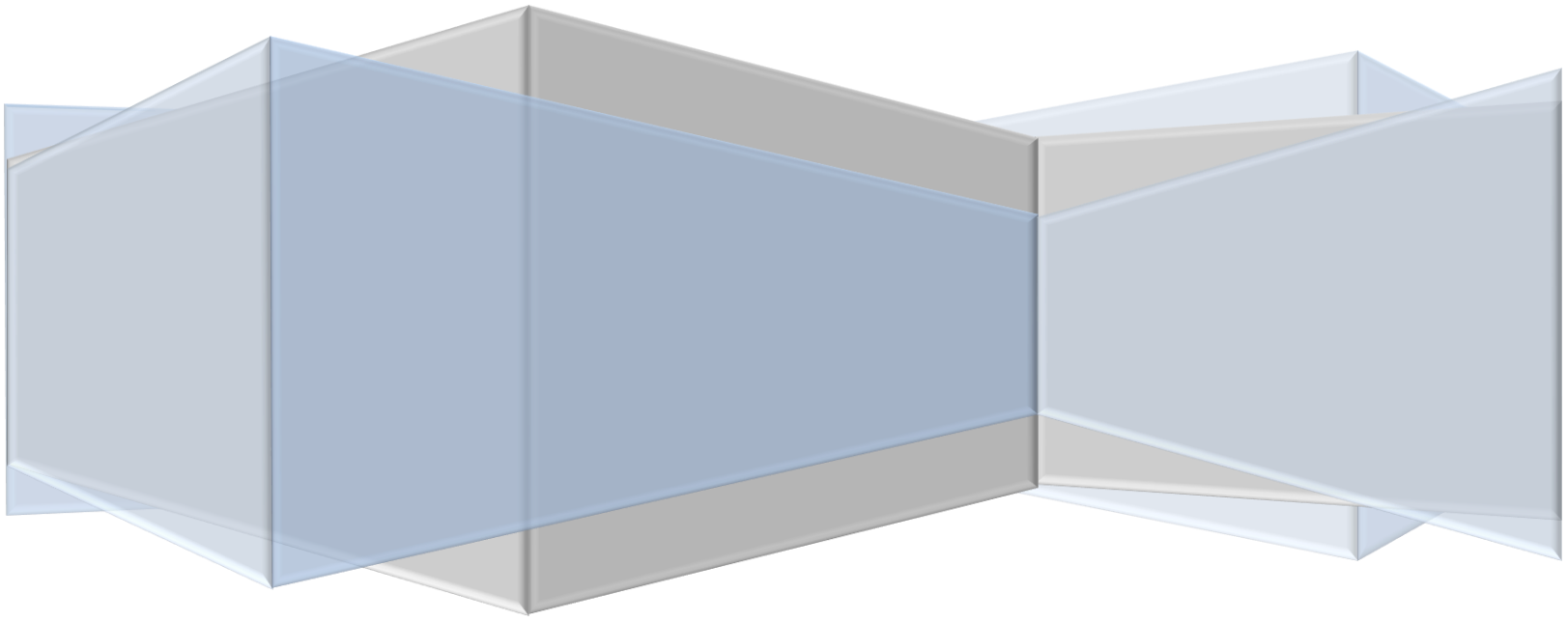
Strategic Plan for the Kane County Health Department: 2012-2015

Your Health,
Our Commitment

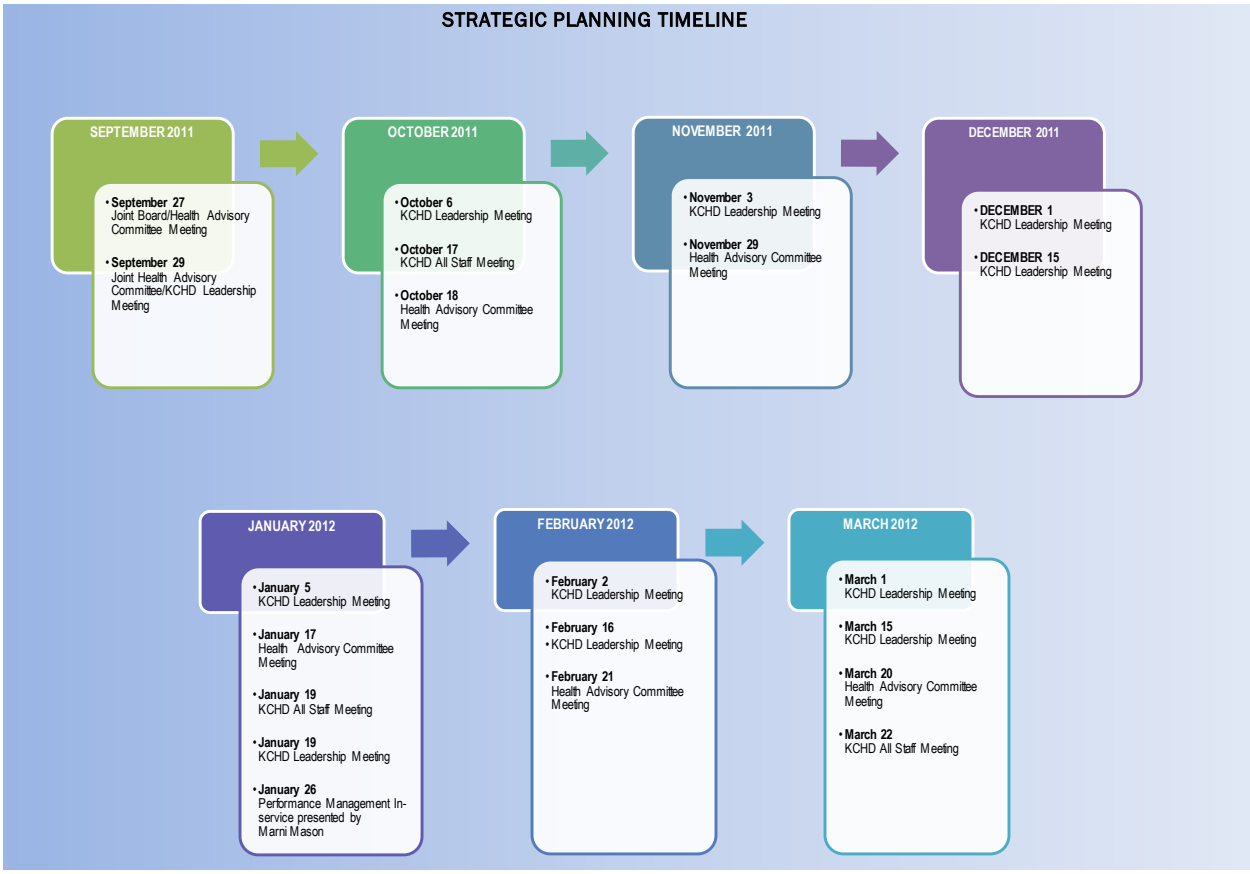
Kane County
Health Department



I. Background and Overview

As the local governmental public health agency the Kane County Health Department (KCHD) is charged with the responsibility to act as a catalyst to improve, and a first and last line of defense to protect, the health of the community and all of its residents. The Department works to develop policy, systems and programmatic initiatives that bring local policymakers, community members and health partners --- hospitals, community health centers, social service agencies, municipalities, school districts and others --- together to achieve community health goals

The 2012-15 Strategic Plan for the Kane County Health Department is the outcome of a process spanning more than eight months in 2011 and 2012 that involved the Kane County Board, its Health Advisory Committee, leaders from other Kane County Departments, and the KCHD Leadership Team and staff. The timeline below documents the key strategic planning meetings and stakeholder involvement:



The overall approach to the strategic planning process was developed in consultation with Jennifer Bek and Lee Murphy of Consulting Associates (Geneva, IL). Ms. Bek and Mr. Murphy then facilitated the two initial strategic planning meetings. The Department's Executive Director, Paul Kuehnert, facilitated the remaining meetings and was the primary author this report.

Following this Background and Overview section, the 2012-15 Strategic Plan for the Kane County Health Department is organized into the following sections that present the products of the strategic planning process:

- 2007-2011 Progress Review
- 2011-12 Strategic Planning Process and Outputs
    - Revised Mission Statement
    - Key Drivers
    - Strategic Initiatives
- 2012-15 KCHD Strategy Map
- Strategic Initiative Charters
- Implementation and Accountability Plan

As noted, these are the final work products of an iterative process that involved multiple stakeholders over more than eight months. Each of the meeting strategic planning-related meeting agendas and summary draft products from each session are found in the appendices.

A strategic plan is most helpful to an organization when it is considered a 'living, breathing' document that truly drives the organizations operations from a strategic perspective. Its usefulness is driven by its active use by the organization. KCHD intends that the 2012-15 Strategic Plan for the Kane County Health Department be such a planning document.

II. 2007-2011 Progress Review

Facing an executive leadership transition in 2007, the Kane County's Board of Health and Health Advisory Committee convened a joint meeting with Health Department senior management and community stakeholders to establish a long term vision and overall strategic direction. That vision---"Kane residents are the healthiest people in Illinois!"--- drove the work of the new Executive Director and the Department's leadership and staff to clearly articulate organizational values and establish strategic goals and themes.

In 2007 we developed Health Department-specific ***strategic themes*** that identified what was critical for our organization to focus on in order to improve the health of our community. Our three strategic themes were:

- **Excelling at public health**
- Through **effective communication,** and
- **Mobilizing community partnerships.**

We implemented seven (7) cross-cutting initiatives within the organization from 2007-09 and made progress in moving the organization forward along the lines of these focus areas. We did this work in the context of the five community health priorities that were adopted by the Kane County Board/Board of Health in the 2006 Community Health Action Plan for Kane County:

1. Improve access to health care for those without insurance.
2. Eliminate the disparity in African American infant mortality.
3. Reduce the level of chronic disease.
4. Improve availability of community mental health services

5. Maintain core public health protection services.

In 2009, facing the challenges of addressing the public health mission in a worsening fiscal environment, the Board of Health and Health Advisory Committee reconvened in joint session to review and update our strategic plan. We boldly charted a course forward, affirming that we did not want simply a 'good' health department but that the times demanded a 'great' health department: one that was truly mission driven, efficient and effective in improving, protecting and promoting the health of Kane residents.

To communicate our strategic direction, we developed the **"3 Keys to Greatness"** strategy that includes:

- **Key 1:** Attracting and retaining ***educated, committed leaders and staff*** who excel and public health;
- **Key 2:** Expertly transform data into ***actionable health information*** and ***communicate it effectively*** to diverse audiences; and
- **Key 3:** Convene and support ***active community partnerships*** that get population health results.

Over the past two years we implemented three (3) cross-cutting initiatives focused on the 3 Keys, as well as two other "running-the-business" initiatives around financial management and quality improvement.

As detailed in the Progress Report on Strategy Implementation 2007-2011 found in **Appendix A**, our Health Department has made significant strides in improving community health and increasing organizational efficiency and effectiveness during this period. Over the past two years significant accomplishments include:

- ✓ **Improving** our County **Health Rankings from 11th to 9th** overall in Illinois;

- ✓ **Protecting** our community **from significant health threats** by effectively managing an ongoing outbreak of tuberculosis among the homeless, coordinating response to the novel H1N1 influenza A pandemic, and containing a number of foodborne illness outbreaks;

- ✓ **Mobilizing** our community **around the main threat to our children's health**, the epidemic of obesity and overweight, through the public-private partnership of *Making Kane County 'Fit for Kids'*; and

- ✓ **Reorganizing** our **Department** so that it is **slimmer, flatter, and entirely focused** on the **essential services of public health**. The reorganization has been accomplished in a manner that assures that we meet national public health accreditation standards and that is economically sustainable, while assuring that personal health services that the Department no longer provides were smoothly transferred to community health partners.

III. 2011-12 Strategic Planning Process and Outputs

As we began the 2011-12 strategic planning process, our nation and our Kane County community were in the midst of the most severe economic recession since the Great Depression. We faced both new and re-emerging threats to our health ranging from the epidemic of obesity and diabetes to old killers like tuberculosis and influenza. The health and health care policy environment was in a state of rapid change and uncertainty that is unlike anything since the federal initiatives of Medicaid, Medicare and federally qualified health centers were all created in the 1960's.

Our strategic planning process re-affirmed our KCHD Vision and Values (see **Appendix B**) and provided us with an opportunity to reformulate the KCHD Mission statement, assess key drivers in the external and internal environments, and devise a set of five strategic initiatives to address the key drivers and move the KCHD forward toward achieving its mission.

- Revised Mission Statement

At the September 27, 2011 strategic planning kick-off meeting with Board, Health Advisory Committee, KCHD senior leadership and leaders from other Kane County Departments (See **Appendix C** for agendas and draft summary products from this and every other strategic planning meeting) , an exercise was conducted to review the current KCHD Mission Statement. Input on potential changes to the mission statement was gathered from participants. These data were supplemented by gathering feedback via email from Board members that were not able to attend the September meeting. Additionally, all KCHD staff participated in the same mission statement review exercise as part of an all-staff meeting in October. All of this input was reviewed by the Health Advisory Committee and KCHD Leadership Team and a new mission statement was drafted and reviewed in an iterative process. The final revised KCHD mission statement was presented to the Kane County Board for final review at the Kane County Board of Health meeting on December 13, 2011. The final product of this process is the following mission statement for the KCHD:

"In active partnership with our community, the Kane County Health Department improves the quality of life and well-being of all residents by developing and implementing local policies, systems, and services that protect and promote health, and prevent disease, injury and disability."

IV. 2011-12 Strategic Planning Process and Outputs

- Key Drivers

At the same September 27, 2011, participants brainstormed and identified issues and challenges facing the Health Department. A joint KCHD Leadership/ Health Advisory Committee work session on September 29, 2011 identified the following as " key drivers" in the external environment (in addition to funding and the economy) that must be addressed in our 2011 strategic plan update:

1. Funding and the broader impact of the economy.
2. Changing demographics and diversity.
3. Epidemic of obesity and chronic disease.
4. Integration with land use and transportation planning.

5. Health care reform.
6. Information technology.

For a complete list of drivers see **Appendix C**.

V. 2011-12 Strategic Planning Process and Outputs

- Strategic Initiatives

Follow-up meetings in October and November examined root causes of these drivers, identified strategic implications for KCHD as an organization, and identified KCHD's current assets and barriers to addressing the key drivers and their root causes. This resulted in a listing of potential strategic focus areas (see **Appendix C**).

Processing all of this information together has resulted in the identification of the following five key strategic initiatives for KCHD for the next three years (2012-2015):

1. **Build a Mission-Focused Culture:** Build a sustainable organizational culture that is based on our core values and focused on achieving our mission.
2. **Model Stewardship:** Model responsible stewardship of public resources by providing efficient, high quality and high impact population health services.
3. **Implement Informatics:** Fully meet or exceed national public health informatics standards in order to assure timely, efficient and effective communications.
4. **Sustain Partnerships:** Sustain focused, effective partnerships to address identified community health priorities and get results that improve population health.
5. **Enhance Health Communication:** Enhance provision of health information to our diverse community that is: tailored, reliable, real-time and actionable.

VI. 2012-15 KCHD Strategy Map

During the same time period that we were conducting our strategic planning process, KCHD was leading a comprehensive community health assessment and health improvement planning process with eight community partners: the five hospitals located in Kane County, Kane's two largest United Ways, and the INC Board, the largest community mental health Board in Kane.

The resulting Kane County health assessment results pointed to six major threats to community health and well-being in Kane County at this time: obesity, chronic disease, infant mortality, childhood lead poisoning, communicable disease and poor social and emotional wellness. The 2012-2016 Community Health Improvement Plan identifies four cross-cutting priorities for health improvement:

1. Support health behaviors that promote well-being and prevent disease;
2. Increase access to high quality, holistic preventive and treatment services across the health care system;
3. Support and create health promoting neighborhoods, towns and cities;
4. Promote social, economic and educational environments that optimize health.

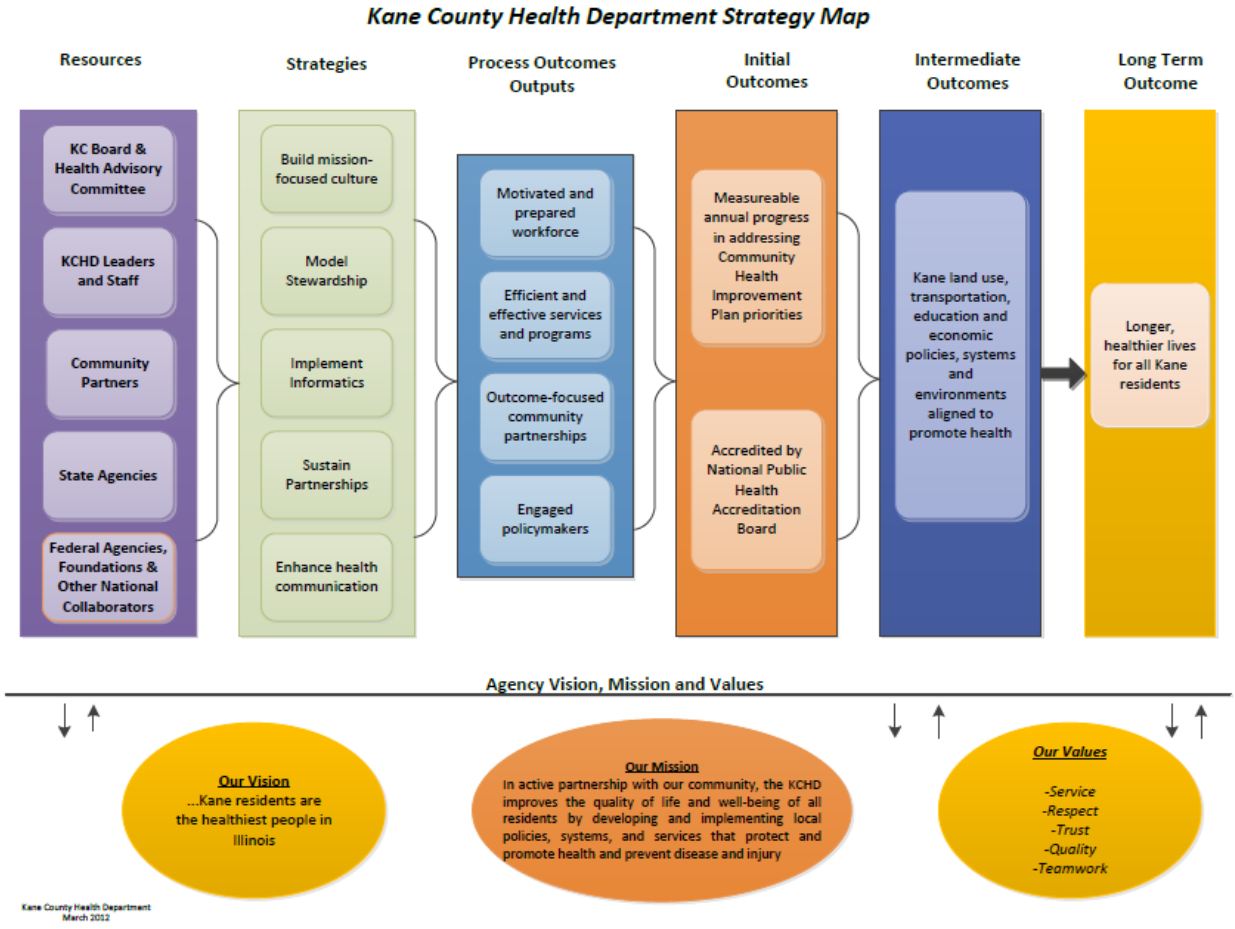
Each priority can be addressed through implementation of one or more evidence-based strategies, sixteen of which are described in the health plan.

Additionally, during this same period, KCHD has collaborated with the Kane County Development and Community Services Department and the Kane County Division of Transportation to integrate health improvement planning into the 2040 update of Kane County's comprehensive land use and transportation plan. With the adoption of the 2040 Plan, Kane County will become the first county in Illinois to have

formally integrated health into a county comprehensive plan, providing unprecedented opportunities for population-level health improvement.

Thus, in December and January, the KCHD Leadership Team and the Health Advisory Committee worked through a number of meeting activities and exercises to identify potential "leverage points" and areas of integration between the five strategic initiatives of the 2012-2015 KCHD Strategic Plan and the 2012-2016 Community Health Improvement Plan as well as the 2040 Plan and the Fit Kids 2020 Plan (Kane County's strategic plan to reverse childhood obesity, adopted in 2011). These exercises and their draft work products are found in **Appendix C.**

At a very general or "30,000 foot" view, the connection between the KCHD's organizational Vision, Mission, Values and 2012-15 strategic initiatives and the community health improvement outcomes that we hope to achieve are illustrated in the **2012-15 KCHD Strategy Map** below:



Additionally, the community health assessment and the health improvement and other health-related, policy-focused plans (noted above) all provide context for the strategic initiatives and day-to-day operations of the KCHD.

VII. Strategic Initiative Charters

Processing all of this information together has resulted in the development of five detailed charters for cross-cutting committees within KCHD to implement the five key strategic initiatives: Build Mission-Focused Culture, Model Stewardship, Implement Informatics, Sustain Partnerships and Enhance Health Communications. The five charters, including objectives for the first year, are found in **Appendix D**.

VIII. Implementation and Accountability Plan

The charter for each strategic initiative has identified "measures of success" that are desired 2015 outcomes, as well as a set of measureable objectives and activities for the first year of implementation (April, 2012 through March, 2013.)

The five Strategic Initiative Committees will be convened by their "owner" (accountable staff person) and the Executive Director in April/May of 2012. The charters documents and work plans for the first year will be reviewed and approved by the Committees. A scorecard of measures will be developed by the owners and Executive Director for monitoring and reporting progress made by the Strategic Initiatives Committee. Progress will be monitored using the scorecard on a quarterly basis by the KCHD Leadership Team and the Health Advisory Committee and reported on a minimum of an annual basis to the Kane County Board of Health.

Appendix A

2009 Kane County Health Department

Vision, Mission and Values

OUR VISION

Healthy Kane 2030 Vision:

"...Kane County residents are the healthiest people in Illinois!"

OUR MISSION

The Mission of the Kane County Health Department is to assess the needs, develop plans, and assure provisions of environmental and personal health services that protect, promote, and improve the health of all residents of Kane County within policies set by the Board of Health.

