February 23, 2017

Tom Szpyrka
IPLAN Administrator
Division of Health Policy
Illinois Department of Public Health
525-535 West Jefferson St.
Springfield, IL 62761

Dear Mr. Szpyrka,

Please accept this letter confirming that the official Community Health Improvement Plan 2016 to 2021 as required through the Illinois Project for Local Assessment of Needs (IPLAN) has been completed based on the Mobilizing for Action through Planning and Partnership (MAPP) framework. The Kankakee County Board of Health has reviewed and approved the IPLAN on February 23, 2017.

Sincerely,

Olatunji Akintilo, MD
President
Kankakee County Board of Health
Kankakee County
Health Department
Community Health Improvement Plan
2016 to 2021

Submitted to the Illinois Department of Public Health on March 1, 2017
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Mission Statement

The Kankakee County Health Department believes that it is the right of all citizens to have access to a broad continuum of community-based services that protect, maintain and promote the bio-psycho-social health and well-being of the community, and provide a safe and healthy environment.

The department continually assesses the health needs and resources available, promotes development of appropriate needed programs and assures that quality services are acceptable, available, accessible and accountable. These services are delivered in a manner that respects individual and community dignity, values and rights as well as established federal, state and local standards.
Executive Summary

The Kankakee County Community Health Improvement Plan (CHIP) is a written plan to describe the assessment and implementation to improve the health and quality of life for the residents of Kankakee County. The purpose of the CHIP is for the Kankakee County Health Department (KCHD) to serve the health needs of the residents of Kankakee County and to meet the requirement of the Certified Local Health Department Code. This CHIP also serves as the organizational capacity assessment that was completed through the Mobilizing for Action through Planning and Partnership (MAPP) assessment process, described below.

This is the fifth written plan for KCHD. This is the second plan to be written in partnership with Partnership for a Healthy Community (PHC), a group of public health stakeholders from various organizations that serve Kankakee County. This Partnership conducts routine community assessments every three years using the MAPP assessment process. The MAPP process consists of four assessments: the Community Health Status Assessment, the Community Themes and Strengths Assessment, the Local Public Health System Assessment, and the Forces of Change Assessment. The first MAPP assessment cycle was conducted in 2012, and identified five priority issues: Access to Care, Mental Health, Chronic Disease, Violence and Safety/Substance Abuse, and Employment and Education. The second MAPP assessment cycle was conducted in 2015. Through this assessment and health need prioritization, Teen Pregnancy/Infant Mortality/Sexually Transmitted Diseases were identified as a priority issues, and Education/Employment was determined to no longer be a health priority of focus going forward in the MAPP process. The health issues of Access to Care, Mental Health, Chronic Disease and Violence and Safety remained priority issues for the PHC. The issue of substance abuse was moved from Violence and Safety, and was placed under the umbrella of Mental Health.

Acknowledgements

A special thank you to Laurie Call from the Illinois Public Health Institute (IPHI), who facilitated many components of the MAPP process. A special thank you to Shannon Morgan-Jermal, Presence Health for all of her contributions, and the Presence Health interns that collected and analyzed data: Marissa Townes Jenkins, Molly Paul, and Christine Rapp. Finally, a special thank you to Torrie Carter, Presence St Mary’s Hospital, for coordinating the MAPP process and keeping everything on track.
## Partnership for a Healthy Community Steering Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tr>
<td>Torrie Carter</td>
<td>Presence St. Mary's Hospital</td>
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<tr>
<td>Dr. John Avendano</td>
<td>Kankakee Community College</td>
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<td>Debra Caise</td>
<td>Presence St. Mary's Hospital</td>
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<tr>
<td>Carole Frankie</td>
<td>Iroquois &amp; Kankakee Regional Office of Education</td>
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<tr>
<td>Matt McBurnie</td>
<td>Riverside Medical Center</td>
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<td>Pastor Larry Garcia</td>
<td>Hispanic Partnership</td>
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<td>Pam Gulczyski</td>
<td>Presence Home Health Care</td>
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<td>The Helen Wheeler Center for Community Mental Health</td>
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<td>Dr. John Jurica</td>
<td>Riverside Medical Center</td>
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<td>Dr. Carl Leth</td>
<td>Olivet Nazarene University</td>
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<td>Matthew McAllister</td>
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<td>Bonnie Schaafsma</td>
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<td>Laura Sztuba</td>
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<td>Dr. Jim Upchurch</td>
<td>Olivet Nazarene University</td>
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MAPP Assessments

