

2015-2020

Rock Island County Community Health Plan



Public Health
Prevent. Promote. Protect.

Rock Island County
Health Department





Public Health
Prevent. Promote. Protect.
Rock Island County
Health Department

September 8, 2015

Tom Szpyrka
IPLAN Administrator
Illinois Department of Public Health
Division of Health Policy
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

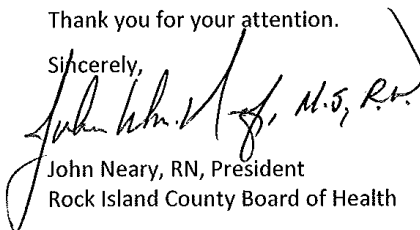
Dear Mr. Szpyrka:

At its meeting on Thursday, September 3, 2015, the Rock Island County Board of Health reviewed and approved the *Rock Island County Community Needs Assessment and Health Improvement Plan (2015-2020)* prepared by the Rock Island County Health Department for submission to the Illinois Department of Public Health. The Board of Health also reviewed and approved the results of the Rock Island County Health Department *Internal Organizational Capacity Assessment*.

This letter confirms the Rock Island County Board of Health's adoption of the *Rock Island County Community Health Plan and Needs Assessment (2015-2020)* and the *Internal Organizational Capacity Assessment (2015)*, in fulfillment of the requirements identified in *Illinois Administrative Code, Section 600.410 Requirements for IPLAN or an Equivalent Planning Process, Title 77 (Public Health), Chapter 1 (Department of Public Health), Sub-Chapter H (Local Health Departments), Part 600 Certified Local Health Department Code*.

Thank you for your attention.

Sincerely,


John Neary, RN, President
Rock Island County Board of Health

2015-2020 Priorities

- ❖ Access to Mental Health Services for Adults and Children
- ❖ Address Obesity in youth and adults
- ❖ Promote Healthy Living
- ❖ Access to medical providers for the uninsured, underinsured or Medicaid populations.

Table of Contents

| | |
|---|-----------|
| Purpose & Background Information | 4 |
| Rock Island County Health Department's Role in the Quad City Community | 5 |
| Health Care Reform Legislation, Hospitals & Community Health Assessment | 5 |
| Quad City Health Assessment Steering Committee | 6 |
| Community Involvement | 6 |
| Local Public Health System | 7 |
| Ten Essential Public Health Services..... | 7 |
| I Organizational Capacity Assessment | 8 |
| Strengths | 9 |
| Areas for Improvement | 10 |
| Strategies for Improvement..... | 10, 11 |
| II Community Health Needs Assessment | 12 |
| Quad City Health Assessment Steering Committee | 13 |
| Rock Island County Community Health Needs Assessment Task Force | 15, 16 |
| Identification of Health Needs | 18 |
| Assessment of Health Indicators | 27 |
| Prioritization & Selection of Community Health Needs | 27 |
| III Rock Island County Health Plan | 28 |
| Mental Health | 30-36 |
| Promote Healthy Lifestyles/Decrease Obesity/Adults/Children | 37-43 |
| Access to Medical Providers for Un/Underinsured/Medicaid | 44-48 |
| Appendices | 49 |
| Appendix A: <i>2015 Community Health Assessment-Executive Summary</i> | |
| Appendix B: <i>2015 Community Health Assessment – Complete Report</i> | |
| Appendix C: <i>2011 Quad Cities Community Vitality Snapshot</i> | |
| Appendix D: <i>2015 SWOT Analysis Results for Mental Health</i> | |

Purpose & Background Information

Illinois Project for the Local Assessment of Needs (IPLAN) is a community health planning process for identifying priority health issues, and for mobilizing community coalitions and partnerships to address these issues. Community involvement in IPLAN is needed throughout the process to ensure community ownership and enrollment. IPLAN was developed by the Illinois Department of Public Health (IDPH) to meet the requirements set forth in 77 Illinois Administrative Code 600. This administrative code mandates all certified local health departments in Illinois conduct an IPLAN process every five years for recertification. The IPLAN process was one of the components in a Quad City wide community health assessment and health improvement plan partnership bringing together area health departments, hospitals and community health agencies.

- ❖ IPLAN is a series of planning activities led by the certified local health department. IPLAN 2015 clearly demonstrates the Rock Island County Health Department's commitment to the Ten Essential Public Health Services.
- ❖ Illinois Administrative Code (Subpart D of Section 600.410) outlines a series of practice standards that serve as guidelines for local health departments to use for completing the IPLAN process. These practice standards are summarized in the following paragraphs.
- ❖ The process shall involve community participation in the identification of community health problems, priority-setting, and completion of the community health needs assessment and community health plan.
- ❖ Community health indicators contained in the IPLAN Data System or a similar, equally comprehensive data system shall be utilized to structure the minimal content of the assessment. A local health department may use in its assessment such additional data available, describing the health of its population including nationality, mortality, morbidity and risk factors for illness in its jurisdiction.
- ❖ The process shall result in the setting of priority health needs, and include an analysis of priority problems that shall lead to the establishment of objectives and strategies for intervention.
- ❖ The process shall include Board of Health adoption of the community health plan.
- ❖ The process shall include an assessment of organizational capacity and address the internal capabilities of the local health department to conduct effective public health functions.

Rock Island County Health Department's Role in the Quad City Community

Rock Island County Health Department (RICHD) is currently in its 50th year of providing comprehensive public health services in Rock Island County. Throughout those 50 years we have developed very strong partnerships with a multitude of organizations in our community. While RICHD resides in the state of Illinois, the reality is that we are part of the "Quad Cities", which includes two large cities from both Illinois (Rock Island, Moline), two large cities from Iowa (Davenport, Bettendorf) plus many other smaller villages all divided by the Mississippi River. In addition to crossing two state borders, the Quad Cities also encompasses two counties (Rock Island County, IL and Scott County, IA). Each of the counties has its own health department, Community Health Care Clinics (FQHC) and two major health systems with six hospitals, three on each side of the river.

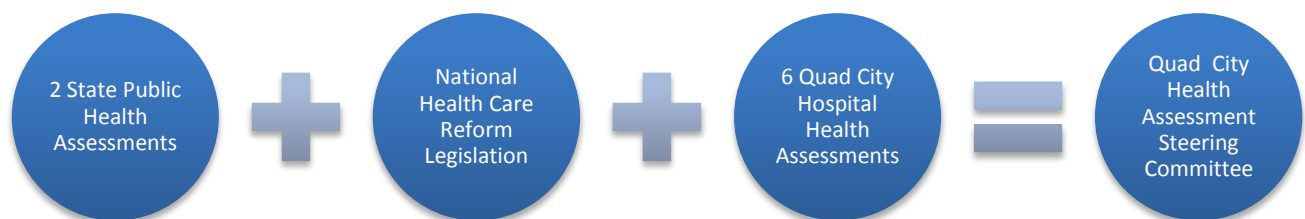
RICHD, Scott County Health Department and both health systems were founding members of the Quad City Health Initiative (QCHI), a community partnership working to create a healthy community. The Initiative is the Quad City community's recognized leader for creating collaborative action on health. QCHI emerged out of the interest of over 300 community members and leaders in improving the health of the Quad City region. In 1999, the QCHI established an Executive Board and a Community Board, including over 30 representatives of local health departments, providers, insurers, social service agencies, educators, businesses, media, law enforcers, foundations, governments and ILLOWA Partners in nursing. RICHD leadership and staff serve on the executive committee and many other workgroups that have successfully been working in our community to improve its overall health since its inception.

Health Care Reform Legislation, Hospitals & Community Health Assessment

The Patient Protection and Affordable Care Act, signed into law in March of 2010, requires each non-profit hospital to conduct community health needs assessments at least once every three taxable years (in order to maintain their tax-exempt status) and adopt an implementation strategy to meet the community health needs identified through the assessment. The assessment must include input from persons who represent the broad interests of the community served by the hospital facility, *including those with special knowledge or expertise in public health*. The assessment can be based on current information collected by a public health agency or non-profit organization, and it may be conducted with one or more other organizations.

Quad City Health Assessment Steering Committee

With these requirements in place and knowing that members of QCHI and other community organizations had been asking for “1” community health assessment, it was clear that now was the time to pull together, work collectively for the health of our community and seize the opportunity to develop ***one comprehensive community health needs and health improvement plan.***



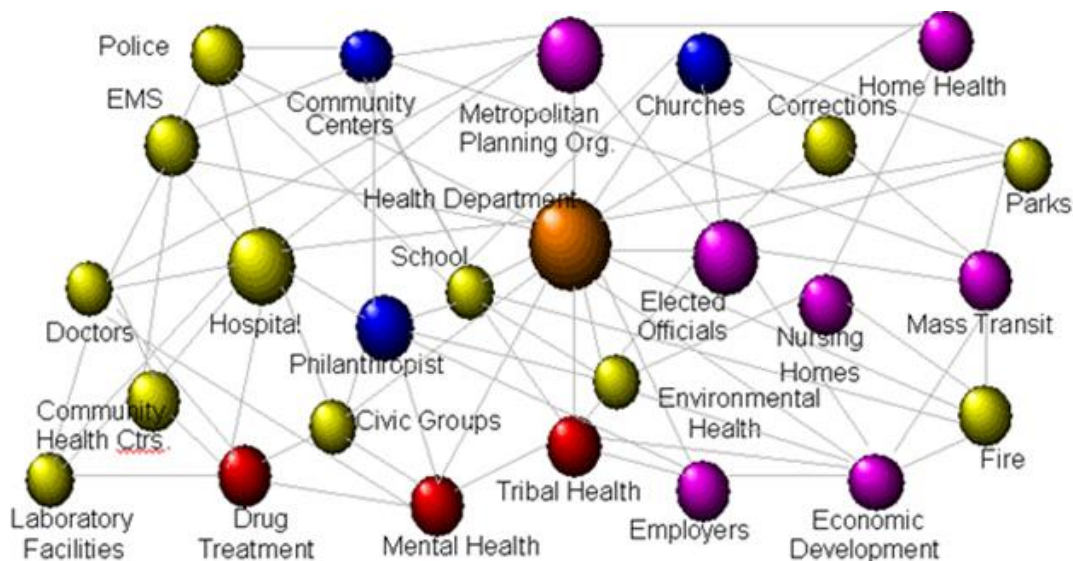
Community Involvement

In 2015, the Rock Island County Health Department convened a Task Force of health partners, community members and stakeholders, to engage in a community health planning process known as the Illinois Project for the Local Assessment of Needs (IPLAN) 2015. The benefits of community involvement in this type of planning process are numerous. A community driven process builds community ownership, creates new connections, spurs more innovative, effective and sustainable solutions, and empowers community residents. Making a distinction between the roles of the local public health system and the local health department is paramount to the development and implementation of this Community Health Plan. The local public health system includes all public, private and voluntary entities, as well as individuals and informal associations that contribute to the delivery of public health services.

