	63%	
Social & Economic Factors					99
High school graduation — Percent of ninth grade cohort that graduates in 4 years	70%		92%	80%	
Some college — Percent of adults aged 25-44 years with some post-secondary education	65%		68%	64%	
Unemployment — Percent of population age 16+ unemployed but seeking work	10.9%	10.7-11.0%	5.3%	10.1%	
Children in poverty — Percent of children under age 18 in poverty	24%	20-28%	11%	17%	
Inadequate social support — Percent of adults without social/emotional support	22%	18-28%	14%	21%	
Children in single-parent households — Percent of children that live in household headed by single parent	44%		20%	31%	
Violent crime rate — Violent crime rate per 100,000 population	1,289		100	550	
Physical Environment					64
Air pollution-particulate matter days — Annual number of unhealthy air quality days due to fine particulate matter	0		0	3	
Air pollution-ozone days — Annual number of unhealthy air quality days due to ozone	7		0	4	
Access to healthy foods — Healthy food outlets include grocery stores and produce stands/farmers' markets	83%		92%	53%	
Access to recreational facilities — Rate of recreational facilities per 100,000 population	13		17	10	

* 90th percentile, i.e., only 10% are better
Note: Blank values reflect unreliable or missing data

Source URL: http://www.countyhealthrankings.org/illinois/st-clair

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

St. Clair County Health Commission would like your opinion of the quality of life in our county. Please take a few minutes to complete this survey. It is voluntary and confidential. If there are any questions you'd rather not answer, leave them blank. Thank you for your time.

Zip code_____   Highest Grade Completed in School_____   Sex: _____   Age_____

Race (Circle all that you consider yourself to be)

White	*Black/African American*
Native American / Native Alaskan	*Asian*
Native Hawaiian / Other Pacific Islander	*Other_____*

Ethnicity (Circle One)   Non-Hispanic   Hispanic

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

* Spanish version also available.

Appendix F: Survey on 'Forces of Change' Affecting Healthcare

Instructions:

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

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

Opportunities (please select your top five)	**Challenges** (please select your top five)
☐ Aging of the population	☐ Aging of the population
☐ Educational preparation of young people	☐ Educational preparation of young people
☐ Medical malpractice	☐ Medical malpractice
☐ Economy-livable wage	☐ Economy-livable wage
☐ Under and uninsured families	☐ Under and uninsured families
☐ Environmental conditions/air quality	☐ Environmental conditions/air quality
☐ Availability of doctors, nurses and health care services within St. Clair County	☐ Availability of doctors, nurses and health care services within St. Clair County
☐ Violence (domestic, child abuse, crime)	☐ Violence (domestic, child abuse, crime)
☐ Alcohol, tobacco, and other substance abuse	☐ Alcohol, tobacco, and other substance abuse
☐ Employment Growth & Development	☐ Employment Growth & Development
☐ Urban redevelopment	☐ Urban redevelopment
☐ Suburban development	☐ Suburban development
☐ Transportation infrastructure	☐ Transportation infrastructure
☐ Public Works infrastructure (water, sewers, stormwater drainage, etc.)	☐ Public Works infrastructure (water, sewers, stormwater drainage, etc.)
☐ Shifts in population within the County	☐ Shifts in population within the County
☐ Availability of services in rural areas	☐ Availability of services in rural areas
☐ Other (please indicate) _____	☐ Other (please indicate) _____
☐ Other _____	☐ Other _____
☐ Other _____	☐ Other _____