The MAPP process is a community process that involves partnerships with other public health agencies to identify health needs within the community and work together to improve health outcomes. The MAPP process uses four assessments to evaluate the health of the community and identify areas of need. The assessments include the Community Health Status Assessment, Community Themes and Strengths Assessment, the Local Public Health Systems Assessment, and the Forces of Change Assessment. Through evaluation of the four assessments, strategic health issues are identified, and goals/strategies are developed to address the strategic issues. Action cycles are completed to plan, implement, and evaluate the strategies that are implemented to address the strategic issues within the community. The Partnership for a Healthy Community has collaborated on three MAPP assessments within the MAPP framework. The most recent MAPP assessments were completed in 2015.

Community Health Status Assessment

The Community Health Status Assessment (CHSA) is a process to gather and analyze data from existing data bases and sources to assess the health status of Kankakee County. Through use of the MAPP Framework, data was collected and summarized by student interns during the summer of 2014. Comprehensive data collection was guided by over 100 health indicators based on major themes (see box to the right). The Kankakee County data was compared to the state and national data, and compared to national benchmarks, including Healthy People 2020, when available. The data collection was reviewed by the PHC, and a finalized report was written by IPHI. See Appendix A, Community Health Status Assessment, for report.
Overview

- The population is growing at a higher percentage than the Illinois percentage, but the median household income is much lower than the state average.

- Kankakee County residents have less access to grocery stores, and are eating less fruits and vegetables than the state as a whole.

- There is a shortage of primary care providers and mental health providers in Kankakee County.

- Infant mortality and teen birth rates are higher in Kankakee County than in Illinois or the United States.

- Heart disease is the number one cause of death for Kankakee County residents.

- The percentage of smokers living in Kankakee County is significantly higher than the state and National percentages.

- Homicide and violent crime rates are lower in this county than in Illinois or the United States.

- In general, the rate of communicable disease is lower than the national average, but chlamydia rates are higher than the state and national average.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CSTA) is an assessment within the MAPP framework that aims to understand the Kankakee County residents’ perceptions of health. This assessment uses survey methodology to determine what the residents of Kankakee County feel are important to our county, how they perceive quality of life, and what assets are available to improve the community. A total of 493 residents completed this 45 question survey in 2015. The survey results were collected and analyzed, and a final report was completed by IPHI. Please see Appendix B, Community Themes and Strengths Assessment, for report. There are noted limitations of this survey; the demographic data of the survey respondents were not representative of the residents of Kankakee County. However, these survey results in combination with the other MAPP assessments can provide important information on the health status and needs of the community.
Overview

The primary social issues of concern raised in this assessment include:

- Finding good jobs and living in a healthy economy
- Living in a safe neighborhood
- Ability to participate in arts and cultural events
- Finding importance in racial/ethnic diversity

The primary health issues of concern include:

- Drug Abuse
- Violence
- Underage Drinking and Excessive Drinking
- At Home: Depression/Anxiety Disorder

Overall, the issues of safety and violence, limited access to resources, and quality of the environment are variable based on where the resident lives, but are important concerns for the Kankakee County residents.

Local Public Health System Assessment

The Local Public Health Assessment (LPHA) is an assessment of the MAPP framework, and is conducted using the National Public Health Performance Standards (NPHPS) assessment model. This model involves assessment of the 10 Essential Public Health Services, which collectively lead to the three core public health functions of assurance, assessment, and policy development. The Local Public Health Assessment was held on March 27, 2015, and was led by IPHI staff. This meeting involved 42 public health stakeholders from local public health organizations, health care systems, local businesses, and local government agencies. The meeting began with an overview of the assessment process using the NPHPS Model. The stakeholders were then broken into five work groups, and were tasked with evaluating and scoring each of the 10 Essential Public Health Services. These were then rank ordered to determine Kankakee County’s public health system’s overall performance of the 10 Essential Public Health Services. Limitations of this assessment include a
limited number of participants in each workgroup, with poor representation from key community stakeholders. See Appendix C, Local Public Health Assessment, for complete report.