Implementation hinges on the Health Department’s ability to convene and lead the many individuals and community organizations needed to achieve the IPLAN Outcome Objectives defined in this Community Health Plan. Implementation will require resources that go well beyond the capacity and scope of any one organization or agency.

County health departments (CHDs) are the natural leaders in the development of a cohesive local public health system. CHDs have unique responsibilities to enable, assure and enforce the provision of these essential services within the local public health system. They advocate with system partners for changes to improve health and assure that critical public health needs of their communities are met. CHDs provide important leadership in maintaining and improving the performance and capacity of the local public health system to provide appropriate services. No organization singularly provides public health services in a community. IPLAN recognizes the important contributions of all entities involved in the local public health system and provides a process for coming together and planning how to provide better public health services.

Local Public Health System



Ten Essential Public Health Services

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/assure provision of health services.
8. Assure a competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility and quality of personal/population based health services.
10. Research for new insights and innovative solutions to health problems.

Organizational Capacity Assessment

I Organizational Capacity Assessment

The Rock Island County Health Department organizational capacity assessment was conducted from March 2015. Department heads chose to utilize the APEX-PH organizational capacity assessment worksheets. The APEX-PH process entailed the assessment of key indicators of organizational capacity by management staff, who then determined the perceived importance of each indicator. Results of this process were presented to all health department employees through facilitated focus groups where employees also identified strengths and weaknesses of our organizational capacity.

Strengths

- RICHD cooperates and collaborates with other agencies that deliver similar programs in the same service area.
- The HD is responsible for collecting, processing, analyzing and reporting birth and death certificates, or is part of a state-wide system for obtaining such data.
- The HD has staff skilled in writing successful grant applications.
- A written job description, including minimum qualifications, exists for each position in the HD.
- Staff meetings are held at reasonable frequencies, include appropriate staff, and are called and structured by appropriate individuals.
- RICHD maintains emergency contact staff (on site or on call) to respond to local public health emergencies.
- BOH meetings are scheduled on a regular basis, with sufficient frequency to ensure board control and direction of the HD.
- RICHD regularly provides background information and news information to the local media
- RICHD receives reports of communicable disease in the community on a daily basis.
- There are regularly scheduled meeting by work group, work site, division and/or department. RICHD has established relationships with universities, nursing schools and other educational institutions within or near its jurisdiction for staff development, internships, consultations, and other capacity-building purposes.
- The health department has an established program for community volunteers and student interns in departmental programs.
- The local media looks to RICHD as a source of information about the health of the community.
- The health department has the authority to recommend and charge fees for the services it provides.
- There is an established working relationship and labor contract between the BOH and the labor union.
- A written job description, including minimum qualifications, exists for each position in the health department.

Areas for Improvement

- RICHD participates in shared service or purchase agreements where volume purchasing can reduce costs, such as for printing, supplies, and other materials.
- Operating programs are reviewed or revised on a regular periodic schedule.
- The health department has an adequate contingency fund for dealing with public health emergencies.
- RICHD participates in joint efforts to pool training needs with neighboring health agencies.
- The HD receives locally assessed tax funds from the unit of government to which it is responsible.

Strategies for Improvement

There are two main themes in the areas for improvement identified through the assessments in which both management and non-management staff participated:

1. Lack of clarity regarding agency and community processes, and
2. Lack of funds to make certain processes available.

The solution to lack of clarity is education and communication. Most of the improvement areas relate to issues on which staff may be unfamiliar. Monthly meetings are held for managers, the entire staff, and within various agency programs. However, it is an ongoing challenge to present information with limited time and the quantity of material/issues to be covered. Also, there are changes in employees, their positions and/or programs. Much of the indicated subject matter is covered at some point for employees, but if they perceive at the time that it does not apply to them, it may not be assimilated into a usable knowledge base. Every individual prioritizes need to retain information presented to them. Additionally, supervisors tend to focus on most pertinent information, whether for themselves or for their staff.

While all staff cannot be versed on all facets of department operations, well informed employees contribute to an atmosphere of positive communication and productive participation. To address this, a list of the indicated topics will be developed and systematically explained at future staff meetings. Staff and Board of Health members will be updated as new processes or situations present themselves. The complete organization capacity questions were reviewed with all HD staff at the September 2015 full staff meeting in order to clarify RICHD, Board of Health, County Board and State of Illinois roles and processes.

The solution to lack of funds is difficult to remedy. This is a very challenging chapter in the history of Public Health funding both locally and nationally. The leadership of RICHD, all managers and all staff remain focused on seeking ways to make the most out of current dollars

while searching for future financial support. RICHD is making strides in several areas to try to increase non-grant funded revenue. The RICHD team receives encouragement to be creative and non-traditional in their thinking concerning service delivery and Public Health fund development.

Community Health Needs Assessment

II Community Health Needs Assessment

Quad City Health Assessment Steering Committee

The Quad City Health Assessment Steering Committee was established in January 2015 as the advisory committee to oversee a comprehensive community health needs assessment and health improvement plan process for the Quad Cities region. The committee consists of administrators from both Quad City health departments, representatives from both local health systems, leadership from the area FQHC (Community Health Care, Inc.) and our local healthy community's partnership (Quad City Health Initiative or QCHI) leadership. Many of the committee members have served as integral members of QCHI for many years and have been involved in the community health assessments completed previously.

Quad City Health Assessment Steering Committee Members

Nicole Carkner, *Quad City Health Initiative*

Ken Croken, *Genesis Health System*

Tom Bowman, *Community Health Care*

Pat Shouse, *UnityPoint, Trinity Regional Health System*

Denise Bulat, *Bi-State Regional Commission & Quad City Health Initiative Chair*

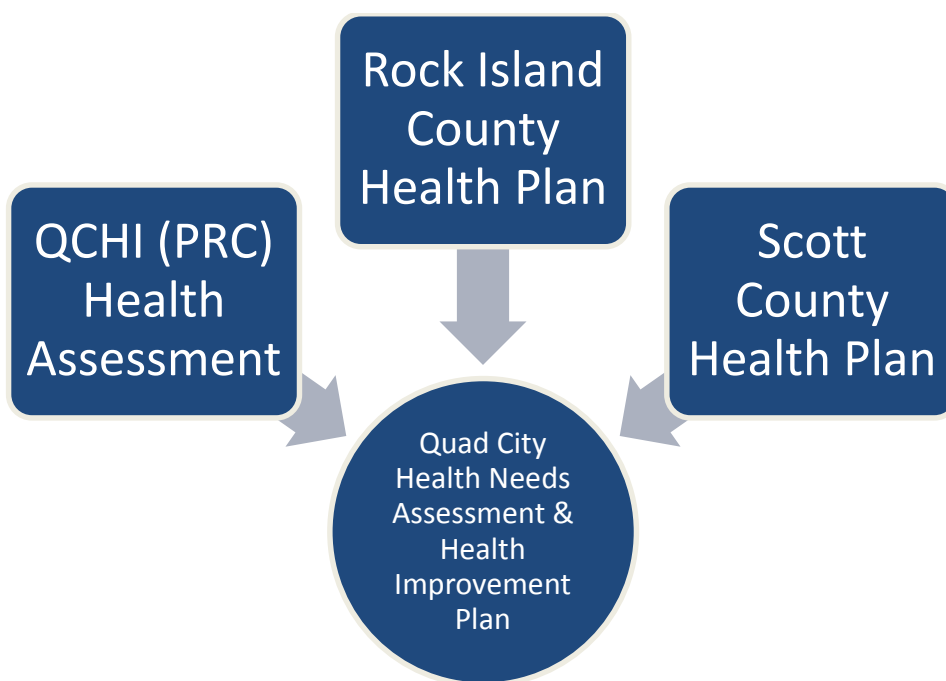
Nita Ludwig, *Rock Island County Health Department*

Ed Rivers, *Scott County Health Department*

The goals of the steering committee are to:

- Define the Purpose, Scope & Method of the Community Health Assessment
- Describe Geographic, Demographic and Economic Profiles in the community
- Ascertain Health Profiles from Existing Studies and other Secondary Data
- Determine Primary Data Sources for both qualitative and quantitative data
- Reconcile Primary Source Information with Secondary Data
- Summarize the Findings and Recommendations
- Perform Administrative Review and Present the Comprehensive Plan to Community

The Steering Committee determined that one community assessment could be compiled that would meet the requirements of all agencies. This cycle, the two health departments would convene a combined Scott and Rock Island County community health task force (stakeholders) to review and prioritize secondary data and collect qualitative input from community leaders. Through QCHI, the health systems agreed to fund a survey and data collection for the bi-state area and hired Professional Research Consultants (PRC) to conduct this work. All components could then be combined into one Quad City area health assessment, but the data and health priorities could be separated out for each county. Both Rock Island and Scott Counties' top four health priorities were determined to be the same.



With this approach, the steering committee acknowledged that no single entity provides public health services in communities, and all entities make important contributions to the local public health system. The committee further agreed that successful implementation of a well-coordinated community health plan requires a community-driven and community focused process that actively involves all components of the local public health system. An integral part of the success of this plan was that both Health Departments would convene a combined Rock Island and Scott County Task Force of stakeholders so that many community agencies could be involved in the process from their respective counties/states, but the health assessment and health plans could still be coordinated so that one collective plan could be compiled for the entire Quad City community. Members of the Rock Island County Task Force are listed on the following page.

