Phase 1

Introduction

The Illinois Department of Public Health (IDPH) requires that all health departments complete an IPLAN (Illinois Project for Local Assessment of Needs) every five years. An assessment of the needs in the community and a community health plan for meeting those needs must be in compliance with Section 600.410 (Illinois Department of Public Health [IDPH], 2008).

For 2017/2018, the Boone County Health Department (BCHD) elected to use the MAPP process. MAPP - Mobilizing for Action through Planning and Partnership – was chosen in part due to the absence of Boone specific data available due to the small size and rural nature of Boone County. The principle driver, however, is the fact that the Boone County Health Department prizes collaboration with community organizations and saw the MAPP process as evidence of the partnership existing within the local public health system in Boone.

BUILD OUR BEST BOONE

The MAPP process provides a structured method of collaboration with community agencies, which is a priority for the health department and its community partners due to scarce resources and the need to share ideas and capacity. The decision to use the MAPP process to complete the IPLAN was approved by the Board of Health on September 5, 2017. The PowerPoint for the staff and Board of Health is included as Appendix 1-A.
Boone County Board of Health

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Cox</td>
<td>President</td>
</tr>
<tr>
<td>Liz Fiorena</td>
<td>Vice President</td>
</tr>
<tr>
<td>Barbara Thrun</td>
<td>Treasurer</td>
</tr>
<tr>
<td>Jeff Marrs</td>
<td>Secretary</td>
</tr>
<tr>
<td>Sherry Branson</td>
<td>County Board Representative</td>
</tr>
</tbody>
</table>

Timeline

The MAPP process began with a discussion among community partners about their participation in the process, a discussion of who was missing and a request for assistance in recruiting new members. A timeline was set out the encompassed assessing the readiness of BCHD to take on such a task through developing action plans and sharing results approximately one year later.

Throughout the process, timeline check-ins have taken place to assure activities were on track and BCHD would be able to meet its reporting deadline with the state. The timeline is included here as Appendix 1-B

MAPP Steering Committee

On September 13, 2017, more than 100 influencers and leaders from businesses, faith organizations and agencies, community organizations and city/county officials were invited to learn about MAPP and volunteer to be part of the year-long process that would culminate in the IPLAN. The initial invitation list is included as Appendix 1-C. Nearly 50 were in attendance for a 3-hour meeting that included a PowerPoint presentation, included here as Appendix 1-D. Individuals were asked to sign a charter, committing to the process throughout its many steps, seeing it to completion which was anticipated to be a year-long process. That charter is included as Appendix 1-E. Those who signed the charter would become the Steering Committee. The following signed the initial pledge, many attending every meeting or designating a representative to attend in their place.

Sherry Branson, County Board Representative and member, Boone County Board of Health
Jim Cox, President, Boone County Board of Health
Marilyn Csernus, University of Illinois Extension
June Doty, Boone County Council on Aging
Pamela Lopez Fettes, Growth Dimensions
Melissa Geyman, North Boone CUSD 200
Christopher Greenwood, City of Rockford, Community Action Agency
Judy Hodge, University of Illinois Extension
Rev Muriel Morley Jahn, St. John’s UCC
Dan Kane, Boone County Conservation District
Danice Loveridge, Belvidere Boone County Food Pantry
Lee Revels, General Mills
Ben Rohr, R1 Planning
Hilary Rottmann, County Land Use Planner
Joanne Rouse, Boone County Transportation
Rolando Sanchez, Walmart, Belvidere
Veronica Skaradzinski, University of Illinois Extension
Donald Bo Smith, School District 100

In addition to this list, there were others who came to selected meetings and contributed greatly throughout the process.

During the course of researching and developing our process, the Boone County Health Department (BCHD) became aware that Boone County was about to undergo its first County Comprehensive Plan in almost 20 years. Meetings that began in July, 2017, demonstrated that those leading the process for the County Comprehensive Plan had similar goals to those of the health department. There was a desperate need for data from Boone County, by Boone County. We also shared the desire to have all members of our county’s diverse community represented. Last, but certainly not least, the County Comprehensive Planners wished to focus on health in all things in addition to the usual areas of land use, development, and economic growth.