Overview

Key Strengths:

- Partnerships
- Robust assessment and planning activities
- Willingness to align and share resources to achieve goals

Areas for Improvement:

- Greater data sharing among agencies
- Better system-wide communication
- Increased outreach to nontraditional partners
- Increased emphasis on collective implementation of the shared Community Health Improvement Plan

**Forces of Change Assessment**

The Forces of Change Assessment is one of the four assessments within the MAPP framework. This assessment identifies the trends, factors, and events that are currently or will be influencing the health and quality of life for the residents of Kankakee County. This assessment was completed by the PHC on October 14, 2014 facilitated by IPHI staff. The group convened as a large group, and then broke into smaller workgroups to identify influential factors, cross-cutting themes, and to specifically answer these specific questions:

1. What is occurring or might occur that affects the health of our community or the local public health system?
2. What specific threats or opportunities are generated by these occurrences?
The following were identified as the Forces of Change for Kankakee County:

Local and State Fiscal Challenges
Education and Workforce Development
Sustainable Energy Development
Low Homeownership Rates
Transportation Expansion
Changing Demographics
Mental Health and Substance Abuse
Legalization of Marijuana
Increased Connectivity
Chicago Bears Training Camp
Establishment of the 211 Human Services Resource Line
Affordable Care Act and Changing Health Care Landscape

See Appendix C, Forces of Change Assessment, for the full report.

Strategic Issue Prioritization

On July 21, 2015, the PHC convened to review the four MAPP assessments and identify strategic issues within Kankakee County. Facilitation of this meeting was conducted by IPHI staff. Each of the four MAPP assessments were reviewed at length, and each existing action team provided an update on their progress. Cross-cutting issues and themes were identified and evaluated based on prioritization criteria. A final list of strategic health issues was developed based on the following: the PHC vision, the consequences of not addressing it, if a multi-sector/faceted approach was needed, if the issue was the root cause of a larger issue, and if it was possible for PHC to leverage assets to address the issue. The group then broke into action teams for each of the strategic issues. Each action team established leadership within the action team, and identified other potential members to invite to the team. The action teams also developed plans for regular meetings, and identified potential strategies to address these issues. The following are the identified strategic issues to focus on for this MAPP Action Cycle:
• Violence and Safety
• Mental Health and Substance Abuse
• Chronic Disease
• Access to Care
• Teen Pregnancy, Infant Mortality, Sexually Transmitted Diseases

This meeting adjourned with each action team tasked with completing several next steps for the MAPP action cycle. This included identifying specific strategies and develop objectives for addressing the strategic issues. The PEARL (propriety, economics, acceptability, resources, and legality) was applied to each identified strategy within the action team.

Each Action Team conducted several meetings after the July 21st meeting to identify specific purpose, outcome objectives, impact objectives, and intervention strategies for the identified health issue. Each team identified risk factors, and direct and indirect contributing factors using the Health Problem Analysis Worksheet. The outcome objectives for each strategic issue align with the national health indicators as outlined in Healthy People 2020, found at https://www.healthypeople.gov/2020/Leading-Health-Indicators. The Action Teams used the CDC Community Guide to identify evidence-based strategies as needed, found at https://www.thecommunityguide.org/.

Violence and Safety

Description of the Problem: Although the homicide and violent crimes rates are lower in Kankakee County than in the state or nation, the Community Themes and Strengths report identifies a perception of a less safe community, and a concern for youth violence. Forty eight percent of those surveyed believe safety in Kankakee County is fair or poor. Overall, a majority of those surveyed responded as ‘rarely’ or ‘never’ when asked if they are able to live in a safe neighborhoods. Thirty four percent of those surveyed feel youth violence is an issue in the county. This issue remains a priority issue for this MAPP cycle, with minimal funding required (i.e. school based antibullying program) and achievable goals. Existing grants and in-kind stakeholder time will be provided to complete many of the proposed strategies.
Goal: To reduce bullying, reduce violence and abuse among disparate populations, and improve the perception of safety.