Rock Island County Community Health Needs Assessment Task Force

Adam Sowell, *Unitypoint EMS*

Dr. James Bishop, *Dental community*

Tom Bowman, *Community Health Care*

Amy Rowell, *World Relief*

Anne Wachal, *Churches United*

Nicole Carkner, *Quad City Health Initiative*

Nita Ludwig, *Rock Island County Health Department*

Scott Crane, *United Way*

Carol Brenner, *QC Metrolink transportation*

Chris Webster, *Genesis EMS*

Dave Ross, *RI County Board*

John Neary, RN, *Board of Health President*

Dennis Pauley, *Mayor, Rock Island*

Jerry Shirk, *RI County EMA*

Pat Shouse, *UnityPoint/Trinity Regional Health System*

Dr. David Moyer, *Moline School District*

Dr. Mike Oberhaus, *RI/Milan School District*

Gary Weinstein, *Transitions Mental Health*

Jeff Yerkey, *Rock Island Fire Dept.*

John Thodos, *Mayor, East Moline*

Kathy Michel, *Modern Woodman Insurance*

Kristi Mindrup, *Western Illinois University*

Sue Ickes, *School Health LINK/School Nurse*

Jerry Jones, *Martin Luther King Center*

Alan Baker, *media, WQAD*

Dave Layton, *RSVP*

Amber McGrath, *Red Cross of the QC*

Anji Swingle, *Casa Guanajuato*

Denise Bulat, *Bi-State Regional Commission*

April Berthuame, *Early Childhood Coalition*

Tammy Muerhoff, *Regional Office of Education*

Carla Jaquet, *QC Food Hub*

Holly Nomura, *Salvation Army*

Dave Deopere, *Robert Young Center*

Anne Bloomberg, *RI County Farm Bureau*

Deidre Baker, *Quad City Times*

Diane Erickson, *River Bend Food Bank*

Diane Fuller, *housing authority*

Bettie Truitt, *Blackhawk College*

Annie Robinson, *Community Representative*

Dr. Jay Morrow, *United Township School Dist.*

Gerry Bustos, *RI County Sheriff*

Jill DeKeyser, *QC Bank and Trust*

Joel Himsl, *Rock Island Arsenal*

Ken Maranda, *RI County Board Chair*

Dara Wegman-Geedey, *Augustana College*

Linda Guebert, *Trinity Parish Nurses*

Michelle Nicholson, *Transitions Mental Health*

Liz Sherwin, *NAACP/Ia/IL Center for Independent Living*

Stephen Bahls, *Augustana College*

Steve Frels, *John Deere*

Sherry Ristau, *Community Foundation*

Tracey Sands, *Familia Dental*

Brad Cirks, *University of Illinois Extension*

Heather Olson, *Center for Alcohol and Drug Svcs*

Mary Ann Mcleod, *Bethany for Children & Families*

Tara Barney, *QC Chamber of Commerce*

Tim Tolliver, *Boys and Girls Club*

Whitney Corrigan, *Quad City Medical Society*

Christy Filby, *Two Rivers YMCA*

Karrie Abbott, *United Way of the QC*

Total stakeholders on the task force for Rock Island and Scott Counties included:

| Stakeholder Sectors | Invited | Attended May Stakeholder Event | Completed June Need Prioritization Survey | Attended July Stakeholder Event |
|---|----------------|---------------------------------------|--|--|
| Business/industry | 21 | 7 | 2 | 4 |
| Civic groups | 2 | 0 | 1 | 0 |
| Community not-for profit organizations | 20 | 8 | 13 | 5 |
| Departments of government | 17 | 6 | 4 | 3 |
| Elected official representation | 15 | 2 | 0 | 0 |
| Emergency management | 2 | 0 | 0 | 0 |
| EMS | 3 | 1 | 1 | 1 |
| Faith-based organizations | 4 | 0 | 1 | 0 |
| Fire department | 4 | 1 | 1 | 1 |
| Food system stakeholders | 4 | 3 | 0 | 2 |
| Foundations and philanthropists | 5 | 4 | 0 | 1 |
| Human service agencies | 11 | 5 | 7 | 3 |
| Judicial system | 2 | 0 | 0 | 0 |
| Law enforcement | 2 | 0 | 0 | 0 |
| Local Board of Health | 6 | 2 | 4 | 2 |
| Local health care providers | 20 | 12 | 14 | 7 |
| Local schools and academic institutions | 22 | 8 | 15 | 5 |
| Media | 3 | 0 | 1 | 0 |
| Members of the general public | 112 | 25 | 17 | 17 |
| Other public health system agencies | 2 | 0 | 1 | 0 |
| Planning organizations | 3 | 2 | 1 | 0 |
| TOTAL (number) | 280 | 86 | 83 | 51 |

Community Task Force Goals



Identification of Health Needs

Rock Island County and Scott County Health Departments hosted a set of community meetings and surveys to identify and rank health needs in Rock Island and Scott Counties. The role of the Rock Island and Scott County Health Departments is to gather information from stakeholders in the community about health issues.

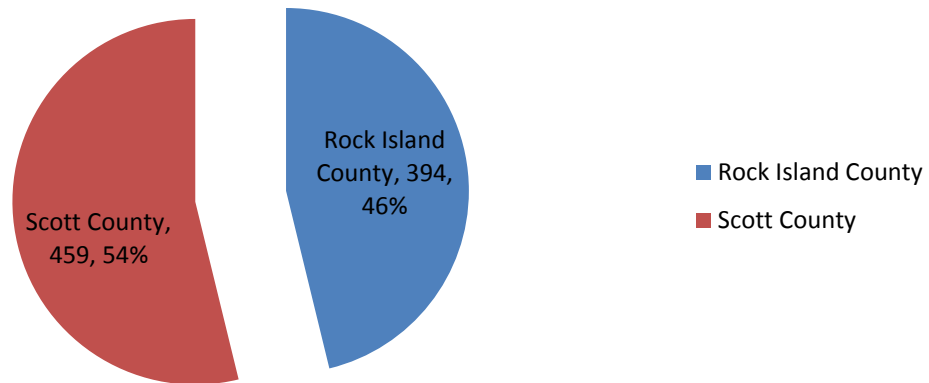
Community Health Assessment Process

Community Survey

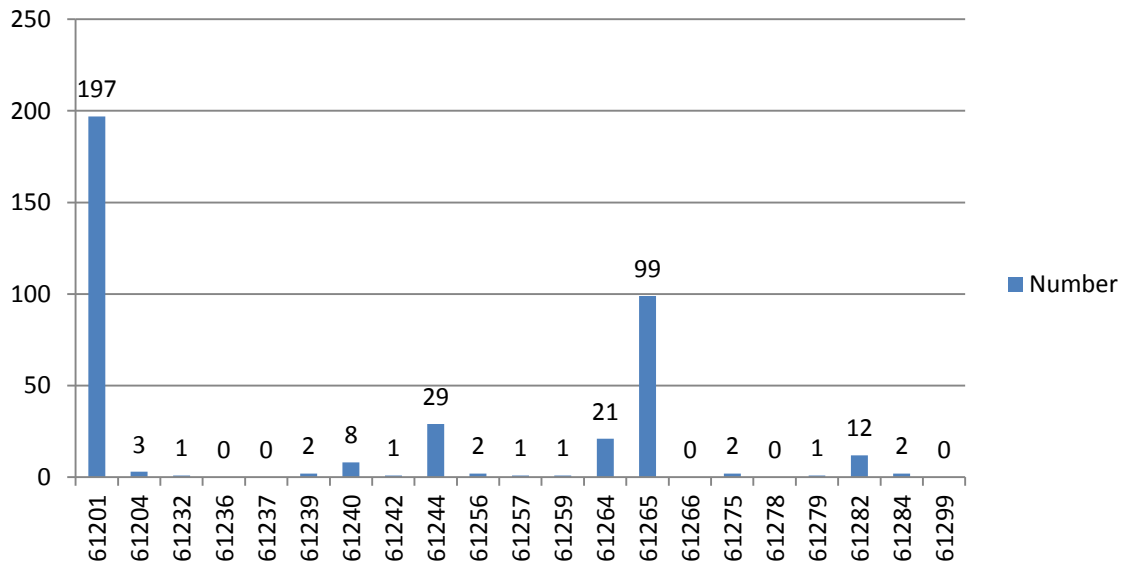
In April 2015, a community survey was promoted to community members via our community partners, email, newsletters, social media, health fairs, press releases, newspaper article, and clinics. The survey was available through SurveyMonkey and in print. Community input was requested to help determine what health related needs impact their family and neighbors the most. The survey was anonymous and could be completed in less than ten minutes. We received 846 responses to the survey. Through this survey, community members indicated which needs in our community should be addressed in the next three to five years. They also provided demographic information including their zip code, race, ethnicity, gender, and income to ensure that all sectors of the community were reached. At the end of the survey, participants had the option to indicate their interest in attending an in-person stakeholder meeting to discuss the needs in further detail. The results of this survey were tallied and used to help narrow down the list of needs that should be addressed in the next three to five years.

Below is the demographic information of the 853 respondents to the community survey.

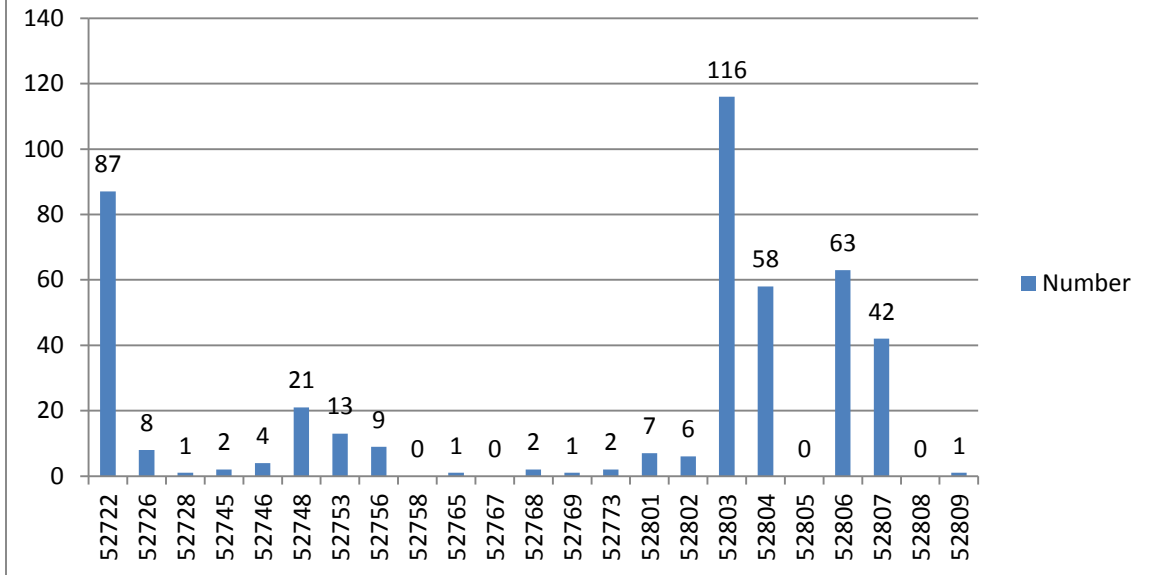
Select Which County You Live In.