As a result of those early meetings, the health department became a partner and key informant to the County Comprehensive Plan. In turn, the Planners participated in all MAPP Assessments conducted by the Boone County Health Department. Research and data gathered by the County Comprehensive team was shared with the health department and is included here along with survey results. As a symbol of that partnership, the NACCHO logo for MAPP and the logo for the county comprehensive plan were merged and is displayed on the first page of this report.

Many other individuals served on assessment committees, attended meetings, and helped distribute questionnaires for the Community Health Status Assessment, participated in the Local Public Health Needs Assessments and Forces of Change. It is through the dedication of these individuals that Boone County was able to collect nearly 800 questionnaires, in English and in Spanish, electronically and in print over a six week period at the end of 2017.
The following report describes the processes and findings of each of the six phases of MAPP, how they fulfill the requirements set by the IPLAN, and support the mission of the Boone County Health Department.
Appendix 1-A Staff presentation of MAPP

Mobilizing for Action through Planning and Partnerships: what is it and why should we care?

NACCHO

MAPP is Unique
- Not just an assessment process
- Not just a planning process
- Not just an agency process

The Four Assessments
- Community Themes & Strengths
- Community Health Status
- Local Public Health System
- Forces of Change

MAPP is:
- A community-wide strategic planning process for improving public health
- A method to help communities prioritize public health issues, identify resources for addressing them, and take action.

MAPP Overview

3 Common Challenges
1. Resource limitations
   - Staff
   - Time
   - Financial
2. Loss of momentum
3. System partners have implementation to LHD

Visioning
Vision and values statements provide
- focus
- purpose
- direction
## Appendix 1-B  Tasks from Gantt Chart

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Actual Start</th>
<th>Hours</th>
<th>Start</th>
<th>End</th>
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<tbody>
<tr>
<td><strong>Organize for Success/Partnership Development</strong></td>
<td></td>
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<tr>
<td>Intro to IPLAN Meeting with Committee</td>
<td>8/1</td>
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<td>8/1</td>
<td>8/15</td>
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<tr>
<td>Determine why MAPP process is needed</td>
<td>8/1</td>
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<td>8/15</td>
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<tr>
<td>Identify, organize, recruit participants</td>
<td>9/1</td>
<td></td>
<td>9/13</td>
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<td>Design the planning process</td>
<td>10/1</td>
<td></td>
<td>10/15</td>
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<tr>
<td>Assess resource needs</td>
<td>10/1</td>
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<td>10/15</td>
<td></td>
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<tr>
<td>Conduct readiness assessment</td>
<td>9/1</td>
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<td>9/1</td>
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<tr>
<td>Develop workplan, timeline and other tools</td>
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<td>10/15</td>
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<td><strong>Visioning</strong></td>
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<td>Hold visioning sessions</td>
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<td>Community Theme and Strength Assessment</td>
<td>9/13</td>
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<td>10/18</td>
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<td>Photo Voice</td>
<td>10/1</td>
<td></td>
<td>2/28</td>
<td></td>
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<td>Logo competition</td>
<td>10/1</td>
<td></td>
<td>2/28</td>
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<td>Dissemination plan</td>
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<td>10/18</td>
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<td>Develop/Disseminate/Collect a Community Survey</td>
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<td>12/31</td>
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<td>Conduct Interviews with Residents and Key Leaders</td>
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<td>1/31</td>
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<td>Compile Results/Identify Challenges and Opportunities</td>
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<td>3/15</td>
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<tr>
<td><strong>Local Public Health Systems Assessment</strong></td>
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<td>Prepare for the LPHSA/Establish Committee</td>
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<td>Invite list for partners</td>
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<td>Create powerpoints for LPSA</td>
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<td>Training and rehearsal for presentations with committee</td>
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<td>1/10</td>
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<td>Internal Capacity (BCHD Meetings) – All staff</td>
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<td>1/10</td>
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<td>Community Meetings - 6 meetings</td>
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<td>LPHSA 8&amp;10</td>
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<td>Follow up Priority Survey ranking of 10 essentials</td>
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<td>1/31</td>
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<tr>
<td>Performance measurement instrument analysis</td>
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<td>2/15</td>
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<td>Final Report</td>
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<td>Discuss Results Identify Challenges and Opportunities.</td>
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<td>2/15</td>
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<td><strong>Forces of Change Assessment</strong></td>
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<td>Original SWOT/SWOC</td>
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<td>Prepare for FCA</td>
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<td>2/16</td>
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<td>Hold Brainstorming session with committee</td>
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<td>2/21</td>
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<td>Session with County Board</td>
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<td>Session with Board of Health</td>
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<td>Session with HHS</td>
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<tr>
<td>Analyze Threats and Opportunities</td>
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<td>3/14</td>
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### Community Health Status Assessment