Target population: All Kankakee County residents

Outcome Objective #1:
Reduce bullying among children and adolescents living in Kankakee County

Impact Objectives:

• By the end of 2016, the committee will identify an evidence-based bullying prevention program, and financial resources to support this program.

• By the end of 2017, at least 6 bullying prevention presentations will be conducted in Kankakee County schools.

Strategies: Evidence-based school education program implementation

Outcome Objective #2:
Reduce the incidents of domestic violence, sexual violence, elder abuse, abuse against persons with disabilities, and child abuse

Impact Objectives:

By the end of 2016, complete domestic violence and elder abuse training to all law enforcement, judges, and prosecutors in Kankakee County.

By the end of 2016, provide at least 4 separate 9-week Love & Logic classes to parents living in Kankakee County.

By the end of 2017, create a network of parent education resources involving the judicial system, community organizations, hospitals, and the faith-based community.

Strategies: Evidenced-based trainings, evidenced-based parent-program, and community collaboration.

Outcome Objective #3:
Improve local communities’ perceptions of safety related to social determinants of health

Impact Objective:
By the end of 2017, offer at least four community outreach events related to safety in the community.

**Strategies:** Community-collaborative events, including National Night Out and Zonta Empowerment Walk.

**Organizational Assets:** Client referrals to KC-CASA and Harbor House, HealthWorks program, staff participation in community awareness events, staff participation in local committees to end violence.

**Community Assets:** Kankakee County Health Department, Riverside Medical Center, Presence St Mary’s Hospital Life Education Center, KC-CASA, Harbor House, Child Network, Catholic Charities, Indian Oaks Academy, local DCFS, United Way, local law enforcement, the Illinois Family Violence Coordinating Council, afterschool programs, local court system, local school districts, annual, National Night Out, faith-based community, local nonprofit organizations, available grant funding, Kankakee area Chamber of Commerce, local media sources.

**Mental Health and Substance Abuse**

**Description of the Problem:** The mental health of the residents of Kankakee County continues to be a multi-layered priority issue that includes access to behavioral health care, the need for more funding/available services, and the issue of a growing substance abuse problem in the county. There is a severe lack of mental health providers (1,379 residents per provider) in Kankakee County compared to the state ratio (864 residents per provider). Of the residents surveyed, depression/anxiety disorder in the home was the top issue of concern. Drug abuse was the top issue of concern in the community and the county according to the Community Themes and Strengths Survey.

**Purpose:** To ensure behavioral health care will be available to Kankakee County residents when they need it and people will know how to find help.

**Target Population:** Increased access - unfunded consumers, uninsured, underinsured, underserved, specialized populations. Increased education and awareness - all Kankakee County residents.
**Outcome Objective #1:** Ensure that all individuals seeking behavioral health services are aware of service availability, and that those seeking services have access to the care necessary to meet their needs regardless of their economic situation.

**Impact Objectives:**

- By the end of 2017, increase by 5% the number of referrals for behavioral health services from schools and faith community leaders.
- By 2020, increase by 10% annually the number of calls to 211, the local social services database.
- By 2026, increase funding to adequately meet the need for behavioral health services within Kankakee County.

**Strategies:** Policy changes to increase referrals, community database-211, grant funding.

**Outcome Objective #2:**

Increase education and awareness related to behavioral health among residents of Kankakee County.

**Impact Objectives:**

- By the end of 2017, conduct at least two ‘Say it out Loud’ community awareness presentations each year.
- By the end of 2017, increase by 10% the attendance at local hospital support group, and 5% at the local NAMI.
- By the end of 2019, conduct of a minimum of four annual presentation within the community related to behavioral health.
- By the end of 2019, increase by three the number of medical outlets used for behavioral health education.

**Strategies:** Evidenced-based Say it Out Loud program in schools, use of media, support groups, community education programs.