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

_____

_____

_____

Appendix G: Essential Public Health Services & Performance Indicators

Service & Indicator Names and *Descriptions*

1   Monitor health status to identify community health problems.

1.1 Population-Based Community Health Profile (CHP)

1.2 Current Technology to Manage and Communicate Population Health Data.

1.3 Maintenance of Population Health Registries

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

2.1 Identification and Surveillance of Health Threats

2.2 Investigation and Response to Public Health Emergencies

2.3 Laboratory Support for Investigation of Health Threats

3   Inform, educate and empower people about health issues.

3.1 Health Education and Promotion

3.2 Health Communication

3.3 Risk Communication

4   Mobilize community partnerships to identify and solve health problems.

4.1 Constituency Development

4.2 Community Partnerships

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

5.1 Governmental Presence at the Local Level

5.2 Public Health Policy Development

5.3 Community Health Improvement Process

5.4 Plan for Public Health Emergencies

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

6.1 Review and Evaluate Laws, Regulations and Ordinances

6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances

6.3 Enforce Laws, Regulations and Ordinances

Service & Indicator Names and Description of Services

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

7.1 Identification of Personal Health Service Needs of Populations

7.2 Assuring the Linkage of People to Personal Health Services

8   Assure a competent public and personal health care workforce.

8.1 Workforce Assessment, Planning & Development

8.2 Public Health Workforce Standards

8.3 Life-Long Learning through Continuing Education, Training, and Mentoring

8.4 Public Health Leadership Development

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

9.1 Evaluation of Population-Based Health Services

9.2 Evaluation of Personal Health Services

9.3 Evaluation of the Local Public Health System

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

10.1 Fostering Innovation

10.2   Linkage with Institutions of Higher Learning and/or Research

10.3 Capacity to Initiate or Participate in Timely Epidemiological, Health Policy, and Health Systems Research

Appendix H: Local Public Health Performance Standards

General Survey Information – Forty two surveys completed by professionals representing the following areas: Local Health Department (6); Board of Health (2); University (4); Health Care Provider (22); Faith Community (1); Other (7)			**Total Survey Score: 63.0**
Monitor Health Status to Identify Community Health Problems			**Essential Service Score: 50.2**
Model Standards	1.1	Population-Based Community Health Profile (CHP)	45.1
	1.2	Current Technology to Manage and Communicate Population Health Data	45.9
	1.3	Maintenance of Population Health Registries	62.2
Diagnosis and Investigate Health Problems and Health Hazards in the Community			**Essential Service Score: 70.0**
Model Standards	2.1	Identification and Surveillance of Health Threats	68.5
	2.2	Investigation and Response to Public Health Threats and Emergencies	70.6
	2.3	Laboratory Support for Investigation of Health Threats	70.6
Inform, Educate and Empower People About Health Issues			**Essential Service Score: 66.1**
Model Standards	3.1	Health Education and Promotion	67.7
	3.2	Health Communication	60.7
	3.3	Risk Communication	68.7
Mobilize Community Partnerships to Identify and Solve Health Problems			**Essential Service Score: 62.4**
Model Standards	4.1	Constituency Development	66.8
	4.2	Community Partnerships	56.8
Develop Policies and Plans that Support Individual and Community Health Efforts			**Essential Service Score: 68.5**
Model Standards	5.1	Governmental Presence at the Local Level	70.2
	5.2	Public Health Policy Development	65.6
	5.3	Community Health Improvement Process	71.7
	5.4	Plan for Public Health Emergencies	64.9

Appendix H: Local Public Health System Assessment

General Survey Information – Forty two surveys completed by professionals representing the following areas: Local Health Department (4); Board of Health (2); University (4); Health Care Provider (24); Faith Community (1); Other (7)	**Total Survey Score: 63.0**

Enforce Laws and Regulations that Protect Health and Ensure Safety			Essential Service Score: 63.5
Model Standards	6.1	Review and Evaluate Laws, Regulations and Ordinances	68.3
	6.2	Involvement in the Improvement of Laws, Regulations, and Ordinances	54.5
	6.3	Enforce Laws, Regulations and Ordinances	65.7

Link People to Health Services and Assure the Provision of Health Care when Unavailable			Essential Service Score: 68.1
Model Standards	7.1	Identification of Personal Health Service Needs of Populations	61.6
	7.2	Assuring the Linkage of People to Personal Health Services	71.8

Assure a Competent Public and Personal Health Care Workforce			Essential Service Score: 48.7
Model Standards	8.1	Workforce Assessment, Planning, and Development	38.2
	8.2	Public Health Workforce Standards	63.7
	8.3	Life-Long Learning through Continuing Education, Training, and Mentoring	43.3
	8.4	Public Health Leadership Development	49.1