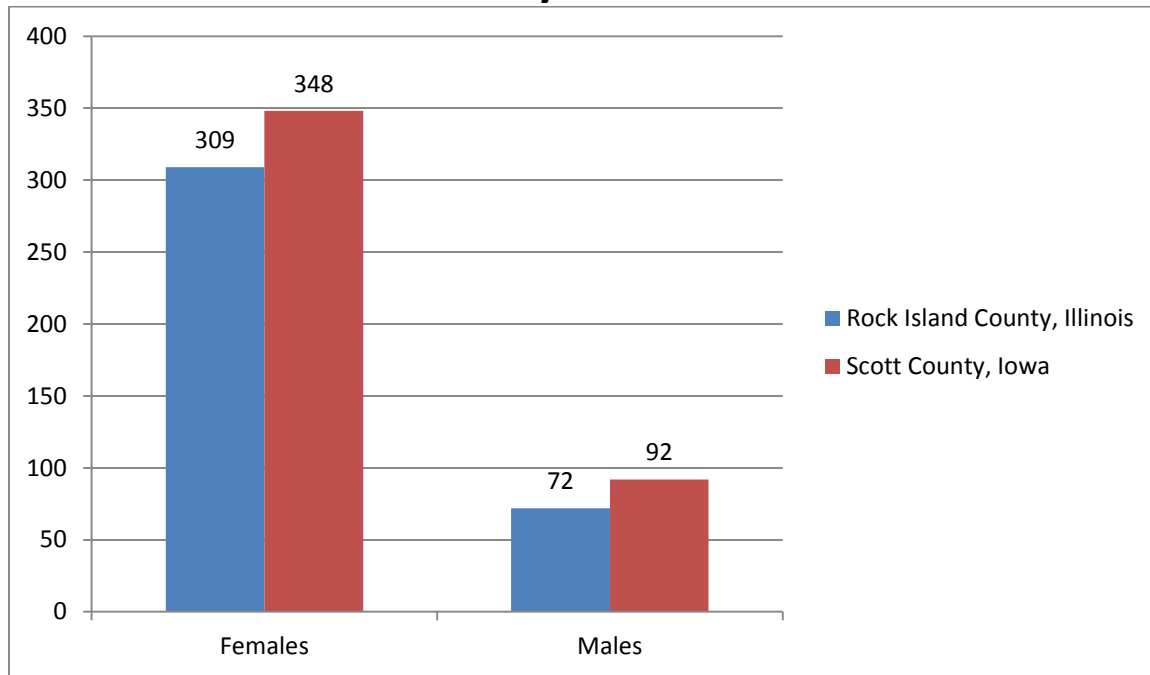
My Zip Code in Rock Island County, Illinois is:



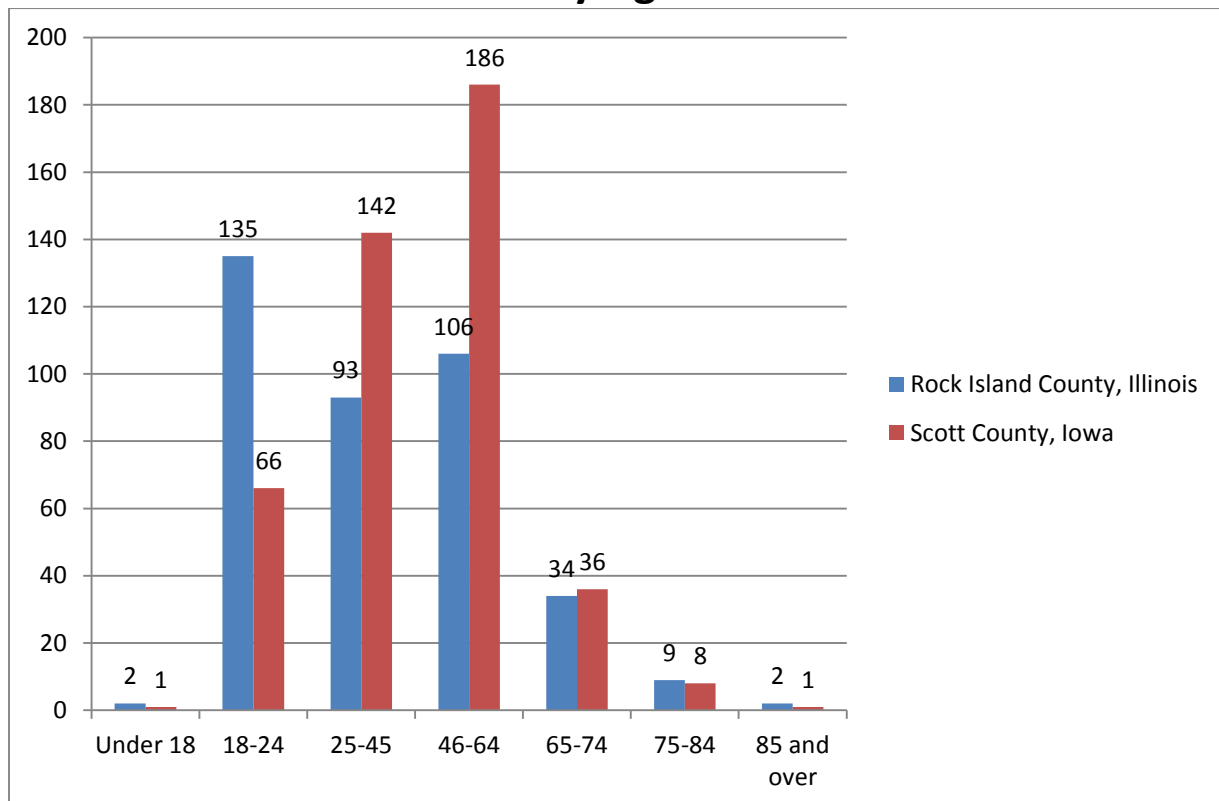
My Zip Code in Scott County, Iowa is:



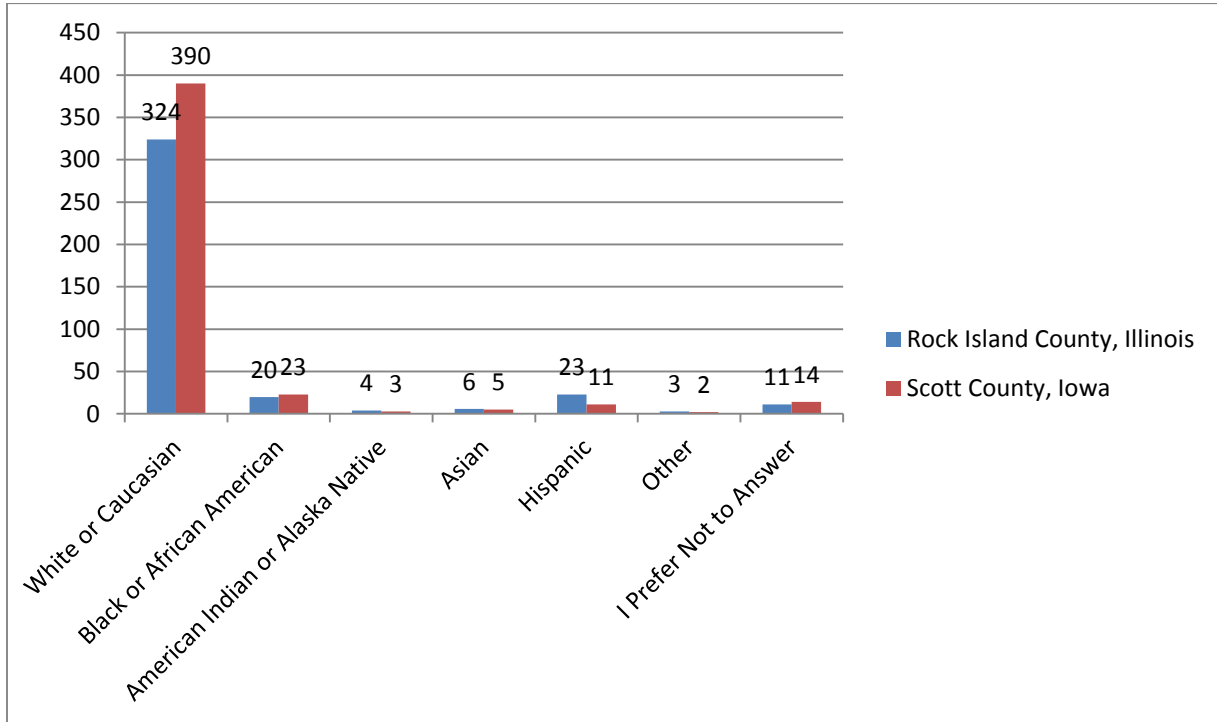
My Gender Is:



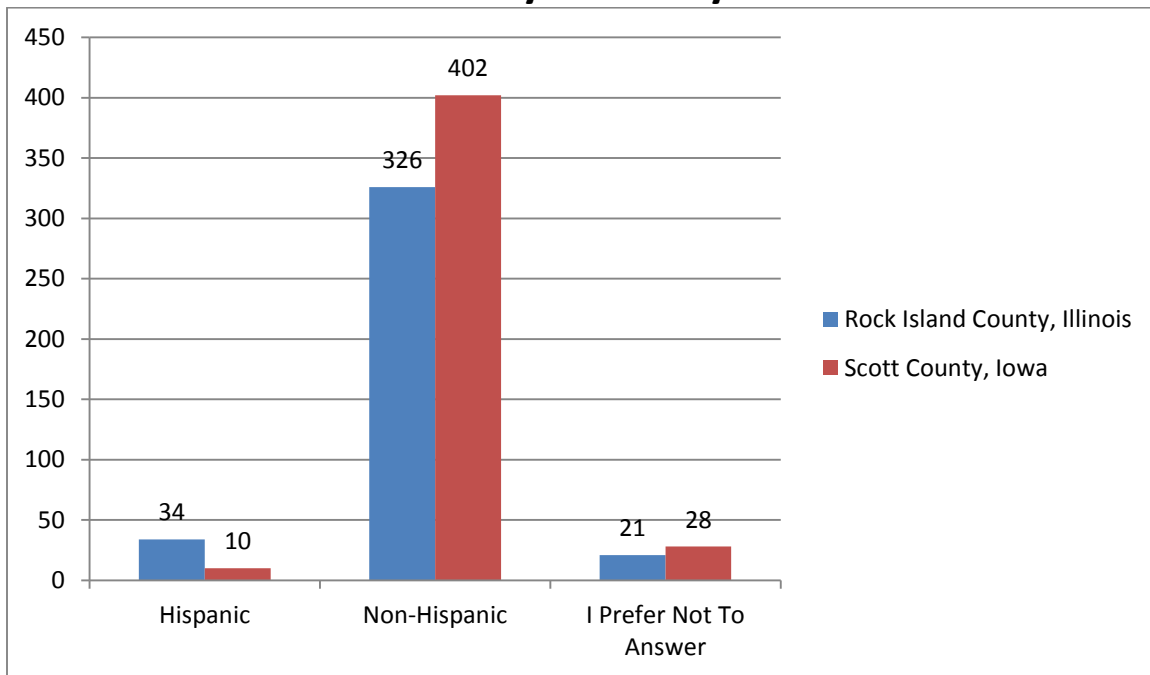
My Age Is:



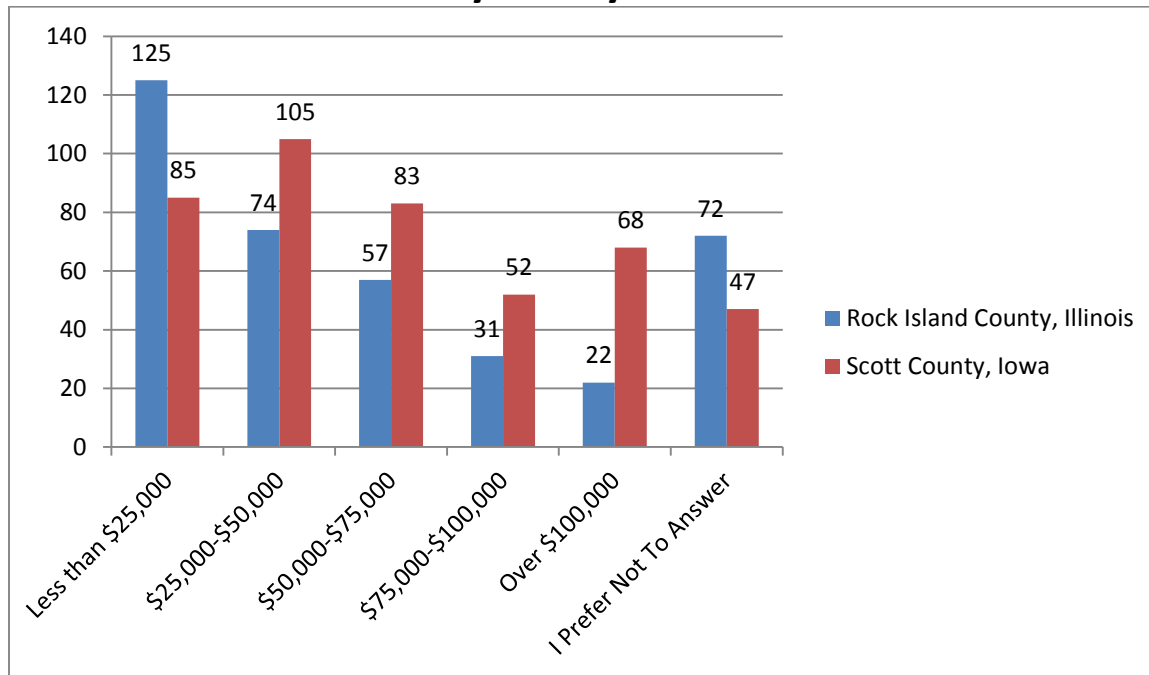
My Race Is:



My ethnicity is:



My Yearly Income Is:



May Task Force Meetings

Two Quad City Task Force Committee meetings were held in May; one in Scott County and one in Rock Island County. During the May meetings, the Task Force voted on 56 topics selected through community and stakeholder surveys.

| Top 56 Identified Needs (in no particular order) |
|---|
| Category 1: Promoting Healthy Behaviors |
| Increase community awareness of behavioral health concerns to reduce stigma |
| Promote healthy lifestyles (healthy eating, physical activity) |
| Address tobacco use |
| Address obesity in youth |
| Address obesity in adults |
| Address racial and/or ethnic diseases |
| Address drug and alcohol abuse among adolescents and adults |
| Address mental health needs of returning veterans |
| Increase the knowledge of the community about appropriate use of health care services (ER vs. Convenient Care vs. Primary Provider) |

| |
|---|
| Management of chronic health conditions (Diabetes, Heart Disease, Kidney Disease, COPD) |
| Cancer |
| Category 2: Preventing Injuries |
| Address sexual abuse |
| Address intimate partner violence (dating/physical/emotional/verbal abuse) |
| Decrease gang violence |
| Reduce incidence of suicide |
| Motor vehicle crashes |
| Promote safe communities (safe routes to schools, sidewalks) |
| Category 3: Prevent Epidemics |
| Increase childhood vaccination rates |
| Promote adult immunization |
| Communicable disease prevention, control, and surveillance |
| Safe sex/STD prevention and education |
| Category 4: Protecting Against Environmental Hazards |
| Address and promote drinking water protection |
| Address food safety |
| Promote healthy homes (indoor air quality, carbon monoxide, radon, lead, mold, etc) |
| Improve outdoor air quality |
| Increase the preservation of the environment through enforcement and education |
| Category 5: Prepare for, Respond to, and Recover from Public Health Emergencies |
| Improve risk communication (communication before, during, and after a crisis) |
| Emergency planning and response |
| Increase preparedness for pandemics |
| Category 6: Strengthen the Public Health Infrastructure--Access to Quality Health Services |
| Health coverage/health insurance |
| Access to mental health care for youth |
| Access to mental health care for adults |

| |
|---|
| Access to medical providers for individuals who are underinsured, not insured, and/or with Medicaid insurance |
| Access to oral health care for older adults |
| Access to oral health care for low-income families and individuals |
| Access to medical and oral health care services for individuals with language barriers |
| Access to vision exams and eye glasses |
| Access to affordable medications |
| Increased access to home care services for older adults |
| Transportation options to assist children, adolescents, adults, and older adults in accessing health care services |
| Access to additional health care services for students in the post-secondary school setting |
| Category 6: Strengthen the Public Health Infrastructure—Workforce |
| Increase the number of specialty health providers in our community |
| Promote trauma-informed/ sensitive providers and schools to assist children with adverse childhood experiences |
| Better enforcement of child care regulations |
| Increased knowledge of community resources available for referral by the medical community |
| Increase the availability of multi-lingual health care providers |
| Diversity and cultural competency training for health care providers, community agencies, and others that assist individuals in our community |
| Improved health communication between medical provider and patient (health literacy) |
| Increase the number of physician providers in the community providing health care services (primary care, geriatric, mental health) |
| Category 6: Strengthen the Public Health Infrastructure—All Other Needs |
| Mental health services for families of various ethnic backgrounds |
| Increase the knowledge of the community about the availability of family support services |
| Availability of affordable, healthy food options (locally grown foods, community gardens, food deserts) |
| Access to built environments that promote healthy lifestyles |
| Access to long-acting, reversible contraceptives |
| Access to prenatal services |
| Other Needs |
| Children and adults in poverty |

Through these efforts, the list of needs was narrowed down to sixteen.

June Task Force-Stakeholder Survey

The sixteen needs identified through the May Task Force Meetings were shared with the Quad City Task Force in June. Members were asked to complete a survey through SurveyMonkey to further pare down the needs. The Task Force was provided background information regarding

each need, then asked to indicate the importance of each need and the community's ability to impact this need in the next three to five years.

| Top 16 Identified Needs (in no particular order) |
|---|
| Access to medical providers for under-insured, uninsured, or with Medicaid health insurance |
| Access to oral health care for low-income individuals and families |
| Access to affordable medications |
| Access to prenatal services |
| Increase the knowledge of the community about appropriate use of health care services (ER vs. Convenient Care vs. Primary Provider) |
| Access to mental health care for youth |
| Access to mental health care for adults |
| Address mental health needs of returning veterans |
| Health coverage (insurance) |
| Address sexual abuse |
| Address intimate partner violence (dating/physical/emotional/verbal abuse) |
| Address obesity in youth |
| Address obesity in adults |
| Promote healthy living (healthy eating, physical activity) |
| Address poverty among children and adults |
| Emergency planning and response |

Through the efforts of 83 stakeholders on the Task Force, the needs were narrowed to seven.

July Task Force Meetings

Two final Quad City Task Force meetings were held in July; one in Scott County and one in Rock Island County. The seven needs were discussed in detail and each Committee member was provided background information regarding the need.

| Top 7 Identified Needs (in no particular order) |
|---|
| Access to mental health care for youth, adults, and veterans |
| Address obesity in youth and adults |
| Address poverty among children and adults |
| Increase the knowledge of the community about appropriate use of health care services |
| Promote healthy living |
| Access to prenatal services |
| Access to medical providers for under-insured, uninsured, or with Medicaid health insurance |

At the end of the meeting the Committee voted on the top three needs in their county. The votes were then tallied for each county and pared down to the top four needs.

Results

The needs were pared down to:

| Top 4 Identified Needs | |
|------------------------|---|
| 1 | Access to mental health care for youth, adults, and veterans |
| 2 | Promote healthy living |
| 3 | Address obesity in youth and adults |
| 4 | Access to medical providers for under-insured, uninsured, or with Medicaid health insurance |

Next Steps

The priorities identified during this process form the basis for the Health Improvement Plan, which is the operational part of the process, and can play a significant role in the awarding of funds by grantors for programs in our community. In addition, it is our hope that the findings will serve as a source of information that might be incorporated in other processes, including strategic plans. The Quad City Community Health Assessment Steering Committee plans to begin strategy meetings to form a Health Improvement Plan to be utilized in the next three to five years. The steering committee hopes to have the Health Improvement Plan (HIP) completed by February 2016.