**Organizational Assets:** Narcan program grant holder, client referrals for substance abuse and mental health, Kankakee School District Mental Health Roundtable member, Pledge for Life Board Member.
Community Assets: Helen Wheeler Center, Kankakee County Health Department, Riverside Medical Center, Presence St Mary’s Hospital, Thresholds, early child education centers, Olivet Nazarene University, Say it Out Load, Love & Logic, Mental Health First Aid training, Success by Six, local probation, Aunt Martha’s Youth Service Center, Kankakee Regional Office of Education, Duane Dean Behavioral Health Center, Kankakee County Sherriff.

Chronic Disease

Description of the Problem: High rates of chronic disease and obesity continue to be important health issues for this county. The percentage of adults who are obese is 20% higher than both the state and national percentages. The percentage of residents that are inactive is over 25% greater than the percentage of Illinois residents. There is more access to fast food restaurants and less access to grocery stores. The percentage of adults that smoke is 35% higher in Kankakee County than in Illinois. Heart disease is the leading cause of health in Kankakee County, and cancer is the second leading cause of death. Two thousand dollars was identified for purchase of education materials related to 5210. The Kankakee County Health Department was able to purchase these materials in addition to 5210 and Rethink your Drink billboards through Illinois Department of Public Health grant funding.

Goal: Reduce the incidence and prevalence of chronic disease among residents in Kankakee County.

Target Population: All individuals living in Kankakee County.

Outcome Objective #1: By 2025, reduce the percentage of children living in Kankakee County who are obese (from 11.5% to 8.5%) or overweight (from 18% to 15%).

Impact Objectives:

- By 2020, increase by 5% the percentage of children that consume four or more fruit and vegetables by 2020.
- By 2020, reduce by 5% the percentage of children that watch three hours of TV per day.
- By 2020, increase by 5% the percentage of children that are physically active at least sixty minutes per day.
Strategies: Evidence-based 5210 Childhood obesity prevention program

**Outcome Objective #2:** By 2025, reduce by 5% the prevalence of heart disease and stroke among Kankakee County residents.

**Impact Objectives:**
- By 2020, reduce by 5% the percentage of 12th graders that have used cigarettes in the past year.
- By 2020, decrease by 5% the percentage of adults that have inadequate fruit and vegetable consumption.

Strategies: Promotion of tobacco cessation, Million Hearts campaign.

Organizational Assets: Illinois Tobacco Free Communities program, Chronic Disease and School Health program, WIC and Family Case Management programs, Pledge for Life Board Member, Success by Six Committee participant.

Community Assets: Kankakee County Health Department, Riverside Medical Center, Presence St Mary’s Hospital, University of Illinois Extension, YMCA, local provider offices, local schools, local early child education centers, Pledge for Life.

**Access to Care**

**Description of the Problem:** Access to care is an essential component of overall health in a community. Needed healthcare services must be available to individuals, and these individuals must be able to access these available services. Although the Affordable Care Act has improved access to healthcare services, access to care remains a priority issue in Kankakee County. There is a much lower number of primary care physicians in Kankakee County (51.9 per 100,000) than the state (996 per 100,000) or the nation (85.8 per 100,000). The percentage of residents with Medicaid is 20% higher than the state percentage. The percentage of individuals with a disability living in Kankakee County (13.9%) is higher than the state (10.3%) and national percentages (12%). This continues to be a priority issue for the PHC, and minimal funding needs were identified for outreach materials related to a social media campaign.
**Purpose:** Collaborate to maximize and expand resources that will increase access to and awareness of primary and specialty health care that is affordable, geographically accessible, and culturally sensitive.

**Target population:** All residents living in Kankakee County

**Outcome Objective #1:** By 2020, decrease by 5% the admission rate for ambulatory sensitive conditions and the percentage of admissions for chronic diseases.

- By 2017, Identify primary care providers accepting Medicaid and MCOs, and identify gaps in services.
- By 2018, increase by 10% the number of Primary care providers who accept Medicaid insurance.
- By 2018, provide at least two educational social media campaigns related to access to care.
- By 2018, increase by 10% utilization of transportation services for healthcare services.

**Strategies:** Evidenced-based social media, increase physician to individual ratio.

**Organizational Assets:** Referral source for Medicaid applications, referral source for primary care.

**Community Assets:** Riverside Medical Center, Presence St Mary’s Hospital, Azzarelli Free Clinic, local providers, Hispanic Partnership, Options, River Valley Metro, United Way.