Evaluate Effectiveness, Accessibility and Quality of Personal & Population-Based Health Services			Essential Service Score: 58.6
Model Standards	9.1	Evaluation of Population-Based Health Services	53.6
	9.2	Evaluation of Personal Health Services	60.7
	9.3	Evaluation of the Local Public Health System	61.2

Research for New Insights and Innovative Solutions to Health Problems			Essential Service Score: 61.1
Model Standards	10.1	Fostering Innovation	54.4
	10.2	Linkage with Institutions of Higher Learning and/or Research	65.4
	10.3	Capacity to Initiate or Participate in Research	60.9

Appendix I: April 26ᵗʰ Forum Participant List

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

1. Public & Private Health Providers
   - Healthcare Commission Partners
   - Government Public Health (Local, Regional & State)
   - Hospitals & Clinics
2. Local Governance
   - County
   - City
   - Township
3. Community Based Organizations
   - Childrens's Home and Aid Society
   - Franklin Neighborhood Association
   - Hoyleton Center
4. Youth Organizations
   - St. Clair County Youth Coalition
   - St. Clair County Probation Department
   - Boy Scouts/Girl Scouts of America
   - United Way
   - Coalition for Responsible Fatherhood
5. Faith Based Organizations
   - Catholic Diocese
   - Metro East Baptist Association
   - Lutheran Family Services
   - Racial Harmony
6. Behavioral & Physical Health Organizations
   - St. Clair County 708 Mental Health Board
   - Chestnut Mental Health Center
   - Recreational Facilities (YMCA, LivRite, KingsPoint, etc.)
   - Cultural & Community Centers
7. Education
   - Regional Office of Education
   - School District Representatives
   - SWIC Representative
   - McKendree University
   - Lindenwood College
   - Southern Illinois University Edwardsville
8. Infrastructure Support & Protection
   - St. Clair County Housing Authority
   - Police Department
   - EMS/911
   - Fire Department
   - St. Clair County Transit Authority
9. Business & Industry
   - Chambers of Commerce
   - Rotary Clubs
   - Optimist Clubs
10. Other(s)

Appendix J: Partnership Forum Agenda

St. Clair County Health Care Commission
Community Health Assessment and Planning Forum
Tuesday – April 26, 2011 8:30 AM – 3:00 PM

Itinerary

8:00 – 8:30	Registration for Participants	
8:30 – 9:00	Welcome and Introduction to the Health Care Commission and MAPP Process	Kevin Hutchison
9:00 – 10:15	Overview and Presentation of Assessment Reports	Assessment Team
	1. Community Health Status Assessment	Mark Peters
	2. Local Public Health System Assessment	Hardy Ware
	3. Community Themes & Strengths Assessment	Dr. Rita Boyd
	4. Forces of Change Assessment	Dana Rosenzweig
	5. Participant Poll	Mark Peters
10:15 – 10:30	Break	
10:30 – 11:00	Assessment Panel Q&A Discussion	Assessment Team
11:00 – 12:00	Identifying Strategic Issues and Health Problems (w/Group Discussion)	Laurie Call
12:00 – 1:00	Lunch	Follow-up Discussion
1:00 – 1:30	Prioritizing Strategic Issues and Health Problems By participant voting	Laurie Call
1:30 – 2:45	Strategic Action Team Formation and Pre-Planning (w/Group Discussion)	Laurie Call
2:45 – 3:00	Wrap-up and Next Steps	Kevin Hutchison

Appendix K: Participant Poll

Participant Poll
(Presented at the April 26th Partnership Forum)
Factors that should be addressed if we are to realize a shared Year 2020 Vision to make St. Clair County the Healthiest County possible.

Factor Groups	Responses
Proactive Focus for Chronic Disease Prevention (Activity, Diet, Tobacco)	21
Pedestrian Friendly Environments	15
Community Building	12
Access to Primary Health Services	11
Improvements in Nutrition & Access to Healthy Foods	11
Improvements in Service and Program Coordination	8
Access to Mental Health Services	8
Affordable Housing	7
Safe Neighborhoods	7
Improved Public Health Information System	7
Healthy Economy	7
Improvements in Maternal & Child Health Care	6
Public transportation improvements	5
Early Disease Detection/Prevention	5
Support for Adolescent Health Programs	5
Substance Abuse Prevention	5
STD/HIV/AIDS Prevention	2
TOTAL RESPONSES	**142**