Your Health, Our Commitment

Kane County Health Department

OUR CORE VALUES

We are committed to:

Service
...providing services to the individuals, families, businesses and communities of Kane County in a manner that seeks to exceed their expectations and contributes to good health...

Respect
...basing all of our interactions with our clients/ customers, partners and co-workers on the highest regard for each individual...

Trust
...honoring the public's trust and acting with integrity to sustain and build that relationship...

Quality
...providing our highest and best efforts in every aspect of our work and seeking ways to innovate and improve...

Teamwork
...sustaining a commitment to work together to overcome obstacles and achieve our mission.

Appendix B

Progress Report on Strategy Implementation
2007-2011

PROGRESS REPORT ON STRATEGY IMPLEMENTATION 2007-2011

Kane County Health Department

Table of Contents

Executive Summary 3
Progress Report on Kane County Health Department Strategy Implementation (2007 – 2011) 5
Part 1: Community Health Action Plan Update 7
Part 2: 3 Keys to Greatness Update 25
Appendix A: Kane County Health Department Quality Improvement Summary Report 33
Appendix B: Maternal Child Health Indicators 45
Appendix C: County Health Rankings & Selected Health Data 54

Executive Summary

As the local governmental public health agency the Kane County Health Department is charged with the responsibility to act as a catalyst to improve and first and last line of defense to protect, the health of the community and all of its residents. The Department works to develop policy, systems and programmatic initiatives that bring local policymakers, community members and health partners --- hospitals, community health centers, social service agencies, municipalities, school districts and others --- together to achieve community health goals.

Facing an executive leadership transition in 2007, the Kane County's Board of Health and Health Advisory Committee convened a joint meeting with Health Department senior management and community stakeholders to establish a long term vision and overall strategic direction. That vision---"Kane residents are the healthiest people in Illinois!"--- drove the work of the new Executive Director and the Department's leadership and staff to clearly articulate organizational values and establish strategic goals and themes.

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In 2009, facing the challenges of addressing the public health mission in a worsening fiscal environment, the Board of Health and Health Advisory Committee reconvened in joint session to review and update our strategic plan. We boldly charted a course forward, affirming that we did not want simply a 'good' health department but that the times demanded a 'great' health department: one that was truly mission driven, efficient and effective in improving, protecting and promoting the health of Kane residents.

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As detailed in the Progress Report, our Health Department has made significant strides in improving community health and increasing organizational efficiency and effectiveness during this period. Over the past two years significant accomplishments include:

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At this time, our nation and our Kane County community are in the midst of the most severe economic recession since the Great Depression. We face both new and re-emerging threats to our health ranging from the epidemic of obesity and diabetes to old killers like tuberculosis and influenza. The health and health care policy environment is in a state of rapid change and uncertainty that is unlike anything since the federal initiatives of Medicaid, Medicare and federally qualified health centers were all created in the 1960's.

These times demand a clear strategic focus for the Health Department and a basic faith in the future of our community based on the resilience and strengths of our community members. We need to find ways to foster healthy people, healthy living and healthy communities like never before!

Paul Kuehnert
Executive Director, Kane County Health Department
September 22, 2011

Progress Report on Kane County Health Department Strategy Implementation (2007 – 2011)

Background

As the local governmental public health agency the Kane County Health Department is charged with the responsibility to act as a catalyst to improve and first and last line of defense to protect, the health of the community and all of its residents. The Department works to develop policy, systems and programmatic initiatives that bring local policymakers, community members and health partners --- hospitals, community health centers, social service agencies, municipalities, school districts and others --- together to achieve community health goals.

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Report Contents

This Progress Report has two main sections and three appendices:

Part 1 is a report on our progress in addressing the 5 Community Health Action Plan priorities by updating the measures or indicators of progress that were last reported on in late 2009.

Part 2 is a report on our progress in addressing the "3 Keys to Greatness" cross-cutting initiatives undertaken by Health Department staff from mid-2009 to date.

Appendix A is the Kane County Health Department Quality Improvement Summary Report, January – June, 2011.

Appendix B contains the baseline and first two quarterly reports of Maternal Child Health Indicators, reports that were promised to the community in order to monitor the impact of the transfer of case management and WIC services from the Health Department to three community health centers.

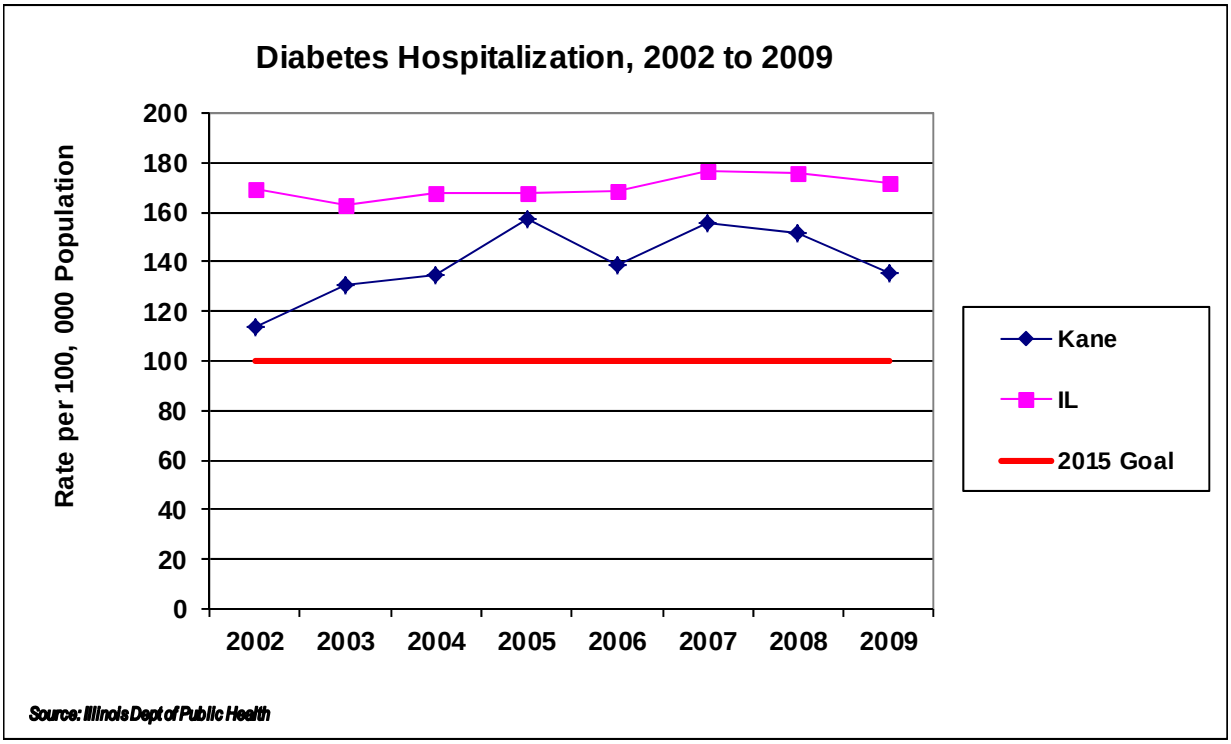
Appendix C is the 2011 County Health Rankings report for Illinois that contains important population health data for Kane County.

Part 1: Community Health Action Plan Update

Priority 1: Improve access to healthcare for those without health insurance

2015 Goal: Reduce the rate of hospitalizations for diabetes to 100 per 100,000 residents.

Why is this important?
If people with diabetes are well informed about their disease and receive regular care from their doctor, most hospitalizations can be prevented. Unnecessary hospitalizations endanger health and drive health costs up. This rate, then, provides a snapshot of how well our health care system is doing in providing care to this population that is estimated to include about 6% of Kane residents.

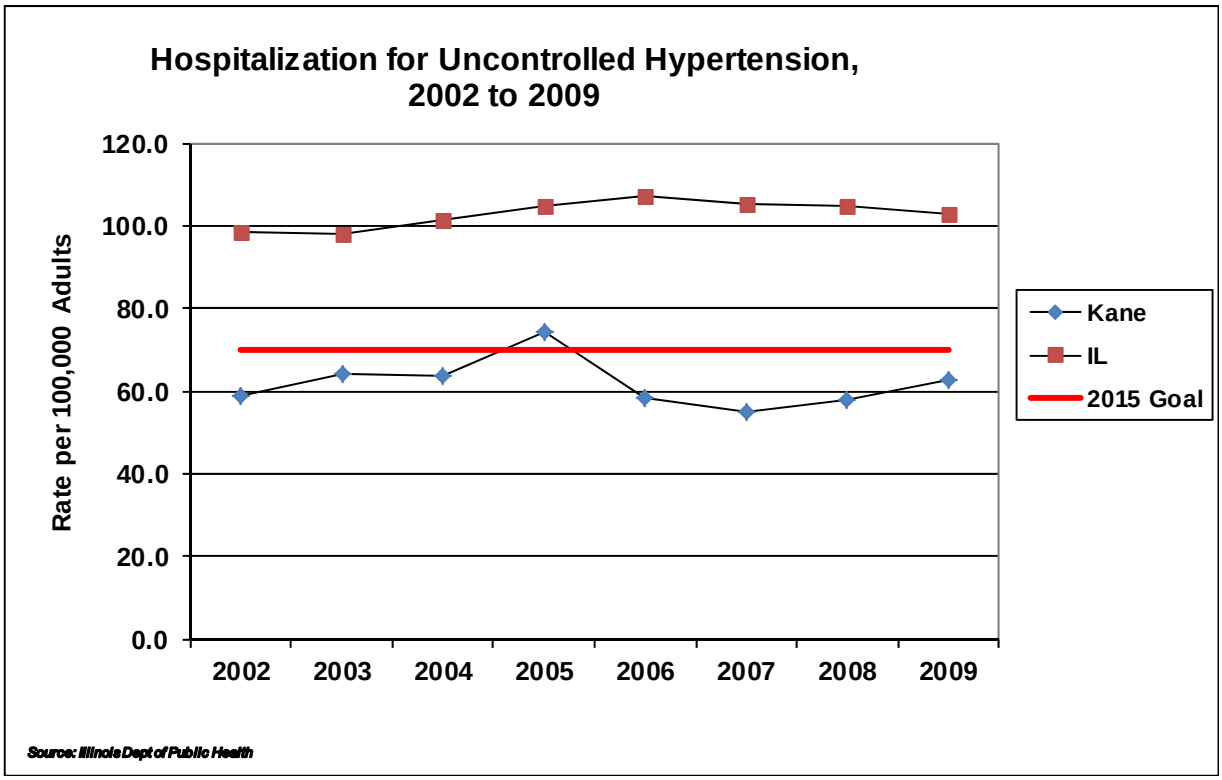


How are we doing?
The 2009 Diabetes hospitalization rate decreased by 14% from its peak in 2005.

Priority 1: Improve access to healthcare for those without health insurance

2015 Goal: Reduce the rate of hospitalizations for uncontrolled hypertension to 70 per 100,000 residents 18 years old and over.

Why is this important?
People with uncontrolled hypertension or high blood pressure are likely to have heart attacks or strokes. If people with hypertension are well informed about their disease and receive regular care from their doctor, nearly all hospitalizations can be prevented. Unnecessary hospitalizations endanger health and drive health costs up. This rate, then, provides a snapshot of how well our health care system is doing in providing care to this population that is estimated to be as high as 31% of Kane residents.

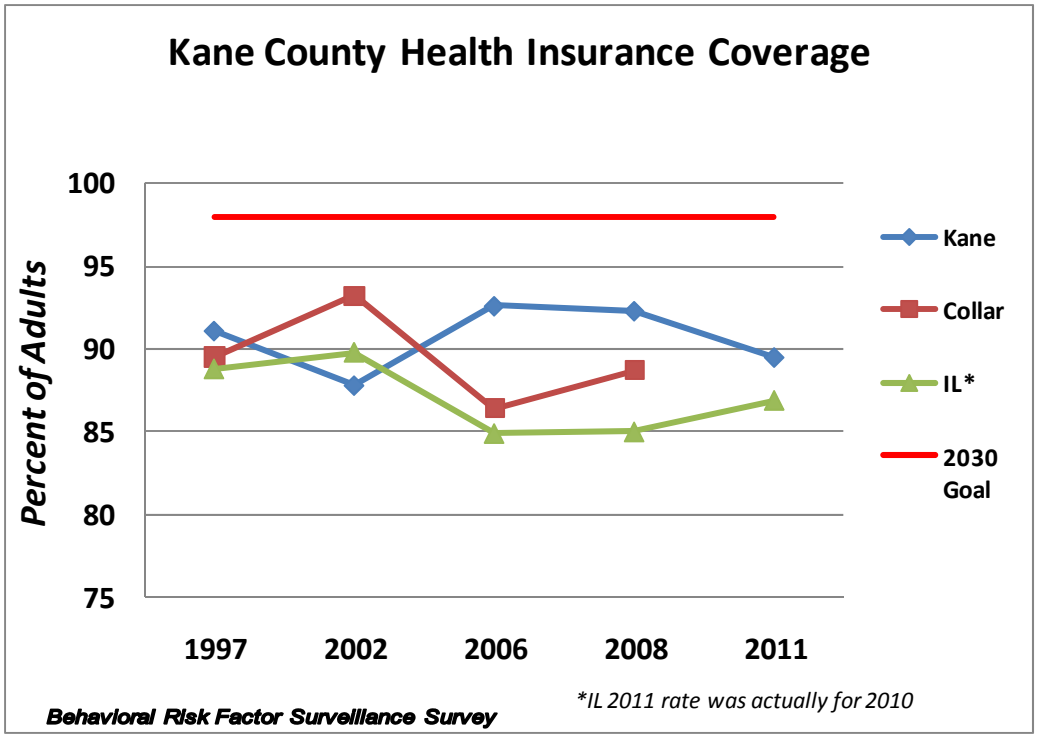


How are we doing?
Although hospitalization for uncontrolled hypertension has begun to slowly increase, the rate is still below the 2015 goal of 70 per 100,000

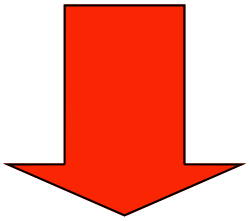
Priority 1: Improve access to healthcare for those without health insurance

2030 Goal: 98% of Kane County residents will have access to healthcare.

Why is this important?
Lack of health insurance leads people to postpone or neglect to get routine, preventive health services that can help people to have longer, healthier lives. When confronted with health problems, people without insurance often turn to hospital emergency rooms for care, driving up health care costs for all.



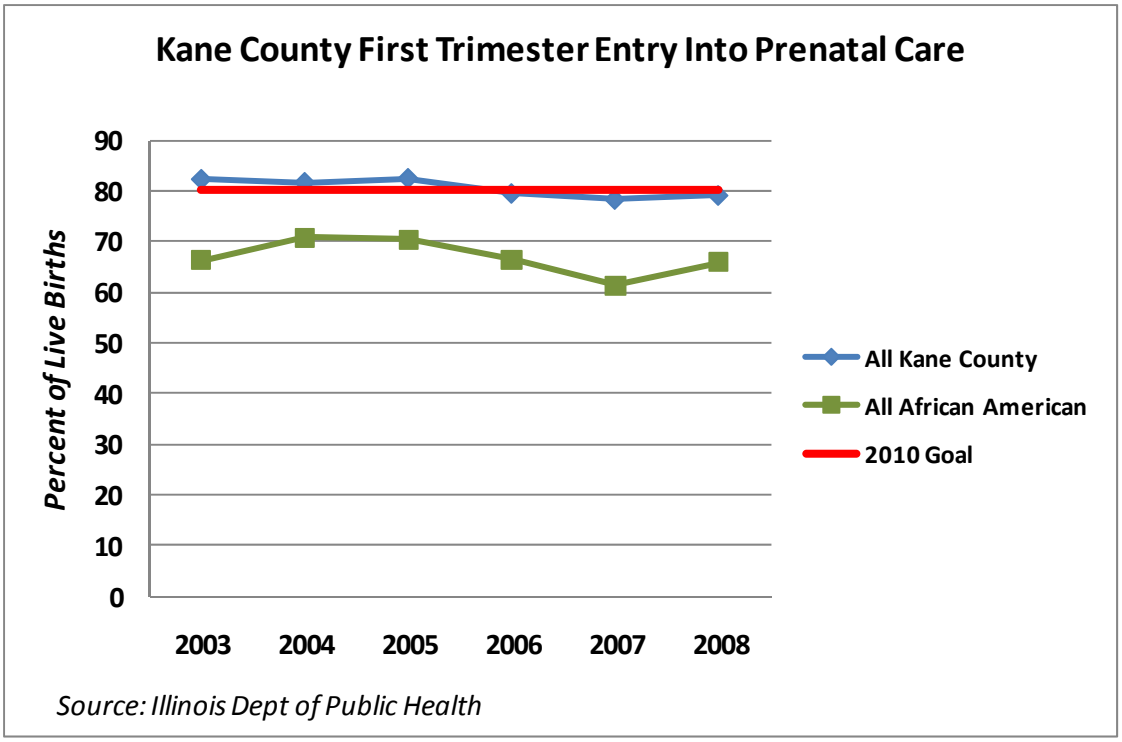
How are we doing?
The percentage of residents in Kane County with health insurance coverage decreased to 89.1% in 2011.



Priority 2: Eliminate the disparity in African American infant mortality

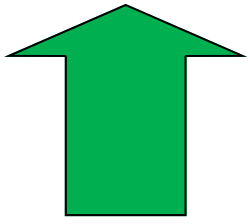
2010 Goal: Improve 1st trimester entry into Prenatal Care to 80% for African Americans

Why is this important?
Early entry into prenatal care improves infant health and reduces infant deaths since pregnancy and delivery problems are found early and treated as soon as possible. Entry into prenatal care by a large majority of pregnant women during the first three months of a pregnancy is an important sign of the strength of our health system.



Source: Illinois Dept of Public Health

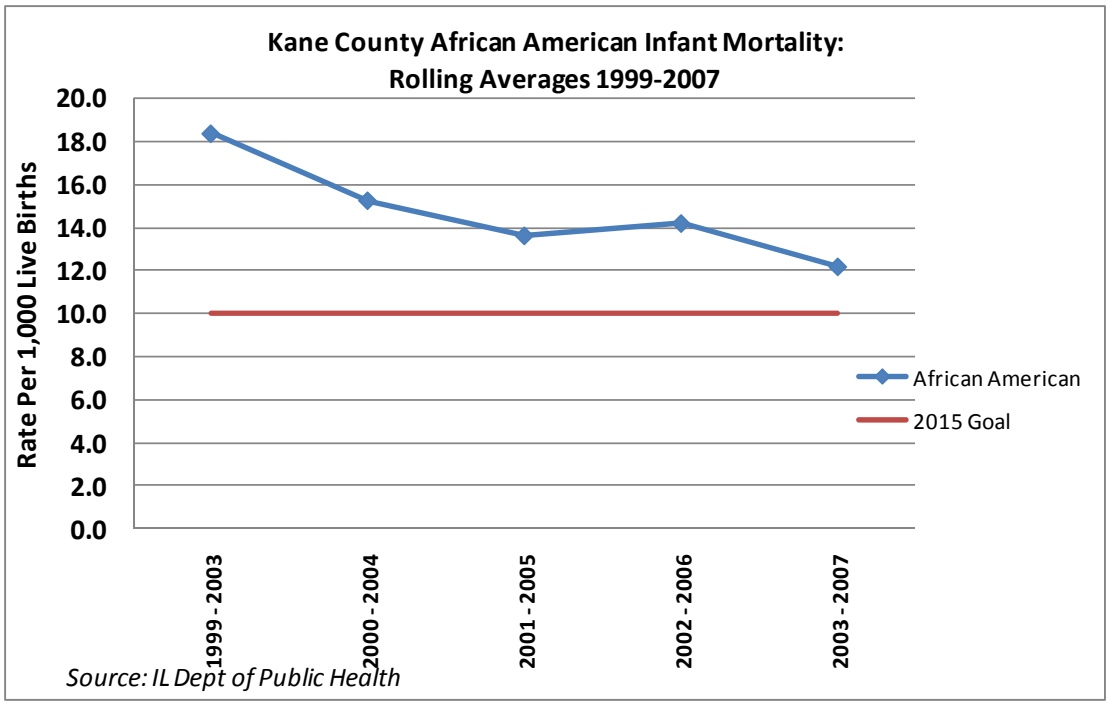
How are we doing?
In 2008, about 65.9% percent of African American women in Kane County entered prenatal care in the first three months of their pregnancies.



Priority 2: Eliminate the disparity in African American infant mortality

2015 Goal: Reduce African American Infant Mortality to 10 per 1,000 births.

Why is this important?
Health disparities are differences in health outcomes experienced by racial, ethnic or socioeconomic groups in a population. Health disparities reflect social conditions and inequities experienced by these groups. Infant mortality has long been known to be the best single measure of the health of a population, group or community.

