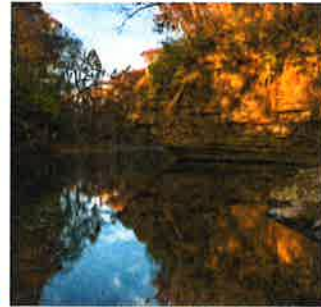




Kankakee County Health Department Community Health Improvement Plan 2021-2026



IPLAN

Illinois Project for Local Assessment of Needs

Submitted to the Illinois Department of Public Health on August 23rd, 2021

Contents

Executive Summary	3
Purpose	3
MAPP Overview	3
Kankakee County Community Health Needs Assessment	6
MAPP Phase One: Organize for Success/ Partnership Development	6
MAPP Phase Two: Visioning.....	9
MAPP Phase Three: Four MAPP Assessments.....	10
Community Health Status Assessment	10
Community Themes and Strengths Assessment	16
Forces of Change Assessment	19
Local Public Health System Assessment	22
MAPP Phase Four: Identifying Strategic Issues	30
Kankakee County Community Health Plan	32
MAPP Phase Five: Formulate Goals and Strategies.....	32
Strategic Issue #1: Health & Wellness.....	35
Strategic Issue #2: Behavioral Health	37
Strategic Issue #3: Education & Employment.....	40
MAPP Phase 6: Action Cycle.....	42
Action Team: Health & Wellness	43
Action Team: Behavioral Health	48
Action Team: Education & Employment.....	53
HEALTHY PEOPLE 2020	57
REFERENCES	58

Executive Summary

The Kankakee County Community Health Improvement Plan (CHIP) is a public health approach to improving the quality of life for the citizens of Kankakee County. Every five years local health departments in the state of Illinois are required to complete a Community Health Needs Assessment and Community Health Plan to certify as a Health Department. This planning process is known as Illinois Project for Local Assessment of Needs (IPLAN), as set forth in Title 77 of the Illinois Administrative Code Part 600.

This is the sixth such assessment and health plan written for Kankakee County by the Kankakee County Health Department. The Kankakee County Health Department selected to use the guidelines of the Mobilizing for Action Through Planning and Partnerships (MAPP) process. MAPP is a community-driven strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them as defined by the 10 Essential Public Health Services. The first MAPP assessment cycle was conducted in 2012, making this the fourth iteration of the MAPP process, which began in 2019.

Purpose

This community assessment and planning process is led by the Partnership for a Healthy Community, a local collaborative whose vision is to build a strong, healthy, and safe community. The Partnership includes representatives from various medical, social service, education, business, and community agencies. The purpose of the IPLAN is to provide Kankakee County a community plan that is developed by and for the community. Members of the Partnership for a Health Community are knowledgeable about the community and volunteered their time to review the data, develop priorities, and provide input into the plan development and subsequent implementation of the health plan.

The Kankakee County Partnership for a Healthy Community was established in 2011, in effort to meet the IRS guidelines for not-for-profit hospitals and the requirements of the Illinois Department of Public Health for local health department certification. The assessment and planning process is required every three years for hospitals in Kankakee County and every five years for the local health department. To eliminate duplicate efforts, the Kankakee County Health Department has aligned its assessment process with the three-year hospital requirements. The Partnership for a Healthy Community was established to guide the community through the MAPP strategic planning six-phase framework. This Partnership continues to oversee the assessments and implementation even into the now forth iteration of the MAPP process.

The Partnership convened in April 2021 for a strategic session to identify three priority health problems based on the size and seriousness of the problem in the community and the possibility of successful intervention. For each problem, intervention strategies and possible resources to implement the strategies were suggested.

MAPP Overview

MAPP is a community driven, strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the

identification of resources to address them as defined by the 10 Essential Public Health Services. The MAPP process is depicted in the graphic below.



The 10 Essential Public Health Services:

- EPHS1: Monitoring Health Status
- EPHS2: Diagnoses and Investigating Needs
- EPHS3: Educate and Empower
- EPHS4: Mobilize Partnerships
- EPHS5: Develop policies/plans
- EPHS6: Enforce Laws
- EPHS7: Link to Health Services
- EPHS8: Assure Workforce
- EPHS9: Evaluate Services
- EPH10: Research/Innovate Strengths

The Six MAPP Phases:

- Phase 1: Planning and Organizing For Success
- Phase 2: Visioning
- Phase 3: Assessments
 - Community Health Status Assessment
 - Forces of Change Assessment
 - Community Themes and Strengths Assessment
 - Local Public Health System Assessment
- Phase 4: Identifying Strategic Issues

- Phase 5: Formulate Goals and Strategies
- Phase 6: Action Cycle

Priority Strategic Issues for the Fourth Cycle:

- Health and Wellness
- Behavioral Health
- Education and Employment

Kankakee County Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) is a collaborative effort of the Kankakee County Partnership for a Healthy Community. The purpose of the CHNA is to provide a community plan that is developed by and for the community. The assessment and planning process is required every three years for hospitals and every five years for local health departments. The Kankakee County Health Department has aligned its assessment process with the three- year hospital requirements to avoid a duplication of efforts.

MAPP Phase One: Organize for Success/ Partnership Development

The Kankakee County Partnership for a Healthy Community was established in 2011 as an effort to meet the IRS guidelines for not-for-profit hospitals and the requirements of the Illinois Department of Public Health for local health department certification, a member steering committee guided the community through the MAPP Strategic Planning Framework. The first collaborative needs assessment was completed in 2012. The second iteration of the MAPP process was completed in December 2015. The third round of the MAPP process began in January 2017 and the fourth iteration in late 2019.

The Steering Committee of the Kankakee Partnership meets regularly to provide oversight to the ongoing MAPP process and make recommendations. These individuals represent a variety of different medical, social service, governmental, and business entities in the county and were chosen to participate based on their commitment to improving the health of the county, knowledge about the county, willingness to maintain a county-wide perspective, and their willingness to represent a particular perspective, organization, or sector of the county. The current executive steering committee of the Partnership consist of over twenty members from various organizations in the county who not only govern the NACCHO guided MAPP cycle, but also the budgetary decisions and evaluation of effectiveness of meeting the committee needs.



Organizations on the Kankakee Partnership for a Healthy Community Steering Committee are listed below:

- AMITA Health St. Mary’s Hospital
- Helen Wheeler Center for Community Mental Health
- Iroquois-Kankakee Regional Office of Education
- Kankakee County Health Department
- Kankakee County Hispanic Partnership, Inc.
- Olivet Nazarene University
- Pledge for Life Partnership
- Project SUN
- Riverside Healthcare
- Twenty-first Judicial Circuit Family Violence Coordinating Council
- United Way of Kankakee & Iroquois Counties

Action Teams were established around the identified priorities and have been implementing action plans and strategies to address those needs. The action teams are led by chairs and co-chairs from partner organizations in Kankakee County. Most of the teams meet monthly or bi-monthly as needed.

The general membership consists of partners who are not involved directly with an Action Team but participate as appropriate for their organization. They contribute to the overall assessment process and some implementation strategies.

Many partners participated in developing this Community Health Needs Assessment, which are listed below:

AMITA Health	Kankakee Workforce Services
AMITA Health St. Mary’s Hospital	Iroquois & Kankakee County Regional Office of Education
Bradley-Bourbonnais Community High School	Manteno Police Department
City of Kankakee	Maternity BMV Church, Bourbonnais
Community Foundation of Kankakee River Valley	Olivet Nazarene University

Easterseals	NAACP, Kankakee County Branch
Economic Alliance of Kankakee County	Pembroke Public Library District
Garden of Prayer Youth Center	Pledge for Life Partnership
Helen Wheeler Center for Mental Health	Project SUN
Kankakee Community College	Riverside Healthcare
Kankakee County Coalition Against Domestic Violence	Salvation Army
Kankakee County Health Department	Twenty-first Judicial Circuit Family Violence Coordinating Council
Kankakee County Hispanic Partnership, Inc.	United Way of Kankakee & Iroquois Counties
Kankakee High School District 111	Village of Manteno
Kankakee Valley Symphony	Zip-Pak

MAPP Phase Two: Visioning

Visioning is the second phase in the MAPP process and during this phase community members and local public health system partners are collaboratively determining a focus, purpose, and direction for the MAPP process that results in a shared vision and corresponding value statement.

During phase two of the MAPP framework, the Kankakee Partnership for a Healthy Community reviewed the existing and reconfirmed the Mission, Vision, and Value Statement.

Mission

We are committed to creating a healthy community through comprehensive assessments and the implementation of effective plans.

Vision

Partnership for a Healthy Community, building a strong, healthy, and safe Kankakee County

Values

- We commit to collaborate with active engagement, commitment, and accountability of all partners.
- We commit to open communication, understanding, and respect for the needs and viewpoints of all partners.
- We commit to gathering comprehensive quality data in order to identify and prioritize community needs.
- We commit to sharing the findings of our assessment in order to inform and educate the community.
- We commit to creating and implementing realistic plans, measuring the impact, and communicating our results.

MAPP Phase Three: Four MAPP Assessments.

In 2019, the Kankakee Partnership for a Healthy Community convened to conduct the fourth iteration of the MAPP process. MAPP is a community driven, strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them as defined by the 10 Essential Public Health Services. The MAPP process includes four assessments provide a comprehensive picture of a community in its current state using qualitative and quantitative methods. The four assessments help to inform the decisions of the Partnership for a Health Community in determining the priorities for strategic planning.

Community Health Status Assessment

The Community Health Status Assessment (CHSA) is one of four assessments conducted as a part of the MAPP process. During this assessment, information regarding demographics, health status, health behaviors and social determinants in the community is gathered and analyzed. Data is collected from a variety of resources and analyzed comparing local, state, and national benchmarks when available.

The CHSA provides a picture of our community by answering three questions:

1. Who are we and what do we bring to the table?
2. What are the strengths and risks in our community that contribute to health?
3. What is our health status?

The MAPP process recommends and identifies health indicators in the following eleven categories for conducting the CHSA:

- Demographic Characteristics
- Socioeconomic Characteristics
- Health Resource Availability
- Quality of Life
- Behavioral Risk Factors
- Environmental Health Indicators
- Social and Mental Health
- Maternal and Child Health
- Death, Illness, and Injury
- Infectious Disease

- Sentinel Events

Members from the Partnership for a Healthy Community gathered in January 2020 to form a subcommittee for this assessment. Data is gathered from a variety of publicly available state and national database resources, as well as local organization databases. When available, data is broken down based on race, ethnicity, gender, and zip code. The data was compiled into a preliminary report that was reviewed in June 2020. The draft of the Kankakee County Community Health Status Assessment was presented to the steering committee of the Partnership for a Healthy Community for review and approval in July 2020.

Key Findings

The Community Health Status Assessment is a profile of the health of the county at large. Based on the information gathered through this Community Health Status Assessment and the guidelines set forth in Healthy People 2020, the following “areas of opportunity” represent the significant health needs of the Kankakee County community. See the appendix for Healthy People 2020 Comparison to Kankakee County Data.

Demographics

Category Definition: Demographic characteristics include measure of total population, as well as percent of total population by age, group, gender, race and ethnicity, where these populations and subpopulations are located, and the percent change in population over time.

Kankakee County is a small urban county in the northeast part of Illinois with a population of 109,862. The racial composition of Kankakee County: 79.7% Caucasian, 15.1% African American, 1.1% Asian, and 0.4% Native American. The percent of the population that is Hispanic/ Latino is 10%. According to the US Census Bureau, the female and male population is nearly equal. The largest portion of residents are 5 to 17 years of age (17.4%), the second highest portion is over the age of 65 years (15.9%). Nearly 5% of the Kankakee County population is foreign-born. Kankakee County has only 3% of the population Age 5 and older with limited English proficiency. Roughly 14% of the population has a disability, and 8% of the total population are veterans. The average age of a person living in Kankakee County (37.6) and the life expectancy is 76.6 years.

Socioeconomic Characteristics

Category Definition: This is a snapshot of the social and economic status of Kankakee County residents. Important indicators in this assessment are poverty and income, employment, education, and insurance. These indicators are associated with access to health care and engaging in healthy behaviors.