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<th>Preliminary Data Collection of Core Indicators</th>
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<th>10/1</th>
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<tbody>
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<td>Analyze the Data/Create Health Profile</td>
<td>3/1</td>
<td>3/31</td>
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<tr>
<td>Create Venue List for presentations</td>
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<td>3/31</td>
</tr>
<tr>
<td>Create ranking matrix for priority</td>
<td>3/1</td>
<td>3/31</td>
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<tr>
<td>Schedule presentations/make voice over</td>
<td>3/1</td>
<td>3/31</td>
</tr>
<tr>
<td>Deliver presentations and collect ranking data</td>
<td>3/1</td>
<td>3/31</td>
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<tr>
<td>Identify CHSA challenges and opportunities</td>
<td>3/1</td>
<td>3/31</td>
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</table>

### Identify Strategic Issues

| Celebrate success and completion of assessments | 3/1   | 3/31 |
| Identify Potential Strategic Issues           | 3/1   | 3/31 |
| Discuss Issues - Identify why strategic and urgent | 3/1   | 3/31 |
| Consolidate Strategic Issues                   | 3/1   | 3/31 |
| Arrange Issues in priority order               | 3/1   | 3/31 |

### Formulate Goals and Strategies

| Develop goal statements                         | 4/15  | 5/15 |
| Develop strategic alternatives and barriers    | 4/16  | 5/16 |
| Explore implementation details                 | 4/17  | 5/17 |
| Select and adopt strategies                    | 4/18  | 5/18 |
| Draft the Planning Report                      | 4/19  | 5/19 |
| Celebrate Success and Recognize achievement    | 6/1   | 6/30 |

### Action Cycle -

| Organize for Action                            | 7/1   | 9/1  |
| Development objectives and agree/sign off on accountability | 7/1   | 9/1  |
| Develop action plans                           | 7/1   | 9/1  |
| Coordinator action plans and implement         | 7/1   | 9/1  |
| Prepare for evaluation/determine methodology   | 7/1   | 9/1  |
| Gather Evidence and Justify Conclusion         | 7/1   | 9/1  |
| Share results                                  | 7/1   | 9/1  |
### Appendix 1-C Stakeholder Mega List