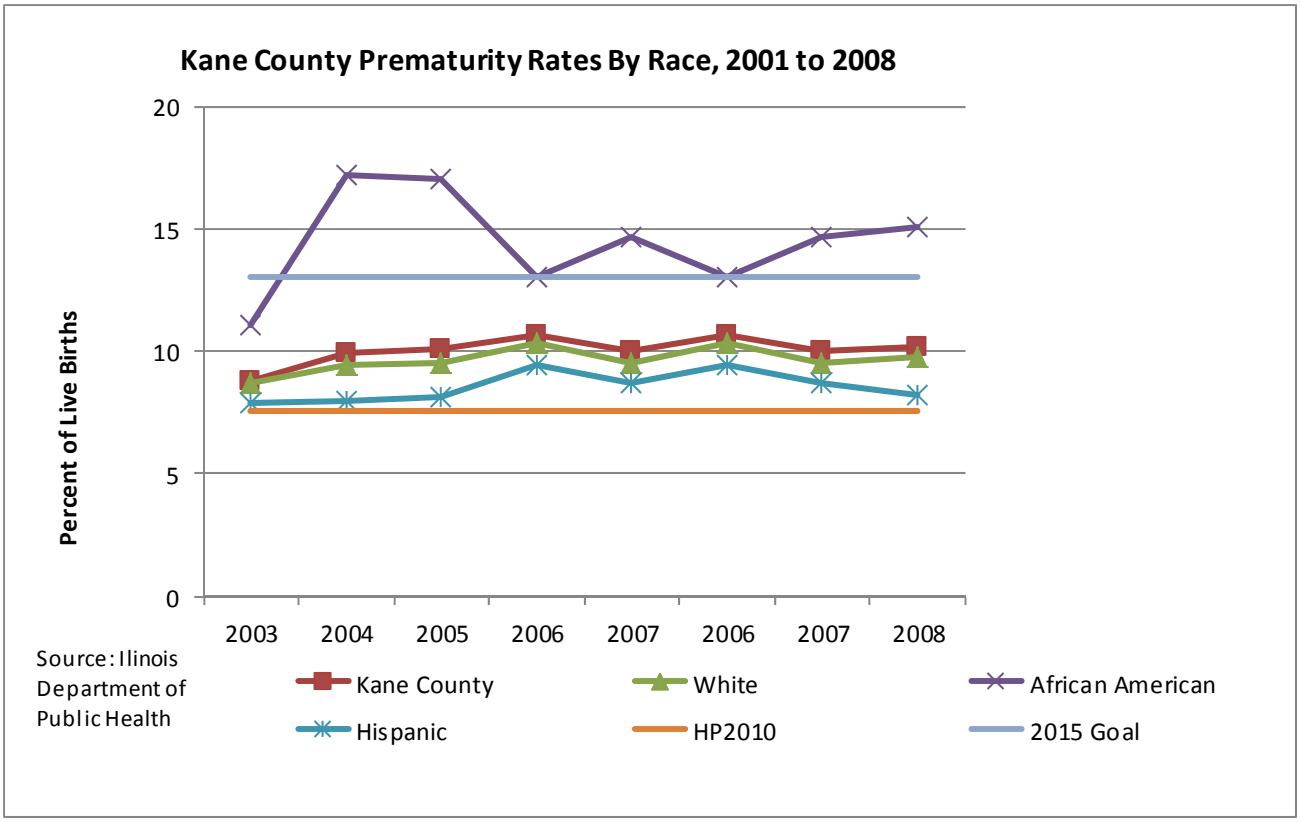


How are we doing?
Although progress still needs to be made, infant mortality rates for African Americans in Kane County during 2003-2007 saw a sizeable decline to 12.2 deaths per 1,000 births

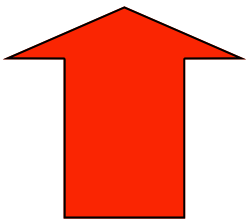
Priority 2: Eliminate the disparity in African American infant mortality

2015 Goal: Reduce Prematurity in African American infants to 13%.

Why is this important?
Premature babies (born before 37 weeks) may die or often have serious birth complications, and need specialized therapies. Higher prematurity rates usually lead to higher infant mortality in a population.



How are we doing?
In 2008, the prematurity rates for African Americans in Kane County increased slightly to 15.1 percent.



Priority 2: Eliminate the disparity in African American infant mortality

2030 Goal: Zero disparity among racial groups in infant mortality.

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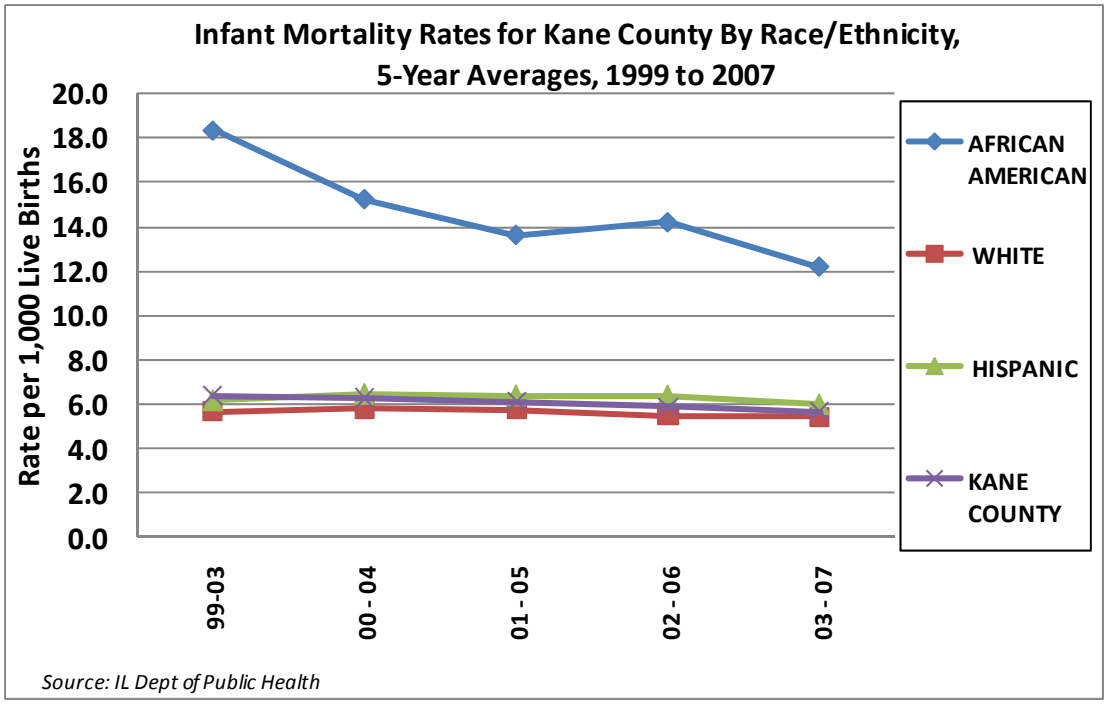
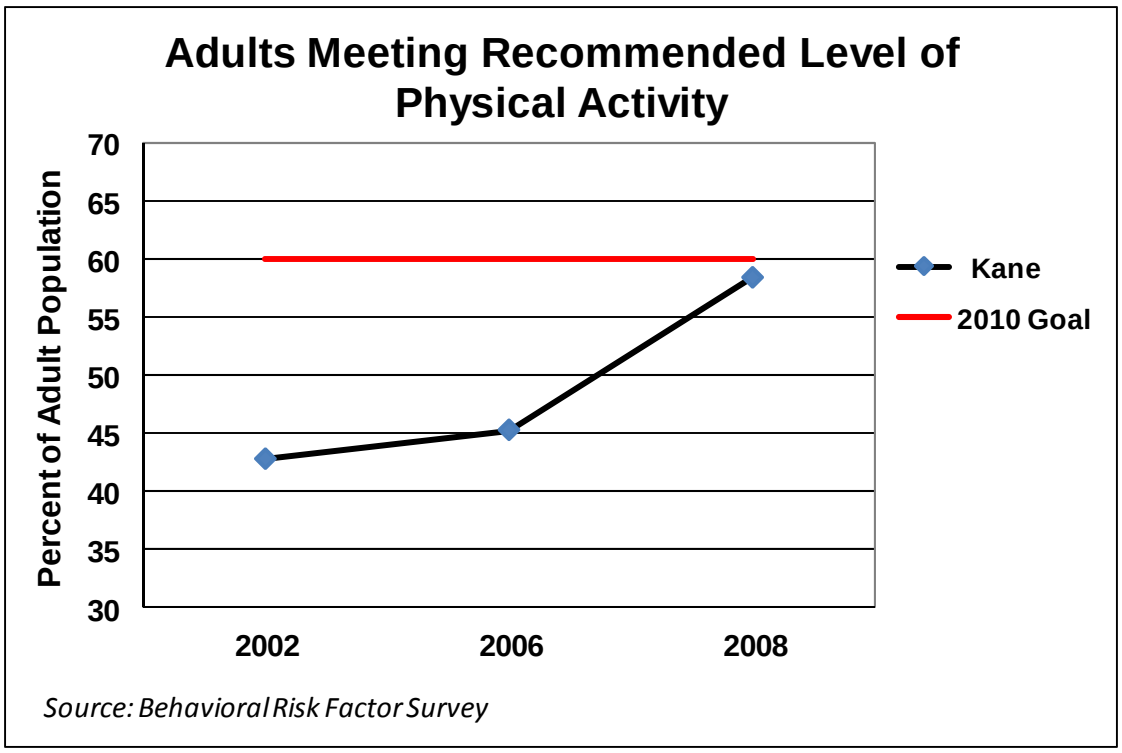


How are we doing?
Infant mortality rates for all races/ ethnicities in Kane County are declining. The decline is greatest among African American infants, yet, twice as many African American babies died before their first birthday compared to all other races/ethnicities in Kane County.

Priority 3: Reduce the level of chronic disease

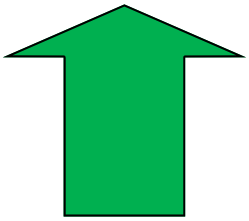
2010 Goal: Increase the rate of adults that engage in the recommended level of activity to 60%.

Why is this important? Moderate, sustained physical activity of a minimum of 30 minutes, 5 days each week has been shown to play a significant role in preventing chronic disease, especially cardiovascular disease.



How are we doing?

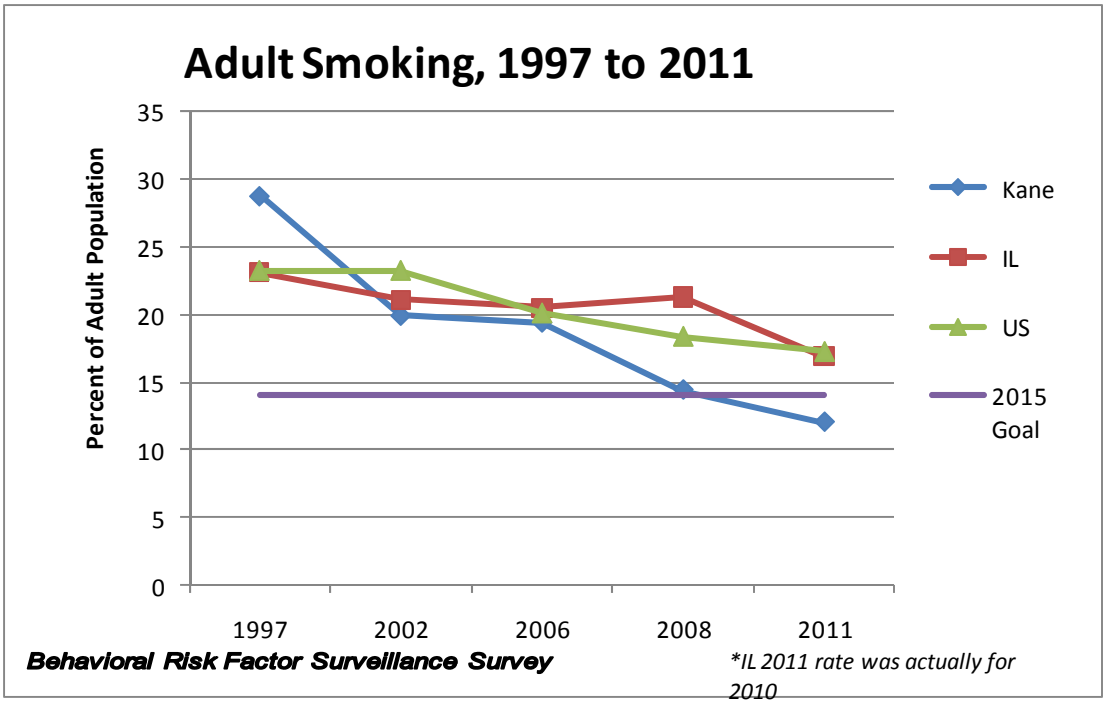
The percent of adults meeting the recommended level of physical activity has increased to 58.5%, almost reaching the goal of 60%.



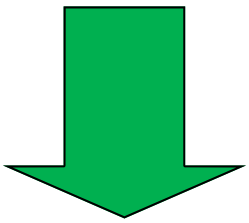
Priority 3: Reduce the level of chronic disease

2015 Goal: Reduce rate of adult smoking and youth smoking to 14%.

Why is this important? Smoking tobacco is the single largest cause of chronic disease and premature death.



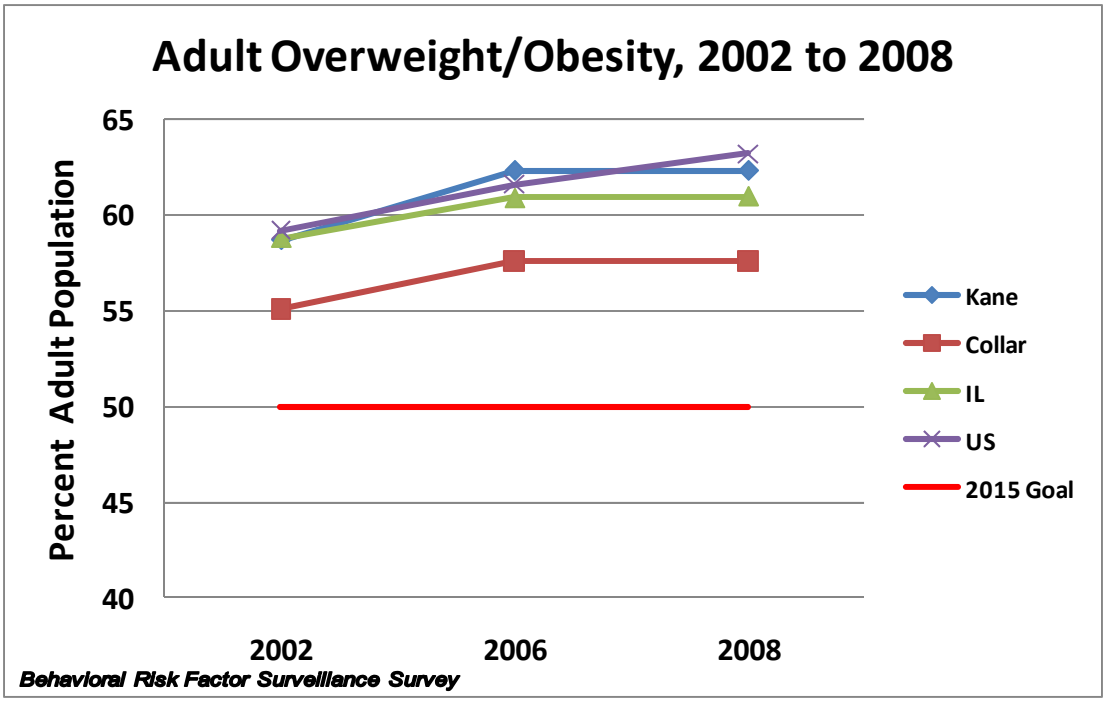
How are we doing?
Adult smoking in Kane County dropped to 12%, below the 2015 goal.



Priority 3: Reduce the level of chronic disease

2015 Goal: Reduce rate of adult obesity to 14%, youth obesity to 5%.

Why is this important?
Obesity and overweight are major contributors to the development of chronic diseases such as diabetes, high blood pressure, heart disease and some cancers. The rapid growth of childhood obesity is threatening to make the current younger generation to be the first in history to have a shorter life expectancy than their parents.

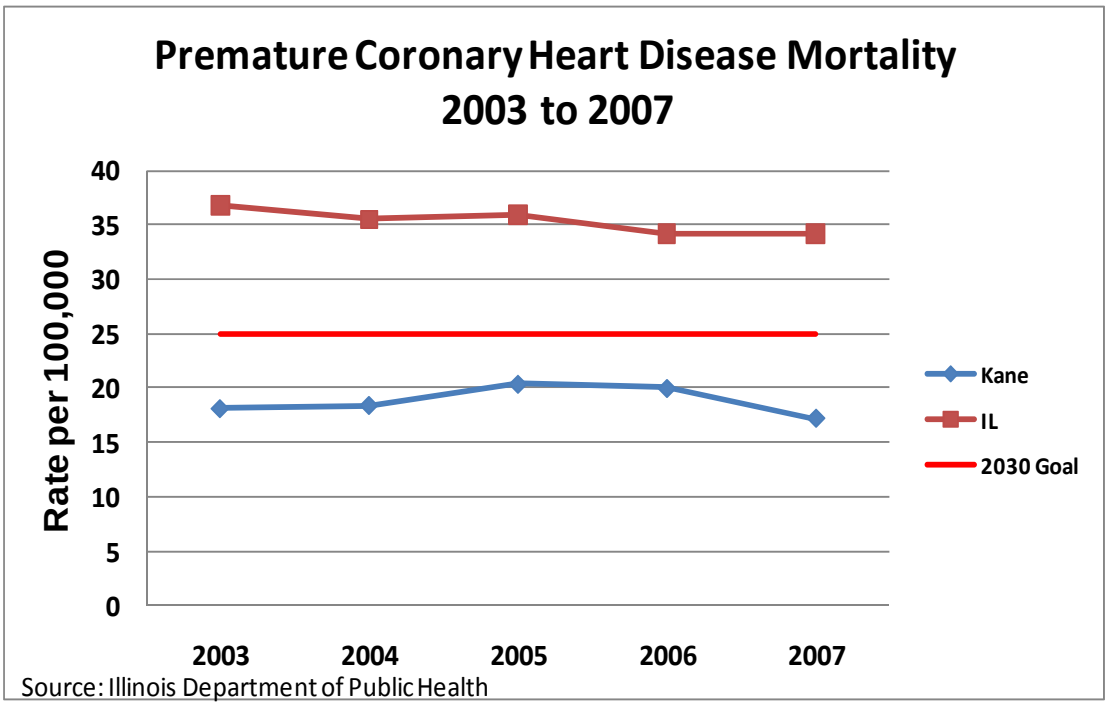


How are we doing?
Adult overweight /obesity increased to 63.9% in 2011.

Priority 3: Reduce the level of chronic disease

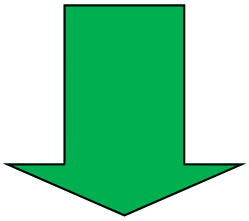
2030 Goal: Reduce rate of premature mortality (under age 65 years) due to coronary heart disease to 25 per 100,000 residents.

Why is this important? Premature death from coronary heart disease is almost entirely preventable. This measure reflects the extent to which our Kane County communities, schools and businesses adopt policies that promote wellness and that our residents make healthy lifestyle choices.



How are we doing?

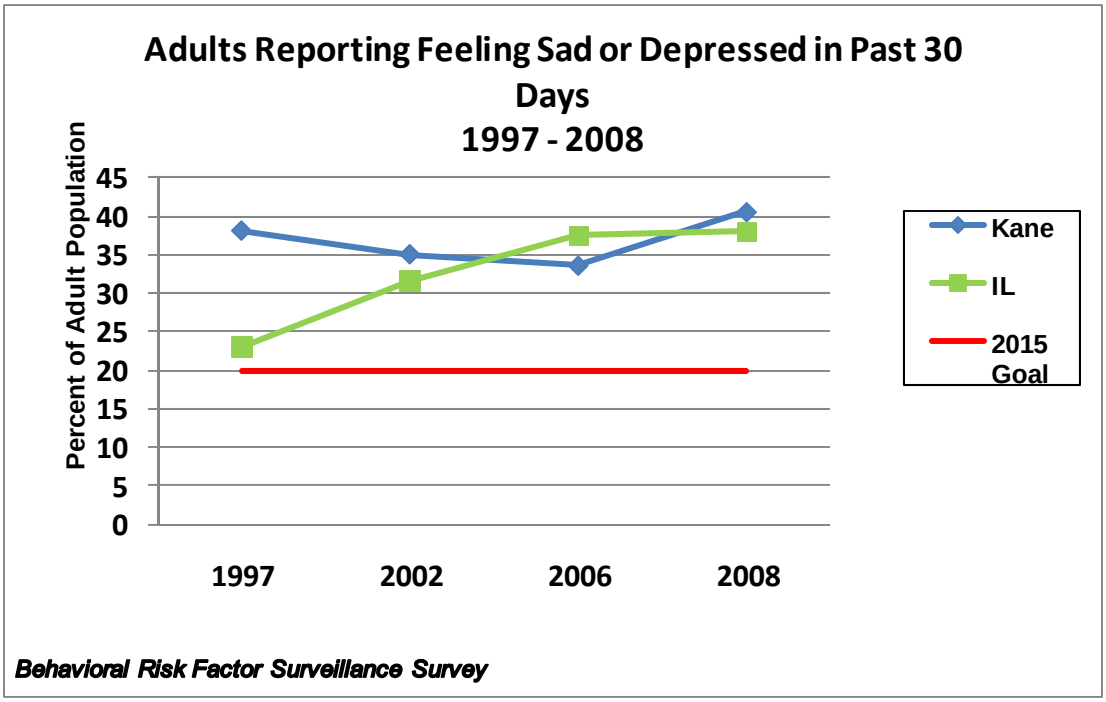
Premature death from coronary heart disease dropped to 17.2 per 100,000 in 2007.



Priority 4: Improve availability of community mental health services

2015 Goal: Decrease the proportion of adults who report feeling sad or depressed in the last 30 days to 20%.

Why is this important? Depression is a treatable mental illness that affects between 10% and 20% of Kane adult residents during their lifetime. Untreated depression affects the quality of individual and family life, as well as workforce productivity.



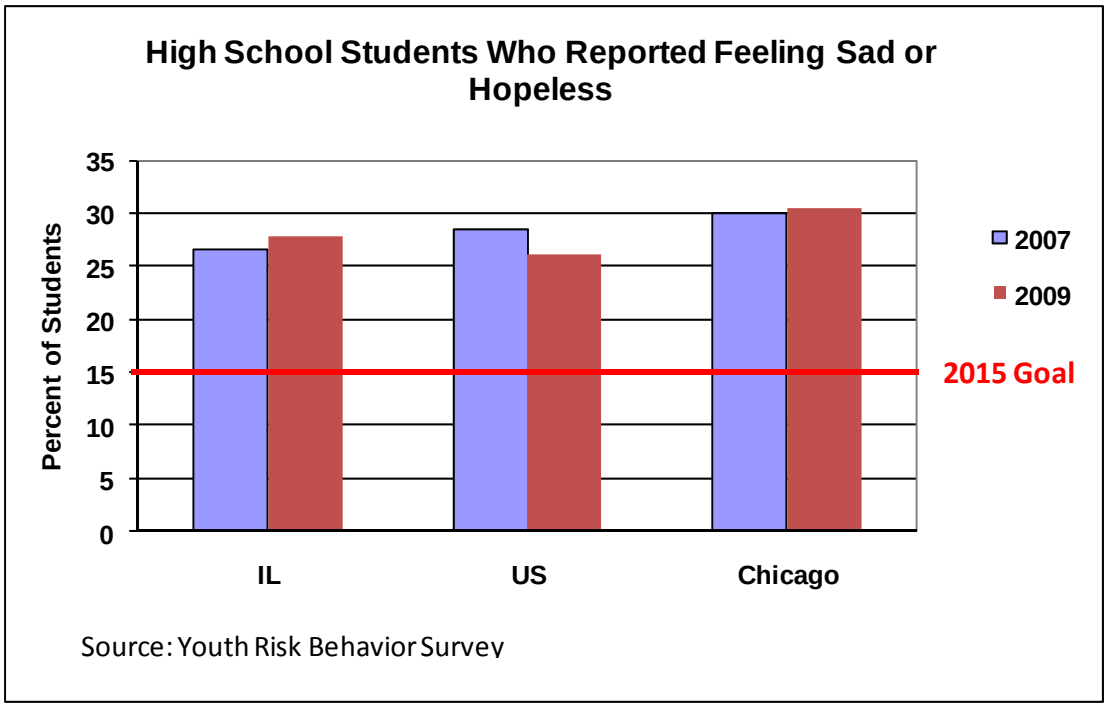
How are we doing?