Income, Education, and employment are some of the indicators that effect socioeconomics in an area. The median family income has increased (\$71,508) since the last assessment

(\$63,716). The percent of the Kankakee County population living in poverty has increased from 15.1% to 16.2%. In Kankakee County, 39.2% of Black, 50.4% of Native American/ Alaskan Natives, and 20.4% of all Hispanics are living in poverty. More Kankakee County women are living in poverty (15.9%) than men (14.3%). The unemployment rate for Kankakee County is higher (5.4) than Illinois (4.3) and the US (3.9). Overall, there is a lower percent of the Kankakee population that has not received a high school diploma within four years (9.4%) than in Illinois (15.6%) and the US (12.2%). Kankakee County continues to have a lower percent of the population that is uninsured (5.87%). Roughly one in five (22.9%) Kankakee County residents are receiving Medicaid insurance. Nearly 17% Kankakee County residents receive SNAP benefits and 55% of students are eligible for free or reduced lunch in Kankakee County.

Health Resource Availability

Category Definition: This category identifies the capacity of Kankakee County both in health facilities and the number of licensed healthcare providers to provide needed services. Health Resource Availability also identifies the measures of access, utilization, cost, and quality of healthcare provided in this area.

Kankakee County healthcare resources include two hospitals, three ambulatory surgical centers, two community health centers, two free clinics, one health department, and three mental health centers. The rate of primary care providers (per 100,000) has decreased slightly since the last assessment to a rate of 40.14 providers per 100,000 population. There is an identified Health Resource Shortage Area (HRSA) in Pembroke and Aroma Park for having too few primary care, dental and mental health providers for the population. The percentage of discharges in Kankakee County that are higher than the Illinois percentage include heart disease, mental disorders, infection/ septicemia, rehabilitation, and pneumonia/ influenza.

Quality of Life

Category Definition: Quality of life is defined as “an overall sense of well-being when applied to an individual” and a “supportive environment when applied to a community” (Moriarty, 1996). While some dimensions of quality of life can be quantified using indicators, research has shown that it can be related to determinants of health and community well-being.

The average age of a person living in Kankakee County (37.6) and the life expectancy is 76.6 years. There are currently 89 parks and recreational facilities in Kankakee County, with the majority in Kankakee, Bradley, and Bourbonnais. Kankakee County has a higher percentage of food insecurity (12.2%) than in Illinois (10.9%). There is a lower percentage of the general Kankakee County population and those that are low-income that have low food access (15%; 11%).

Behavioral Risk Factors

Category Definition: Behavioral risk factors such as poor nutrition, lack of physical activity, and substance use can increase the risk of illness and premature death. Many of these health indicators are determined through the Behavioral Risk Factor Surveillance System (BRFSS), which is a telephone survey conducted periodically to obtain self-reported data on health risk behaviors nationwide.

In Kankakee County 14.8% of adults smoke and 17% are at risk for binge drinking. The percentage of women 18 years and older living in Kankakee County that self-report a pap smear (56.4%) and clinical breast exam (75.9%) in the past year is lower than the Illinois percentage. The percent of Kankakee County residents that had a colorectal screening within the last year (61.9%) was lower than the Illinois percentage (65%). Kankakee County residents are less physically active than the average in Illinois and in the United States previous years. The percent of Kankakee County residents who participate in Medicare that were told they had high cholesterol (63%) and high blood pressure (45%) has remained higher than the state and national average. Among 8th grade students, 10% drink alcohol, 3% binge drinking, 4% use marijuana, 6% use any tobacco or e-cigarette products, and 1% use prescription drug use. Among 10th grade students, 21 % drink alcohol, 7% binge drink, 13% use marijuana, 16% use any tobacco products, and 4% use prescription drugs. The percentage of fruit and vegetable consumption decreases from 8th to 10th grade, and only 11% of 12th graders eat three or more servings of vegetables per day, and 28% of 12th graders eat two or more servings of fruit per day. Over 30% of 8th, 10th, and 12th graders watch three or more hours of recreational screen every day.

Environmental Health Indicators

Category Definition: A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

The particulate matter for Kankakee County has increased from 2012 to 2014 but remains much lower (.08%) than in Illinois (0.35%) or the US (0.13%). In 2017 and 2018, 9 contaminants were identified through routine water sampling of the Kankakee River, the water source for most municipalities in Kankakee County. There were 243 well water samples tested by the Kankakee County Health Department in 2017, 213 in 2018, and 192 in 2019. Additionally, the Kankakee County Health Department inspected 35 septic systems in 2017, 29 in 2018, and 21 in 2019. Roughly over 4% of children in Kankakee County in 2017 that tested for lead poisoning received the action level of 5ug/dL, those children receive case managers from the Kankakee County Health Department. Only 1.8% of the Kankakee County population lives within about 2 blocks a major highway. There are no Kankakee County schools (PreK to 4th grade) are within 2 blocks of a major highway. The median age of housing units in Kankakee County is 1972, higher than that of Illinois (1969), but lower than the median of housing units in the United States

(1978). The number Occupational Safety and Health Administration (OSHA) violations can indicate the safety culture of the workplace environment within a county. Kankakee County falls under Chicago South OSHA Regional Office, and accounts for only one high penalty enforcement (Momence) violation within this region in the past seven years. The Kankakee County Health Department inspects all food establishments within Kankakee County, and from 2017-20108 the average number of critical violations was 0.88. The amount of recycling increased from 2009 to 2011, landscape waste decreased slightly, and landfilled solid waste nearly doubled.

Social and Mental Health

Category Definition: This category represents social and mental factors and conditions which directly or indirectly influence overall health status and individual and community quality of life. Mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and the community.

Roughly 14% of Kankakee County Residents reported 8-30 days that their mental health was not good. The number of Kankakee County Residents for every Mental Health Provider is 820:1. There is 10.1 per 100,000 Kankakee Residents who die from suicide. There is nearly 17% of Medicare beneficiaries who responded positively for having feelings of depression during routine screening with their primary care provider. Nearly 50% of 8th graders reported experiencing any type of bullying in 2020, with older grades reporting less bullying. Thirty-six percent of 10th graders report feeling depressed in Kankakee County, which is similar to the percentages reported for Illinois in 2018. The percentage of 12th graders who reported experiencing depression or considering suicide are also similar to the percentages reported for Illinois in 2018.

Maternal Child Health

Category Definition: One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. This category focuses on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to, and/or utilization of care, is included. Births to teen mothers are a critical indicator of increased risk for both mother and child.

The infant mortality rate is 8.1 per 1,000 live births in Kankakee County, which is significantly higher than the Illinois rate of 6.3 per 100,000. There are 77% of births in Kankakee County with adequate prenatal care, meaning prenatal care was established with a healthcare provider within the first trimester of the pregnancy. In 2018, 5% of births were to teenage mothers. In Kankakee County, the percentage of low birth weight (less than 2500 grams) was 9.0%, preterm births was 10.3%, cesarean delivery was 29.8%, and 8.0% of mothers twenty years or older did not graduate high school.

Death, Illness, and Injury

Categorical Definition: Health status is measured by the level of mortality (death rates per 100,000) and morbidity (the amount of disease) within a community. Premature death, and deaths due to accidents and homicides are also measured. This category can provide insight into social determinants of health and health outcomes such as premature death and chronic disease.

Heart disease is the leading cause of death among Kankakee County residents, followed by cancer, contributing to nearly 50% of all deaths in Kankakee County in 2018. Accidents, stroke, and chronic lower respiratory diseases round out the top five causes of death in Kankakee County. The rate premature death in Kankakee County was 8,899 early deaths per 100,000 population, which is significantly higher than Illinois and the United States. The rate of death due to coronary heart disease per 100,000 population is 204.3 in Kankakee County. In 2019, twenty-nine overdoses' deaths occurring in Kankakee County. Among Kankakee County residents, the highest incidence of cancer is breast (133.5) followed by prostate (102.8) and then lung cancer (77.6). The percent of adults that are living with asthma (8.80%) is slightly higher in Kankakee County than Illinois (8.2%). The percentage of adults with heart disease in Kankakee County is higher at 5.7% than the Illinois rate of 4.0%. Over 40% of adults and 14% of 10th grade students are obese, meaning their BMI>30.

Infectious Disease

Category Definition: Measures within this category include diseases which are usually transmitted through person to person contact or shared use of contaminated instruments/materials. Many of these diseases can be prevented through a high level of vaccine coverage of vulnerable populations, and the use of protective measures, such as condoms for the prevention of sexually transmitted diseases.

The most common reportable infectious disease cases in Kankakee County are Hepatitis C (50 cases in 2016), Salmonellosis (20 cases in 2016), and Influenza with ICU Hospitalization (20 cases in 2016). Since 2014, 15 bats have tested positive for rabies. Although the rates of sexually transmitted diseases are lower in Kankakee County than in the state, the rates are higher than many other counties within Illinois. In 2017 out of 102 counties, Kankakee County Chlamydia rates are the 16th highest, Gonorrhea rates are the 13th highest and early Syphilis rates are 5th highest in the state. There has been an average of 2.6 active cases each year of Tuberculosis (TB) in Kankakee County since 2013.

Sentinel Events

Category Definition: Sentinel indicators are presented for health conditions considered preventable or controllable with regular primary care. The occurrence of sentinel events can be interpreted to indicate inadequate access to primary care. The amount of preventable hospital

admissions in a county is an important indicator of access to primary care and/or can indicate an overuse of emergency rooms or urgent cares as a primary source of care.

The rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees demonstrate those who are provided ambulatory care for illnesses that could have been prevented with primary care prevention, including pneumonia, dehydration, asthma, diabetes, and hypertension. Although this rate is recently declining in Kankakee County (6,242 in 2016 to 5,900 in 2017), it continues to be higher than the rates in Illinois (5,092) and the US (4,710).

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) aims to gather community members' perceptions, thoughts, opinions, and concerns regarding quality of life in Kankakee County. This input provides valuable insight into the issues of importance to the community. This assessment engages the community by requesting their input on the following questions:

1. What is important to our community?
2. How is quality of life perceived in our community?
3. What are the assets in our community?

Community engagement is key to the success of any community-wide initiative and provides residents with a sense of ownership and participation in their county. The Partnership for a Healthy Community conducted a community-wide survey among Kankakee County residents to answer the questions above.

The survey contained 63 questions on a variety of topics, including quality of life, health status, access to resources, social support, economic opportunity, health equity, and social issues. Additional questions were added to focus on impacts of the COVID-19 pandemic. Respondents were able to report on their perceptions of health and quality of life issues within their homes, community, and county. Most of the survey questions asked participants to rate issues on a Likert scale, however, some questions were open-ended, giving respondents opportunities to comment on their responses.

The CTSA survey was developed using Survey Monkey and made available online in both English and Spanish. The survey was open to all Kankakee County residents and the collection period ran from March 10, 2021, through April 13, 2021. A total of 401 individuals initiated the survey during this collection period. Eleven of the respondents were disqualified immediately if they answered no to the first question "do you live in Kankakee County?" This resulted in 390 respondents that completed some or all of the survey (385 English and 5 Spanish surveys).

During the midpoint of the collection period, demographics were evaluated to look for under-represented populations and plan for additional targeted outreach. The most significant under-represented populations included the following groups: Men, African American/Black and Hispanic/ Latinx.

A Facebook boost feature was used to target more men to take the survey. The CTSA Subcommittee attempted to further outreach to the Hispanic/ Latino and Black populations through community partnerships and promotion with the City of Kankakee.

Questions addressing health equity were included in the survey to measure the effects of discrimination on health. Respondents were asked to identify perceptions of discrimination in Kankakee County. These questions were adapted from "Experiences of discrimination: Validity and reliability of a self-report measure for population health research on racism and health."

The majority of respondents in this survey are white, non-Hispanic women over the age 35 years of age and are not a representative sample of Kankakee County as a whole. Responses were recorded from every zip code in Kankakee County, except for Hopkins Park (60958), Reddick (60961), and Union Hill (60969). Most respondents have lived in Kankakee County longer than 16 years, use English as their primary language, and have taken some college courses or have a college degree.

Key Findings

The majority of respondents perceive life in Kankakee County "good" or "fair" for overall quality of life, "very good" or "good" for quality of environment, and "good" or "fair" for quality of healthcare. The majority of respondents perceive Kankakee County as a "fair" or "good" place to raise children, grow old, and view Kankakee County as a safe community. Comments related to quality of life indicate social concerns related to safety and crime, education, and access to healthcare.

Most respondents rate that they have enough money to pay for needed items (e.g., food, clothing, housing, and medicine), have people they can get help from when needed, and have a sense of responsibility to help improve the health of their community. Respondents rated lower to having a sense of community pride and there being enough jobs in Kankakee County.