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan Zais</td>
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<td>Amanda Mehl</td>
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<td>Amy Gallano</td>
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<td>Amy Jenkins</td>
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<td>Amy Newell</td>
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<td>Anna Pivores</td>
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<tr>
<td>Audrey Surber</td>
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<tr>
<td>Barb Thrun</td>
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</tr>
<tr>
<td>Becky Cook Kendall</td>
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<tr>
<td>Bernard O'Malley</td>
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<tr>
<td>Boonie Marron</td>
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<td>Brad Stark</td>
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<tr>
<td>Cari Calohan</td>
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<td>Carie Poirier</td>
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<td>Cathy Cornelius</td>
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<td>Chad Schwebke</td>
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<td>Charles Herbst</td>
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<td>Chuck Freeman</td>
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<td>Cindy Frank</td>
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<td>Colin Byrnes</td>
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<td>Conrad Lobinsky</td>
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<td>Dan Johnson</td>
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</tr>
<tr>
<td>Dana Miller</td>
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<tr>
<td>Dana Northcott</td>
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<tr>
<td>Danice Loveridge</td>
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</tr>
<tr>
<td>Dave Costello</td>
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</tr>
<tr>
<td>Dave Ernest</td>
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</tr>
<tr>
<td>David Nelson</td>
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Appendix 1-D  MAPP / IPLAN presentation for Steering Committee

Welcome to the Mobilizing for Action through Planning and Partnership (MAPP) Steering Committee

What is IPLAN

- The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment 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 560-400.
- 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.

2012 Boone County IPLAN Identified Health Priorities

1. Obesity
2. Type II Diabetes
3. Chronic Disease Screening
4. Access to Healthcare

#1 Identified Priority in 2012

Obesity

- Increase the percentage of Boone County residents who are obese from 28% (Boone County Behavioral Risk Factors Surveillance System) to 26% (Boone County Behavioral Risk Factors Surveillance System) by December 31, 2017, as measured by the Illinois Department of Health’s Behavioral Risk Factors Surveillance System.

- Increase the percentage of Boone County residents who are obese and physically active per day to 10% (Target: 27.5% for the Boone County population) by December 31, 2017, as measured through BRFSS.

- Increase the number of Boone County residents who engage in physical activity to 15% (Target: 27.5% for the Boone County population) by December 31, 2017, as measured through BRFSS.

Obesity in Boone County in 2017

1. While diagonal review damage limits for the Boone County community, Community Health and Prevention (CHP) programs and activities are typically targeted with diabetes and obesity goals.
2. A total of 3,216 residents were considered to be overweight. The overall rate of overweight adults in 2017.
3. Increase the percentage of Boone County adults who are obese and physically active per day to 25% (Target: 27.5% for the Boone County population) by December 31, 2017, as measured through BRFSS.
4. Increase the percentage of Boone County adults who are obese and physically active per day to 25% (Target: 27.5% for the Boone County population) by December 31, 2017, as measured through BRFSS.

#2 Identified Problem in 2012, Type II Diabetes

- The number of residents who are diagnosed with diabetes was lower than the national average in 2017.
- The rate of residents who are diagnosed with diabetes was lower than the national average in 2017.
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Type II Diabetes in 2017

1. Regional disease among adults in Boone County, IL, which is also the national average.
2. Though we have no Boone County data on diabetics and people with Type 2 diabetes, there is an issue with rural residents; they make up a sizable portion of the population in this category.
3. The 2001 census data can be verified in the county health department.
4. Creating a strong diabetes prevention and screening program remains a goal.

#3 Identified Problem in 2012: Chronic Disease Screening

Objectives:
1. Increase the number of Boone County residents who have screenings for diabetes.
2. Increase the number of Boone County residents who have screenings for diabetes.
3. Increase the number of Boone County residents who have screenings for diabetes.

What is being done in 2017 in Boone County to make chronic disease screenings more available

1. A 2-1-1 program in Boone County is providing access to screenings, including free screenings for diabetes.
2. Boone County has a program that can be accessed by calling 2-1-1.
3. A program is in place to provide free screenings for diabetes.
4. A program is in place to provide free screenings for diabetes.

#4 Identified Concern in 2012 was Access to Care

Objectives:
1. To reduce the number of adults in Boone County who report being unable to get care.
2. To provide more information on how to get care.
3. To increase awareness of the importance of getting care.
4. To increase access to care in Boone County.