The percentage of adults feeling sad or depressed in the past 30 days increased to 40.6% in 2008.

Priority 4: Improve availability of community mental health services

2015 Goal: Decrease the number of high school students who report feeling sad or hopeless to fewer than 15%.

Why is this important?
Teenage depression is linked to poor school performance, use of alcohol and other drugs, suicide attempts and suicide.

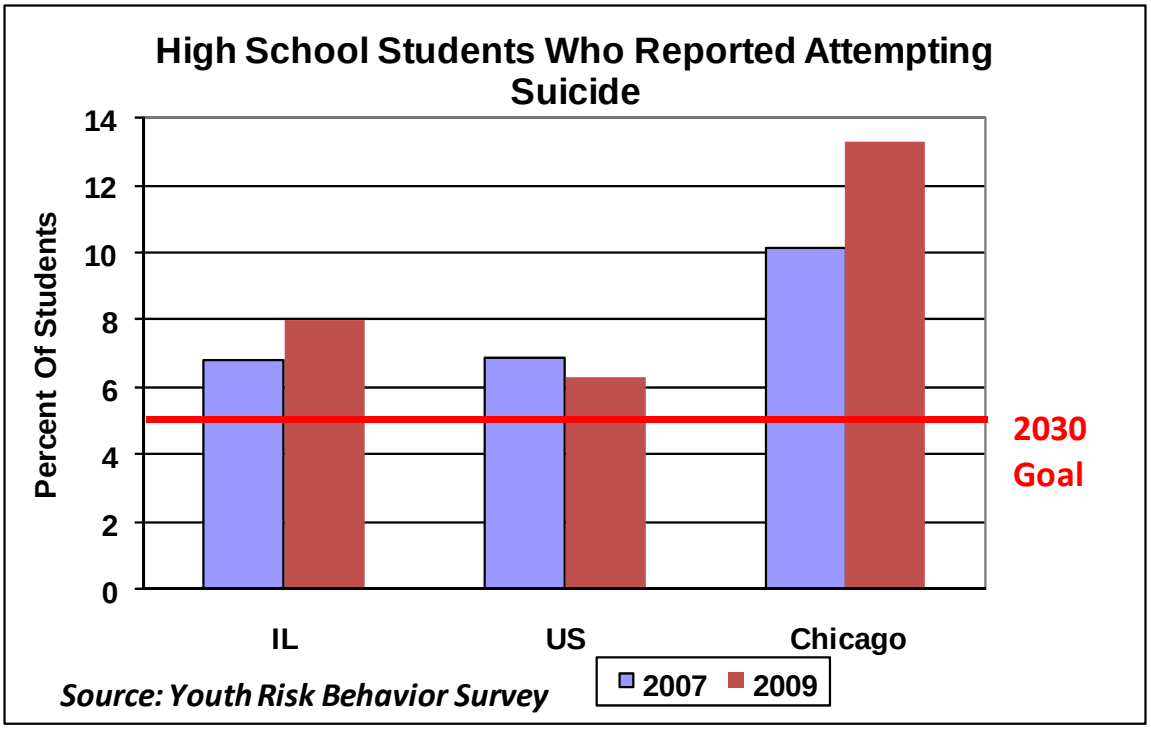


How are we doing?
The percentage of high school students in Illinois who reported feeling sad or hopeless in 2009 increased to 27.8%.

Priority 4: Improve availability of community mental health services

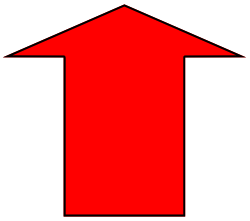
2030 Goal: Reduce percentage of high school students who attempted suicide to 5%.

Why is this important? More than 90% of young people who complete suicide have a diagnosable mental or substance abuse disorder or both. Decreasing the rate of suicide attempts will indicate that our education, health and mental health systems are improving their ability to identify and help at-risk teens.



How are we doing?

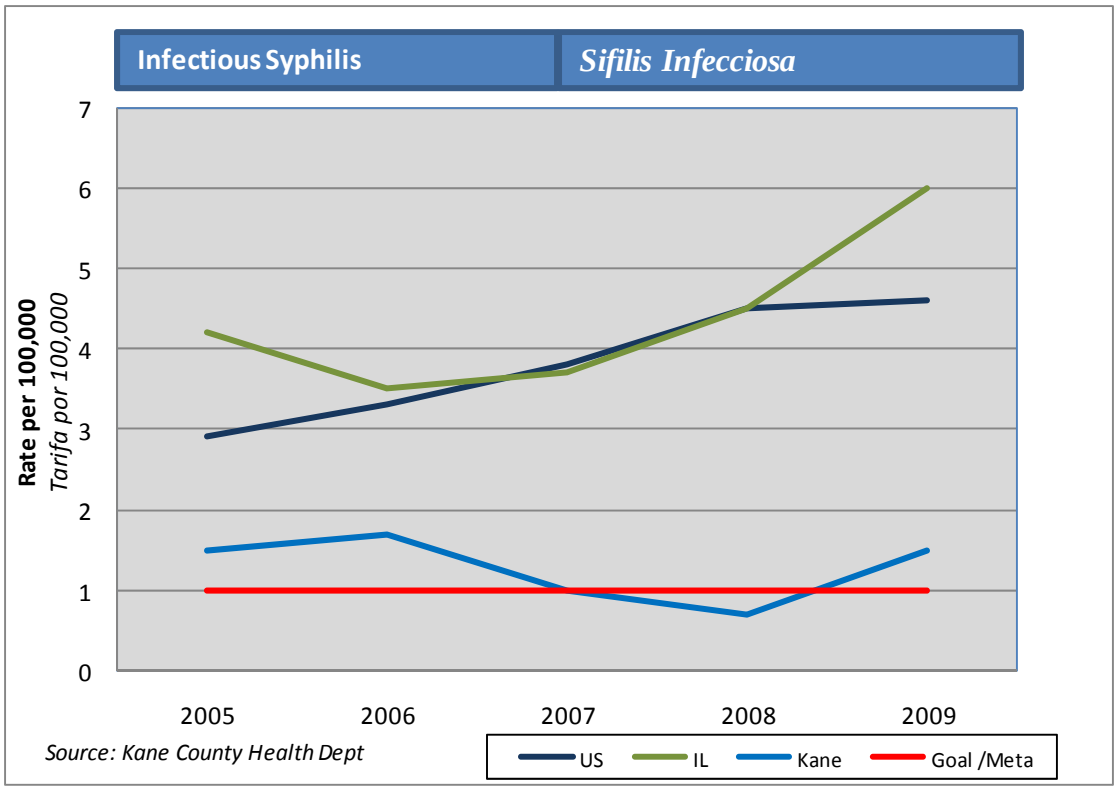
The percentage of high school students in Illinois who attempted suicide in 2009 increased to 8% and was higher than the US rate.



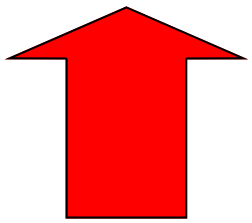
Priority 5: Maintain core public health protection services

2010 Goal: Reduce rate of infectious syphilis among residents to 1 per 100,000.

Why is this important? Infectious syphilis, a sexually transmitted disease, is entirely preventable. If not prevented or detected early, it can lead to serious complications and death. This rate is a measure of the effectiveness of the Public Health Department to prevent, detect and respond to this disease and protect the community.



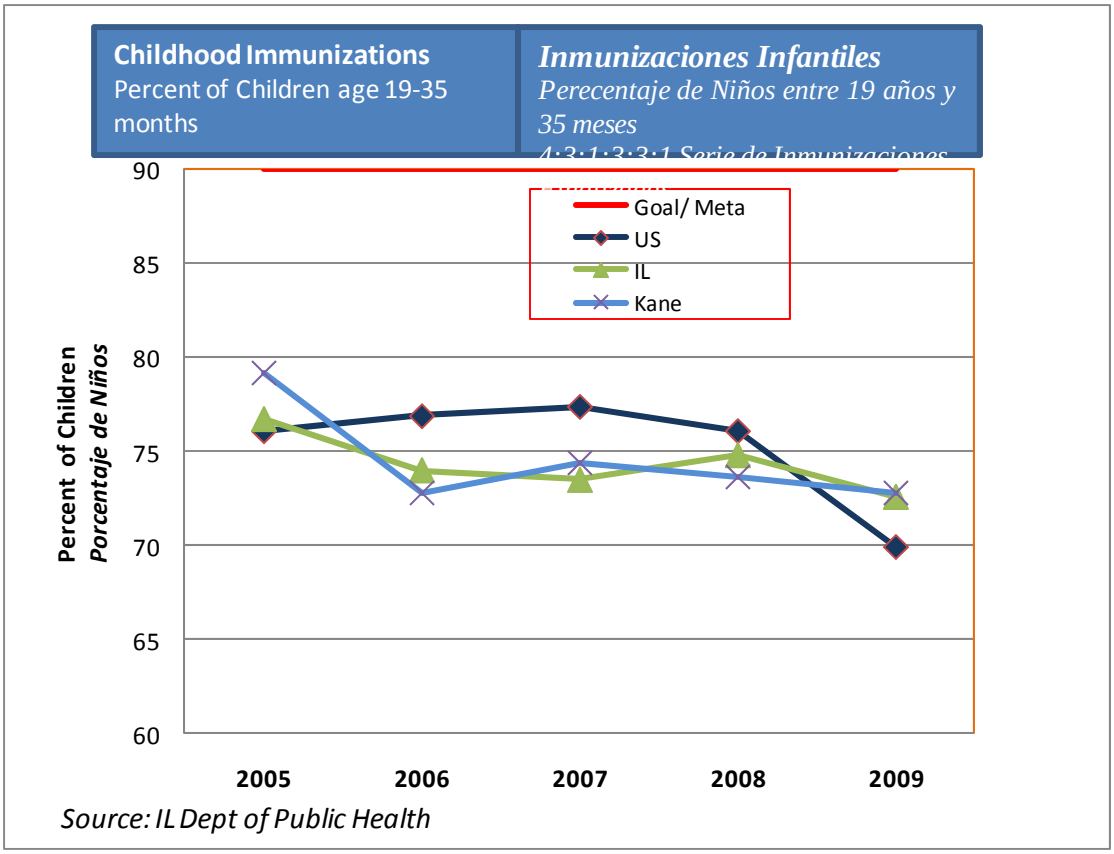
How are we doing?
In 2009, Kane County rate of infectious syphilis increased slightly to 1.5 per 100,000.



Priority 5: Maintain core public health protection services

2015 Goal: Increase the rate of age-appropriate immunization vaccination coverage to 90% for two-year-olds.

Why is this important? Immunizations protect both individuals and the community as a whole from serious, life-threatening communicable diseases such as polio, whooping cough and measles. Younger children are particularly vulnerable to these diseases if not protected by immunizations. Outbreaks of these diseases can rapidly develop and have widespread health and economic effects in a community.



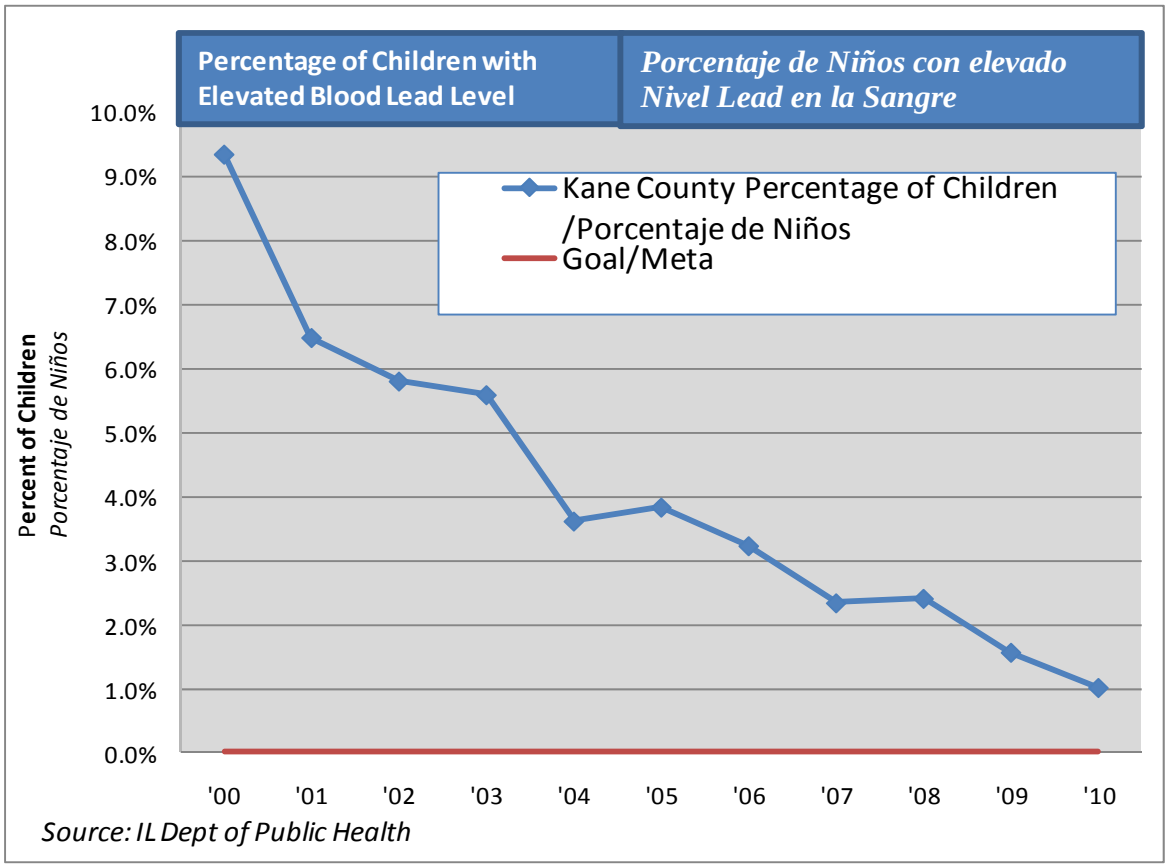
How are we doing?

Immunization rates for Kane County children 19-35 months decreased slightly to 72.8%. This rate is the same as Illinois rate but higher than US rate.

Priority 5: Maintain core public health protection services

2030 Goal: 0% of tested children under six will have elevated blood lead levels in their blood.

Why is this important? Lead poisoning can have major negative impacts on the growth and development of young children, particularly those 6 years old and under. Most children are exposed to lead due to lead paint that was used in homes built prior to 1970. Lead poisoning is entirely preventable. The rate of lead poisoning in children under 6 is a measure of the effectiveness of the public health department working with the medical community, parents, landlords, municipal development departments and contractors in eliminating sources of lead poisoning.



How are we doing?

In 2010, 1.0% of children under six years of age who were tested in Kane County had elevated blood lead levels. This has shown a steady decrease over the past ten years

Part 2: 3 Keys to Greatness Update

In 2009, facing the challenges of addressing the public health mission in a worsening fiscal environment, the Board of Health and Health Advisory Committee reconvened in joint session to review and update our strategic plan. We boldly charted a course forward, affirming that we did not want simply a 'good' health department but that the times demanded a 'great' health department: one that was truly mission driven, efficient and effective in improving, protecting and promoting the health of Kane residents.

To communicate our strategic direction, we developed the **"3 Keys to Greatness"** strategy that includes:

- **Key 1:** Attracting and retaining ***educated, committed leaders and staff*** who excel and public health;
- **Key 2:** Expertly transform data into ***actionable health information*** and ***communicate it effectively*** to diverse audiences; and
- **Key 3:** Convene and support ***active community partnerships*** that get population health results.

Over the past two years we implemented three (3) cross-cutting initiatives focused on the 3 Keys, creating initiative teams with formal charters, as well as two other "running-the-business" initiatives around financial management and quality improvement. Our efforts and progress to date is summarized below.

Key 1: Attracting and retaining ***educated, committed leaders and staff*** who excel and public health

The Team Charter for this initiative described its mission as: "Evaluate staff competencies and address deficiencies through continuing education, training and leadership development activities." This mission is in support of the overall effort to achieve excellence in public health practice---i.e., achieving maximum efficiency and effectiveness in all we do---in order to achieve the best possible health outcomes for the community. Thus, in 2009 we started exploring national and regional efforts underway in the public health community to identify core competencies for public health staff members[1] and brought new resources to the Department to provide continuing education and increase professional knowledge[2] that would translate into improved services for the community. This work served us well, then, in providing a framework for our reorganization of the Department in 2010 and the creation of entirely new job descriptions for every job in the Department---based on national standards and competencies.

[1] See the Public Health Foundation's Council on Linkages between Academia and Public Health for this information at: http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx

[2] For example, we partnered with the University of Illinois Chicago and the University of Washington on a public health nurse education and retention project that is funded by the Health Resources and Services Administration of the Department of Health and Human Services. This grant has provided in-depth training and skill-building for all of our public health nurses at no cost to Kane County.

Examples of key accomplishments in this Key initiative have included:

- Developed and implemented a merit-based pay system for both management and staff based on achievement of 'stretch' performance goals, individualized learning and growth achievements and teamwork and leadership accomplishments.
- As part of the 2010 reorganization, developed and implemented complete reclassifications of jobs into three categories for all staff positions and rewrote all management and staff job descriptions for each classification assuring alignment with national public health standards and a focus on essential public health services
- As part of above, increased educational requirements for most staff and management job classifications while providing for a period of up to four years for current incumbents to attain additional education and meet the requirements with the support of the County's tuition reimbursement program
- Updated salary survey for all management and staff positions in order to assure alignment of compensation with the new job classifications[3]
- Increased participation in both continuing education and college undergraduate and graduate programs by staff as per individual learning and growth objectives documented in performance evaluations and job classifications
- Begun implementation of an internal workforce training curriculum aligned with the new job classifications. The initial focus is on assuring that all staff have achieved emergency preparedness training based upon the National Incident Management System standards which requires each employee to gain competency in training areas based on their job classification within the organization and assignments during public health emergencies.

Key 2: Expertly transform data into ***actionable health information*** and ***communicate it effectively*** to diverse audiences

The team Charter of the Key 2 initiative was stated as: "Develop a comprehensive plan for building KCHD's health information system, to include three major subcomponents:

1. Coordinated data systems, including a data warehouse
2. Data analysis/transformation into health information

[3] Note that there have been no salary or wage increases for Health Department staff since December 2008 for management and December 2009 for staff.

3. Health information/message development, dissemination/communication."

In the 'information age' of the 21st Century, effective communication is central to everything we do in public health. It is *mission-critical* that the Department obtains a wide variety of accurate health data and transforms it into clear, understandable health information that residents, policymakers and community health partners can act on. Since 2009, KCHD made significant progress in developing a plan to enhance the department's health information and data management systems and implemented key initiatives focused on increasing the quality of the department's communication with stakeholders, residents and elected officials. During this time there have been several major events including, the "swine flu" (novel H1N1 A influenza) pandemic and the reorganization of the Department and its services that have provided challenging opportunities to improve our communication effectiveness. The reorganization of the Department resulted in two positions, located in the Office of Community Health Resources, that are explicitly focused on data and communications. These positions, Health Communications Coordinator and Health Data & Quality Coordinator, assure a continued focus on expertly transforming data into information to all our customers that is accurate, real-time and actionable.

Key examples of our progress in data management and communications include:

- **Web-based Disease Monitoring**

Significant progress has been made in the implementation of web-based disease monitoring systems in collaboration with our five community hospitals and our nine school districts. With the expert help of the County IT Department we developed and implemented web-based reporting for school absenteeism in order to monitor influenza-like illness. We have also made progress in implementing a syndromic surveillance system in Kane's five hospitals, ESSENCE, that will soon be implemented across the Chicago region. This is an early detection system for disease outbreaks and unusual occurrences that might indicate pandemics or bioterrorism.

- **Health Matters**

In January 2010, KCHD launched the first *Health Matters* newsletter. This monthly electronic publication highlights at least three current activities at the health department that have broad impact on the community. Health Matters is distributed currently to over 1,000 community leaders and residents by email each month. Previous editions remain available on the KCHD website. In 2010, the monthly release of Health Matters was changed to coincide with the Public Health Committee meetings in order to provide more in-depth information to our residents on updates provided to the committee. Health Matters provides a unique opportunity for the department to communicate directly with our partners about important public health topics each month.

- **Public Health Committee Flash Report**

Seeking to eliminate paper reports while maintaining complete transparency on Department activities, we developed a new electronic monthly report for our Board and Health Advisory Committee in January, 2010. Features include high level summary graphs, tables and stories with links to in depth data maintained on our website. Two or three stories illustrating delivery of different essential public health service include a short synopsis of the initiative, a graphical display and link to the essential public health service to which the initiative is tied. The report also includes a high-level picture of the Department's financial data each month. The flash reports also available to the public on the health department's website along with the monthly statistics required to be reported.

- **Maternal-Child Health Report Card**

In August, 2010, the Kane County Board authorized the Department to transfer a number of state-funded grants for individual maternal-child health services to three Community Health Centers serving Kane residents. In order to monitor the impact of this transfer on services to Kane residents the Department gathers a set of service participant and program outcome data, reviews the data with the Kane County Perinatal Committee, and issues quarterly reports of findings and recommendations.