Respondents identified areas in which they have experienced any type of discrimination in Kankakee County. The top three areas in which respondents experienced discrimination are at work (36.3%), on the street/ in a public setting (29.2%), and getting hired/ getting a job (26.4%). Additional perceptions of discrimination that were shared through comments are racial discrimination, discrimination related to age, and discrimination within the school setting.

Respondents identified social issues of important concern for community residents. Access to interpreter services was identified as the most important social concern for residents in their home and in their neighborhood or community. These results may be less valid since

respondents were not given the option of “not applicable,” even if interpreter services were not needed in their home or neighborhood/ community. Other top social issues of concern for respondents were living in a safe neighborhood, being able to find good jobs, living in a healthy economy, and the ability to participate in arts, culture, and community events. Another area of concern identified in the home of community residents was youth practicing unhealthy behaviors and lifestyles and the community's concern for access to good schools. Respondents' comments related to this issue include safety, high healthcare costs, and lack of diversity within Kankakee County.

Respondents identified significant health concerns for Kankakee County including depression/ anxiety, other mental health issues, violence, and domestic abuse. Most respondents identify youth violence, alcohol abuse, and illegal drug use as the most significant health issues within their neighborhood or community. The majority of respondents commented on the lack of resources for mental health, suicide, and Sexually Transmitted Disease as additional health concerns. Many respondents identified health concerns increasing in their community since the onset of the COVID-19 pandemic.

The survey captured valuable data on where community members obtain their health information and services within the Kankakee County health system. Most respondents receive health information from a variety of sources, including the internet, their healthcare provider, the local health department, and the newspaper (in print or online). Most respondents visit their private practice healthcare provider when they are sick or in need of Medicare care (85.5%). Forty percent of responses reported using a private healthcare provider for themselves or family when needing mental health care, but over fifty percent reported these services did not apply to them. When residents and their families are in need of dental services 95.3% use a private dentist. Over seventy percent of residents reported no need for prenatal care, however those needing services reported using private practice healthcare providers (26.3%). Many respondents also visit immediate care/ fast care clinics (32.5%) and hospital emergency rooms (27.4%) when they are sick or need medical care. A significant portion of respondent's comments included seeking a variety of healthcare services outside of Kankakee County.

The COVID-19 pandemic has had an effect on health and quality of life in Kankakee County and globally. Since the onset of the COVID-19 pandemic residents in Kankakee County have reported an increase in feeling anxious, stressed, lonely, and have faced a barrier to regular exercise. Most respondents did report that they were still going to their workplace for the same number of hours as before the pandemic (38.1%). The majority of responses related to changes in medical health care since the COVID-19 pandemic noted no major changes, however, some noted mild changes such as the use of telehealth appointments or delays in care.

The following themes were identified by survey respondents as perceived issues that need to be addressed in Kankakee County:

- Discrimination

- Healthcare: High cost and lack of access
- High rates of crime, violence, and bullying
- Jobs: Lack of jobs and low-wage jobs
- Lack of community resources
- Mental illness and substance abuse

Forces of Change Assessment

The Forces of Change Assessment (FOCA) aims to identify all the forces and associated opportunities and threats that can affect, either now or in the future, the local public health system. Forces may be social, economic, political, technological, environmental, scientific, legal, and/or ethical in nature.

Forces can be trends, factors, or events.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

During the FOCA, participants answer the following 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?

On October 6, 2020, the Partnership for a Healthy Community emailed and invited key stakeholders in the community to participate in a FOCA survey through Survey Monkey to help identify the forces of change affecting Kankakee County's local public health system and the community. The survey included multiple choice questions and open-ended questions, with guided prompts, which was intended to help identify the different categories of forces of change. Although diverse community input was encouraged, an answer was not required for every question on the survey.

During the survey, the participants were first asked to list any social, economic, political, legal, technological, environmental, ethical, or scientific force that has recently occurred or may occur in the future (in the county, in Illinois, nationally or globally) and can affect the local public

health system or community. Next, the participants were asked to choose the most impactful force, the second most impactful force, and the third most impactful force on the community from the forces they had listed previously. They were also asked to identify any threats or opportunities associated with the top three forces they selected. The participants were also asked a question about the health equity of all the forces they identified addressing if these forces will positively or negatively impact equal opportunity for health and access to care based on gender, race, socioeconomic status, etc.

The survey was open to anyone who lived or worked in Kankakee County. The survey link recipients had until February 26, 2021 to complete the survey, giving them a total of 5 months. Survey results were analyzed by the FOCA Subcommittee and used to determine the top identified forces. A total of 23 complete surveys were used for this assessment.

Key Findings

An analysis of the forces reported by community members through the FOCA survey identified these forces that came up more frequently than others in the responses of the top three most impactful forces that were identified by the participants.

- Lack of trust in policymakers and science
- Job and insurance loss due to the pandemic
- COVID-19 social impacts
- Lack of access to healthcare
- Racial divisions and inequality
- Mental health
- Increasing use of virtual technology
- Educational opportunities

Although most of these forces are external influences and cannot be avoided, the survey participants identified many opportunities for each force, which can potentially create positive changes in Kankakee County regarding the issues at hand. Below are some of the notable opportunities that were mentioned for the main forces identified above.

Forces of Change	Opportunities
Lack of trust in policymakers and science	Provide resources to creditable non-bias news sources.
	Educate the community on the facts surrounding COVID-19 vaccinations and guidelines.
	Support small businesses that are struggling due to the pandemic.

<p>Job and insurance loss due to the pandemic</p>	<p>Create more jobs within the community including those with advancement opportunities and competitive benefits.</p>
<p>COVID-19 social impacts</p>	<p>Utilizing technology to stay connected, provide telehealth services, sustain education and workforce.</p>
<p>Lack of access to healthcare</p>	<p>Assist underserved areas to reduce barriers to access to care (transportation methods, insurance options, affordable treatment options).</p>
	<p>Open new healthcare facilities in underserved areas to make care physically accessible.</p>
	<p>Allocate more funding into healthcare.</p>
<p>Racial divisions and inequality</p>	<p>Work together as a community to acknowledge racial disparities and adjust actions.</p>
	<p>Engage the community in racial and cultural sensitivity training opportunities.</p>
	<p>Increase opportunities for more affordable treatments.</p>
<p>Mental health</p>	<p>Increase outreach and support programs for community members to support each other.</p>
	<p>Reduce stigma behind seeking mental healthcare.</p>
<p>Increasing use of virtual technology</p>	<p>Utilize telehealth for people living in rural areas that cannot travel far to see a provider.</p>
	<p>Provide additional technology for the underserved and rural areas.</p>
<p>Educational opportunities</p>	<p>Provide resources for students and others who are struggling to navigate technology.</p>
	<p>Educate the community on effective ways to live a healthy life with a focus on preventative care.</p>

The FOCA and the other three MAPP assessments are key resources in identifying and prioritizing health issues in Kankakee County. The issues identified through FOCA, as well as the opportunities stemming from them, will inform future strategic planning in Kankakee County to improve the health and overall quality of life of Kankakee County residents.

Local Public Health System Assessment

The National Public Health Performance Standards (NPHPS) was a national initiative that developed a set of standardized goals for state and local public health systems and boards of health. This effort was coordinated by the Centers for Disease Control and Prevention (CDC) and six national partners.² The NPHPS includes three instruments to assess the performance of public health systems throughout the country. The local instrument is called the **Local Public Health System Assessment (LPHSA)**.

The LPHSA measures the performance of the local public health system – defined as the collective efforts of public, private, and voluntary entities, as well as individuals and informal associations that contribute to the public’s health within a jurisdiction. This includes organizations and entities such as the local health department, other governmental agencies, healthcare providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, and many others. Any organization or entity that contributes to the health or wellbeing of a community is considered part of the local public health system. Ideally, a group that is broadly representative of these public health system partners participates in the assessment process. By sharing diverse perspectives, all participants gain a better understanding of each organization’s contributions, the interconnectedness of activities, and how the public health system can be strengthened. **The LPHSA does not focus specifically on the capacity or performance of any single agency or organization.**

The LPHSA is framed around the **10 Essential Public Health Services (EPHSs)** that are utilized in the field to describe the scope of public health. The 10 EPHSs support the three core functions of public health: assessment, policy development, and assurance.

The 10 EPHSs are defined as:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.

6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health 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.

For each EPHS in the LPHSA, the **Model Standards** describe or correspond to the primary activities conducted at the local level. The number of Model Standards varies across each EPHS; while some include only two Model Standards, others include up to four. There are a total of 30 Model Standards in the LPHSA. For each Model Standard in each EPHS, there are a series of **Discussion Questions** and **Performance Measures** that further define the intent of the Model Standard.

All **Performance Measures** are designed to be scored based on how well perceive that, collectively, all members of the local public health system meet the standard within the local jurisdiction. Results are reached through group consensus, and the following scale is used for scoring:

Optimal Activity (76-100%)	The public health system is doing absolutely everything possible for this activity and there is no room for improvement.
Significant Activity (51-75%)	The public health system participates a great deal in this activity and there is opportunity for minor improvement.
Moderate Activity (26-50%)	The public health system somewhat participates in this activity and there is opportunity for greater improvement.
Minimal Activity (1-25%)	The public health system provides limited activity and there is opportunity for substantial improvement.
No Activity (0%)	The public health system does not participate in this activity at all.

The LPHSA results are intended to be used for quality improvement purposes for the local public health system and to guide the development of the overall public health infrastructure. Analysis and interpretation of data should also consider variation in knowledge about the local public health system among assessment participants: this variation may introduce a degree of subjectivity not capable of objective comparison. On a different day, a different group could conduct the assessment and the results could be different. For this reason, it is not advisable to compare scores from one assessment to another. Rather, the scores reflect the perceptions of the group participating at the time. The important purpose of the measures is to use them as one tool to determine opportunities for improvement as part of a continuing process of quality improvement.

Using the **National Associate of County & City Health Officials (NACCHO)** Local Assessment Instrument as a guide, a small workgroup convened in December 2020 to select questions from each of the **10 Essential Public Health Services (EPHSs)**. These selected questions were entered into an online survey collector, called Survey Monkey, to facilitate this Assessment in lieu of the traditional retreat due to the COVID-19 Pandemic. The online instrument is framed around the 10 Essential Public Health Services (EPHSs) that are utilized in the field to describe the scope of public health.

The survey included supplemental questions to identify how well the LPHS acknowledges and addresses health inequities. The LPHSA supplement is called “System Contributions to Assuring Health Equity,” from the National Association of County and City Health Officials (NACCHO) MAPP User’s Handbook. The health equity supplement was also used for the Kankakee County LPHSA in 2017.

In July of 2021, the Kankakee County LPHSA survey was disseminated online by the Partnership for a Health Community to collect responses from members of the public health system. This survey was distributed to a wide variety of stakeholders that were suggested using the MAPP User’s Handbook (NACCHO). An email was sent which included details of the LPHSA as well as an invited participation to complete the survey through Survey Monkey to rate the overall strengths and weaknesses of the Kankakee County public health system. The online survey was designed to elicit feedback on each of the EPHSs using the same rating scale to assess the model standards.

A total of sixty-two responses were collected during the duration of the survey which opened on July 8th, 2021, and closed July 26th, 2021. The survey data was analyzed and reported within this Assessment, which was approved by the MAPP Steering Committee on August 10, 2021.