Appendix L: St. Clair County MAPP Strategic Issue Action Teams

Strategic Issue: Preventable Risk Factors for Chronic Disease Morning Session (9am - Noon) – Centennial Room, St. Elizabeth's Hospital (Obesity, Active Living, Healthy Eating, Tobacco Use, Env. Quality)	
Name	**Organization**
Mary Frierdich (CoChair)	St. Elizabeth's Hospital
Rita Boyd (CoChair)	Get Up & Go, Inc.
Karan Onstott (CoChair)	McKendree University
Mark Peters (CoChair)	St. Clair County Health Department
Donna Jewell	Southern Illinois University Edwardsville
Cherylee Darneille	ALA, IL Tobacco Quitline
Michael Mark	ALA, IL Tobacco Quitline
Amber Adams	St. Clair County Health Department
Bob Miller	St. Elizabeth's Hospital
Jared Beard	YMCA of Southwest IL
Chris Fulton	Area Agency on Aging – SW Illinois
Rachel Lugge	Alzheimer's Association
Amy Funk	University of Illinois
Andrea Mueller	SCCHD
Jan Douglass	SCCHD
Tom Hennessy	Greensfelder, Heinker & Gale, p.c.
Becky Gehling	American Cancer Society
Shirley Schultz	Memorial Hospital
Kevin Shrake	M*D Resources, Inc.
Wanda Jackson	Catholic Social Services
Nathan Kinney	Memorial Hospital
Ruth Holmes	Memorial Hospital

Appendix L
St. Clair County MAPP Strategic Issue Action Teams

Strategic Issue: Maternal & Child Health Morning Session (9am - Noon) - 1st Floor Staff Conference Room, St. Elizabeth's Hospital (Infant Mortality, Teen Pregnancy and STDs)	
Name	**Organization**
Paula Brodie (CoChair)	Southern Illinois Healthcare Foundation
Robin Hannon (CoChair)	St. Clair County Health Department
Stacey Briggs (CoChair)	St. Clair County Health Department
Margie Darr	St. Elizabeth's Hospital
Hardy Ware	East Side Health District
Melissa Rumph	Children's Home and Aid Society
Andi Mueller	St. Clair County Health Department
Annie Clark	St. Clair County Board of Health
Kate Underwood	Bethany Place
Tia Britton	SCCHD-Americorp
Eycine Stewart	SCCHD-Americorp
Salil Gupta, MD	HSHS Med Group/St. Elizabeth's (Infant Mortality Interest)
Barb Hohlt	St. Clair County Health Department
Debbie Birk	Memorial Hospital
Marion Reyes	Memorial Hospital
Mary McHugh	Racial Harmony
Tina Markovich	St. Clair County Health Department
Marsha Wild	St. Clair County Health Department
Cynthia Price	Southern Illinois Healthcare Foundation

Appendix L
St. Clair County MAPP Strategic Issue Action Teams

Strategic Issue: Behavioral Health Afternoon Session (1-4pm) - Centennial Room, St. Elizabeth's Hospital (Suicide & Substance Abuse Prevention)	
Name	**Organization**
Debbie Humphrey (CoChair)	St. Clair County Mental Health Board
Dana Rosenzweig (CoChair)	St. Clair County Mental Health Board
Vicki Rose	Programs & Services for Older Persons
Gene Verdu	St. Clair County Office on Aging
Dale Fiedler	Southern Illinois Healthcare Foundation
Jean Schram	Chestnut Health Systems
Katie Koetting	Chestnut Health Systems
Linda Cowden	SWIC Counseling/CHOICE Team
Julie Chambers	TASC
Theresa Doerr	DHS-CHP
Cathy Daesch	Private Practice
Tarra Winters	Prevent Child Abuse IL
Jan Gann	Children's Home & Aid
Tameka Howell	Project Compassion, NPP
Rachel Jackson-Bramwall	Project Compassion, NPP
Wealthie Simmons	Comprehensive Behavioral Health
Kris Fulkerson	Heartlinks Grief Center
Tom Smith	Karla Smith Foundation
Cheryl Compton	Call for Help
Amy Warren	Gateway Foundation
Wanda Jackson	Catholic Social Services
Marilyn Vise	St. Clair County Health Department