- **Messages of the Month**

Our Communications Coordinator, in collaboration with partner agency and Department program staff has developed and distributed regular health promotion messages through the Wellness Wednesday emails to all County staff, and monthly information to the community from the Breastfeeding Coalition, and Mental Health Council since 2009.

- **Social Media**

Beginning in late 2009, the department has maintained an active Facebook page where short, relevant links to health activities, information and events are shared. The Facebook page serves as a critical outlet for providing timely information and resources to individuals who have explicitly requested such updates. Twitter "tweets" provide an opportunity to share timely public health information in short messages that are frequently forwarded or "re-tweeted" by recipients on to their followers. These two communication methods supplement our ongoing maintenance and upgrading of our website (www.kanehealth.com) and media releases.

Key 3: Convene and support active community partnerships that get population health results.

The Charter of our Key 3 initiative was: "…to analyze & evaluate partnerships in the community and develop a process to improve the health department's participation the most critical partnerships to maximize resources and eliminate redundancies. Each partnership [is to be] evaluated and classified individually…"

In 2009 we completed an inventory of all of the community partnerships the Department was involved in and the partnerships were evaluated and classified using standardized criteria.

For those partnerships that the Department convened and staffed, the members were surveyed about partnership meeting effectiveness. In 2010, with resources from the Illinois Public Health Institute, a plan was developed and implemented to maximize utilization of resources and make partnership meetings more effective[4].

Also in 2010 the Department was identified by a team of population health services researchers at the University of Wisconsin as a leader in community partnerships and invited to participate in MATCH Multi-Sector Partnership Case Study. This national study is ongoing and is examining the role of partnerships in achieving population health improvements in communities. We look forward to the completion of the study and learning from its findings to further enhance our practice in this area.

Following is a brief summary of the key accomplishments of the community health partnerships that the Department has facilitated and staffed over the past two years.

Making Kane County Fit for Kids- created in 2008, this multi-sector campaign was created to reduce childhood obesity a key factor that will drive premature illness and death if action is not taken. Achievements include:

- Created public/private Funders' Consortium that has raised and distributed over $200,000 to the community.
- Selected as one of 41 grantees nationally and awarded $360,000 over four years by the Robert Wood Johnson Foundation.
- Created **Fit Kids 2020**, a comprehensive community-developed ten-year plan to reduce obesity.

Kane County Perinatal Committee: Maternal-child health professionals county-wide address the prenatal and postpartum health issues that face new babies and new parents. Coordinated communication, planning and intervention, achievements are:

- Managed community oversight of the late 2010 transition of Maternal Child Health (MCH) services for low income women.
- Participated in the Centering Pregnancy Project in Illinois, which found that the prematurity rate of participants was 6% as compared to the Illinois state rate of 12.7% (2008, the latest data we have available).
- Convened the community and other MCH professionals at Forums to address the disparity in Infant Mortality among Kane County African American infants.

[4] The Department competed for these resources made available through the Multi-state Learning Collaborative and funded by the Robert Wood Johnson Foundation. This project, was coordinated by the Illinois Public Health Institute and focused on utilizing quality improvement tools to increase community partner engagement and effectively work together to address community health priorities.

- Completed an in-depth *Perinatal Periods of Risk Study*, analysis and action plan to decrease excess infant deaths. *(Presented at a national MCH meeting!)*
- Conducted physician feedback sessions to develop priorities for promoting health before and between pregnancies.

All Our Kids (AOK) Early Childhood Network: Assuring that we meet the early learning, health, family support, and early intervention needs of very young children, AOK partners have made Kane County home to a vibrant, comprehensive, proactive Early Childhood System through:

- Parent Immunization Surveys
- Developmental screening training and promotion among pediatric practices
- Choosy Kids workshop for childcare and preschool providers to incorporate activity into daily activities and learn how this activity helps brain development and learning
- Created a series of *Building Block* Parent Handouts about balanced diet and activity to maintain age appropriate weight
- Addressed the community learning needs around Childhood Lead poisoning was through a creative education session and training tool dissemination
- Stall Street Journals for Kids series directed to preschool children were developed and widely disseminated. Each Journal consists of a simple message for children and information for parents and child care providers.

Circles of Wise Women are groups of African American community women based in Elgin and Aurora committed to acting together to reduce the number of babies that die before their first birthdays. Through outreach, peer education and advocacy, the Circles have become familiar and welcome in the community:

- Poster campaigns to prevent premature births
- Annual "It's a Family Affair Barbeque to enhance awareness and prevention
- Educational, fun "Baby Showers" for African American mothers combine fun with education in order to decrease infant mortality—in partnership with faith communities, health, and social service agencies
- Outreach to African Americans in the larger housing complexes
- Surveys and town hall meetings for Aurora African American women about health issues and communication with doctors
- Participation in community health fairs
- Healthy cooking demonstrations

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Kane County Mental Health Council is made up of executive leaders from over twenty organizations providing mental health services in Kane County. Recent accomplishments include:

- Created an active website to provide information to providers and consumers in the community

- Conducted comprehensive service assessments and analysis to develop plans for improving efficiencies in the local mental health system
- Supported special awareness efforts such as a mental health message of the month, What a Difference a Friend Makes campaign and the Say it Out Loud anti-stigma campaign.

Kane County Breastfeeding Coalition: Working across the entire county, these partners prevent child obesity and promote women's health by promoting breastfeeding:

- Development and wide dissemination of locally created breastfeeding promotional materials—posters, buttons, and bookmarks using the theme "Mama's Restaurant"
- *Conducting a parent survey at local birthing hospitals, pediatric offices and WIC sites to assess perceptions and experiences parents have with breastfeeding education and support
- Recruited Kane MCH professionals to attend Illinois Bridges to Breastfeeding Training
- Annual World Breastfeeding events
- Currently developing a Tool Kit for Pediatricians which will have content

KCHAIN- formed to address access to healthcare needs; the Kane Collaborative Health Access Integration Network has worked with clinics and hospitals to strengthen the safety net in Kane County. Recent efforts have included:

- Secured dedicated funding to increase access to specialty care among the un-insured and under-insured
- Implemented prescription medication assistance program to assist those in need, many who have recently lost their jobs.

Kane County Coalition for Health & Wellness- dedicated to improving the health of residents in Kane County. Over the past several years this coalition has:

- Created and distributed a worksite wellness guide
- Developed and piloted a Prescription for Wellness program
- Initiated educational Stall Street Journals for schools and worksites.

<u>Conclusion</u>

The Kane County Health Department has made significant strides in improving community health and increasing organizational efficiency and effectiveness since 2009. Over the past two years our <u>significant accomplishments</u> include:

- ✓ **Improving** our County **Health Rankings from 11th to 9th** overall in Illinois;

- ✓ **Protecting** our community **from significant health threats** by effectively managing an ongoing outbreak of tuberculosis among the homeless, coordinating response to the novel H1N1 influenza A pandemic, and containing a number of foodborne illness outbreaks;

- ✓ **Mobilizing** our community **around the main threat to our children's health**, the epidemic of obesity and overweight, through the public-private partnership of *Making Kane County 'Fit for Kids'*; and

- ✓ **Reorganizing** our **Department** so that it is **slimmer, flatter, and entirely focused** on the **essential services of public health**. The reorganization has been accomplished in a manner that assures that we meet national public health accreditation standards and that is economically sustainable, while assuring that personal health services that the Department no longer provides were smoothly transferred to community health partners.

At this time, our nation and our Kane County community are in the midst of the most severe economic recession since the Great Depression. We face both new and re-emerging threats to our health ranging from the epidemic of obesity and diabetes to old killers like tuberculosis and influenza. The health and health care policy environment is in a state of rapid change and uncertainty that is unlike anything since the federal initiatives of Medicaid, Medicare and federally qualified health centers were all created in the 1960's.

These times demand a clear strategic focus for the Health Department and a basic faith in the future of our community based on the resilience and strengths of our community members. We need to find ways to foster healthy people, healthy living and healthy communities like never before!

Appendix A: Kane County Health Department Quality Improvement Summary Report

January – June, 2011

Kane County Health Department

KANE COUNTY HEALTH DEPARTMENT
QUALITY IMPROVEMENT SUMMARY REPORT
January – June 2011

I. Overview

During the first six months of 2011, the Kane County Health Department's (KCHD) Quality Improvement (QI) initiatives have focused on fostering a QI culture among all staff through the following initiatives:

1. Creation of KCHD's QI framework, including the development and implementation of a QI Policy, QI Plan, and QI Committee (and Committee Charter).
2. Training on and practice of QI tools through monthly All Hands meetings and monthly team meetings.
3. Implementation of section-level Plan-Do-Check-Act (PDCA) projects.

II. Activity Summary

1. Governance of QI

An overview of the framework for QI was shared with the Kane County Health Advisory Committee in January 2011, and in March 2011, the Committee was surveyed regarding their opinions and views regarding the agency's pursuit of voluntary Public Health accreditation. Feedback and comments made by the Committee were used in development of QI activities and QI planning in this period. This Committee also provided consultation regarding the development of an agency performance management system.

2. QI Policy

A review was completed of the draft QI policy developed in 2010, and modifications were made based on the reorganized KCHD structure. This revised policy was reviewed and approved by the Assistant Director for Community Health Resources and the QI Committee, and was reviewed by the Executive Director. This policy is currently in review by the KCHD Leadership Team as a part of a broader agency policy review.

3. QI Plan

A draft QI Plan for 2011 was developed by the Health Data and Quality Coordinator (HDQC) in early April 2011 and shared with the Assistant Director for Community Health Resources and the Health Planner in the Office of Community Health Resources in mid-April. Following that review, modifications were made, and the document was then sent for review to the QI Committee and the Executive Director. The plan was approved and signed by the Executive Director on June 13, 2011. During the June All Hands staff meeting, the plan was shared with all staff and placed on the agency's shared network drive for view by all staff. This QI Plan provides a framework for QI activities and training through the end of 2011.

4. QI Committee

In March 2011, the QI Committee held its first meeting since the agency reorganization in November 2010. The QI Committee is now comprised of 9 members, 3 from each division/office and includes 1 member of Leadership and 2 staff positions from each division/office. Committee members were selected based on their interest and request to participate, and represent their section workgroup on the section's PDCA project. In the first 3 months, the committee has worked with the HDQC (who serves as the committee chair) to evaluate and plan All Hands meeting agendas, discuss the role of the Committee in Public Health Accreditation preparation, and to review and finalize a draft QI policy. The group additionally developed a Team Charter, which was approved by the Executive Director on June 13, 2011. This Committee most recently completed PDCA storyboards for their respective projects, which were presented during the June 2011 All Hands staff meeting.

5. Employee QI Training

Based on needs identified by staff in January 2011, the HDQC provided training on a number of QI tools (PDCA, Aim Statements, Flowcharts, Cause & Effect Diagrams, Force Field Analysis, Storyboards, Pareto Charts, Pie/Bar/Run Charts, and Check Sheets) during All Hands and section/division meetings. Training materials were developed utilizing the resources of the Public Health Foundation's Public Health Memory Jogger, the Michigan Quality Improvement Guidebook, and the American Society for Quality's Public Health Quality Improvement Handbook. For each tool, a PowerPoint training presentation and one-page handout was developed. Time was set aside in both monthly All Hands meetings and monthly section and/or division meetings to learn about and practice QI tools. More information regarding employee training can be found in Section III of this document.

6. Implementation of PDCA Projects

Each KCHD section completed a brainstorming process to select an improvement project in January 2011. Aligned with the training completed at All Hands and division/section meetings, each section selected a project, set an Aim Statement, looked at or collected baseline data and completed a root cause analysis. The Aim Statements are listed below:

Community Health Resources

AIM STATEMENT: By the end of March 2011, 95% of KCHD staff will acknowledge each Code Red call.

Public Health Nursing (HRIF) Section

AIM STATEMENT: Between 2/1/11 and 12/31/11, 80% of HRIF clients will receive an initial Home Visit within 14 days of receiving the Infant Discharge Record from the last hospital of care.

Administrative Section

AIM STATEMENT: By July 15, 2011, 100% of grant owners (3) will be approached by Finance to develop a schedule for mandatory grant meetings for the next 12 months.

Environmental Health Section

AIM STATEMENT: The Environmental Health Section will decrease the average number of violation #3 by 20% in one year for category 1, 2, and 3 food service establishments.

Community Health Section
AIM STATEMENT: By July 1, 2011, the Community Health Section will increase from 60% to 100% both the knowledge of meetings and the knowledge of the purpose of the meetings for three selected partnerships.

Communicable Disease Section
AIM STATEMENT: By July 1, 2011, accuracy of vaccine accountability for the Immunization Program will increase from 92% to 98%.

Public Health Nursing (Immunizations) Section
AIM STATEMENT: By 7/1/11 the rate of KCHD PHN's that have reached competency as described in the "Clinical Competencies for Public Health Nurses" will increase from baseline to 100%.

KCHD Leadership Team
AIM STATEMENT: By 6/1/12, Leadership staff's self-assessment of financial management competencies will increase from X to Y (levels TBD).

An update on progress of these projects can be found in Section VII of this document.

7. Communication

An initial QI overview, describing PDCA as the process being implemented at the agency, was distributed in the agency's Health Matters newsletter in December 2010. In addition, PDCA updates have been provided by the QI Committee representative for each section at monthly All Hands meetings, sharing the progress of the project, as well as any challenges or successes experienced. PDCA workgroups shared storyboards for their respective projects at the June 2011 All Hands meeting, with plans for a final version to be displayed in agency offices. With approval of the QI Plan complete, this plan was shared with all staff and made available on the agency's shared drive. An article about the implementation of QI activities at KCHD in the first six months of 2011 was developed for the agency's "Health Matters" newsletter and distributed in June 2011.

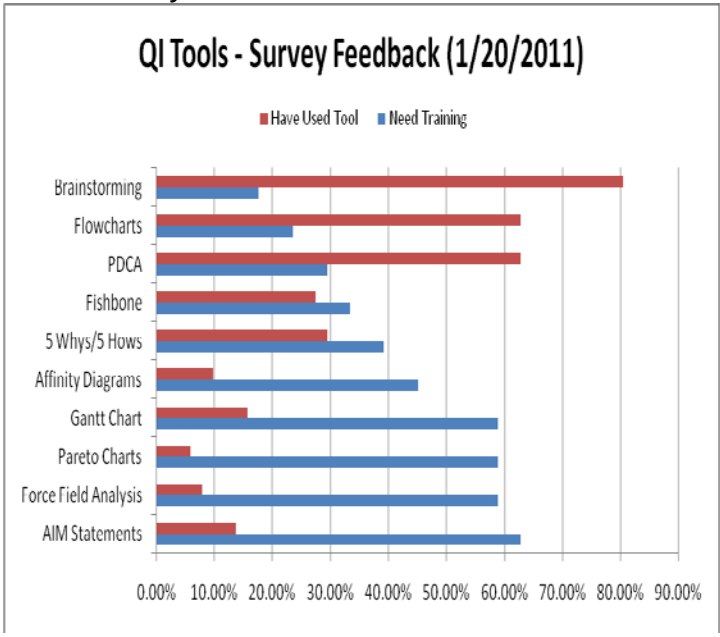
8. Links to Public Health Accreditation

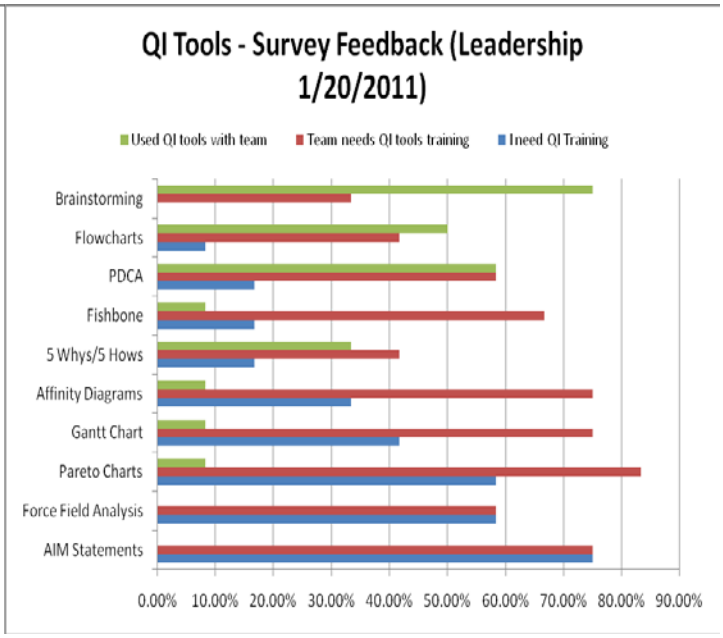
The HDQC currently serves as the domain lead for accreditation domain 9 (Evaluate and continuously improve processes, programs and interventions), and the QI Committee has been identified as the support team for accreditation preparation. A gap analysis of domain 9 has been completed, and the HDQC and QI Committee are working on a plan to remedy the gaps, including development of a committee charter, finalization of a QI policy and QI plan, and will soon begin discussing how to assess and evaluate customer satisfaction. In addition, the agency is currently exploring the implementation of an agency-level performance management system, built on the Turning Point: Collaborating for New Century in Public Health model designed by the Public Health Foundation and Robert Wood Johnson Foundation. This model

will be aligned in Fall 2011 with the development of an agency strategic plan and a Community Health Improvement Plan (CHIP).

III. Training Summary

A plan for staff training relative to QI was developed based on the results of surveys that were completed by staff at All Hands and separately by the Leadership team in January 2011. Results of those surveys are below.



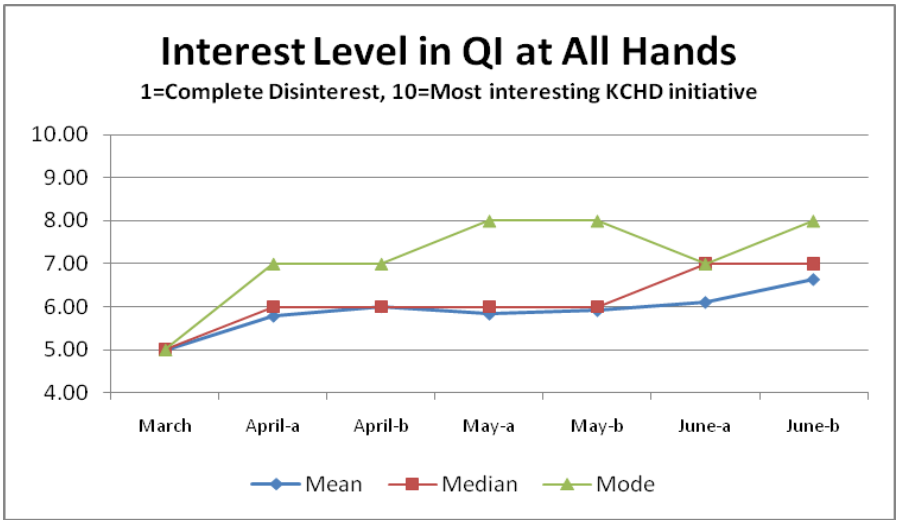


Utilizing 1 ½ - 2 hours of each monthly All Hands meeting and time at Division/Section meetings each month, the Health Data and Quality Coordinator, with the support of the Leadership Team and QI Committee, provided training topics that included:

- QI & Accreditation Overview
- PDCA and Aim Statements
- Flowcharts, Cause & Effect Diagrams
- 5 Why's
- Gantt Charts
- Force Field Analysis
- Brainstorming & Affinity Diagrams
- Storyboard Development
- Data Collection, Analysis & Management (including information on check sheets, run charts, pie charts, bar charts & Pareto diagrams)

The training sessions included a PowerPoint presentation outlining the QI tool(s), examples relative to public health, break-out sessions in PDCA workgroups to develop the tool specific to their respective PDCA project, a reporting of what was created in the breakout session, and a quiz to check comprehension of the new material learned. Material was designed to not only build on earlier learning, but also was done in conjunction with the process for PDCA.

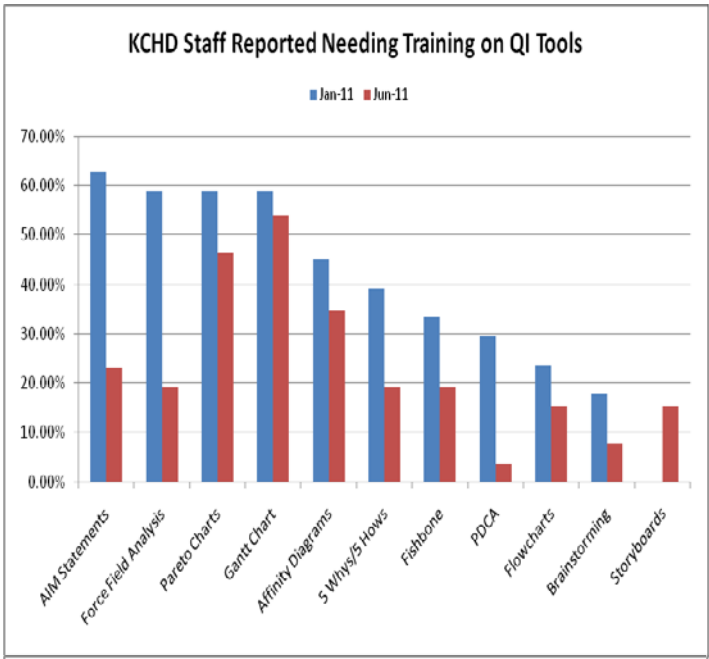
Following each training session, staff were surveyed regarding their level of perceived understanding of the new material, as well as their level of interest/buy-in for quality improvement.