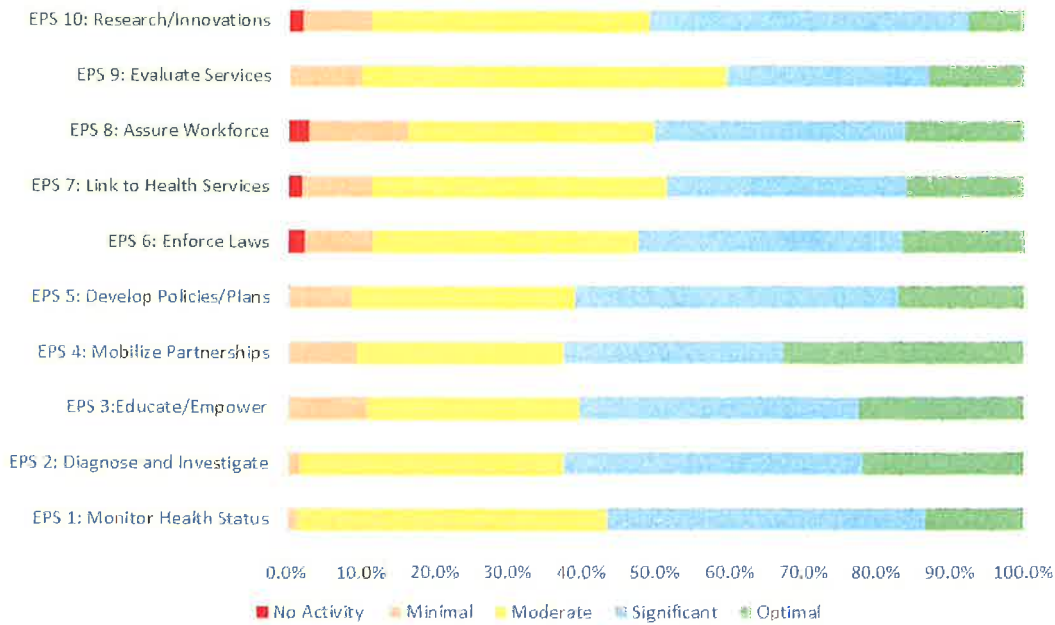
A total of sixty-two responses were collected from public health system partners that included public, private, and voluntary sectors. Individual survey participants could self-report the organization or agency they represented, but this was a voluntary question which forty-four people skipped. Of those who reported, the composition of attendees reflected a diverse representation of partners which included the twenty-one agencies listed below:

Constituency Represented
AMITA Health St. Mary's Hospital Kankakee
Azzarelli Clinic
Bourbonnais Township Park District
Cornerstone Services
Economic Alliance of Kankakee County
Kankakee Community College
Kankakee County Board District 21
Kankakee County Health Department
Kankakee County State's Attorney's Office
Kankakee Express Care
Kankakee School District 111
Kankakee Valley Park District
KinderCare Learning Center
Lasting Impressions Visions Inc
Manteno Police Department
Riverside Medical Center
United Way of Kankakee & Iroquois Counties
Uplifted Care
Village of Bourbonnais
Village of Hopkins Park
YWCA Kankakee

Key Findings

The average scores by Essential Public Health Service (EPHS) from the July 2021 Kankakee County Local Public Health System Assessment (LPHSA) are pictured below. Performance measures are designed to be scored based on how well survey participants perceive that, collectively, all members of the local public health system meet the standard within the local jurisdiction. The scale used for measurement included **No Activity (0%)** of the public health system does not participate in this activity, **Minimal Activity (1-25%)** of the public health system provides limited activity and there is an opportunity for substantial improvement, **Moderate Activity (26-50%)** of the public health system somewhat participates in this activity and there is opportunity for greater improvement, **Significant Activity (51-75%)** of the public health system participates a great deal in this activity and there is opportunity for minor improvement, or **Optimal Activity (76-100%)** of the public health system is doing absolutely everything possible for this activity and there is no room for improvement. The highest score was the EPHS 4, Mobilize community partnerships to identify and solve health problems. The lowest score was EPHS 7, Link people to needed personal health services and assure the provision of health services. The overall system performance measure was **significant**.¹

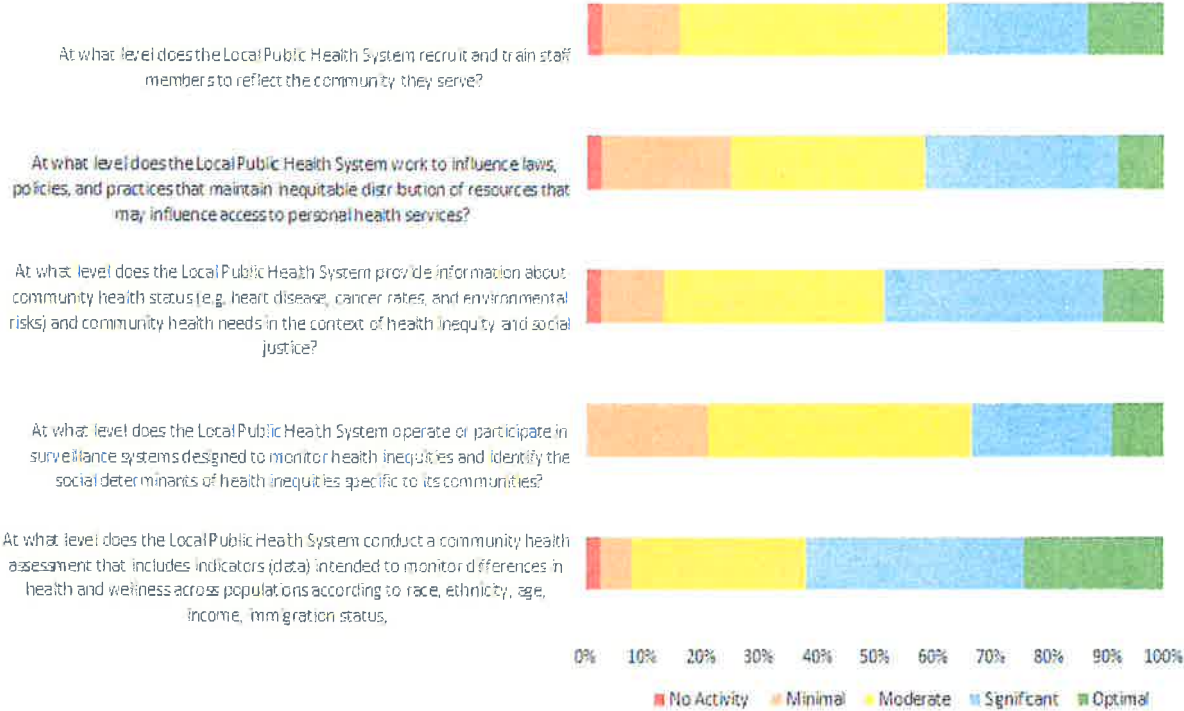
2021 Kankakee County LPHS Essential Public Health Service Scores



Composite EPHS Scores for Kankakee County			
EPHS	EPHS Description	2021 Score ³	Overall Ranking
1	Monitor health status to identify community health problems.	43.0 % Significant	4th
2	Diagnose and investigate health problems and health hazards in the community.	40.6% Significant	5th
3	Inform, educate, and empower people about health issues.	37.9% Significant	6th
4	Mobilize community partnerships to identify and solve health problems.	32.8% Optimal	1st
5	Develop policies and plans that support individual and community health efforts.	44.0% Significant	2nd
6	Enforce laws and regulations that protect health and ensure safety.	36.1% Significant	7th
7	Link people to needed personal health services and assure the provision of health services.	40.2% Moderate	10th
8	Assure a competent public and personal health care workforce.	34.2% Significant	8th
9	Evaluate effectiveness, accessibility, and quality of personal/population-based health services.	49.5% Moderate	9th
10	Research for new insights and innovative solutions to health problems.	43.4% Significant	3rd
Overall LPHS Performance Score		Significant	

The MAPP Coordinators selected 5 health equity questions to represent the EPHS. The Health Equity Score is based on the highest percentage (mean value) assigned to a specific Performance Measure from the survey participants. On the chart below the 2021 Performance Measure is reported along with the percentage of survey participants which identified this rating. The overall Health Equity Score for Kankakee County was in the **moderate** range. There are clearly opportunities to apply health equity to the delivery of the 10 Essential Public Health Services. The partners that comprise the LPHS are at different stages of integrating a health equity lens into their work. Many of the Health Equity Measures score far lower than the Performance Measures because this work is still new but highly prioritized among the LPHS.

2021 Kankakee County LPHS Health Equity Scores



Throughout the survey regarding how well Kankakee County addresses the 10 EPHSs, a number of cross-cutting themes emerged through survey responses and additional comments among individuals. The themes arose as strategic areas to address for improved functioning, capacity, and effectiveness of the local public health system (LPHS) in Kankakee County. These themes are detailed below.

Strengths

- **Partnerships:** LPHS organizations foster a culture of working together and have a strong desire to solve problems through collaboration. The partnerships in the LPHS span across sectors and include a wide variety of organizations: businesses, higher education

institutions, hospitals, government agencies, community-based organizations, health and social services providers, emergency and law enforcement agencies, schools, and laboratories, among many others.

- **Emergency Preparedness:** The LPHS is well-prepared to deal with health hazards and health emergencies. Many partners work together to conduct surveillance, develop emergency plans, and participate in emergency exercises.
- **Data:** The LPHS collects and analyzes population health data to drive decision-making. Health data are becoming increasingly more accessible to LPHS organizations and community members.
- **Assessment:** The LPHS conducts Community Health Assessments (CHAs) on a regular basis. The CHA identifies health needs, raises awareness about health disparities, and stimulates discussion of health issues. The CHA facilitates the ability to create an evidence-based CHIP.
- **Workforce:** The LPHS has a prepared and compliance workforce. LPHS personnel partake in workforce development opportunities and LPHS organizations are improving the school to employment pipeline.

Weaknesses

- **Communication:** LPHS organizations do not share research and data efficiently due to organizational silos and incompatible technology. The LPHS needs to improve outreach to specific demographics and marginalized populations, and to the general public. There is no central calendar for scheduling community meetings.
- **Health Equity:** The LPHS needs to improve awareness and acknowledgement of health inequities in the community. The LPHS lacks adequate data on health disparities and does not address special populations in the all-hazard plan. The LPHS needs to enhance partnerships with agencies who serve vulnerable populations and consistently engage the voice of customers, particularly marginalized communities, in LPHS activities.
- **Participation:** The LPHS needs to address the barriers to community member participation in problem-solving, planning, decision making, and leadership development. More involvement is needed from the business community, elected officials, neighborhood associations, media, smaller communities, customers, marginalized populations, and grassroots organizations.
- **Data:** Finding and accessing data can be challenging for some organizations and community members. The CHA data are not always easy to understand and are not user-friendly for laypersons. In addition, the LPHS is not using evaluation results effectively to make decisions and allocate resources.

- **Assessment:** There are gaps in identifying the needs of populations that do not access formal healthcare channels because they cannot afford care. In regard to community health assessments, the assessment process starts off strong each cycle but loses momentum over the 3-year period between assessments.
- **Awareness:** The general public lacks awareness about policy development and review; health inequities; and the local health department's role in the community. Some providers lack awareness of reportable disease requirements and personal health services/social services available in the LPHS.

Opportunities

- **Awareness:** The LPHS can improve community and LPHS awareness of population health data; research findings; community events; emergency communication plans; funding opportunities; community planning efforts; workforce development resources; and community service directories.
- **Communication:** The LPHS should improve communication with community members by utilizing new technology (e.g. social media), publicizing meetings, and making materials understandable for community members. Communication between LPHS organizations could improve by formalizing communication plans, increasing interoperability of electronic systems, and sharing key stakeholder and leadership contact information.
- **Participation:** The LPHS can improve participation rates of community members and organizations by holding more neighborhood meetings, implementing monthly community council meetings, and offering alternative days and times to meet. More diverse community involvement is needed in assessment, community health improvement planning, policy development, and emergency drills.
- **Data:** LPHS organizations should use registry data and evaluation data to its fullest potential. A centralized repository would improve access to data. The LPHS can expand its data sources to include qualitative data from community health workers and data collected in atypical service settings. The LPHS also has an opportunity to make this CHA more user friendly to community members and other new partners.
- **Resources:** The LPHS should identify ways to sustain good programs in the face of funding deficits. The LPHS can tap into existing resources such as the local universities, 211 and KAN-I-HELP, and workforce development opportunities.

MAPP Phase 4: Identifying Strategic Issues

On April 21, 2021, fifteen Kankakee County public health stakeholders participated in a four-hour virtual meeting to review key findings from the four MAPP assessments, identify cross-cutting themes and potential strategic issues, and prioritize a set of strategic issues. The meeting was facilitated by the leadership from the neighboring Will County Health Department.

Following the discussion of assessment findings and updates on progress of the action teams efforts in addressing the previous CHNA strategic issues, participants were asked to individually reflect on the cross-cutting themes using a worksheet. Participants were then sent into virtual small groups to discuss and build consensus around the top three strategic needs for the county. Next, each small group shared their recommendations and rationale for the top three strategic issues, followed by a facilitated discussion to further explore and define the potential priorities. A confidential online voting feature was used for each participant to select the top three. The top strategic issue named was Behavioral Health. Additional discussions among participants ensued to narrow down the issues to Access to Health/Health and Wellness and Education and Employment.