Access to Care in Boone County in 2017

1. 2-1-1 is still not available. Meetings have been held with United Way of Boone County to work toward getting 2-1-1.
2. A program is in place to provide free screenings for diabetes.
3. Through partnerships with the health department and the county health department, access to care is improving.
4. The program is in place to provide free screenings for diabetes.
Public Health System

How does MAPP fit in?
- MAPP (Model for Action through Planning and Partnerships) is:
  - A community-wide, strategic planning process designed to improve public health;
  - A method to help communities prioritize public health issues, identify common and common solutions, and plan.
- Unlike PLAN, MAPP includes a total of four assessments to assess: health, community, health improvement, and capacity for action. MAPP focuses on what is in place but how the system is functioning. MAPP demonstrates how it can improve its strategies to better address the community's needs.

What are the benefits of MAPP
- Increases visibility of public health.
- Creates advocates for public health.
- Creates a healthier community and better quality of life.
- Anticipates and manages change.
- Creates a stronger public health infrastructure.
- Builds stronger partnerships.
- Builds public health leadership.

MAPP is community driven
- MAPP is a long-term, system-wide paradigm shift in public health practice.
- MAPP provides a framework, guidance, structure, and best practices for developing healthy communities.
- MAPP is a shift in how we think about public health activities and planning with our communities.
- MAPP is about strategic planning with an emphasis on assets and resources.
- MAPP is based on the broadest possible definition of health beyond just being sick.
- MAPP focuses on the entire community being part of the public health system.

Looking at the MAPP Process

Public Health System
Who is Missing from this table?

Charter and Commitment Letter

Mission and Vision of MAPP
- **Mission** – Why do we exist.
  - The National Association of County and City Health Officials (NACCHO)’s mission for MAPP: supports the efforts that protect and improve the health of all people and all communities by promoting local policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems.
- **Vision** – Where should we be headed.
  - NACCHO’s vision for MAPP: Health, equity, and security for all people in their communities through public health policies and services.

Looking at each of the four MAPP Assessments

Community Health Status Assessment
- Data heavy from sources such as US Census, BRFSS, CDC, America’s Health Rankings, as well as local data sources.
- It examines population and population trends, obesity/rates, income, employment, housing, and housing costs, poverty, education, recreation, obesity, cancer rates as well as causes of death, disease prevalence, health behaviors, healthcare access to care, transportation, drug, and alcohol use, crime rates, motor vehicle accident rates and health priorities.
- In most cases, data is given compared to other counties, compared to state averages and perhaps even US medians.
What Themes and Strengths do we see in Boone County

- Community Themes and Strengths Assessment provides a deep understanding of the issues residents feel are important by answering the questions below.
  - “What is important to our community?”
  - “How is quality of life perceived in our community?” and
  - “What assets do we have that can be used to improve community health?”

Local Public Health System Assessment (LPHSA)

- The is a comprehensive assessment that includes all of the organizations and entities that contribute to the public’s health.
- The LPHSA answers the questions:
  - “What are the structures, competencies, and capacities of our local public health system?”
  - “How are the 10 Essential Public Health Services being provided to our community?”

What are the Ten Essential Services?

Public health systems should:
1. Identify health status, identify, and solve community health problems.
2. Develop and improve health policies and health services in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action teams to solve health problems.
5. Ensure policies and plans that support individual and community health efforts.
6. Influence laws and regulations that protect health and ensure safety.
7. Link people and services that promote health and ensure quality.
8. Assess community input and identify health care facilities.
9. Ensure access to health care for all people.
10. Ensure effective health care services and systems.
11. Ensure effective health care services and systems.
12. Ensure access to effective health care services and systems.

The Forces of Change

- Focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate.
- 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?”

Forces of Change (continued)

- Local, regional, national, and global resources should be considered, but forces should be an agenda issue that affects the local public health system as well as the health and quality of life of the community.
- Promote thinking about the “big picture.”
- State and federal legislation, rapid technological advances, changes in the organization of health care services, skills in economic and employment forces, and changing family structures and gender roles are all examples of Forces of Change.
- Forces of change can be trends or patterns, or recent events.