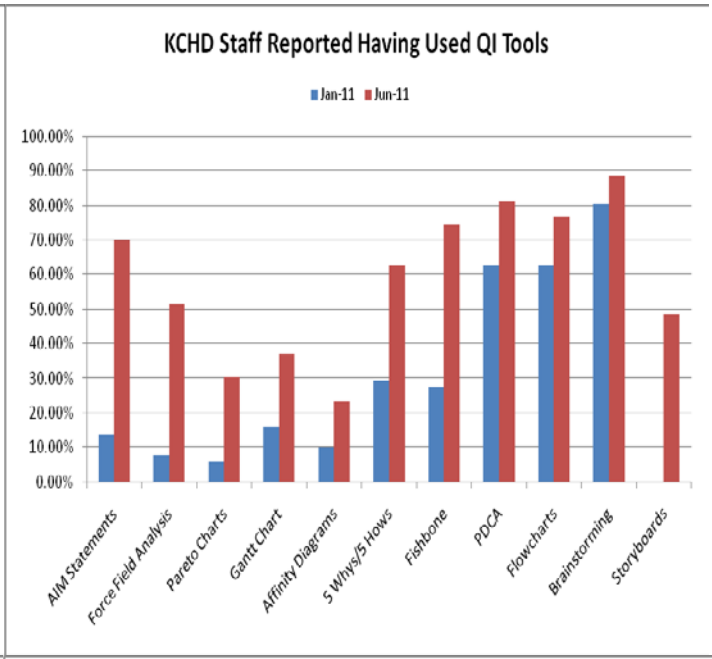


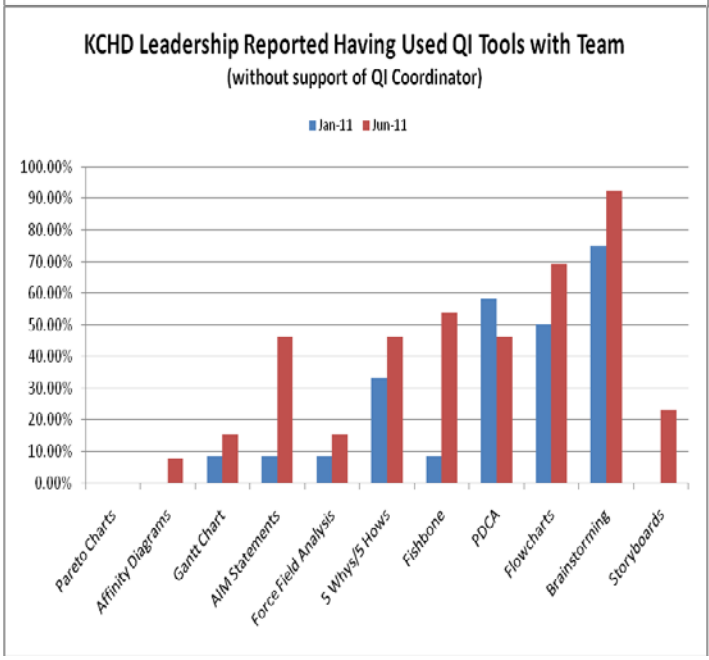
Evaluation results were compiled following each meeting, and results were used to improve the format, agenda and activities of subsequent meetings through consultation with the QI Committee. This process was simplified by the use of an electronic audience polling system in March, where quiz results were immediately shared; in April, this expanded to include the meeting evaluation. Staff response to the use of the polling devices was overwhelmingly positive, both for the interaction that they allowed and the immediate feedback provided through their use. The final QI All Hands meeting, held in June 2011, included a summary of the training, a 10-question final quiz on all training topics, and an opportunity to evaluate both the last meeting and the entire 6-month training series.

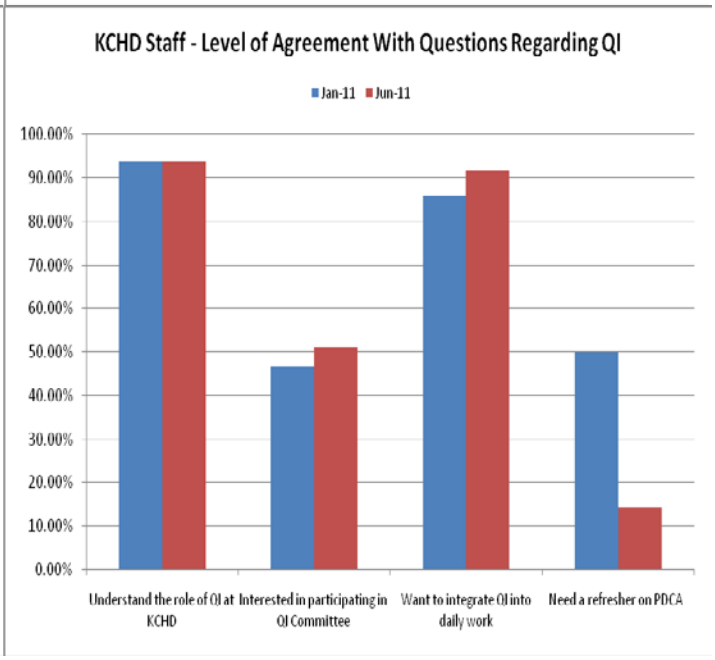
Following the June 2011 All Hands meeting, staff were asked to again complete the QI Training Needs Survey that was a part of the first All Hands meeting in January 2011. The results of these surveys were compared to see if 1) staff perceived need for QI tools training had decreased, 2) staff reported increased use of QI tools, and 3) Leadership reported increased use of QI tools (without the support of the HDQC). Additionally, questions were asked regarding staff understanding of QI in the agency, interest in QI Committee participation, and desire to integrate QI methods into daily work.

As the graphs below indicate, the training methods used in the first six months of 2011 were successful in decreasing staff need for training, increasing the use of QI tools (both on an individual level and on a team level by Leadership), and increase in responses to the broad questions regarding QI. Results of this survey will determine the direction of training for the second half of 2011.









IV. Progress on Agency Goals

A. QI Workgroups

1. Each QI Committee member, with the support of their Section's Leadership Team and the Health Data and Quality Coordinator, will facilitate the development of a project-level PDCA cycle at the Section level.
2. All KCHD staff will participate in a PDCA workgroup in 2011.
3. PDCA workgroups will report updates on project progress at least monthly at All Hands meetings and through the development of PDCA Storyboards.

All staff currently participate in a PDCA workgroup, and are providing regular updates on project progress through All Hands meetings. Storyboards were developed by the member of the QI Committee representing their respective section, and those storyboards were shared at the June 2011 All Hands meeting, where all staff were given opportunity to ask questions and provide feedback.

B. QI Projects
   1. All KCHD Sections will complete at least one PDCA cycle during 2011.
   2. PDCA projects will be documented and maintained in an electronic format on KCHD's shared computer drive (S Drive).
   3. A final Storyboard will be completed by all PDCA workgroups to indicate what changes will be made based on project results.

Each KCHD section is currently working on at least 1 PDCA project, and updates are maintained on the agency's shared computer drive by the HDQC. The QI Committee representative for each PDCA project is currently working with their team to develop their PDCA storyboard, the final version of which was shared with all KCHD staff at the June 2011 All Hands meeting (if project is not complete, storyboard will be as up-to-date as possible).

C. Training
   1. KCHD staff will receive QI training during 2011 on the following topics:
      a. QI and Accreditation Overview
      b. PDCA and project selection
      c. Aim Statements
      d. Flowcharts
      e. Root Cause Analysis (5 Why's, Cause & Effect Diagrams, Force Field Analysis)
      f. Development of storyboards
      g. Data collection, Analysis and Display (including run charts, Pareto charts, and check sheets)
      h. Brainstorming and Affinity Diagrams

   Training has been completed, and summary information can be found in Section III of this document.

   2. Following the development of KCHD's Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) and Strategic Plan, 100% of the KCHD Leadership Team and QI Committee will receive training on development of goals, objectives and performance measures.

   As the CHA and CHIP are still in development, no progress has been made on this goal in the first 6 months of 2011. It is anticipated that this work will begin in Fall 2011.

D. Recognition
   1. KCHD's Executive Director will recognize high-performing staff, Programs/Sections, and Divisions for advancing QI at KCHD.

   In June 2011, all staff were recognized at the All Hands meeting for their efforts in implementing and integrating QI tools and practices within their work through presentation of a Certificate of Appreciation. The HDQC will meet with the Executive Director in the second half of 2011 to develop a system of on-going recognition regarding QI efforts.

E. Promotion
   1. The Health Data and Quality Coordinator will work with the Leadership Team to identify opportunities to present KCHD QI efforts and projects at conferences and in publications.

   Upon completion of the first PDCA project, the HDQC will meet with the project's QI Committee representative and/or section leadership to discuss opportunities for presentation. In addition, the HDQC will provide to the National Association of City and County Health Officials (NACCHO) a summary of QI efforts for use on their "Accreditation Preparation/QI Stories from the Field" website.

F. Long-term Goals
   1. As a part of the development of CHA, CHIP and Strategic Plan, the Health Data and Quality Coordinator will work with those involved to develop Quality Improvement goals and objectives that are quantifiable and time-bound, with specific performance measures that are monitored and evaluated at least quarterly, and that goals and objectives are created both at the agency level (10-15) and at the Division level (10-20 per Division).
   2. By the end of 2012, develop Leadership Team and QI Committee members such that PDCA projects can be facilitated independently.
   3. By the end of 2012, have in place a functional "Big QI" strategy and Performance Management system at KCHD.

   As the CHA and CHIP are still in development, no progress has been made on this goal in the first 6 months of 2011. It is anticipated that this work will begin in Fall 2011.

V. Progress on Quality Improvement Goals

National Benchmark/Objective (based on PHAB, Guide to Standards and Measures, Standard 9.2): Implement Quality Improvement of Public Health Processes, Programs and Interventions.

Goal 1: Establish a quality improvement plan based on organizational policies and direction.

Objective:	Develop an annual agency QI Plan that seeks to increase staff knowledge of quality improvement and supports development of PDCA implementation, and considers importance of PHAB accreditation requirements moving forward.
Measure:	Signed and documented 2011 KCHD QI Plan.
Key Strategies:	1. Creation of draft QI plan by the Health Data and Quality Coordinator. 2. Review of QI plan by Assistant Director for Community Health Resources, QI Committee, and Executive Director. 3. 2011 KCHD QI Plan approved by KCHD Executive Director.

As of 6/13/2011, the 2011 agency QI Plan was approved by the Executive Director. An overview of this plan was provided to staff during the June 2011 All Hands staff meeting, and a signed copy of the document has been placed on the agency's network shared drive for view by all staff.

Goal 2: Implement quality improvement efforts

Objective:	Based on the framework of the KCHD QI Plan, implement PDCA as a QI strategy at KCHD.
Measure:	Achieve 100% compliance with development and completion of PDCA projects.

Key Strategies: 1. Health Data and Quality Coordinator will meet with each PDCA workgroup or representative at least twice monthly to provide training, technical assistance and support of PDCA project.
2. Health Data and Quality Coordinator will maintain an electronic database of PDCA project work for each workgroup and assure that it is available on the KCHD shared computer drive (S Drive) for review by all KCHD staff.
3. Health Data and Quality Coordinator will provide at least monthly updates to the Assistant Director for Community Health Resources on progress of PDCA projects.

As of 6/21/2011, the HDQC has maintained monthly meetings with all of the PDCA workgroups through All Hands, Division/Section meetings, and the QI Committee. The progress for each group is maintained electronically in the computer of the HDQC and in the PDCA folder on the agency's shared network drive. At least twice-monthly updates are provided to the Assistant Director for Community Health Resources, as well as to the Executive Director at least once every other month.

Goal 3: Demonstrate staff participation in quality improvement methods and tools training

Objective: Provide an adequate level of QI training to all KCHD staff.
Measure: Train 100% of KCHD staff on QI Tools and QI processes as outlined in QI plan.
Key Strategies: 1. Health Data and Quality Coordinator will create and maintain a training log of staff that have participated in QI Training.
2. All staff will participate in a quiz of the material following training, as well as completing an evaluation of the effectiveness of the training/presentation.
3. Health Data and Quality Coordinator will work with Assistant Director for Administration to assure that new employees receive QI training within six months of date of hire.

As of 6/21/2011, staff have received training on QI tools as outlined in the Training section of this report. Each training has included a PowerPoint presentation of the tool and its use, an example, opportunities for staff to practice and report back results, a quiz, and an evaluation for the presenter. In addition, a one-page handout for each tool has been developed and is used in conjunction with the PowerPoint presentation. Hard-copy sign-in sheets, as well as an electronic database, are being used to maintain a log of training. Copies of the training presentations have also been made available on the agency's network shared drive. As no new hires have occurred during this period, no activity has been done regard to new employee training around QI, though a training plan for new employees will be developed in the second half of 2011.

VI. Progress on Quality Improvement Projects (PDCA)

- Office of Community Health Resources, Community Health Resources Section: Improve response rates of employee call-down drills
  (as of June 2011) This section has completed several iterations of PDCA, working to remedy all of the root causes. Staff were retrained on the Code Red employee call-down system, provided updated contact information, and have been provided feedback following each drill. As a result, the section has realized that utilizing Code Red as the recording/reporting system

for employee response was not as effective as planned, and staff now call back to the Emergency Response Coordinator to record their response to the drill. This has led to a significant increase in the response rate (82%), but the section continues to work to reach their aim of 95% compliance for this outcome.

- Office of Community Health Resources, Administration Section: Improve structured spending of grant money
  (as of June 2011) This section has completed a current state flowchart, a root cause analysis and collection of several sets of baseline data. Based on that data collection, it was determined the Aim Statement and thus the direction of the project needed modification. A revised Aim Statement was created by the group, who then brainstormed and selected a potential solution to test. It is the goal of this team that the first step of this large scale project will be met by July 15, 2011, at which time the team will meet to proceed toward more a larger-scale improvement in the project.

- Division of Disease Prevention, Public Health Nursing Section (High-Risk Infant Follow-up Program): Improve rates of initial home visit completed within 14 days of referral receipt
  (as of June 2011) Based on a root cause analysis, the section theorizes that a lack of communication to families on the part of the hospital regarding the HRIF program impedes the progress of engagement/enrollment on the part of KCHD, which delays program initiation past the 14 day requirement. To that end, the workgroup has theorized that developing messaging regarding the program and providing that education to NICU/L&D units of the 5 Kane County hospitals will improve communication between KCHD and hospitals, as well as inform families of the program. The section is currently working on developing an outreach plan for the local hospitals and including state-level program support in this plan.

- Division of Disease Prevention, Public Health Nursing Section (All PHNs): Improve rate of immunization competence for Public Health Nurses
  (as of June 2011) This section has gathered baseline data and determined that through the use of the pod-within-a-pod model, which assigns nurses to immunization clinic based on level of competence, an improvement has been demonstrated (average level of competence has improved from 20% to 80%). The PHN supervisor has developed a plan for the non-competencied nurses to achieve competence by the end of the PDCA cycle and to meet the Aim Statement.

- Division of Disease Prevention, Communicable Disease Section: Improve collection and reporting of immunization data
  (as of June 2011) This section recently completed the PDCA, having exceeded their Aim Statement (By July 1, 2011, accuracy of vaccine accountability for the Immunization Program will increase from 92% to 98%) with reaching 100% accuracy of vaccine accountability and a significant decrease in duplication of data tracking for statistics. Future plans for this project are to maintain the current systems implemented as a result of the PDCA and monitor the results for the next three months, before consideration is made to make additional modifications.

- Division of Health Promotion, Environmental Health Section: Decrease the number of critical food inspection violation #3 (temperature violation)
  (as of June 2011) While this section had some baseline data regarding the number of critical violations for #3 on an annual basis, the group determined that a short survey, provided to all food establishments visited in the month of May 2011, would gather more information and allow a more specific intervention to be created. Results of that survey were analyzed and the information used to begin brainstorming potential solutions. Through multivoting, the team is currently working to select the strategy they wish to test.

- Division of Health Promotion, Community Health Section: Improve pre and post meeting communication in Community Health Section
  (as of June 2011) As no baseline data existed for this project, the group created a survey to evaluate communication that occurred regarding the 4 pilot test meetings from January to May. Based on the results of that survey, the group modified their Aim Statement. They most recently brainstormed potential solutions and selected and implemented a test strategy for June 2011 (using a reformatted "Stall Street Journal" to share information about partnerships), and will meet in July to evaluate the results of their strategy.

- KCHD Leadership Team: Improve KCHD financial management system.
  (as of June 2011) The KCHD Leadership team has developed their Aim Statement and began collecting baseline data.

VII. Conclusion & Next Steps

During the first six months of 2011, the Kane County Health Department has made significant strides forward in implementation and acculturation of quality improvement in the agency. Eight PDCA projects have been implemented along with multiple hours of training on QI tools and strategies. Workgroups have not only worked diligently on PDCA projects, but have begun to use QI tools in problem solving daily challenges, seen most in the TB program and the Administration section.

The creation of an agency QI Plan and QI Committee charter have also provided a framework for the agency moving forward, and provide evidence for Public Health accreditation preparation. It is the goal that in the second half of 2011, the completion of the agency's CHA, CHIP and Strategic Plan will allow development of system-level QI efforts, as well as completion of the first set of PDCA projects.

Appendix B: Maternal Child Health Indicators

(Baseline and First Quarter reports)

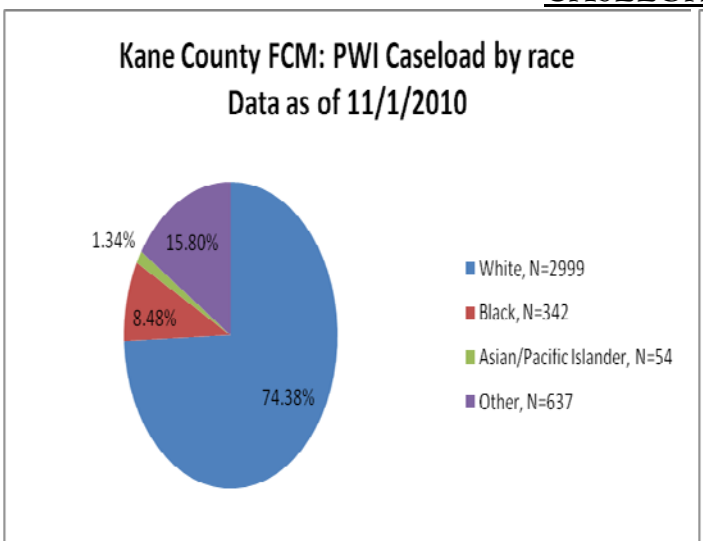
Kane County Maternal-Child Health Service Profile
Baseline: March 2011

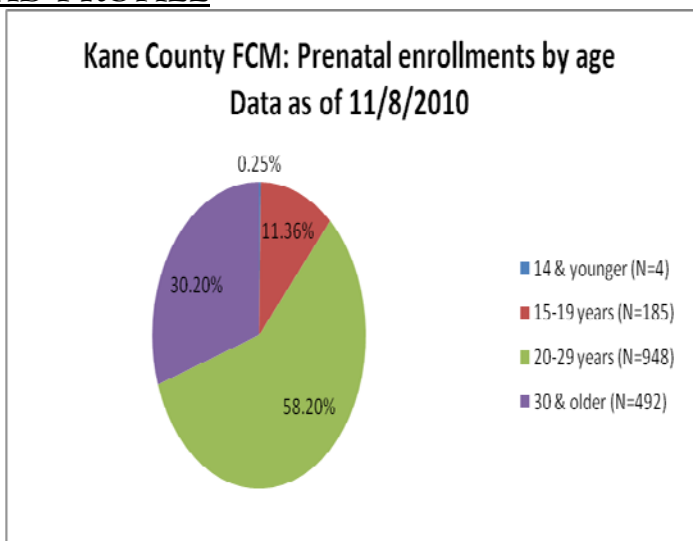
For graphs with state-issued performance outcomes, a red horizontal line on the graph will indicate the performance goal.

KANE COUNTY MATERNAL CHILD HEALTH PROFILE

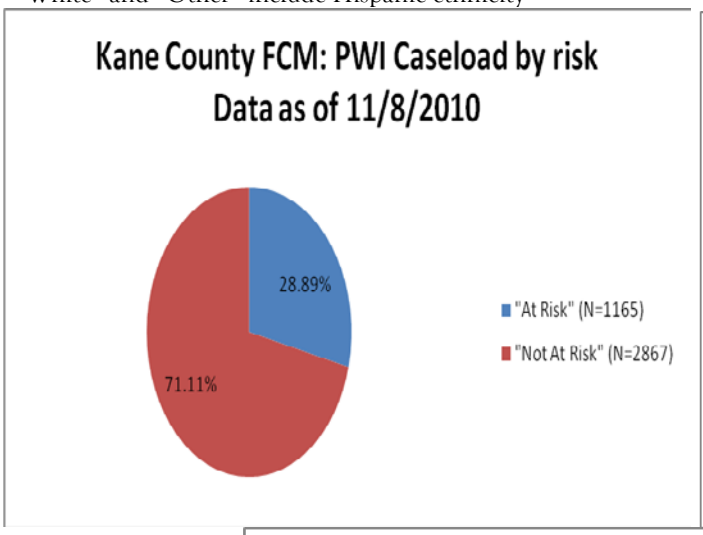
Baseline – March 2011

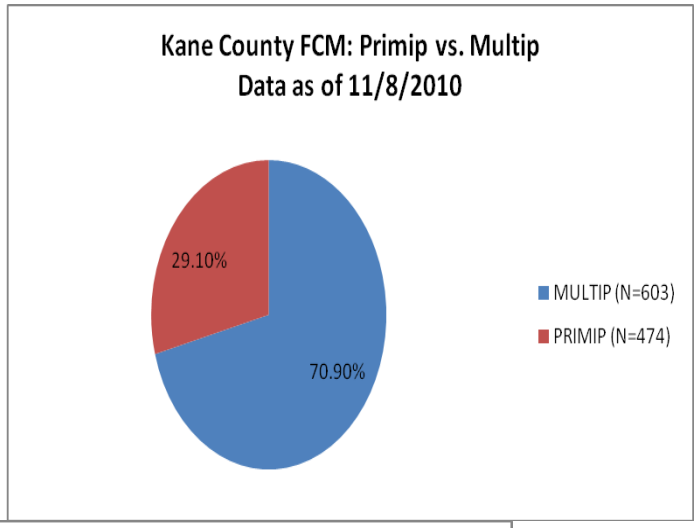
CASELOAD PROFILE

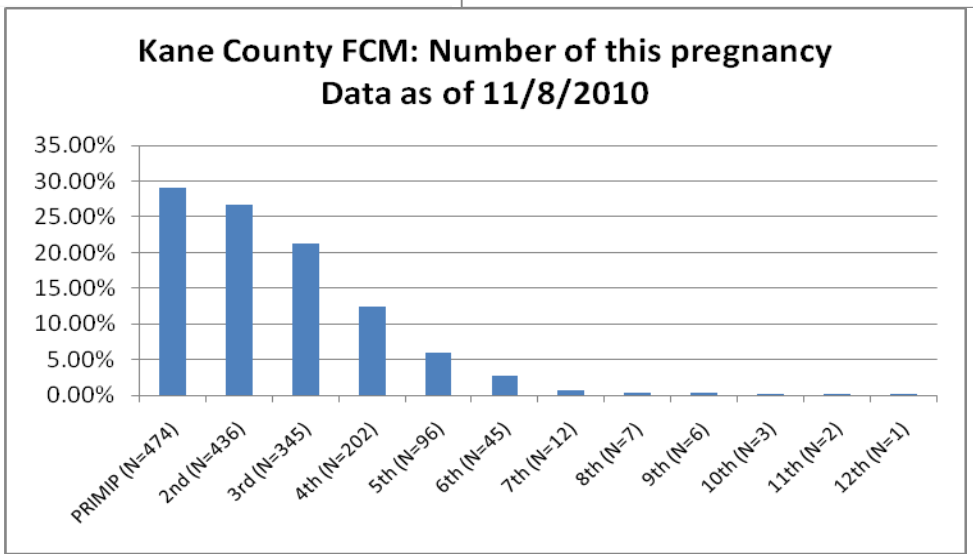




*"White" and "Other" include Hispanic ethnicity



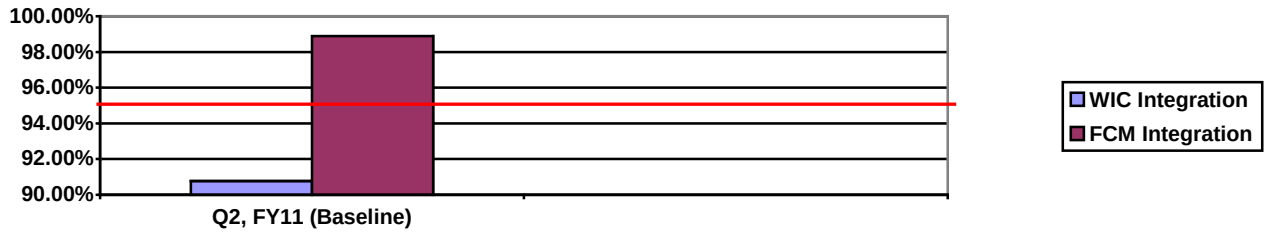




OUTCOME: Integration of WIC and Family Case Management.