Thus, the following top priorities were identified:

- Health and Wellness

Focus Areas: Prevention and primary care, social determinants of health, & chronic diseases

- Behavioral Health

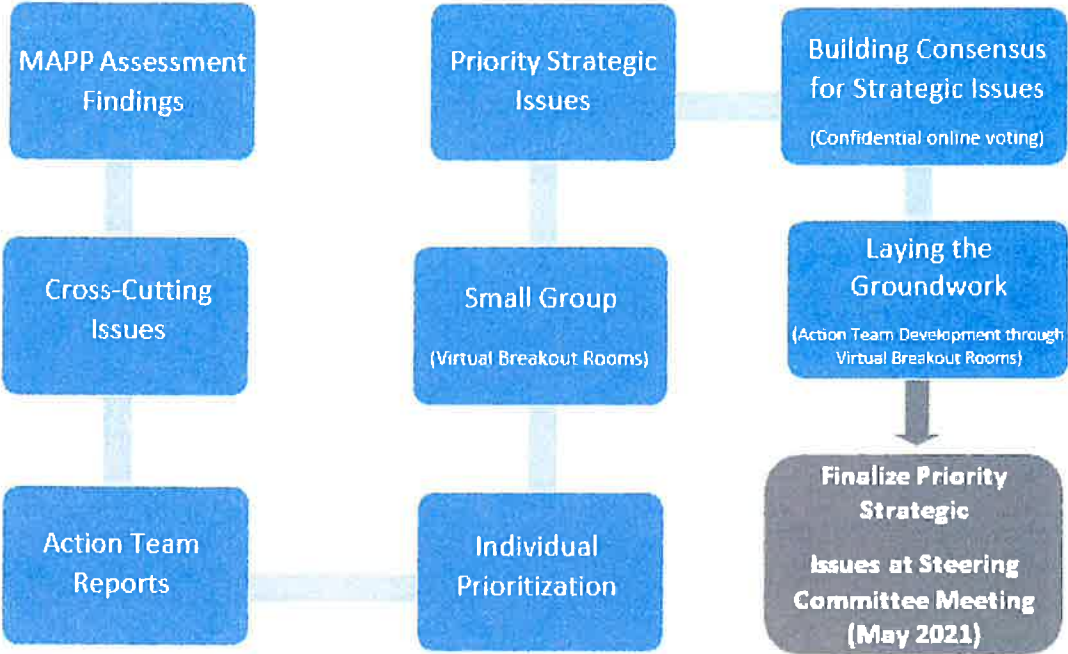
Focus areas: Substance use, mental health, & trauma awareness and prevention

- Education and Employment

Focus areas: Job skills, employability, & career ladder

The remaining time of the strategic session was used to plan next steps around these issues including the formation of action teams. Goals and action plans will be developed or updated for each of these priority health issues. These action plans will be implemented and aligned to improve the local public health system, and ultimately the health of the Kankakee County community in alignment with our vision.

Process for Prioritization of Strategic Issues



Kankakee County Community Health Plan

MAPP Phase 5: Formulate Goals and Strategies

Process

During this phase, the community and local public health system partners form goal statements related to each strategic issue and identify strategies for achieving each goal. It's important to use assessment data to inform goal setting and to test assumptions about potential strategies. This phase helps the community align the work of the Action Teams with the vision, purpose, and mission of the Kankakee County Partnership for a Health Community. The purpose of the Community Health Plan is to provide Kankakee County with a community plan that is developed by and for the community.

Following Phase 4, Prioritizing Strategic Planning, Action Team chairs and the MAPP Coordinator presented the data to the cross sector of participants and community representatives. Using a ranking strategy, such as Hanlon method, participants ranked health priorities using the worksheet provided during the virtual Strategic Planning meeting. Breakout groups were held with community members and MAPP partners to gather information for developing goals and strategies. Information gathered included what was currently being done in the county to address the needs, gaps in services, resources available and resources needed, and the available evidence-based data provided at the population level. Breakout group participants were also asked for suggestions on strategies to address each priority.

In addition to information shared by the Breakout Groups, the current goals, and strategies, as well as action team initiatives, were reviewed by the MAPP Steering Committee. Virtual Strategic Issues Meeting participants participated in a confidential poll voting process to select the final top ranked adopted health issues and strategies. After the three priority health issues were identified, three action teams were formed to specifically address Health & Wellness, Behavioral Health, and Education & Employment. The action teams consisted of PHC members and key stakeholders in the community. The Action group members were asked to formulate strategies and goals for each strategic health issue. Goals, objectives, and outcomes were discussed in terms of short-term, intermediate, and long-term, using the SMART framework of having outcomes that are specific, measurable, achievable, relevant, and time-oriented. Action teams were asked to consider the following questions in identifying goals, objectives, and outcomes to address the strategic health issues:

- What are the existing resources, assets, and strengths for this work?
- What are the barriers and how can we overcome these barriers?
- What has worked elsewhere?
- What are the evidence-based approaches to create change defined?

In answering these questions, the Action Teams will be able to identify programs, interventions, evidence strategies to address change.

Community Participation

Established in 2011 as an effort to meet the IRS guidelines for not-for-profit hospitals and the requirements of the Illinois Department of Public Health for local health department certification, a member steering committee guided the community through the MAPP Strategic Planning Framework. The first collaborative needs assessment was completed in 2012. The second iteration of the MAPP process was completed in December 2015. The third round of the MAPP process began in January 2017 and the fourth iteration in late 2019.

The Steering Committee of the Kankakee Partnership meets regularly to provide oversight to the ongoing MAPP process and make recommendations. Action Teams were established around the identified priorities and have been implementing action plans and strategies to address those needs. The action teams are led by chairs and co-chairs from partner organizations. Most of the teams meet monthly or bi-monthly as needed.

Organizations on the Kankakee Partnership for a Healthy Community Steering Committee are listed below:

- AMITA Health St. Mary's Hospital
- Helen Wheeler Center for Community Mental Health
- Iroquois-Kankakee Regional Office of Education
- Kankakee County Health Department
- Kankakee County Hispanic Partnership, Inc.
- Olivet Nazarene University
- Pledge for Life Partnership
- Project SUN
- Riverside Healthcare
- Twenty-first Judicial Circuit Family Violence Coordinating Council
- United Way of Kankakee & Iroquois Counties

The general membership consists of partners who are not involved directly with an Action Team but participate as appropriate for their organization. They contribute to the overall assessment process and some implementation strategies.

On April 21, 2021, fifteen Kankakee County public health stakeholders participated in a four-hour virtual meeting to review key findings from the four MAPP assessments, identify cross-

cutting themes and potential strategic issues, and prioritize a set of strategic issues. The meeting was facilitated by the leadership from the neighboring Will County Health Department. Community involvement for this phase included the Executive Committee, MAPP Steering Committee Members, MAPP Action Team Members, and Community Partners. Many partners participated in prioritizing the strategic issues and developing the Community Health Plan, which are listed below:

AMITA Health	Kankakee Workforce Services
AMITA Health St. Mary's Hospital	Iroquois & Kankakee County Regional Office of Education
Bradley-Bourbonnais Community High School	Manteno Police Department
City of Kankakee	Maternity BMV Church, Bourbonnais
Community Foundation of Kankakee River Valley	Olivet Nazarene University
Easterseals	NAACP, Kankakee County Branch
Economic Alliance of Kankakee County	Pembroke Public Library District
Garden of Prayer Youth Center	Pledge for Life Partnership
Helen Wheeler Center for Mental Health	Project SUN
Kankakee Community College	Riverside Healthcare
Kankakee County Coalition Against Domestic Violence	Salvation Army
Kankakee County Health Department	Twenty-first Judicial Circuit Family Violence Coordinating Council
Kankakee County Hispanic Partnership, Inc.	United Way of Kankakee & Iroquois Counties
Kankakee High School District 111	Village of Manteno
Kankakee Valley Symphony	Zip-Pak

Community Health Needs Assessment

A community health needs assessment report is devised based on the strategic prioritizing that the MAPP collaborative provides on the overarching community needs chosen to address in the coming MAPP iteration. The report was completed and approved by the MAPP Steering Committee on May 25th, 2021. Based on the Community Health Needs Assessment Report the Executive Committee works together with the Action Teams to implement and evaluate major social and health related issues in the community. These reports and other information are available on the Kankakee County Health Department Website.

The following goals and strategies, in no order, were adopted by the Kankakee County Partnership for a Healthy Community in July 2021.

Strategic Issue #1: Health & Wellness

This strategic issue encompasses both access to care, taking into consideration the impact of social determinants of health, as well as chronic disease prevention. Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing, and managing disease, reducing unnecessary disability and premature death, and achieving health equity. Chronic diseases are the most common, costly, and preventable of all health problems.

Lack of access to routine health services creates health disparities in many health indicators based on race, ethnicity, income, and geography in Kankakee County. Heart disease is the second cause of hospitalizations and leading cause of death in Kankakee County. Heart disease, stroke, and diabetes account for over 50% of deaths in Kankakee County. Four of these health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excess alcohol consumption— cause much of the illness, suffering, and early death related to chronic diseases and conditions. Findings from the assessments detail access issues to chronic disease resources.

Goal: Promote quality of life and healthy behaviors.

Specific priority needs and populations identified in the assessment process include:

- Screening and addressing social determinants of health and social needs during health visits to reduce health disparities and improve health outcomes.
- Promotion and development of community interventions to address social determinants of health.
- Navigation to primary medical homes for prevention and early detection of disease, reducing risk factors, managing conditions, and utilizing additional preventative care and screenings.
- Increased education among target populations on diseases of the heart and the intersection with physical health and obesity.
- Improving health literacy and health care navigation, including virtual health or telehealth opportunities, especially in low-income and rural areas.

- Better data to define and prioritize chronic disease and access issues, including direct community input, to assist populations most affected, and monitor progress.

Summary of Key Findings Related to Health and Wellness

Issue	Target Populations
Social Determinants of Health	
<p>Those living in poverty have more social needs that affect their overall health and health access. Eighteen percent of the county aged under 18 lives in poverty, which is higher than the last assessment (16%). There is a higher prevalence of poverty among older adults aged 65+, those that are Hispanic/Latinx, African American/Black or Native American/Alaskan Native. There are geographical disparities of poverty for adults and children in targeted zip codes.</p> <p>The percent of adults in Kankakee County receiving SNAP benefits has remained steady (17%) but remains higher than Illinois (13%). 55.3% of children are eligible for free and reduced lunch in Kankakee County, which has increased by 5% since 2017. There are also areas with low access to food stores. The rate of grocery stores per population remains lower (17.63 per 100,000 population) compared to Illinois (21.04 per 100,000 population). Access to transportation or higher use of public transportation makes getting to routine services including health care more difficult. Those that reside in the center of the county rely the most on public transportation.</p>	<ul style="list-style-type: none"> • Adults • Children • African American/Black population • Native American/Alaskan Native population • Hispanic/Latinx population • Zip Codes: 60901, 60914, 60915, 60944, 60958
Health Behaviors	

<p>Heart disease is the top cause of death in Kankakee County. There is a greater percentage of African American/Black population and men that have heart disease. Among older adults 65+ there is high prevalence of health disease, high cholesterol, and hypertension. There has been an increase in adults who report they are not physically active (37% Kankakee County; 22% Illinois) and adults who are obese (41.4% Kankakee County; 31.36% Illinois). Obesity rates are higher than the state average (10%; 11%) for 10th (14%) and 12th (13%) grade students in Kankakee County. The percent of adults diagnosed with diabetes is lower than Illinois and the United States, which could indicate a higher undiagnosed population with diabetes. Many of these health behaviors in adults can be attributed to an increased rate of life lost and premature death which is highest among the African American/Black population (14,400 years per 100,000 population) in Kankakee County.</p>	<ul style="list-style-type: none"> • Adults • Older Adults 65+ • Youth • Men • African American/Black population
---	---

Access to Health

<p>Having a primary healthcare provider is important to receive routine health promotion and preventative care. Kankakee County is in a Health Resource Shortage Area (HRSA) for having too few primary care physicians and mental health providers for the population. The county also has a lower ratio (1.76) of Federally Qualified Health Care Center (FQHCs) compared to Illinois (3.05). While the percentage of the population that is uninsured continues to decrease, there are disparities that exist among those that are insured. Sixteen percent of the Hispanic/Latinx population is uninsured and 8.19% of the African American/Black population is uninsured compared to 4% of the non-Hispanic white population. There is a higher percentage of the adult population in Kankakee County that receives Medicaid (22.9%) than Illinois (21.20%). As people age, the need for medical care increases, especially if there has been a lack of access to routine and preventive care during the life span. The second highest portion of residents are older adults aged 65+ in Kankakee County. Additionally, there is a higher percentage of older adults living in poverty in Kankakee County (17%) compared to Illinois (9%), which adds additional strain on the health care system and increased need for other social services for older adults.</p>	<ul style="list-style-type: none"> • Adults • Older Adults 65+ • Males • African American/Black population • Hispanic/Latinx population • Asian population • Zip Codes: 60950, 60901, 60944, 60958
---	---

Strategic Issue #2: Behavioral Health

Behavioral health as a strategic issue is used to include both mental health, substance use disorders as well as violence, safety, and trauma among Kankakee County residents. Depression is on the rise among both youth and older adults while the number of suicides per year in Kankakee County is

unstable. Behavioral health was the top health issue named in the community input survey. Behavioral health issues impact population groups across income levels as well as racial and ethnic groups with effects of the COVID-19 pandemic adding additional strain on the local public health system. Findings from the assessments detail issues with access to local behavioral health services and resources.