Appendix L
St. Clair County Health Care Commission MAPP Strategic Issue Action Teams

Strategic Issue: Violence and Safety* Afternoon Session (1-4pm) – 1st Floor Staff Conference Room, St. Elizabeth's Hospital	
Name	**Organization**
Lynn Jarman (CoChair)	Linc, Inc.
Christy Ondo (CoChair)	Linc, Inc.
Tijuana Macon	St. Clair County ROE
Billie G. Turner	University of IL – East St. Louis ARP
Ed True	City of Ofallon
Barb Hohlt	St. Clair County Health Department
Kim Hunt	Children's Home and Aid Society
Essie Calhoun	Opal's House (IFVCC)
Francella Jackson	East St. Louis Police Department
Percy Dace	Neighborhood House
Tameka Howell	Project Compassion, NFP
Tiffany Pearce	SIS Program/ROE-District 187
Jim Schneider	City of Belleville
Darrell Coons	Big Brothers/Big Sisters

*__Other Members Suggested__: Brenden Kelly (States Attorney), Kerscene Beck (Illinois Imagines), Mayor Mark Eckert, Chief Betten (Ofallon), Jessica Brandon (Violence Prevention Center), Debi Mize (Violence Prevention Center)

Appendix M: Key Terminology
Presented at June 23rd Objective Setting Workshop

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

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

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

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

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

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

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

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

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

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

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

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

Social Determinants: The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. (Social Determinants of Health Key Concepts, World Health Organization)

Appendix N: Community Balanced Scorecards

In St. Clair County, achieving significant improvements in physical, behavioral and social health outcomes usually involves building strong collaborations within and beyond the membership of the Health Care Commission. That adds the challenges of getting multiple organizations to support a common strategy to achieve outcomes, managing the complexity of a collaborative strategy, and achieving accountability for results that require the efforts of many organizations. The Community Balanced Scorecard (CBSC) and related tools such as *strategy maps* and c*ommunity results compacts* are expressly designed to meet these challenges. (Epstein, 2009)

> **Community Balanced Scorecard Tools**
>
> 1. Strategy Maps
> 2. Project and Partner Scorecards
> 3. Community Results Compacts (Handshakes)
> 4. Strategic Management System technology and expertise merged with Wiki software technology.

St. Clair County is a "Coalition Rich" environment, with over 70 community organizations involved in a variety of human service based collaborative activities. Yet, how much do we really know about the collective impact that we are having within our Communities? Are we getting the collective results that matter? Are the organizational strategies that we deploy aligned with the Community Outcomes that we desire?

In the spring of 2010, the St. Clair County Health Care Commission leveraged existing Health Department funding to expand the engagement of some of the world's leading experts on strategic management, using the leading-edge techniques of the Community Balanced Scorecard, Effective Community Governance and Strategy-Aligned Management.

> **What Can CBSCs Do for Local Health Departments?**
>
> - Support the Maintenance of the Structure and other Quality Improvement Tools
> - Provide Governance of Community Coalitions
> - Establish Accountability for Performance
> - Provide a Clear Reporting Structure
> - Provide Transparency through Online Reporting
> - Improved Oversight through Centralized Information Access
> - Give the Ability to "zoom in" on Partner and Project Details