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**Teen Pregnancy, Infant Mortality, and Sexually Transmitted Diseases**

**Description of the Problem:** The health indicators of teen pregnancy, STDs, and infant mortality are significant indicators that were newly identified as one collective priority health issue during this MAPP cycle. The teen pregnancy rate is higher in Kankakee County (40) than in Illinois (35) and the United States (36.6). The Chlamydia rate is higher in the county (592.8) than the state (526.1) and the nation (456.7). Infant mortality rate in Kankakee County (8.1) is higher than the state (6.9) and nation (6.5). As a new health issue for the PHC in this MAPP cycle, PHC will plan to seek funding opportunities and use funds available through current grants.

**Purpose:** To improve the reproductive and sexual health of the residents in Kankakee County.

**Target Population:** All residents of Kankakee County, with specialized focus on women of childbearing age.
Note: Due to staff changes within several organizations, this Action Team did not fully develop after the 2015 MAPP prioritization meeting. The following are implementation and evaluation components developed by the Kankakee County Health Department administrative staff. This organization continues to monitor this priority issue, and community activities that impact this issue.

Outcome Objective #1: By 2025, reduce by 5% the infant mortality rate in Kankakee County.

Impact Objectives:

By 2018, increase the number of pregnant women that seek prenatal care in their first trimester by 5%.

By 2018, increase the number of women’s health providers in Kankakee by at least three providers.

Strategies: Provider services for prenatal and women’s health

Outcome Objective #2: By 2025, reduce by 5% the rate of teen pregnancy in Kankakee County.

Impact Objectives:

- By 2018, increase the amount of teen pregnancy prevention education within the county by hosting at least four community education events each year.
- By 2018, increase the number of women’s health providers in Kankakee by at least three providers.
- Ensure teens have access to free/reduced condoms and prescription birth control.
- By 2018, provide at least one social media campaign annually each to target teen pregnancy prevention.

Strategies: Evidenced-based social media, evidenced-based school based prevention programs, distribution of free condoms, teen-based reproductive health provider.

Outcome Objective #3: By 2025, reduce by 5% the rate of reportable sexually transmitted diseases (STD) among Kankakee County residents.

Impact Objectives:

- By 2018, implement an STD coalition that meets at least quarterly each year.
- Ensure residents have access to free condoms
• By 2018, increase the amount of STD testing sites that offer expedited partner therapy by at least two.

Strategies: Expedited partner therapy, free access to condoms, community collaboration to reduce and prevent STDs.

Organizational Assets: Teen Pregnancy Prevention program, entry point for low-income pregnant women, WIC/ Family Case Management programs, STD clinic, free condom distribution, Medicaid Presumptive Eligibility (MPE) application site.

Community Assets: Aunt Martha’s, Kankakee County Health Department, Riverside Medical Center, Presence St Mary’s Hospital, Azzarelli Free Clinic, Hippocrates Free Clinic, KSD 111 school-based health clinic, Sisters and Brothers Helping Each Other.

Evaluation

The Kankakee County Health Department is committed to the promotion and assurance of health in this county. A priority of KCHD is to have representation on each of action teams to be able to contribute to implementation of the chosen strategies, and evaluate the progress of objective implementation. Evaluation is conducted on a continual basis throughout the action cycle of the MAPP process to identify successes and update or change strategies as needed to ensure impact and outcome objectives are met. As the fiscal agent for the PHC, KCHD seeks grant opportunities on a continuous basis to fund identified strategies as needed.
Violence and Safety
Health Problem Analysis Worksheet

Health Problem: Community Violence

Risk Factor: Domestic Violence
- Direct Contributing Factor: Behavioral Health
- Indirect Contributing Factor: Access to care, Socioeconomic Status, Lack of knowledge

Risk Factor: Substance Use
- Direct Contributing Factor: Lack of education, Socioeconomic status, Social norms

Risk Factor: Legislation
- Indirect Contributing Factor: Enforcement, Advocacy, Lack of knowledge

Risk Factor: Social environment
- Direct Contributing Factor: Group settings (schools, sports)
- Indirect Contributing Factor: Social norms, Peer pressure