Goal: Improve behavioral health by ensuring coordination and access to appropriate behavioral health services.

Specific priority needs and populations identified in the assessment process include:

- Continue to reduce stigma behind seeking mental healthcare, especially in communities of color, as those needing care are expected to grow due to COVID-19 pandemic.
- Increase opportunities for affordable, equitable and accessible treatments for both mental health and substance use disorders, including virtual health or telehealth opportunities, especially in low-income and rural areas.
- Advocate for funding for expansion of services, resources, and providers in the county.
- Increase outreach and support programs for high school youth and parents as well as older adults 65+ years.
- Better data to define and prioritize behavioral health issues, including direct community input, to assist populations most affected, and monitor progress.
-

Summary of Key Finds Related to Behavioral Health

Issue	Target Populations
Substance Use Disorders	
<p>There has been a significant increase in drug overdose deaths in recent years, but a decline in 2018 and 2019 in Kankakee County (29 overdose deaths each year). Drug overdose deaths are more common among the white/Caucasian population than any other race. In 2019, more females (52%) had overdoses, but in recent years more men had overdose deaths. The average age of individuals that die from a drug overdose in Kankakee County is 43 (2019) years of age, which has increased since 41 years of age in 2016. The most common overdose drug is Fentanyl.</p>	<ul style="list-style-type: none"> • White/Caucasian population • Middle-aged adults
Mental Health	

<p>Nearly 14% of adults in Kankakee County have reported having more than 7 not good mental health days in the past month. Respondents on the community survey identified that they struggled more with their mental health and felt an enhanced sense of isolation during the pandemic.</p> <p>While the suicide rate has come down in Kankakee County (10.1 per 100,000 population) close to the Illinois rate (10.5 per 100,000 population), the number of suicides in recent years is unstable. Since 2011, the percentage of the Medicare population has reported more depression (16.98%). The ratio of mental health providers to residents is almost double (820:1) than the Illinois rate (480:1), but the ratio (990:1) has decreased since 2016. Kankakee County is in a Health Resource Shortage Area (HRSA) for having too few primary care physicians and mental health providers for the population.</p>	<ul style="list-style-type: none"> • Adults • Older Adults 65+
<p>Violence, Safety & Trauma</p>	
<p>Accidents are the third leading cause of deaths in Kankakee County. The accidental death rate (50.9 per 100,000 population), the motor vehicle death rate (138 per 100,000 population) and the homicide death rate (8.6 per 100,000) are all higher than the Illinois and United States rates respectively. The number of years of life lost prematurely (before 75 years) is significantly higher in Kankakee County (8,899 per 100,000 population) compared to Illinois (6,698 per 100,000 population). Respondents on the community survey mentioned the issue of not feeling safe in their neighborhood or in parts of the county, and the prevalence of crime in Kankakee County. Gun violence, drugs, and gang activity, particularly in the city of Kankakee, is of significant concern to many of the survey respondents.</p>	<ul style="list-style-type: none"> • Adults • Kankakee (city)
<p>Children & Youth</p>	
<p>The Illinois Youth Survey captures self-reported data on substance use among 8th, 10th, and 12th grade students throughout the Kankakee County school system. Alcohol is the most common substance used among youth. Ten percent of 8th graders, 21% of 10th graders, and 32% of 12th graders self-report using alcohol in the past 30 days. Marijuana use has remained stable (4%; 13%) for 8th and 10th graders since 2018 but has decreased among 12th graders (19%). Nearly 50% of youth in 8th are reporting being bullied, which has remained consistent since 2016. More 10th and 12th graders are experiencing depression (45%; 40%) and thoughts of suicide (21%; 15%) in 2020.</p> <p>The Early Development Instrument was used to determine Kindergarten readiness in school districts within Kankakee County during the 2016-</p>	<ul style="list-style-type: none"> • Youth • Children • Children residing in Pembroke & Kankakee (city)

2017 (Wave 1) school year and 2018-2019 school year (Wave 2). More students are at risk and vulnerable in Wave 2 with the highest percentage developmentally vulnerable in Pembroke (53%) and Kankakee (51%). Language, cognitive development, and emotional maturity are the most vulnerable domains in Wave 2.	
--	--

Strategic Issue #3: Education & Employment

Education is an important social determinant of health because the rate of poverty is higher among those without a high school diploma or high school equivalency exam (GED). Individuals without a high school education are at a higher risk of developing certain chronic illnesses, such as diabetes as well as have less employment opportunities at higher wage rates. The median family income has increased in Kankakee County, but disparities exist among race and ethnicity. Poverty is a social determinant of health that can create barriers to accessing health services, healthy food, and other necessities needed for good health status. It can also affect housing status, educational opportunities, an individual’s physical environment, and health behaviors.

Unemployment can create financial instability, and, as a result, can create barriers to accessing healthcare services, insurance, healthy foods, and other basic needs. The effects of COVID-19 pandemic on unemployment and loss of insurance are on the horizon. The unemployment rate for Kankakee County (5.4) has declined since 2010 but is still higher than the rates for Illinois (4.3) and the U.S. (3.9). Respondents to the community survey identified lack of higher-wage jobs as a significant issue that impacts the quality of life in Kankakee County.

Goal: Enhance workforce development to improve employability of community members which will boost economic vibrancy and person health.

Specific priority needs and populations identified in the assessment process include:

- Increase youth workforce development program opportunities that increase job readiness and interpersonal skill development.
- Expand career ladder programs in local businesses and organizations to retain higher level positions with competitive benefits in the community.
- Close the technology gap needed to stay connected to sustain education and workforce opportunities.
- Increase education and training to reduce unconscious bias in the educational and workplace settings.

- Better data to define and prioritize education and employment gaps, including community input, to identify populations most affected, and monitor progress

Summary of Key Finding Related to Education & Employment

Issue	Target Populations
Education	
<p>While the high school graduation rate in Kankakee County has increased in recent years (93%) to above the Illinois rate (85%), disparities exist among race and geography in obtaining a high school diploma. Significantly less Kankakee County residents (20.9%) have obtained a bachelor's degree than Illinois (34%) or US residents (31.5%). However, the number of residents that have obtained a bachelor's degree has grown from 18.8% (2015) to 20.9% (2018) in Kankakee County.</p>	<ul style="list-style-type: none"> • Youth • Adults • Non-Hispanic White/Caucasian population • Residents in Kankakee (city) and Pembroke Township
Employment	
<p>The unemployment rate for Kankakee County is higher (5.4) than Illinois (4.3) and the US (3.9). This rate follows the rate trend in the past 10 years but has consistently remained higher than the Illinois and US rates. Lack of employment correlates to a higher rate of uninsured and those living in poverty.</p>	<ul style="list-style-type: none"> • Adults • Labor workforce
Income	
<p>The median family income has increased to \$71,508 since the last assessment (\$63,716), but disparities exist among race and ethnicity. The Black/African American families have the lowest median family income (\$38,140). Other Races population (\$42,228) and the Hispanic/Latinx population (\$48,642) also have significantly lower median family incomes. Respondents to the community survey identified lack of higher-wage jobs as a significant issue that impacts the quality of life in Kankakee County. Similarly, community stakeholders cited a lack of higher wage jobs and benefits in the county.</p>	<ul style="list-style-type: none"> • Adults • Black/African American population • Other Races population • Hispanic/Latinx population

MAPP Phase 6: Action Cycle

The Action Cycle involves three activities: planning, implementation, and evaluation. The Action Cycle looks similar to continuous quality improvement cycles in that information about how well you are achieving your goals should inform improvements in your planning and implementation. During this phase, the Action Teams will use the goals and strategies identified in the previous phase to develop a community health improvement plan. The Kankakee County community will implement the work plans, evaluate how well they are meeting goals and objectives, and implement revised work plans as part of an iterative process.

Transparency, effective communication, trust, and leadership are critical in ensuring that the community successfully implements its strategic plan. The commitment and engagement by our Action Team members allow for effective evaluations and improvements to be made throughout the next Action Cycle. Successful MAPP processes ensure all people involved know what actions are being taken by whom and how those actions relate to the ultimate vision. Based on the identified strategic issues, Action Teams were formed to address one strategic issue or one goal. The Action Teams develop measurable objectives and identify activities related to their assigned strategic issue.

The Kankakee County Community Health Improvement Plan identifies the three prioritized community health needs and the three action teams that will address these needs over the next three years. The following teams were devised to address community needs in Kankakee County:

- Action Team: Health & Wellness
- Action Team: Behavioral Health
- Action Team: Education & Employment

The MAPP Action Teams will each identify a Chair and/or Co-Chairs as volunteer agents of healthcare, education, public health, and other cross sector organizations that will guide the framework for each of the action teams. Each Team will meet monthly or bi-monthly to focus on implementation of activities that will lead to impactful change for their priority. Objectives and Implementation Plans are reviewed by the Steering Committee Members and for approval however, throughout the three years changes and modification may be made. During the Fall of 2021, Kankakee County will begin implementing the fourth iteration of the MAPP Action Cycle.

Action Team: Health & Wellness

Health Problem:

- Access to Care
- Chronic Disease Prevention
- Social Determinants of Health

Kankakee County residents suffer from lack of collaboration 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.

Description of Problem: This strategic issue encompasses both access to care, taking into consideration the impact of social determinants of health, as well as chronic disease prevention. Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing, and managing disease, reducing unnecessary disability and premature death, and achieving health equity. Chronic diseases are the most common, costly, and preventable of all health problems.

Lack of access to routine health services creates health disparities in many health indicators based on race, ethnicity, income, and geography in Kankakee County. Those living in poverty have more social needs that affect their overall health and health access. Eighteen percent of the county aged under 18 lives in poverty, which is higher than the last assessment (16%). There is a higher prevalence of poverty among older adults aged 65+, those that are Hispanic/Latinx, African American/Black or Native American/Alaskan Native. There are geographical disparities of poverty for adults and children in targeted zip codes. The percent of adults in Kankakee County receiving SNAP benefits has remained steady (17%) but remains higher than Illinois (13%). 55.3% of children are eligible for free and reduced lunch in Kankakee County, which has increased by 5% since 2017. There are also areas with low access to food stores. The rate of grocery stores per population remains lower (17.63 per 100,000 population) compared to Illinois (21.04 per 100,000 population). Access to transportation or higher use of public transportation makes getting to routine services including health care more difficult. Those that reside in the center of the county rely the most on public transportation.

Heart disease is the top cause of death in Kankakee County. Four of these health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excess alcohol consumption— cause much of the illness, suffering, and early death related to chronic diseases and conditions. There is a greater percentage of African American/Black population and men that have heart disease. Among older adults 65+ there is high prevalence of health disease, high cholesterol, and hypertension. There has been an increase in adults who report they are not physically active (37% Kankakee County; 22% Illinois) and adults who are obese (41.4% Kankakee County; 31.36% Illinois). Obesity rates are higher than the state average (10%; 11%) for 10th (14%) and 12th (13%) grade students in Kankakee County. The percent of adults

diagnosed with diabetes is lower than Illinois and the United States, which could indicate a higher undiagnosed population with diabetes. Many of these health behaviors in adults can be attributed to an increased rate of life lost and premature death which is highest among the African American/Black population (14,400 years per 100,000 population) in Kankakee County.