Assessment of Health Indicators

Collection, review and analysis of Rock Island County health indicators and other health-related data occurred from January through December of 2012. Many sources of county-specific data were utilized, including:

1. The 2012 Community Health Assessment) (**Appendix A**)
2. The 2012 Professional Research Consultants Inc. data (**Appendix B**)
3. The 2010 Quad Cities Community Vitality Scan/Snapshot (**Appendix C**)
4. The IPLAN data set (<http://app.idph.state.il.us/>)
5. BRFS survey data (<http://app.idph.state.il.us/brfss/>)
6. Health People 2020 (<http://www.healthypeople.gov/2020/default.aspx>)

Rock Island County Health Plan

III Rock Island County Health Plan

The final step in the IPLAN process is to develop a community health improvement plan by formulating goals and strategies. After the top four health priorities were chosen, the task force discussed risk factors and indirect/direct contributing factors to the problems and identified community resources that could help implement the strategies.

The objectives and strategies listed in the following sections are designed to address the risk factors and contributing factors listed for each health priority that are within the scope of the IPLAN to address. The major "outcome objective" focuses on making a 5 year impact on the problem and is supported by "impact objectives" (interim objectives that must be achieved on the way to achieving the outcomes) and "intervention strategies" (actions that will be taken to achieve both impact and outcome objectives).

Health problem analysis worksheets were also completed for each of the priorities selected. Additionally, a table of Rock Island County's Health Improvement Plan can be found within each health priority described.

Mental Health

Mental Health Plan

Description of the Problem

Unanimously, task force members agreed that mental health issues contribute to a host of problems that may include disability, pain, or death. The resulting disease burden of mental illness is among the highest of all diseases. Across disciplines of task force members it was acknowledged that mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. It can affect a person's ability to participate in health-promoting behaviors such as those included in the following section of decreasing obesity and promoting healthy lifestyles.

As of 2014, the average wait period for youth under the age of 18 to get an initial mental health appointment with a counselor at a local community mental health center was 37 days and to receive an initial psychiatric evaluation at a local community health center was 85 days. 29.8% of Quad City area adults have had two or more years in their lives when they felt depressed or sad on most days. Quad city rates for suicides is also high that State and National averages. The number is 12.5 nationally and the Healthy People 2020 target is 10.2 or lower.

Each of the four priorities was divided between the steering committee agencies for further follow up and analysis. Rock Island and Scott County Health Departments were given the priority of Access to Mental Health Services. The two health departments attended meetings of mental health providers, a family panel of mental health service consumers, and other key stakeholders such as law enforcement, schools, and court services. Health department staff attended meetings in November and December of 2015. At these meetings in both the Illinois and Iowa Quad Cities health department staff conducted a SWOT analysis with participants. Additional SWOT analyses were sent to other key community mental health partners via SurveyMonkey December 15, 2015. (SWOT analysis -Appendix D)

Data Relevant to Mental Health

Data from the Community Health Status Assessment to help define mental health and related risk factors in Rock Island County can be found on **pages 7-8 and 18-19 of Appendix B**. Data relates to behaviors which are associated with mental illness. Many issues are not diagnosed or treated since so many people do not seek help or face challenges in access to services.

Target Population

The objectives and interventions to address mental illness target all Rock Island County residents. As of 2009 US Census, the population was 146,826. Mental health needs exist in all life stages. The effects reach everyone through family, social, and employment relationships. Objectives also target all health care providers who serve Rock Island County residents as each provider has the ability to contribute to the process of improvement in mental health referral and access.

Mental Health

Healthy People 2020 Objectives – Mental Health

CDC goal: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services. The following relate to local IPLAN objectives:

- #2 – Reduce suicide attempts by adolescents.
- #5—Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral.
- #6—Increase the proportion of children with mental health problems who receive treatment.
- #9 – Increase the proportion of adults with mental health issues who receive treatment.
- #11—Increase depression screening by primary care providers.

Quad Cities Community Health Improvement Plan – Mental Health

- Draft copy prepared by staff from the Scott County and Rock Island County Health Departments
- Based on the template required by the Iowa Department of Public Health
- Target dates are based on a 5-year implementation plan required by Iowa and Illinois Departments of Public Health

Community Priority: Increase access to mental health care for youth, adults, and veterans.

| Goal #1: By 2020, increase collaboration to address access to mental health services. | | |
|---|------------------------------------|--------------------|
| <i>Objective 1-1: Support the Community Mental Health Initiative to work collaboratively to increase timely access to mental health services by providing an initial appointment within one month.</i> | | |
| | Who's Responsible | Target Date |
| Strategy 1-1.1: Convene regular meetings of the Community Mental Health Initiative. | Community Mental Health Initiative | December 31, 2016 |
| Strategy 1-1.2: The Community Mental Health Initiative will address a variety of issues regarding mental health services. | Community Mental Health Initiative | December 31, 2016 |
| Strategy 1-1.3: Establish a workgroup to address opportunities to increase bed capacity. | Community Mental Health Initiative | December 31, 2020 |
| <i>Objective 1-2: Support the Community Mental Health Initiative to work collaboratively to increase the number of mental health providers in our community by 3</i> | Community Mental Health Initiative | December 31, 2020 |
| Strategy 1-2.1: Give regular updates by organization on recruitment efforts, working collaboratively whenever possible to increase provider recruitment for the community as a whole. | Community Mental Health Initiative | December 31, 2020 |
| Goal #2: By 2020, increase training and education regarding mental health resources and information. | | |
| <i>Objective 2-1: Increase the proportion of primary care facilities that provide mental health treatment on-site by 10%.</i> | | |
| | Who's Responsible | Target Date |
| Strategy 2-1.1: Support area health systems to develop a model to co-locate mental health professionals in primary care facilities. | Community Mental Health Initiative | December 31, 2020 |

| | | |
|---|-------------------------------------|-----------------------------------|
| Strategy 2-1.2: Develop a plan to educate and train primary care providers on mental health screening tools and resources. | Community Mental Health Initiative | December 19, 2019 |
| Strategy 2-1.3: Implement a plan to educate and train primary care providers on mental health screening tools and resources. | Community Mental Health Initiative | December 31, 2020 |
| <i>Objective 2-2: Implement a minimum of five annual community wide activities or events to increase public knowledge and awareness of mental health issues.</i> | | |
| | Who's Responsible | Target Date |
| Strategy 2-2.1: Develop and implement a social marketing campaign to educate the community about mental health issues. | Community Mental Health Initiative | December 31, 2020 |
| Strategy 2-2.2: Educate local and state elected officials about mental health issues needs in our community. | Community Mental Health Initiative | December 31, 2020 |
| Goal #3: By 2020, advocate to increase funding for mental health services. | | |
| <i>Objective 3-1: Increase the number of workgroups who advocate for mental health service funding by 1.</i> | Baseline value & (year) 0 (2016) | Target value & (year) 1 (2020) |
| | Who's Responsible | Target Date |
| Strategy 3-1.1: Solicit individuals and groups to form an advocacy workgroup to address mental health funding needs. | Community Mental Health Initiative | December 31, 2016 |
| Strategy 3-1.2: Educate the workgroup on best practices for advocacy work. | Community Mental Health Initiative | December 31, 2016 |
| Strategy 3-1.3: Develop a plan for advocating for an increase in mental health funding. | Community Mental Health Initiative | December 31, 2017 |
| Strategy 3-1.4: Educate local and state elected officials about mental health funding needs for children, adults, and veterans in our community. | Community Mental Health Initiative | December 31, 2020 |

Intervention Strategies/Community Resources

The Community Mental Health Initiative was established in the fall of 2015. This group consists of leaders in mental health services within the community including Genesis and UnityPoint hospitals, Robert Young Center for Mental Health, Vera French Mental Health Center, Community Health Care Inc., Rock Island and Scott County Health Departments. This group has met monthly since fall. They work as collaboratively as possible on provider education,

provider recruitment, and community awareness of mental health issues in the Quad Cities. Rock Island County Health Department will actively work with and support efforts by community partners in helping citizens obtain access to these services. RICHD will participate in coalition or community groups such as the Community Mental Health Initiative and Quad City Hearts and Minds. RICHD family case management program staff screen post-partum women for depression and when necessary, make referrals to service providers in our area. There is a counselor from Transitions onsite one afternoon per week for clients (from any of our programs) who may be in immediate need.

Community Education

There have been several **Community Education** events that are examples of the quality and direction of local efforts:

- Behavioral Health Issues in Prenatal and Early Childhood Periods
- Youth Mental Health First Aid Training
- Mental Health First Aid Training
- Bridging Medical Practice with Behavioral Health
- Partner Abuse Intervention Program