Figure 1: Strategy Map for Health Care Commission Strategic Issues
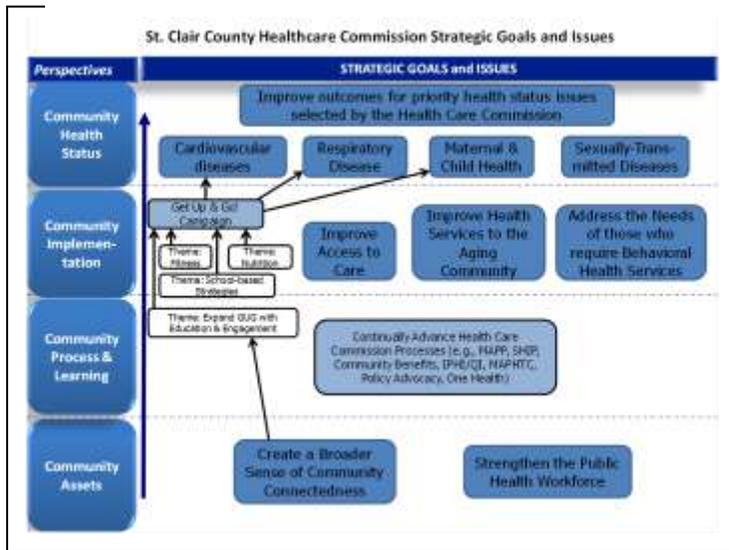
One of the primary benefits of the strategic management system is the ability to "zoom in" on various strategic objectives (ranging from outcome goals to supporting objectives) and visually link in the drivers and enablers of those objectives. This strategy-centered approach to linking objectives and projects is especially well-suited to identifying where other programs and resources can best be leveraged. The visual communication power of the strategy maps encourages "system thinking" that communicates how resources from other federally-funded programs or foundations can be leveraged as part of a larger strategy.

Strategy Maps as a Precursor to Building Scorecards

A Strategy Map is a graphical representation of a cause and effect logic model that shows the relationship between various resources, activities and outcomes across the four community perspectives which can display objectives for outcome status, implementation process and assets.

Community Perspectives Organize Objectives into Groups

<u>Status Outcomes Objectives</u> are the results that a community or organization is looking to accomplish as an end goal.

<u>Implementation Objectives</u> are the aims within a community that should be accomplished in order to drive desired outcomes.

<u>Process Objectives</u> are aims that will allow a community to more effectively implement their strategy.

<u>Asset Objectives</u> help to identify resources that a community can use to improve their processes and implement strategy.

Figure 2: Strategy Map for Get Up & Go Fitness
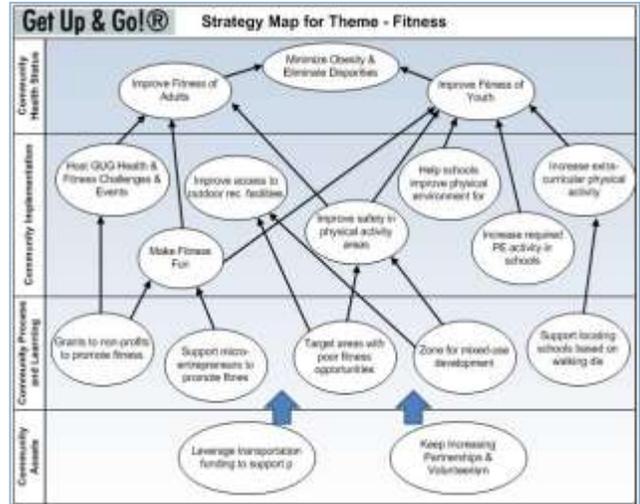
They can also be created at different levels. Figure 1 shows a broader 'birds-eye view' map for strategic issues identified by the St. Clair County Health Care Commission. Figure 2 displays a Strategy Map with more specific objectives that are related to just one area of the Map presented in Figure 1.

This ability to create multiple strategy maps that can focus into deeper levels of detail is known as "Zoomability" and allows for a more comprehensive and thorough approach to addressing the complexity of mass collaboration. Once Strategy Maps are developed, they can be used to build scorecards with established objectives, measures, initiatives and tasks that are shared by multiple partners across each of the four perspectives.

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WEBSITE RESOURCES

Behavioral Risk Factor Surveillance System - http://app.idph.state.il.us/brfss/

CDC Wonder – http://wonder.cdc.gov/

County Health Rankings - http://www.countyhealthrankings.org/illinois/st-clair

Healthy People 2020 Objectives - http://www.healthypeople.gov/2020/topicsobjectives2020/

Hospital Discharge Data - http://app.idph.state.il.us/hospitaldischarge/

IPLAN Data System – http://app.idph.state.il.us/

Local Public Health System Assessment - www.cdc.gov/od/ocphp/nphpsp/

One Health - http://www.onehealthinitiative.com/

US Census – http://2010.census.gov/2010census