Having a primary healthcare provider is important to receive routine health promotion and preventative care. Kankakee County is in a Health Resource Shortage Area (HRSA) for having too few primary care physicians and mental health providers for the population. The county also has a lower ratio (1.76) of Federally Qualified Health Care Center (FQHCs) compared to Illinois (3.05). While the percentage of the population that is uninsured continues to decrease, there are disparities that exist among those that are insured. Sixteen percent of the Hispanic/Latinx population is uninsured and 8.19% of the African American/Black population is uninsured compared to 4% of the non-Hispanic white population. There is a higher percentage of the adult population in Kankakee County that receives Medicaid (22.9%) than Illinois (21.20%). As people age, the need for medical care increases, especially if there has been a lack of access to routine and preventive care during the life span. The second highest portion of residents are older adults aged 65+ in Kankakee County. Additionally, there is a higher percentage of older adults living in poverty in Kankakee County (17%) compared to Illinois (9%), which adds additional strain on the health care system and increased need for other social services for older adults.

Target Populations:

- Adults
- Children
- African American/Black population
- Native American/Alaskan Native population
- Hispanic/Latinx population
- Zip Codes: 60901, 60914, 60915, 60944, 60958

Healthy People 2020 National Health Objective related to Health & Wellness:

- AHS- 1.1 Increase the proportion of persons with medical insurance to 100% (Baseline: 83.2% of persons had medical insurance in 2008)
- AHS-3.1 Increase the proportion of person with a usual primary care provider to 83.9% (Baseline: 76.3% of person had a usual primary care provider in 2007).
- AHS-5.1 Increase the proportion of persons of all ages who have a specific source of ongoing care to 95.0% (Baseline: 86.4% of persons of all ages had a specific source of ongoing care in 2008).
- HDS-1 Increase overall cardiovascular health in the U.S. population.
- TU-1.1 Reduce cigarette smoking by adults to 12.0% (Baseline: 20.6% of adults aged 18 years and over were current cigarette smokers in 2008).

Outcome Objective:

- By the year 2024, increase the percentage of Kankakee County residents with medical insurance (<65 years of age) to at least 96.0%.
- By 2022, continue to increase the percentage of Kankakee County residents with a usual primary care provider to 88.0%.
- By 2024, decrease the percentage of Kankakee County residents who have high cholesterol (baseline: 63%) and high blood pressure (Baseline: 45%) which is contributing to the high risk of heart disease in Kankakee County.
- By 2022, decrease the percentage of Kankakee County adults with obesity to 30.0% (Baseline: 41.1% in 2016).
- By 2024, decrease the percentage of Kankakee County adults who smoke cigarettes to 12% (Baseline: 14.8%).
- By 2024, decrease the rate of preventable hospital admissions (Baseline: 5,900 per 100,000 Medicare enrollees).

Risk Factors:

- Limited access to health care facilities and providers
- Access to transportation
- Lack of financial coverage for services
- Uninsured Kankakee County Residents are less likely to receive medical care, more likely to die early, and more likely to have a poor health status
- Lack of adequate coverage results in less preventative health screenings and services to prevent chronic diseases
- Personal attitudes, beliefs, mistrust, or limited health literacy
- Language barriers
- Lack of culturally sensitive services
- Lack of community collaboration and promotion of resources

Contributing Factors:

- Family history
- Availability and access to health care providers in Kankakee County
- Cost of healthcare and availability of affordable insurance
- Mistrust of healthcare system
- Inconvenience to access care
- Lack of knowledge or awareness of available services in the community

Intervention Strategies:

- Promote the use of Kan-I-Help and 211 services with partner organizations
- Continue SNAP at Farmer's Market and focus and promote local food banks to increase access to healthy foods to decrease cardiovascular diseases
- Develop marketing campaign to continuously promote smoking cessation programs

- Increase promotion of marketing campaign resource materials
- Continue digital resource packets for providers to assist with educating and promoting community resources
- Update and promote Certified Application Counselor Location Sheet
- Foster coordination between various transportation vendors, and promote public awareness and education on transportation options
- Implement community wide public relations efforts to educate and inform the public about the importance of preventative health measures
- Work with the NAACP, Hispanic Partnerships, and Faith-Based Organizations to identify attitudes and barriers to care among the multi-cultural population
- Enhance community referral system for healthcare services through local hospital, health department services and programs, and other local agencies
- Work with Federally Qualified Health Centers, Free Clinics, and Provider's offices to promote and educate on the importance of residents to establish a primary care home.

Resources:

- Kankakee County Health Department
- Riverside Healthcare
- AMITA Health St. Mary's Hospital
- Pledge for Life Partnership
- Azzarelli Free Clinic
- Local Medical Providers
- Hispanic Partnership
- River Valley Metro
- SHOW bus, rural transportation system
- United Way of Kankakee & Iroquois Counties
- Aunt Martha's Community Health Center
- Kankakee Community College
- Olivet Nazarene University
- Faith-Based Community
- National Association for the Advancement of Colored People
- Media- newspaper, radio, social etc.
- Project SUN
- Local School Districts
- Hippocrates Medical Clinic

Barriers:

- Financial resources
- Need for additional physicians, primary care providers, and dentists

- Transportation Access
- Resources for uninsured population
- Social Stigma and Mistrust
- Unequal accessibility across all parts of the County
- Language Barriers
- Lack of public knowledge and understanding of preventative health needs
- Lack of time and resources of residents

Evaluation:

Each activity completed by the Health & Wellness Action Team will be analyzed regarding costs and benefits of the intervention and associated data in completing appropriate evaluations. The number of presentations, screenings, programs, classes, and marketing events, as well as the number of residents in attendance and impacts of the activities will be tracked by the Chair or Co-Chairs and reported back to the Kankakee County Health Department during Executive MAPP Committee Meetings. This data will be used to determine the quality and worth of these activities, as well as the estimated contribution to increasing the Health and Wellness of residents in Kankakee County. Completion of another Community Health Needs Assessment in 2024 will allow the statistical data to be compared from the 2021 report so that an effectiveness comparison may be completed. All evaluation information will be shared with the Partnership for a Healthy Community and then disseminated to the public through the Kankakee County Health Department website.

Action Team: Behavioral Health

Health Problem:

- Substance Use Disorders
- Mental Health
- Violence, Safety & Trauma
- Children & Youth

Kankakee County residents suffer from lack of coordination and access to appropriate behavioral health services.

Description of Problem: Behavioral health as a strategic issue is used to include both mental health, substance use disorders as well as violence, safety, and trauma among Kankakee County residents. Depression is on the rise among both youth and older adults while the number of suicides per year in Kankakee County is unstable. Behavioral health was the top health issue named in the community input survey. Behavioral health issues impact population groups across income levels as well as racial and ethnic groups with effects of the COVID-19 pandemic adding additional strain on the local public health system. Findings from the assessments detail issues with access to local behavioral health services and resources.

There has been a significant increase in drug overdose deaths in recent years, but a decline in 2018 and 2019 in Kankakee County (29 overdose deaths each year). Drug overdose deaths are more common among the white/Caucasian population than any other race. In 2019, more females (52%) had overdoses, but in recent years more men had overdose deaths. The average age of individuals that die from a drug overdose in Kankakee County is 43 (2019) years of age, which has increased from 41 years of age in 2016. The most common overdose drug is Fentanyl.

Nearly 14% of adults in Kankakee County have reported having more than 7 not good mental health days in the past month. Respondents on the community survey identified that they struggled more with their mental health and felt an enhanced sense of isolation during the pandemic. While the suicide rate has come down in Kankakee County (10.1 per 100,000 population) close to the Illinois rate (10.5 per 100,000 population), the number of suicides in recent years is unstable. Since 2011, the percentage of the Medicare population has reported more depression (16.98%). The ratio of mental health providers to residents is almost double (820:1) than the Illinois rate (480:1), but the ratio (990:1) has decreased since 2016. Kankakee County is in a Health Resource Shortage Area (HRSA) for having too few primary care physicians and mental health providers for the population.

Accidents are the third leading cause of deaths in Kankakee County. The accidental death rate (50.9 per 100,000 population), the motor vehicle death rate (138 per 100,000 population) and the homicide death rate (8.6 per 100,000) are all higher than the Illinois and United States rates respectively. The number of years of life lost prematurely (before 75 years) is significantly

higher in Kankakee County (8,899 per 100,000 population) compared to Illinois (6,698 per 100,000 population). Respondents on the community survey mentioned the issue of not feeling safe in their neighborhood or in parts of the county, and the prevalence of crime in Kankakee County. Gun violence, drugs, and gang activity, particularly in the city of Kankakee, is of significant concern to many of the survey respondents.

The Illinois Youth Survey captures self-reported data on substance use among 8th, 10th, and 12th grade students throughout the Kankakee County school system. Alcohol is the most common substance used among youth. Ten percent of 8th graders, 21% of 10th graders, and 32% of 12th graders self-report using alcohol in the past 30 days. Marijuana use has remained stable (4%; 13%) for 8th and 10th graders since 2018 but has decreased among 12th graders (19%). Nearly 50% of youth in 8th are reporting being bullied, which has remained consistent since 2016. More 10th and 12th graders are experiencing depression (45%; 40%) and thoughts of suicide (21%; 15%) in 2020. The Early Development Instrument was used to determine Kindergarten readiness in school districts within Kankakee County during the 2016-2017 (Wave 1) school year and 2018-2019 school year (Wave 2). More students are at risk and vulnerable in Wave 2 with the highest percentage developmentally vulnerable in Pembroke (53%) and Kankakee (51%). Language, cognitive development, and emotional maturity are the most vulnerable domains in Wave 2.

Target Populations:

- Adults
- White/Caucasian Population
- City of Kankakee
- Youth
- Children residing in Pembroke and City of Kankakee

Healthy People 2020 National Health Objective related to Behavioral Health:

- MHMD-1 Reduce the suicide rate by 10% (Baseline: 11.3 per 100,000 population occurred in 2007).
- MHMD-2 Reduce suicide attempts by adolescents to 1.7 per 100 (Baseline: 1.9 per 100,000 population occurred in 2009).
- MHMD-4.1 Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs) (Baseline: 8.3% of adolescent aged 12 to 17 years experienced a major depressive episode in 2008).
- MHMD-5 Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral (Baseline: 79% of primary care facilities provided mental health treatment onsite or by paid referral in 2006).
- SA-12 Reduce drug-induced deaths (Baseline: 12.6 drug-induced deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population))

- SA-13.1 Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days (Baseline: 14.2 percent of adolescents aged 12 to 17 years reported use of alcohol or any illicit drugs during the past 30 days in 2015)

Outcome Objective:

- By 2024, reduce the number of drug related overdose deaths by 10% on an annual basis (Baseline: 29 Overdose Deaths in 2019).
- By 2024, reduce the number of suicides in Kankakee County by 10% (Baseline: 19 Suicides in 2019).
- By 2024, decrease the number of mental health hospital admissions by 10% by increasing media campaign info, resource promotion, and Mental Health First Aid Training (Baseline: 2,264 mental health admissions in Kankakee County in 2017).
- By 2024, decrease the percentage of youth in Kankakee County who have seriously considered suicide and experience depression by 10% (Baseline: In 2020, 45% of 10th grade students experienced depression and 21% seriously considered suicide).

Risk Factors:

- Substance misuse
- Increase in Mental Illness
- Education related to substance use disorders and mental health disorders
- Shortage of Mental Health Providers in Kankakee County
- Uninsured population
- Stigma related to Mental Illness
- Complexity of the Mental Health System
- Lack on awareness of prevention and rehabilitation programs and facilities within the County
- Lack of Finances
- Lack of Transportation
- Costs of Medication

Contributing Factors:

- Access to counseling and screening programs for substance abuse
- History of drug use
- Lack of promotion of services available in the community
- Family history of mental health

Intervention Strategies:

- Create and publicize a community calendar for behavioral health events

- Expand community awareness to more of the general population and include information on Good Samaritan Law in combination with Naloxone training and general substance use disorder service info
- Develop a social media marketing campaign for mental health and substance use awareness using a multi-media platform.
- Increase Mental Health First Aid trainings throughout the Community
- Increase Trauma Informed ACE's Trainings
- Reach out to the court system to provide awareness and resources for individuals involved in divorce mediation and probation
- Work with local child welfare investigators and case workers to ensure linkage of services for children in the welfare system with mental health needs
- Improve collaborative efforts and communication between agencies and organizations within the mental health system
- Complete school presentation to raise awareness and knowledge of mental health and available services for youth

Resources:

- Kankakee County Health Department
- Riverside Healthcare
- AMITA Health St. Mary's Hospital
- United Way of Kankakee County
- Helen Wheeler Community Mental Health Center
- Thresholds Center for Recovery
- Duane Dean Behavioral Health Center
- Child and Family Connections
- Primary Care Providers
- County schools
- Department of Child and Family Services
- Kankakee Community College
- Olivet Nazarene University
- Pledge for Life Partnership/Life Education Center
- Media-newspapers, radio, and social
- Kankakee County Coroner's Office
- Catholic Charities
- Community Foundation
- Kankakee County Opioid Taskforce
- Local Substance Dependency Resource Treatment Centers

Barriers:

- Financial resources
- Lack of resources and staff to implement programs
- Transportation to obtain mental health services
- Stigma of mental illness and substance misuse
- Lack of public knowledge
- Lack of time and resources of residents
- Lack of specialized mental health services in Kankakee County
- Availability of mental health services
- Resources for the uninsured
- Language barriers
- Costs associated with mental health treatment

Evaluation:

Each activity completed by the Behavioral Health Team will be analyzed regarding costs and benefits of the intervention and associated data in completing appropriate evaluations. The number of presentations, screenings, programs, classes, and marketing events, as well as the number of residents in attendance and impacts of the activities will be tracked by the Chair or Co-Chairs and reported back to the Kankakee County Health Department during Executive MAPP Committee Meetings. This data will be used to determine the quality and worth of these activities, as well as the estimated contribution bettering the Behavioral Health of residents in Kankakee County. Completion of another Community Health Needs Assessment in 2024 will allow the statistical data to be compared from the 2021 report so that an effectiveness comparison may be completed. All evaluation information will be shared with the Partnership for a Healthy Community and then disseminated to the public through the Kankakee County Health Department website.