Anticipated Sources of Funding

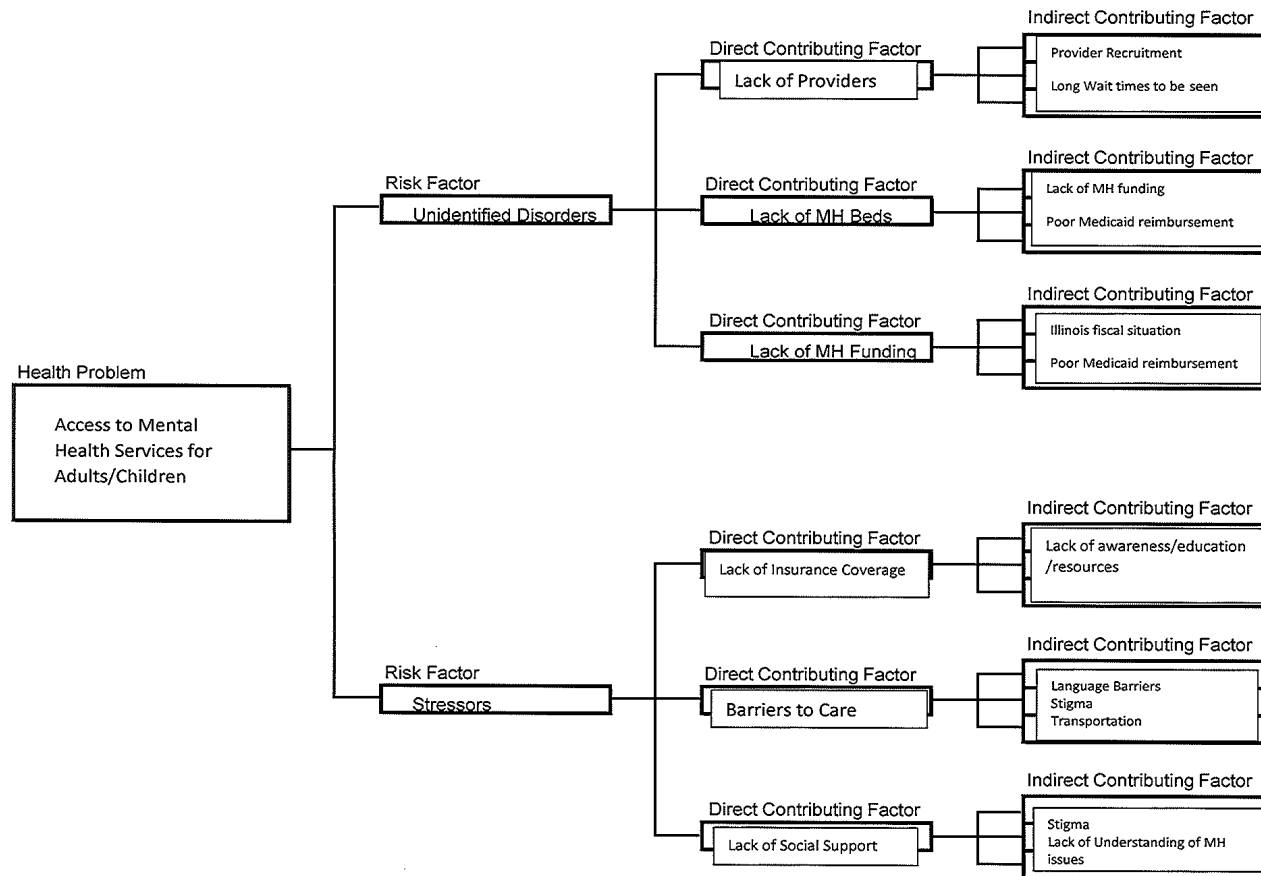
- Anticipated local community foundation grants
- CDC Mental Health Services Grant (UnityPoint awarded Jan. 2016)
- In-Kind resources of QCHI partners

Evaluation

Data relating to each objective will be reviewed using BRFS, QCHI mental health dashboard indicators, and PRC Data.

The interventions will be monitored at meetings of the Community Mental Health Initiative held monthly. RICHD staff together with other participants in QCHI Hearts & Minds workgroup meet quarterly, monthly, or weekly when necessary to conduct planning and implementation of projects. Activity and progress reports from each of these groups will be provided to the RICHD Board of Health and the Executive Board of QCHI.

HEALTH PROBLEM ANALYSIS WORKSHEET



Promote Healthy
Lifestyles/Decrease Obesity in
Adults and Children

Description of the Problem

Obesity rates in Rock Island County are higher (36%) than both the national average (29%) and Healthy People 2020 targets (30.5%). We believe this is in direct correlation to both nutrition and physical activity. 33.4% of Rock Island County adults report eating the recommended amount of fruits and vegetables per day, 6.1% below the national average, while 21.4% of children consume three or more fast food meals per week. Nutrition and lack of physical activity (46% of adults meet physical activity standards compared to a 50.3% national average) have resulted in the higher than average obesity level in Rock Island County.

Obesity and Healthy Living were chosen as priorities because the task force recognized that these are statistically prominent health issues, both locally and throughout the nation. These two priorities were combined due to the overlapping nature of the priorities. That is to say by promoting healthy lifestyles (increasing the number of people who eat healthier and improve physical activity), you will as a result decrease obesity rates. The task force agreed that the focus for efforts should be in addressing lifestyle behaviors that relate to obesity, physical activity and nutrition.

Data Relevant to the Health Problem

Data points from the Community Health Needs Assessment to help define obesity and obesity related risk factors in Rock Island County can be found on **pages 142-162 of Appendix B**. While the task force chose this priority as a combined health issue of obesity and healthy living, objectives will focus on measurements that can be assessed in five years.

Target Population

The objectives and interventions to address obesity and healthy living target all Rock Island County residents. The estimated population for Rock Island County is 147,477, up from 146,826 at the conclusion of the 2009 census. Although specific subgroups are targeted by some objectives, collectively the plan is synergistic. All residents are reached by modeling of healthy behaviors by family and friends, and changing the social norm with community practices.

Healthy Eating and Physical Activity

Healthy People 2020 Objectives – Healthy Eating and Physical Activity

The Centers for Disease Prevention develops goals and objectives as a guide for communities to address the health of the nation. The following CDC objectives are examples of those that relate to local efforts:

Nutrition and Weight Status Objectives

- #10 – Reduce the proportion of children and adolescents who are considered obese.
- #15 – Increase the contribution of vegetables to the diets of the population ages 2 and older.
- #17 – Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older

Physical Activity Objectives

- #11 – Increase the proportion of physician office visits that include counseling or education related to physical activity
- #13 – Increase the number of trips made by walking.
- #14 – Increase the number of trips made by bicycling.

Quad Cities Community Health Improvement Plan – Promote Health Lifestyles/Decrease Obesity in Adults and Children

- Target dates are based on a 5-year implementation plan required by Iowa and Illinois Departments of Public Health

Community Priority: Promote Healthy Lifestyles/Decrease Obesity in Adults and Children

| Goal #1: By 2020, increase collaboration to address Promote Healthy Lifestyles | | |
|---|--------------------------------------|--------------------|
| <i>Objective 1-1: Support the Quad City Health Initiative (QCHI) and Activate Rock Island to work collaboratively to develop and adopt physical activity policies and programs in workplaces and schools</i> | | |
| | Who's Responsible | Target Date |
| Strategy 1-1.1: Increase access and safety so more children walk to school | Activate Rock Island | December 31, 2020 |
| Strategy 1-1.2: Develop a built environment that supports active living | QCHI | December 31, 2020 |
| Strategy 1-1.3: Complete "Healthy Trails" app | QCHI/ Activate Rock Island | December 31, 2017 |
| Strategy 1-1.4: Promote development and implementation of physical activity interventions in preschool and child care facilities | QCHI | December 31, 2020 |
| Strategy 1-1.5: Offer physical activities at worksites; organized walks during break periods, after work exercise. | Rock Island County Health Department | December 31, 2017 |
| <i>Objective 1-2: Support the Quad City Health Initiative (QCHI) and Activate Rock Island to work collaboratively to develop and adopt nutritional policies and programs in workplaces and schools</i> | | |
| Strategy 1-2.1: Promote development and implementation of nutrition interventions in preschool and child care facilities | QCHI | December 31, 2020 |
| Strategy 1-2.2: Increase access to fresh fruits and vegetables | Activate Rock Island | December 31, 2020 |

| | | |
|---|--|-------------------|
| Strategy 1-2.3: Implement a cross-sector health promotion campaign on healthy eating. | QCHI, Activate Rock Island, Rock Island County Health Department | December 31, 2020 |
| Strategy 1-2.4: Increase healthy options in vending machines at worksites. Increase healthy options by 50%. | Rock Island County Health Department | December 31, 2017 |

RICH-D-Specific Programs

Due to the lack of state funding to obesity, nutrition and physical activity specific grants RICH-D will be focusing on improving the health of its employees. Breaks are already provided in the morning and afternoon for off campus walks. RICH-D will look to improve the healthy snack option in its vending machines from 4 to 8 out of 24 total snacks and from 0 to 3 out of 16 total drink options. RICH-D will also offer after work exercise programs with frequency depending on interest.

Anticipated Sources of Funding

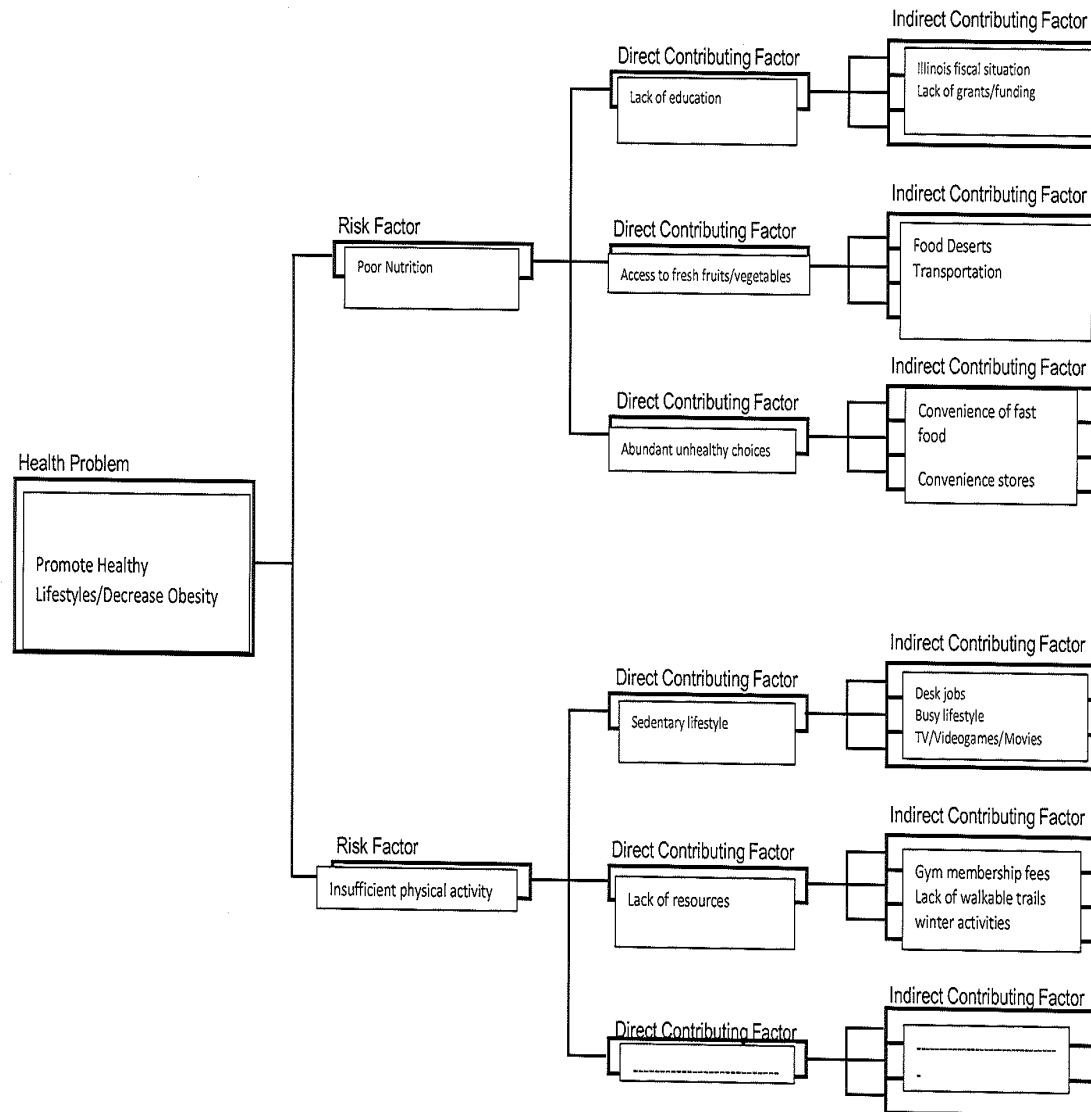
- Partnerships to Improve Community Health Grant
- Activate Rock Island
- In-Kind Funding from RICH-D and QCHI partners

Evaluation

Data relating to each objective will be reviewed using BRFSS, Community Vitality Snapshot, and PRC Data.