Timeline – Phase 1

- Community Health Status Assessment (CHSA)
  - Data-driven and data-driven.
- Strengths and Themes – Community-wide Survey that will have an electronic component, focus groups, paper surveys as needed.
  - Goal for survey to go live to 1,000.
  - We want 1,000 surveys completed.
- Survey will inform the Strengths and Themes, will complement the CHSA, and will complement the final two assessments as well.
Timeline – Phase 2
- Local Public Health System Assessment (LPHSA)
  - Workshop setting like this
  - Tentatively scheduled for November
- Forces of Change
  - Community Driven
  - Tentatively scheduled November 4, 2017
  - Get into the schools
  - Focus groups
  - Possibly another electronic survey, etc.

Community Health Status Assessment
- Handouts provide a snapshot
- Data to be presented
- Drafted
- Kudos to Boone County Planning Department and Ri Regional Planning Council

Population
- In Boone County today, 1 in 6 adults (16%) and 1 in 5 kids (20%) are Latino

Cancer in 2017
- Cancer death in Boone is below the national average at 196 per 100,000 vs. 232 per 100,000 nationally
- Although Boone County shows lower than US median in cancer deaths, Boone also has a higher ratio than US median of cancer incidence
  - Boone and Winnebago Counties have the highest rate of all cancers in females (12.6 vs. 10.3 per 100,000, respectively), compared to 29.7 per 100,000 nationwide
  - Boone County’s Breast Cancer rate in females (12.9 vs. 13.6 per 100,000, respectively) is lower than the national average
  - Boone County’s Bladder Cancer rate in males (14.9 vs. 13.6 per 100,000, respectively) is lower than the national average
  - Boone County’s Colorectal Cancer rate in males (13.6 vs. 12.8 per 100,000, respectively) is lower than the national average
  - Boone County’s Skin Melanoma Cancer rate in males (29.0 vs. 30.6 per 100,000, respectively) is lower than the national average

Substance Abuse in 2017
- There were 203 motor vehicle accidents involving a driver who was alcohol impaired in 2013, resulting in injuries but no fatalities. Most (93.5%) occurred over the past ten years and involved a BAC of .08 or less.

Healthcare
- In 2014, 87.7% of Boone County was covered by some type of health insurance and 84% had a primary care provider
- Sixty percent had received an annual checkup and only 7.9% had been unable to see a doctor or provider due to cost
- The 7.9% who were unable to see a doctor due to cost represent over 4,000 people, half of whom are between the ages of 45 and 64, 2/3 of these women, and almost all white non-Hispanic non-Latino
- More than half were employed while 20% were retired or disabled
Behaviors and conditions leading to death of adults

The chart below represents the percentage of adults within the population in Boone and surrounding counties over a 5 year period, 2009-2014.

Where and How do we start?

Draft of Questionnaire to be shared with Committee

What questions need to be asked?

How do we reach the community?

- Questionnaires
- Paper surveys
- SurveyMonkey
- Interviews
- Focus Groups
- Other ideas?

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Community Health Improvement Process Steering Committee Charter

2017-2018

OVERVIEW

The Boone County Health Department (BCHD) is beginning its community health Improvement process, *Building Our Best Boone* for fall of 2017. BCHD is using the NACCHO outlined MAPP (Mobilizing Action for Planning and Partnerships) process which is a multi-phase collaborative process eliciting community support and buy in. A community health improvement process is a comprehensive approach to assessing community health and developing and implementing action-plans to improve community health through substantive community member and local public health system (LPHS) partner engagement. The community health improvement process yields two distinct yet connected deliverables: a community health assessment presented in the form of a community health profile and a community health improvement plan.¹

- The **community health assessment** (CHA) process engages with community members and LPHS partners to systematically collect and analyze qualitative and quantitative health-related data from a variety of sources within a specific community. The findings of the CHA are presented in the form of a community health profile and inform community decision-making, the prioritization of health problems and the development and implementation of a community health improvement plan.