Risk Factor: Bullying
- Direct Contributing Factor: Policies
- Indirect Contributing Factor: Enforcement, Lack of knowledge, Tolerance

Risk Factor: Parenting
- Direct Contributing Factor
- Indirect Contributing Factor: Rural access, Socioeconomic status, Social norms
Chronic Disease
Health Problem Analysis Worksheet

Risk Factor: Childhood Obesity
- Direct Contributing Factor: Inadequate physical activity
- Direct Contributing Factor: Lack of Fruits & Vegetables
- Direct Contributing Factor: Sugary Beverages
- Direct Contributing Factor: Too much screen time
- Indirect Contributing Factor: Safety
- Indirect Contributing Factor: Access to open spaces
- Indirect Contributing Factor: Child Care/school policy
- Limited resources
- Family environment
- Child care/school policy

Risk Factor: Heart Disease/Stroke
- Direct Contributing Factor: Diabetes
- Direct Contributing Factor: Obesity
- Direct Contributing Factor: Cigarette Smoking
- Indirect Contributing Factor: Poor diet, lack of resources
- Indirect Contributing Factor: Physical inactivity
- Indirect Contributing Factor: Lack of prevention education
- Indirect Contributing Factor: Poor diet
- Indirect Contributing Factor: Physical inactivity
- Indirect Contributing Factor: Cigarette access
- Indirect Contributing Factor: Lack of prevention education
- Indirect Contributing Factor: socio-economic status
Access to Care
Health Problem Analysis Worksheet

Risk Factor
Insurance

Direct Contributing Factor
Lack of knowledge

Indirect Contributing Factor
Changes in eligibility

Insurance navigation

Education/ Language Barriers

Direct Contributing Factor
Employment

Indirect Contributing Factor
Education

Substance use

Wage earnings

Direct Contributing Factor
Language barriers

Indirect Contributing Factor
Fear

Lack of translation services

Health Problem
Insufficient Access to Care

Risk Factor
Use of Healthcare system

Direct Contributing Factor
No medical home

Indirect Contributing Factor
Lack of community education

Health Care literacy

Language barrier/ disability

Direct Contributing Factor
Language barriers

Indirect Contributing Factor
Fear

Lack of translation services

Cultural sensitivity

Direct Contributing Factor
Transportation

Indirect Contributing Factor
Rural access

Socio economic status

Social norms

Provider Capacity

Provider shortage

Recruitment efforts

Urban setting with rural areas

Strain on provider

Insurance acceptance

Reimbursement rates/ delayed payments

Kankakee County Health Department Community Health Improvement Plan
Teen Pregnancy/STDs/Infant Mortality
Health Problem Analysis Worksheet

Risk Factor: Teen Pregnancy
- Direct Contributing Factor: Lack of parent supervision
- Peer Pressure
- Direct Contributing Factor: Early Dating
- Indirect Contributing Factor: Lack of knowledge
- Perceived social norms
- Poor self-esteem
- Lack of Knowledge
- Low self-esteem

Risk Factor: Substance Use
- Direct Contributing Factor: Social norms
- Indirect Contributing Factor: Lack of knowledge
- Poor self-esteem
- Behavioral health

Risk Factor: Violence/ Substance Use
- Direct Contributing Factor: Social norms/ poor self-esteem
- Indirect Contributing Factor: Lack of knowledge
- Behavioral health

Risk Factor: STDs
- Direct Contributing Factor: Biological Factors
- Indirect Contributing Factor: Lack of knowledge/ Condom use
- Women more susceptible
- Lag time/ lack of symptoms

Risk Factor: Infant Mortality and related prematurity
- Direct Contributing Factor: Substance use/ Tobacco
  - Indirect Contributing Factor: Fear
    - No medical home/ insurance
    - Access to services
  - Social norms
  - Behavioral health
  - Stress
  - Access
- Direct Contributing Factor: Inadequate prenatal care
- Direct Contributing Factor: STDs (see above)
- Indirect Contributing Factor: Lack of insurance
- Lack of knowledge
- No medical home

Kankakee County Health Department Community Health Improvement Plan