Action Team: Education & Employment

Health Problem:

- Education
- Employment
- Income

Kankakee County residents require enhancement of the workforce development to improve employability of community members which will boost economic vibrancy and personal health.

Description of Problem: Education is an important social determinant of health because the rate of poverty is higher among those without a high school diploma or high school equivalency exam (GED). Individuals without a high school education are at a higher risk of developing certain chronic illnesses, such as diabetes as well as have less employment opportunities at higher wage rates. While the high school graduation rate in Kankakee County has increased in recent years (93%) to above the Illinois rate (85%), disparities exist among race and geography in obtaining a high school diploma. Significantly less Kankakee County residents (20.9%) have obtained a bachelor's degree than Illinois (34%) or US residents (31.5%). However, the number of residents that have obtained a bachelor's degree has grown from 18.8% (2015) to 20.9% (2018) in Kankakee County.

The median family income has increased to \$71,508 since the last assessment (\$63,716), but disparities exist among race and ethnicity. The African American families have the lowest median family income (\$38,140). Other Races population (\$42,228) and the Hispanic/Latinx population (\$48,642) also have significantly lower median family incomes. Respondents to the community survey identified lack of higher-wage jobs as a significant issue that impacts the quality of life in Kankakee County. Similarly, community stakeholders cited a lack of higher wage jobs and benefits in the county. Poverty is a social determinant of health that can create barriers to accessing health services, healthy food, and other necessities needed for good health status. It can also affect housing status, educational opportunities, an individual's physical environment, and health behaviors.

Unemployment can create financial instability, and, as a result, can create barriers to accessing healthcare services, insurance, healthy foods, and other basic needs. The unemployment rate for Kankakee County is higher (5.4) than Illinois (4.3) and the US (3.9). This rate follows the rate trend in the past 10 years but has consistently remained higher than the Illinois and U.S. rates. Lack of employment correlates to a higher rate of uninsured and those living in poverty. The effects of COVID-19 pandemic on unemployment and loss of insurance are on the horizon

Target Populations:

- Youth
- Adult

- Non-Hispanic White/Caucasian Population
- African American Population
- Hispanic/Latinx population
- Residents of Pembroke Township and the City of Kankakee
- Labor Workforce

Outcome Objective:

- By 2024, the high school graduation rate will be 93.5% (Baseline: In 2017-2018 school year, 90.6% of high school students expected to graduate did).
- By 2024, Kankakee County residents will increase the percentage of residents that have obtained a bachelor's degree to 23.0% (Baseline: 21% of the population age twenty-five and older have obtained a bachelor's degree or higher).
- By 2024, Kankakee County will decrease the unemployment rate from 5.4% to the Illinois State rate of 4.3%.
- Through activities to achieve Education and Employment objectives the Action Team will increase job fair presence, overcome barriers to transportation and dependent care, promote technology education opportunities, recover from the COVID-19 pandemic, and promote the Kankakee County Konnect (a newly developed referral program for youth in Kankakee).

Risk Factors:

- Low-income family or Single-Parent household
- Language barrier
- Poor attendance and completion of education
- Behavioral problems
- Few caring relationships
- Low education expectations
- Lack of Education and Training
- Poverty
- Lack of Transportation
- Low wage job
- Lack of benefits

Contributing Factors:

- COVID-19 Pandemic
- Job Skills
- Workforce Services
- Education Enrollment and Completion
- Family Responsibilities

Intervention Strategies:

- Host an in-person job fair Fall 2021 and focus on jobs with availability for those who will be looking to enter workforce
- Prioritize a job fair due to anticipated UI Benefits ending 9/4/2021 with a potential large surge of those looking to re-enter the workforce
- Work to improve the identified technological knowledge gap during COVID-19
- Focus on ensuring that residents have access to family-sustaining employment that places them on a path towards financial freedom and stability
- Develop a referral program for high school dropouts to Kankakee Workforce Services to help them overcome barriers and enter both education programs as well as employment
- Develop a program based on rural cities of Kankakee County that have low post-secondary attendance after high school to connect them with Kankakee Workforce Services to help them overcome barriers and enter education programs (or workforce if education entry is not an option).

Resources:

- Kankakee County Health Department
- Riverside Healthcare
- AMITA Health St. Mary's Hospital
- Kankakee Community College
- Economic Alliance of Kankakee County
- Kankakee Workforce Services
- Grundy Livingston Kankakee Workforce Board
- Local municipalities and even employers
- Olivet Nazarene University
- I-KAN Regional Office of Education

Barriers:

- Criminal Record
- Disabilities
- Disadvantage Background
- Mental or Physical Health Issues
- Employer Bias
- Family Needs
- Education
- Job search/application skills
- Language barriers
- Transportation
- Gaps in Employment

- No high school diploma
- Poverty
- Unemployment rate

Evaluation:

Each activity completed by the Education & Employment Team will be analyzed regarding costs and benefits of the intervention and associated data in completing appropriate evaluations. The number of presentations, fairs, programs, classes, and marketing events, as well as the number of residents in attendance and impacts of the activities will be tracked by the Chair or Co-Chairs and reported back to the Kankakee County Health Department during Executive MAPP Committee Meetings. This data will be used to determine the quality and worth of these activities, as well as the estimated contribution bettering the Education and Employment of residents in Kankakee County. Completion of another Community Health Needs Assessment in 2024 will allow the statistical data to be compared from the 2021 report so that an effectiveness comparison may be completed. All evaluation information will be shared with the Partnership for a Healthy Community and then disseminated to the public through the Kankakee County Health Department website.

HEALTHY PEOPLE 2020

Category Definition: Healthy People 2020 (HP2020) includes a set of 10-year national goals and objectives to improve the health of Americans. The HP2020 framework provides guidance and action steps to address health issues to improve health behaviors and outcomes. Leader Health Indicators (LHI) are high priority issues included in the HP2020 goals. The table below indicates the LHI with available data for Kankakee County, and how Kankakee County compares to Illinois, the US, and the HP2020 targets.

Leading Health Indicator Category	HP2020 Target	Kankakee County	Illinois	United States
ACCESS TO HEALTH SERVICES				
Persons with medical insurance (Percent, <65 years)	100%	93.4%	87%	85%
Persons with a usual primary care provider	83.9%	86.6%	82%	76.4%
Adults receiving colorectal cancer screening based on the most recent guidelines	70.5%	61.9% (2014)	69.1% (2018)	66.8% (2018)
INJURY AND VIOLENCE				
Homicides (Age-adjusted, per 100,000 population)	5.5	8.6	7.5	5.5
MATERNAL, INFANT, AND CHILD HEALTH				
All Infant Deaths (Rate per 1,000 live births <1 Year)	6.0	8.1	6.3	5.7
Total preterm live births Percent, <37 weeks gestation)	9.4%	10.3%	10.7%	10.3% (2017)
MENTAL HEALTH				
Suicides (Age-adjusted per 100,000 population)	10.2	10.1	10.5	13.3
NUTRITION, PHYSICAL ACTIVITY, AND OBESITY				
Obesity among adults (Age-adjusted, percent 20+)	30.5%	41.4%	29.4%	28.8%
Obesity among adolescents	16.1%	12.7%	10.7%	18.5%
EDUCATION				
Students graduating from high school 4 years after starting 9 th grade	87%	90.6%	87%	85%
SUBSTANCE ABUSE				
Binge drinking in past month – Adults	24.2%	17%	19.5%	26.5%
TOBACCO				
Adults cigarette smoking (Age-adjusted, percent, 18+ years)	12%	14.8%	15.5%	16.1%
Adolescent cigarette smoking in past 30 days (Percent, grades 9-12)	16%	4%	3.5%	5.8%

REFERENCES

Reference	Website Link
Agency for Toxic Substance and Disease Registry	https://svi.cdc.gov/
American Community Survey	https://www.census.gov/programs-surveys/acs/
Aqua Company	https://www.aquaamerica.com/
Behavior Risk Factor Surveillance System	https://www.cdc.gov/brfss/index.html http://www.idph.state.il.us/brfss/
Cares Community Network	https://engagementnetwork.org/
Center for Disease Control and Prevention	https://www.cdc.gov/
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities	https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Mapping-Medicare-Disparities
Community Commons	https://www.communitycommons.org/
County Health Rankings	http://www.countyhealthrankings.org/
Dartmouth Atlas of Health Care	http://www.dartmouthatlas.org/
Feeding America, Food Insecurity Report	https://www.feedingamerica.org/research/map-the-meal-gap/by-county
Federal Financial Institutions Examination Council	https://www.ffiec.gov/
Healthy People 2020	https://www.healthypeople.gov/
Illinois Department of Public Health, Healthcare Report Card	http://www.healthcarereportcard.illinois.gov/searches/county/Kankakee
Illinois Department of Public, Health Hospital Profile	http://www.idph.state.il.us/about/hfpb/HospProf_AB_R.htm
Illinois Department of Public Health, EMS Data Reporting System	http://www.idph.state.il.us/emsrpt/
Illinois Department of Public Health, I Query	https://iquery.illinois.gov/iquery/
Illinois Department of Public Health Rabies Surveillance Map	http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/rabies/surveillance-map-2019
Illinois Health Association (IHA) CompData	https://www.compdatainfo.com/Home.aspx
Illinois Youth Survey	https://iys.cprd.illinois.edu/ ** 2020 data may have been affected to early closing of schools due to 2019 Novel Coronavirus Pandemic
Kankakee Regional Planning Department Solid Waste Management Plan	http://www.k3county.net/files/attachment_k3_county_swmp_update_2012_050812.pdf

Kankakee County Coroner's Office	https://www.kankakeecountycoroner.org/
Kankakee County Sheriff's Department	http://kankakeecountysheriff.com/
National Center for Education Statistics	https://nces.ed.gov/
National Environmental Public Health Tracking Network	https://www.cdc.gov/ephtracking/
National Plan and Provider Enumeration System	https://nppes.cms.hhs.gov/#/
Occupational Safety and Health Administration	https://www.osha.gov/oshstats/index.html
Illinois Department of Public Health, Vital Statistics	http://www.dph.illinois.gov/data-statistics/vital-statistics
State Cancer Profiles	https://statecancerprofiles.cancer.gov/
Erikson Institute Early Development Instrument	https://edi.erikson.edu/?_ga=2.40207010.1202511045.1594067388-284895142.1593532824
US Bureau of Labor Statistics	https://www.bls.gov/
US Census Bureau	https://www.census.gov/
US Census Bureau, County Business Patterns	https://www.census.gov/programs-surveys/cbp.html
US Department of Agriculture, Economic Research Service	https://www.ers.usda.gov/
US Department of Education	https://www2.ed.gov/rschstat/landing.jhtml?src=pn
US Department of Health & Human Services	https://www.hhs.gov/
US Department of Housing and Urban Development	https://www.hud.gov/
United States Diabetes Surveillance System	https://gis.cdc.gov/grasp/diabetes/diabetesatlas.html
US Drought Monitor	http://droughtmonitor.unl.edu/