- The **community health improvement plan** (CHIP) is action-oriented and outlines the community health priorities (based on the community health

¹These products are two of three pre-requisites for national voluntary public health department accreditation, for which BCHD intends to apply. Public health department voluntary accreditation will demonstrate that BCHD meets national quality and performance standards for public health practice.
assessment and community input.) The plan also includes how the priority issues will be addressed to improve the health of the community.

**SCOPE OF WORK**

1. Engage community and local public health system partners with the establishment of a community health improvement steering committee and by consulting with BCHD.
2. Facilitate steering committee meetings, create sub-committees or task forces for specific tasks, and report project progress to Building Our Best Boone, the Boone County Board of Health (BOH), and BCHD staff.
3. Participate in relevant trainings, conference calls, and webinars.
4. Follow the Mobilizing for Action through Planning and Partnerships (MAPP) model for community health improvement.
   a. Establish a community health improvement vision.
   b. Conduct community themes and strengths assessment
   c. Conduct local public health system assessment
   d. Conduct community health status assessment
   e. Conduct forces of change assessment
   f. Identify strategic issues and priorities
   g. Formulate goals, strategies and action plans
5. Complete and distribute a community health profile.
6. Complete and distribute a community health improvement plan.
7. Complete a final project report for NACCHO.

Implementation of the community health improvement plan is outside the scope of work for this demonstration project; however it is the intent of BCHD to facilitate implementation of the plan together with community partners after the demonstration project is complete.

**ROLES AND RESPONSIBILITIES**

**Boone County Public Health Department, Project Lead**
- Convenes and engages community partners
- Organizes and facilitates meetings and process
- Participates in training opportunities and identifies training needs
- Reports progress to BOH, the county, and health department staff
- Compiles and analyzes health data
- Develops final products (community health profile and improvement plan)
- Completes grant deliverables

**Boone County Planning Department and RMAP**
- Major project partner
- Participates in steering committee
- Provides other technical assistance as needed
- Participates in grant conference calls and webinars when available

**Community Health Improvement Steering Committee**
- Key partners in the community health improvement process
- Assists with community health assessment and improvement planning activities
- Brings specific knowledge of community health issues to the table, but is invested in community health as a whole
- Able to access data specific to their organization or health issue
- Available for the duration of the project and can attend at least 75% of meetings
- Meets every other month for 1.5-2 hours
- Creates and participates in task forces, engages other partners in specific tasks
- 15 month commitment (through December 2018)
- Participates in grant conference calls and webinars when available

**Task Forces**
- Carry out specific pieces of assessment process
- Develop specific pieces of improvement plan
- Lead by members of the steering committee
- Community members or others may join task forces
- Temporary commitment until task is complete

**PRELIMINARY SCHEDULE**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Activity</th>
</tr>
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<tbody>
<tr>
<td>July-August 2017</td>
<td>Health department staff attend required trainings and create project plan</td>
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<tr>
<td>August 2018</td>
<td>Establishment of steering committee</td>
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<tr>
<td>September 2017</td>
<td>First meeting of steering committee, conduct visioning process</td>
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<tr>
<td>November 2017</td>
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<tr>
<td>December 2017-March 2018</td>
<td>Conduct additional community health assessment activities</td>
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<tr>
<td>April-May 2018</td>
<td>Complete and distribute community health profile</td>
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<tr>
<td>June-September 2018</td>
<td>Conduct community health improvement planning activities</td>
</tr>
<tr>
<td>October-November 2018</td>
<td>Complete and distribute community health improvement plan</td>
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<tr>
<td>December 2018</td>
<td>Complete final project report and present results to BCHD, the Boone County Board of Health and the county board</td>
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