Data provided through state performance outcomes for clients in Kane County FCM & WIC.

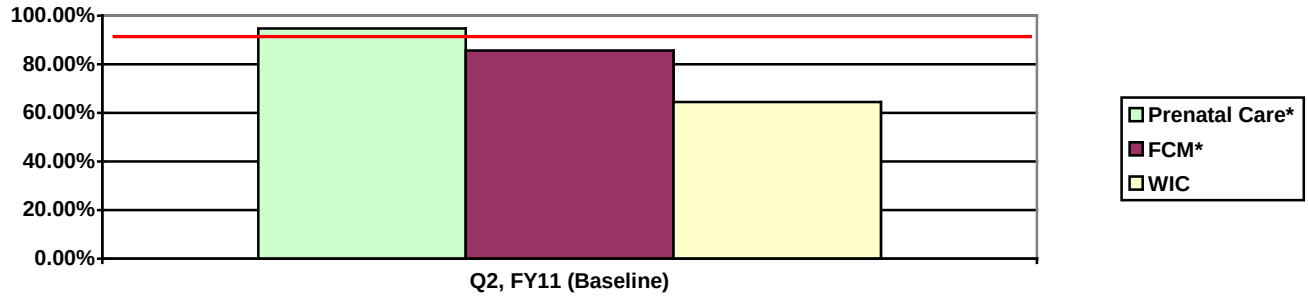
Improvements have been demonstrated in this area within the last 6 months, with integration of both programs above the 95% standard.



OUTCOME: First Trimester Entry into prenatal care, FCM & WIC.

Data compiled from Cornerstone (PA07) using Foxfire ad-hoc reporting software (prenatal care entry) and state performance outcomes (entry into WIC and FCM).

In this data set, a comparison shows entry into prenatal care, FCM & WIC. First trimester entry into prenatal care stands above 90%, but programmatic entry does not happen at a similar rate.

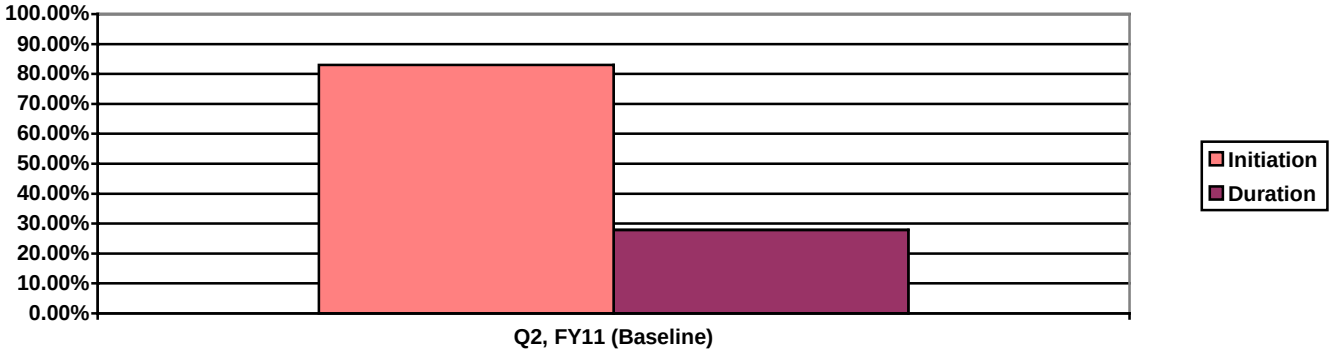


**FCM and Prenatal Care data reflects only data collected by KCHD 10/1/2010-11/9/2010.*

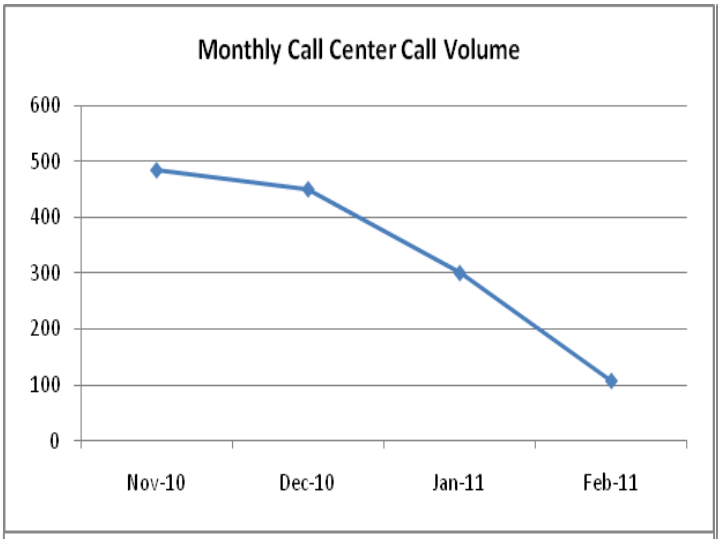
OUTCOME: Breastfeeding Initiation & Duration for WIC Participants.

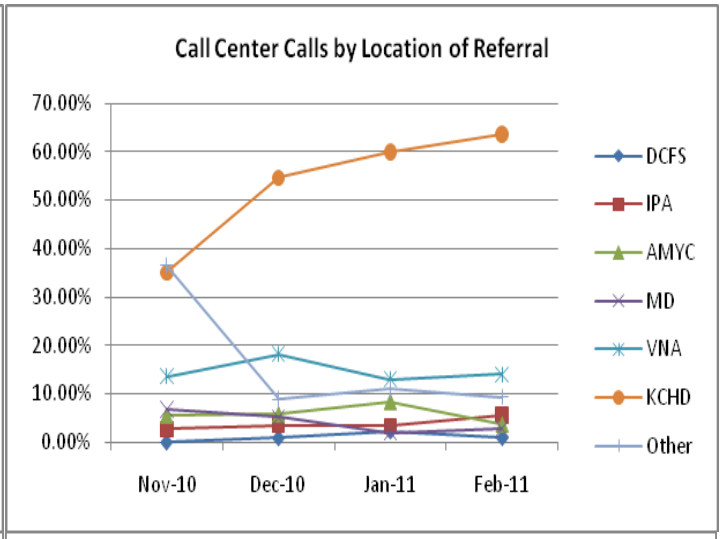
Data provided through state performance outcomes for clients in Kane County WIC.

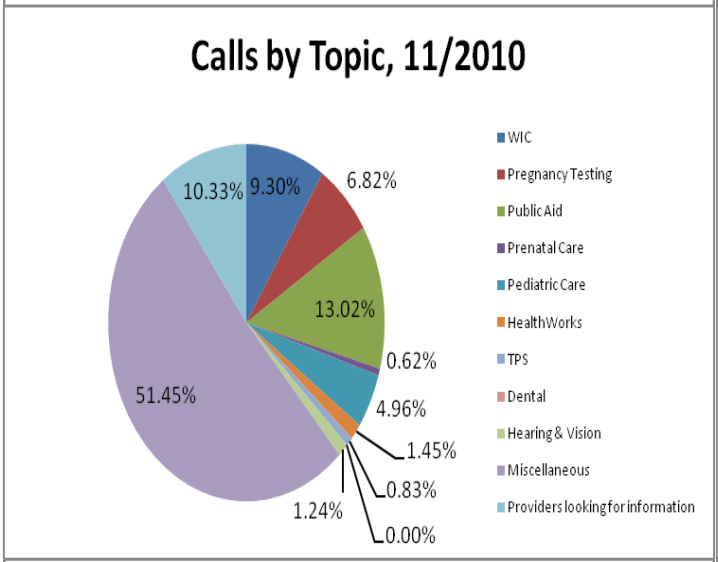
Breastfeeding Initiation stands above the 75% state performance standard, but Breastfeeding Duration to 6 Months has not yet met the 50% performance standard.

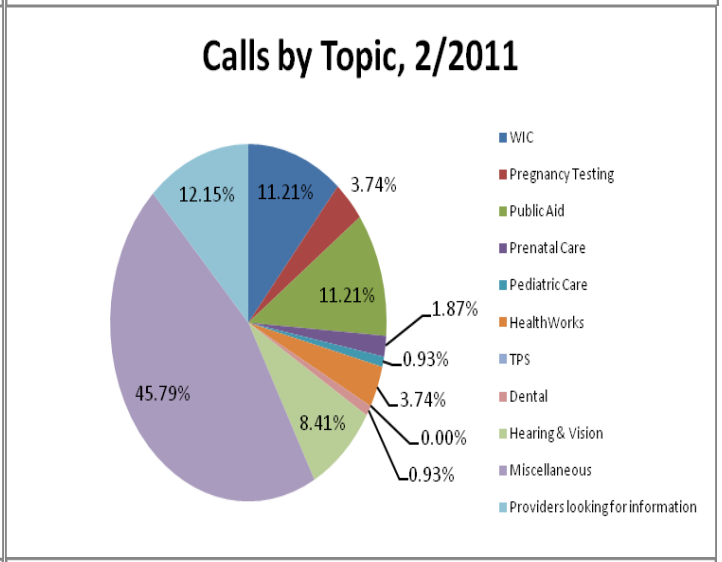


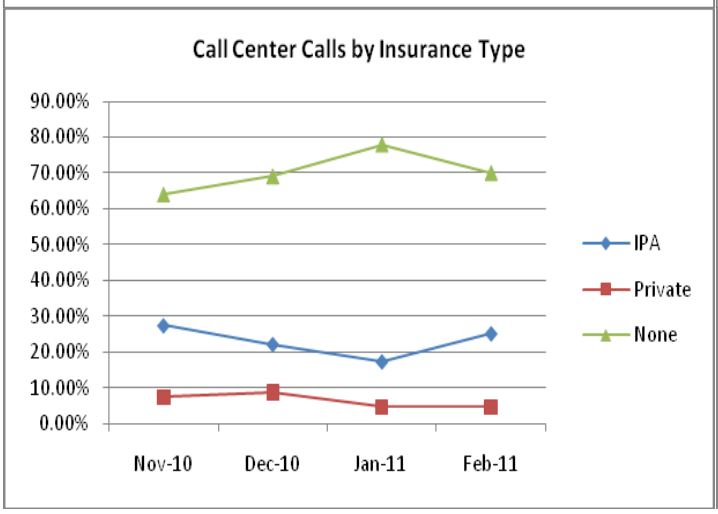
KCHD CALL CENTER

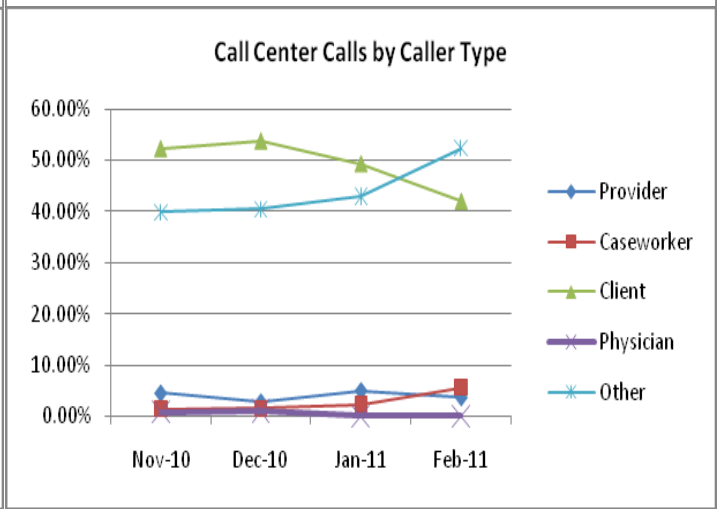












Kane County Maternal-Child Health Service Profile June 2011

VNA of Fox Valley 1918 - 2008 90 Years of Community Healthcare Leadership

Your Health, Our Commitment 25 years of service
Kane County Health Department

AUNT MARTHA'S HEALTHCARE NETWORK
CENTRO DE SALUD TIA MARTHAS

Greater Elgin Family Care Center

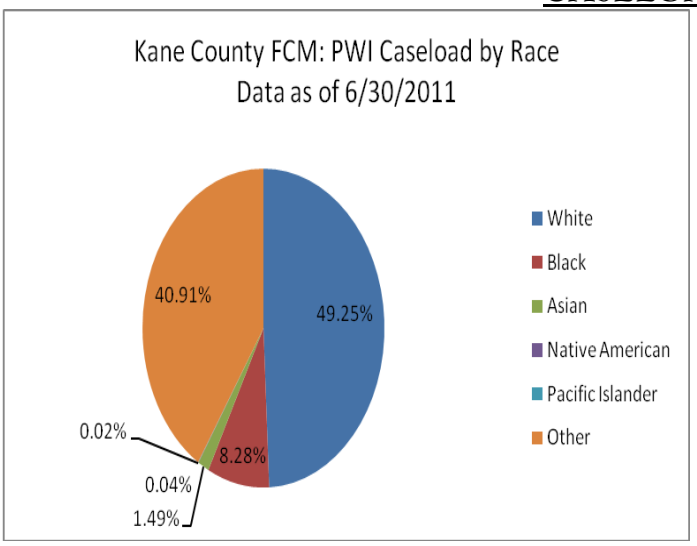
WELL CHILD CENTER

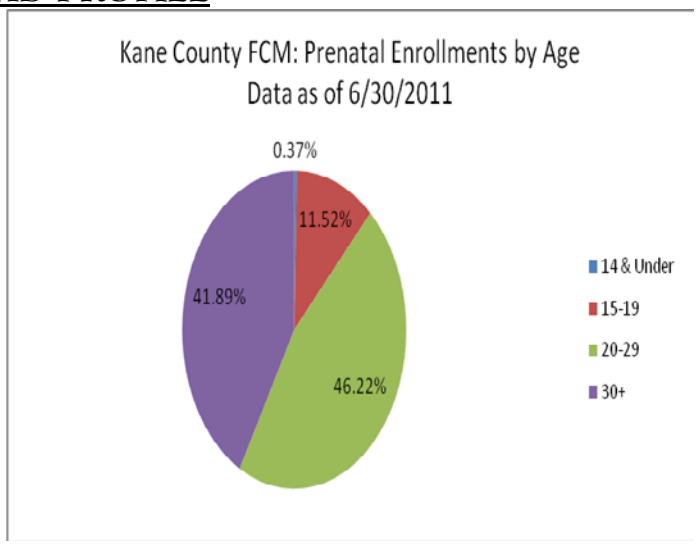
For graphs with state-issued performance outcomes, a red horizontal line on the graph will indicate the performance goal.

KANE COUNTY MATERNAL CHILD HEALTH PROFILE

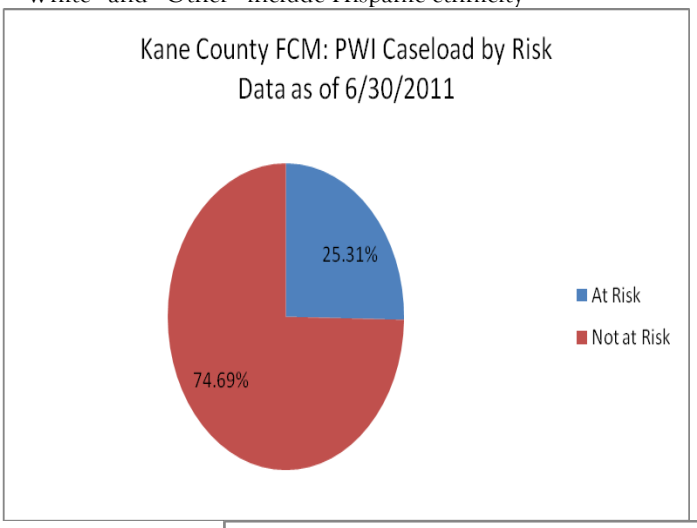
June 2011

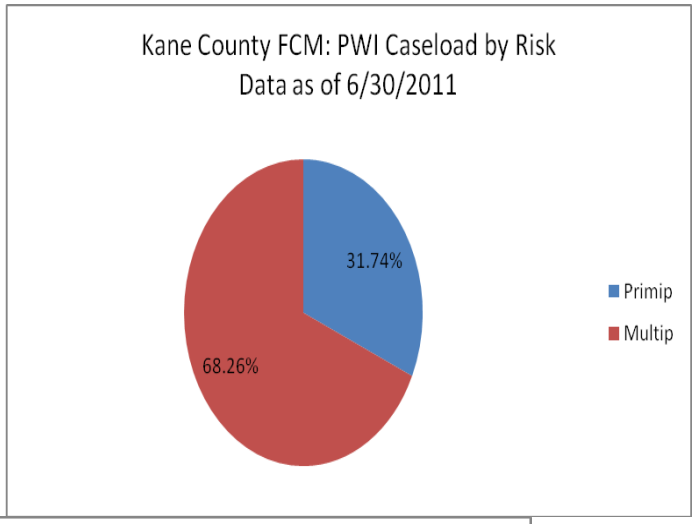
CASELOAD PROFILE

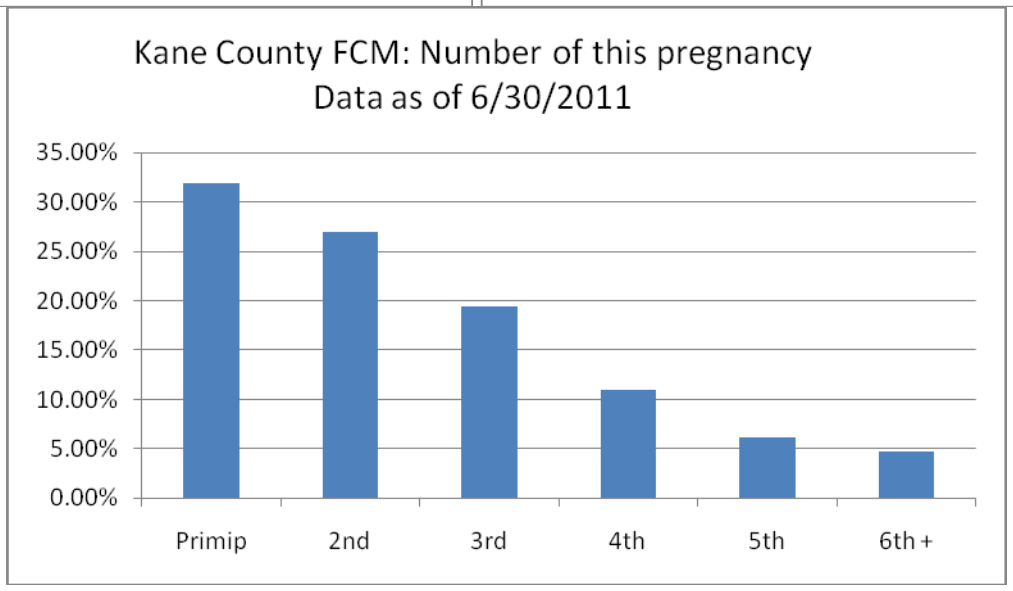




*"White" and "Other" include Hispanic ethnicity



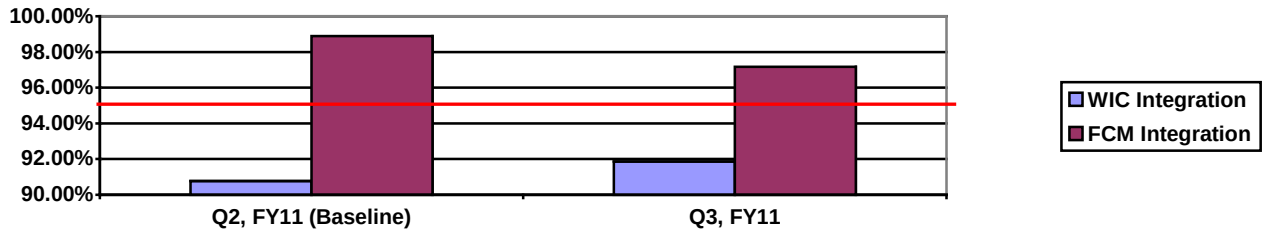




OUTCOME: Integration of WIC and Family Case Management.

Data provided through state performance outcomes for clients in Kane County FCM & WIC.