The interventions will be monitored at meetings of community partners held regularly. RICH-D staff together with other participants in QCHI workgroups, Activate Quad Cities, and Be Healthy QC meet quarterly, monthly, or weekly when necessary to conduct planning and implementation of projects. Activity and progress reports from each these groups are provided to the RICH-D Board of Health and the Executive Board of QCHI.

HEALTH PROBLEM ANALYSIS WORKSHEET



Access to providers for the
uninsured, underinsured or
Medicaid individuals

Description of the Problem

In 2015, 40.1% of Rock Island County residents reported difficulty accessing healthcare in the past year. However, this percentage increases to 45.4% for those who are low-income (100%-199% FPL) and 76.3% for those who are very low income (<100% FPL). For those who are very low income, 41.4% reported the ease of obtaining health care services is fair/poor. Individuals often experience lack of transportation, inconvenient office hours, cultural/language barriers, and not enough providers as barriers to access. In Rock Island County, there are only 53.6 Primary care doctors per 100,000. This is much lower in Illinois than in neighboring Iowa and well below the US benchmarks. More providers for citizens is clearly a need in Rock Island County. Compounding the problem is the lack of providers who accept Medicaid, especially for OB/GYN care. Currently in Rock Island County there is only one OB/GYN physician and one nurse practitioner accepting new prenatal patients.

Improving access to comprehensive, quality health care services is a Healthy People 2020 Goal and Access to Quality Health Services and Support is a Focus Area of the current State Health Improvement Plan.

Intervention Strategies/Community Resources

Both local health systems; Genesis and Unitypoint along with Community Health Care are represented within the Quad City Health Initiative. The project committee within QCHI will be working collaboratively to increase access to providers. Both health systems also have internal committees to work on their individual goals regarding access to providers. They include expanding provider access and availability of care within the community, improving the availability of affordable prescription drugs, and working with clinics and providers on consistent hours of service. Within all goals the group will support legislative actions that will improve outcomes for our community and work with community partners. UnityPoint plans to create an organizational plan that helps reach high risk populations to create awareness, provide screenings and health education, while connecting our community members to resources they need to improve their health outcomes. Rock Island County Health Department will actively work with and support efforts by community partners in helping citizens obtain access to these services. RICHD will participate in coalition or community groups such as the QCHI, Community Mental Health Initiative and Quad City Hearts and Minds. RICHD program staff will make referrals to appropriate service providers in our area.

Anticipated Sources of Funding

- Anticipated local community and hospital foundation grants
- CDC Mental Health Services Grant (UnityPoint awarded Jan. 2016)
- In-Kind resources of QCHI partners

RICHD-Specific Programs

Rock Island County Health Department will work in collaboration with health care partners to increase access to providers for citizens. RICHD will make appropriate referrals to health care providers. RICHD will refer clients as needed for enrollment in ACA health insurance coverage to local agencies with navigators or in person counselors. RICHD staff will continue to enroll eligible pregnant women in Medicaid through the MPE process.

Evaluation

Data relating to each objective will be reviewed using BRFSS, Community Vitality Snapshot, and PRC Data in the next health assessment cycle.

The interventions will be monitored at meetings of community partners held regularly. RICHD staff together with other participants in QCHI workgroups and the Community Mental Health Initiative meet monthly or quarterly when necessary to conduct planning and implementation of projects. Activity and progress reports from each these groups are provided to the RICHD Board of Health and the Executive Board of QCHI.

Initiatives specifically conducted by RICHD in collaboration with Transitions Mental Health, are monitored by staff and progress reports are submitted to IDPH.

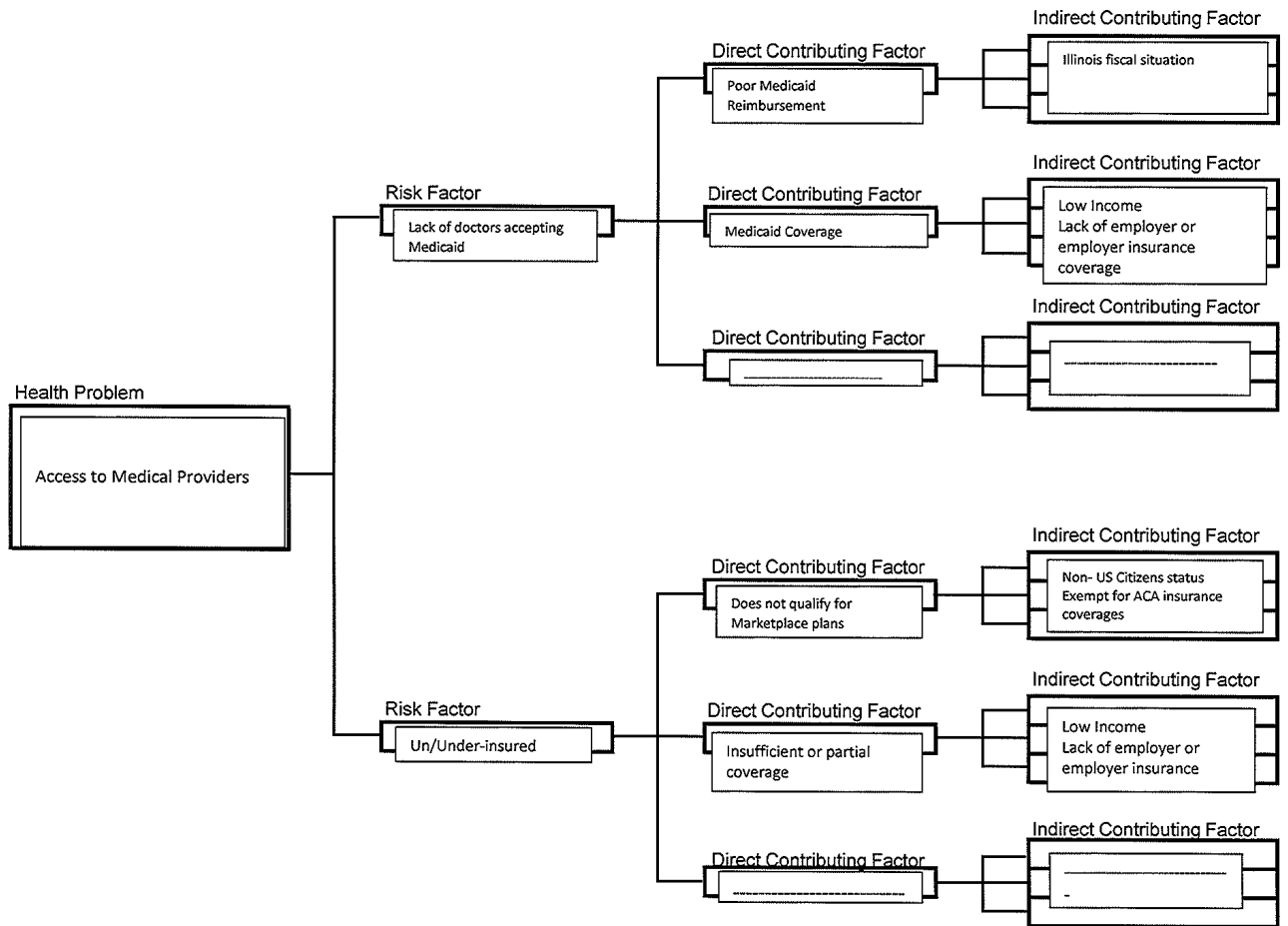
Quad Cities Community Health Improvement Plan – Access to Providers for the Uninsured, Underinsured or Medicaid Individuals

- Target dates are based on a 5-year implementation plan required by Iowa and Illinois Departments of Public Health

Community Priority: Improve access to Providers for the Uninsured, Underinsured and Medicaid Individuals.

| Goal #1: By 2020, Expand provider access and availability within the community | | |
|--|--|---|
| <i>Objective 1-1: Decrease the number of individuals without a medical home by 5%</i> | 10.15 % of RI County report not having a Primary Care Doctor (2015 PRC Data) | 95% to have a medical home by December 31, 2020 |
| | Who's Responsible | Target Date |
| Strategy 1-1.1: Recruit providers to accept Medicaid Clients | CHC, UnityPoint, Genesis | December 31, 2020 |
| Strategy 1-1.2: Enroll eligible residents in Medicaid or Marketplace plans | UnityPoint, Genesis and other agencies with navigators/counselors | December 31, 2020 |
| Strategy 1-1.3 Refer clients to appropriate health care services | Rock Island County Health Department, CHC, UnityPoint, Scott County Health Dept. | December 31, 2020 |
| <i>Objective 1-2: Support local hospitals and Community Health Care's (CHC) efforts to increase the number of OB/GYN health providers in our community by 5</i> | CHC, UnityPoint, Genesis | 5 new providers by December 31, 2020 |
| Strategy 1-1.2: Provide Medicaid enrollment (MPE) for pregnant women through WIC office and refer to Medicaid providers for prenatal care | Rock Island County Health Department or Medicaid office | December 31, 2020 |

HEALTH PROBLEM ANALYSIS WORKSHEET



Appendices