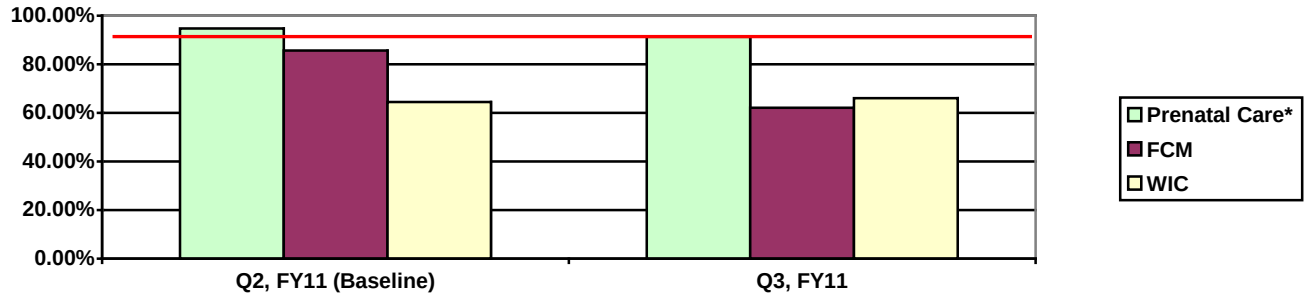
Improvements have been demonstrated in this area within the last 6 months, with integration of both programs above the 95% standard.



OUTCOME: First Trimester Entry into prenatal care, FCM & WIC.

Data compiled from Cornerstone (PA07) using Foxfire ad-hoc reporting software (prenatal care entry) and state performance outcomes (entry into WIC and FCM).

In this data set, a comparison shows entry into prenatal care, FCM & WIC. First trimester entry into prenatal care stands above 90%, but programmatic entry does not happen at a similar rate.

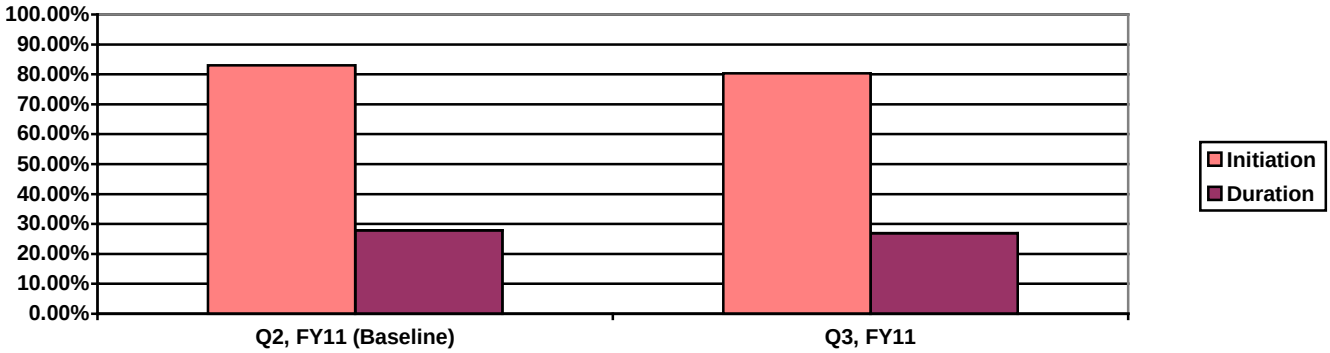


**For the baseline data, FCM and Prenatal Care data reflects only data collected by KCHD 10/1/2010-11/9/2010.*

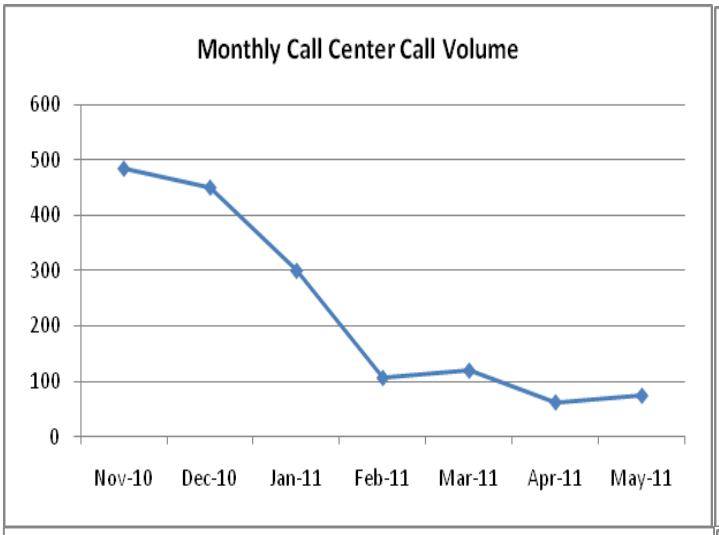
OUTCOME: Breastfeeding Initiation & Duration for WIC Participants.

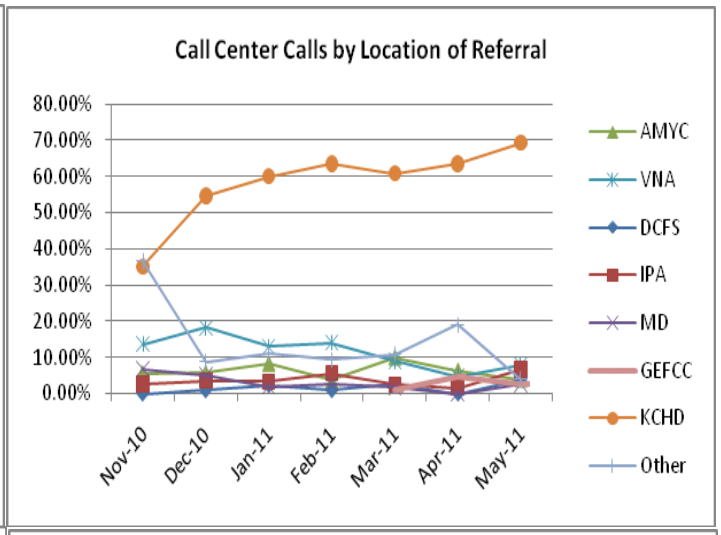
Data provided through state performance outcomes for clients in Kane County WIC.

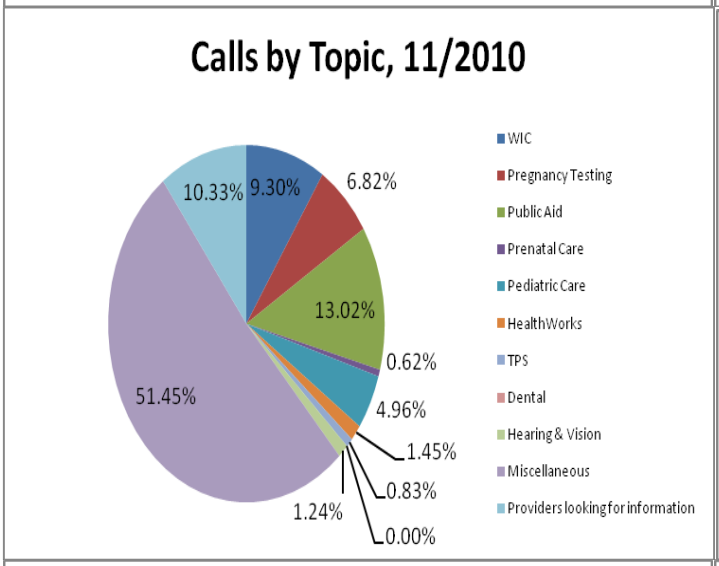
Breastfeeding Initiation stands above the 75% state performance standard, but Breastfeeding Duration to 6 Months has not yet met the 50% performance standard.

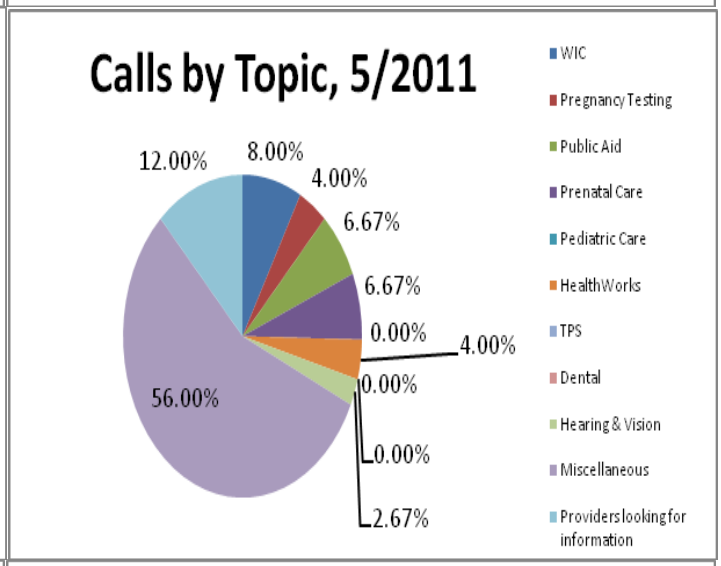


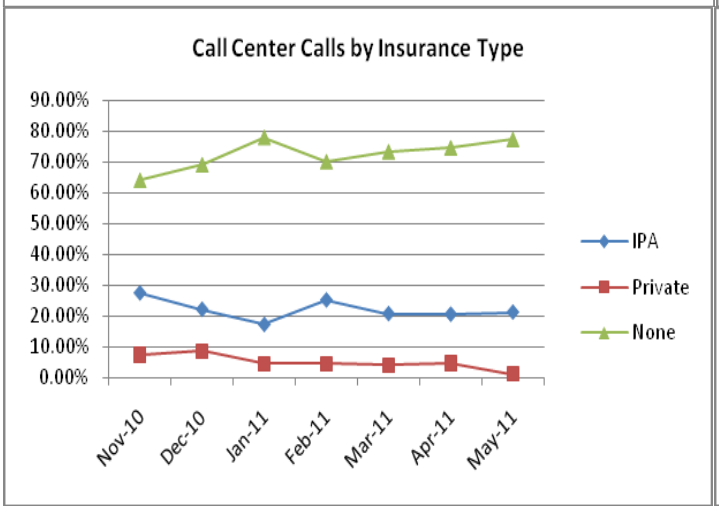
KCHD CALL CENTER

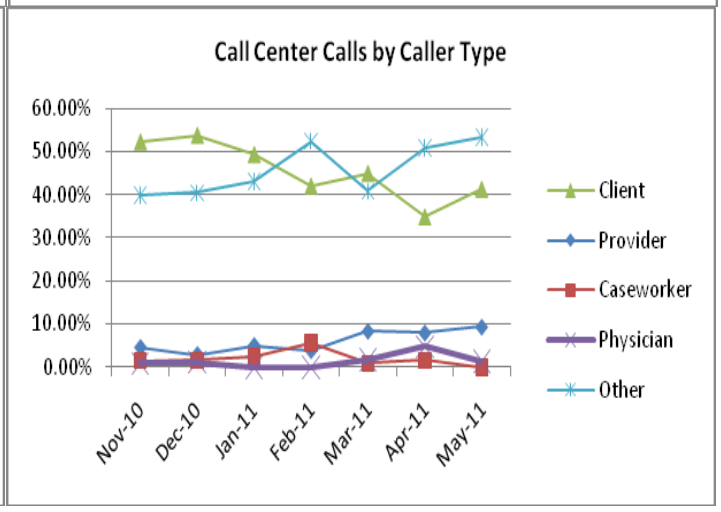












Appendix C: County Health Rankings & Selected Health Data

County Health Rankings

Programs and Policies

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state, and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation.

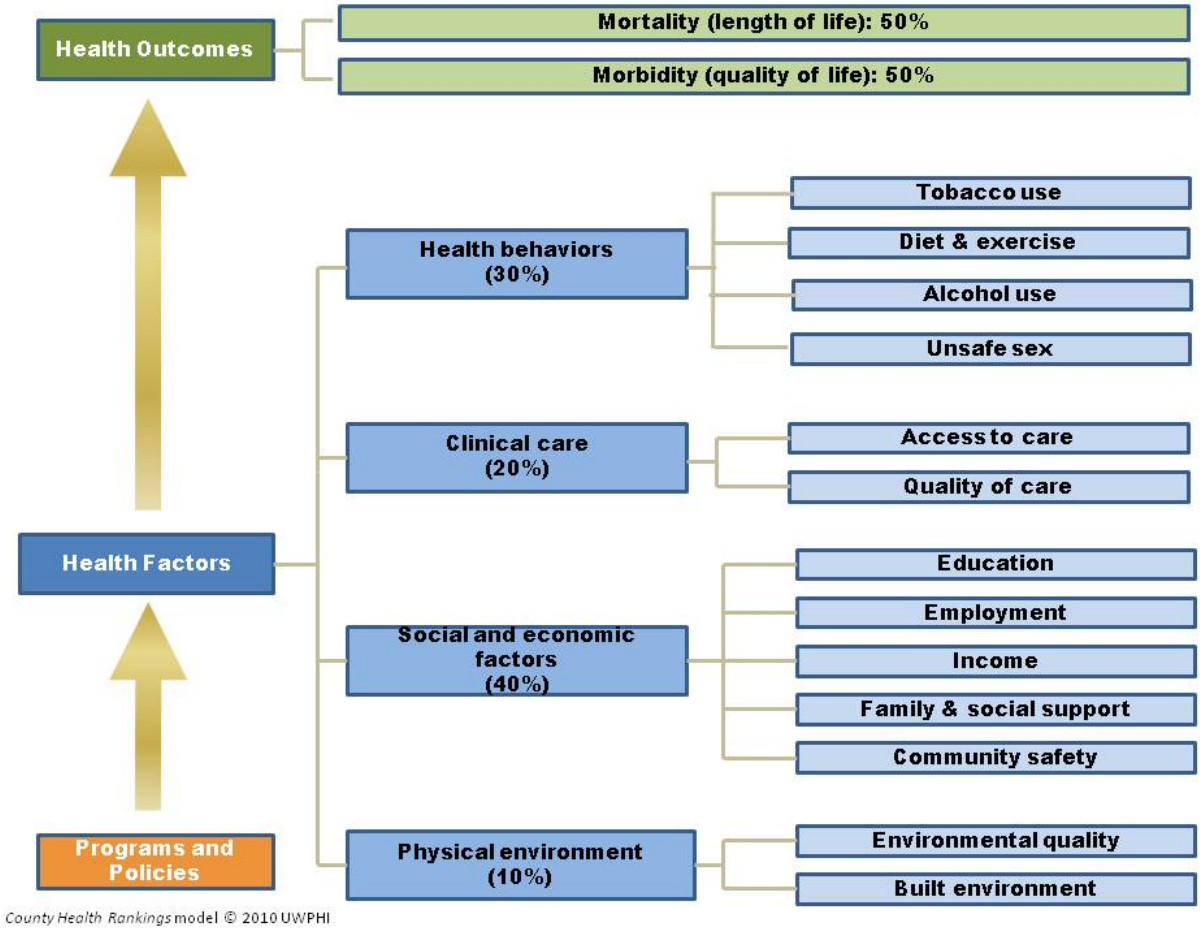
Health Factors

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic, and the physical environment.

Health Outcomes

We measure two types of health outcomes to represent how healthy each county is: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state, and federal levels.

http://www.countyhealthrankings.org/



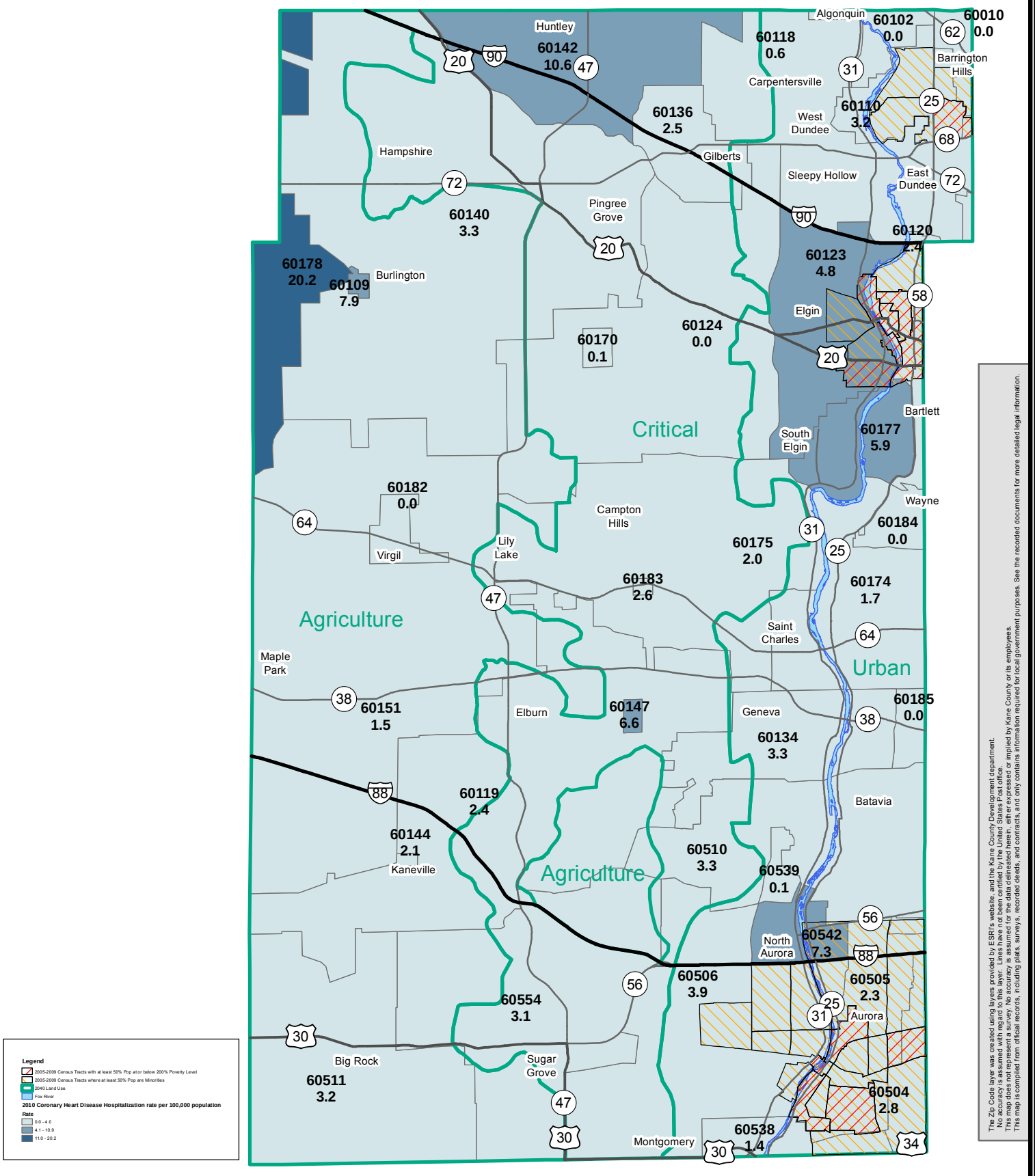
County Health Rankings
Mobilizing Action Toward Community Health

Kane, Illinois

	KANE COUNTY	ERROR MARGIN	NATIONAL BENCHMARK*	ILLINOIS	RANK (OF 102)
HEALTH OUTCOMES					**9**
Mortality					6
Premature death — Years of potential life lost before age 75 per 100,000 population (age-adjusted)	5,223	5,007-5,440	5,564	6,859	
Morbidity					30
Poor or fair health — Percent of adults reporting fair or poor health (age-adjusted)	14%	11-16%	10%	16%	
Poor physical health days — Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.0	2.5-3.4	2.6	3.3	
Poor mental health days — Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2.9	2.5-3.4	2.3	3.2	
Low birthweight — Percent of live births with low birthweight (< 2500 grams)	7.2%	7.0-7.4%	6.0%	8.4%	
HEALTH FACTORS					**41**
Health Behaviors					50
Adult smoking — Percent of adults that report smoking >= 100 cigarettes and currently smoking	17%	14-20%	15%	21%	
Adult obesity — Percent of adults that report a BMI >= 30	28%	24-32%	25%	26%	
Excessive drinking — Binge plus heavy drinking	21%	18-24%	8%	19%	
Motor vehicle crash death rate — Motor vehicle crash deaths per 100,000 population	10	9-11	12	12	
Sexually transmitted infections — Chlamydia rate per 100,000 population	293		83	460	
Teen birth rate — Teen birth rate per 1,000 female population, ages 15-19	46	44-47	22	41	
Clinical Care					70
Uninsured adults — Percent of population under age 65 without health insurance	19%	16-22%	13%	17%	
Primary care providers — Ratio of population to primary care providers	1,590:1		631:1	778:1	
Preventable hospital stays — Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	75	73-78	52	83	
Diabetic screening — Percent of diabetic Medicare enrollees that receive HbA1c screening	84%	80-89%	89%	80%	
Mammography screening — Percent of female Medicare enrollees that receive mammography screening	64%	59-69%	74%	63%	
Social & Economic Factors					37
High school graduation — Percent of ninth grade cohort that graduates in 4 years	85%		92%	80%	
Some college — Percent of adults aged 25-44 years with some post-secondary education	59%		68%	64%	
Unemployment — Percent of population age 16+ unemployed but seeking work	10.3%	10.1-10.4%	5.3%	10.1%	
Children in poverty — Percent of children under age 18 in poverty	13%	11-15%	11%	17%	
Inadequate social support — Percent of adults without social/emotional support	19%	15-23%	14%	21%	
Single-parent households — Percent of children that live in household headed by single parent	24%		20%	31%	
Violent crime rate — Violent crime rate per 100,000 population	280		100	550	
Physical Environment					39
Air pollution-particulate matter days — Annual number of unhealthy air quality days due to fine particulate matter	2		0	3	
Air pollution-ozone days — Annual number of unhealthy air quality days due to ozone	0		0	4	
Access to healthy foods — Healthy food outlets include grocery stores and produce stands/farmers' markets	75%		92%	53%	
Access to recreational facilities — Rate of recreational facilities per 100,000 population	9		17	10	

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

Source URL: http://www.countyhealthrankings.org/illinois/kane



Kane County GIS-Technologies

GIS-Technologies
719 Batavia Ave
Geneva, IL 60134

Voice: (630) 208-8655
Fax: (630) 208-8659
gistech@co.kane.il.us

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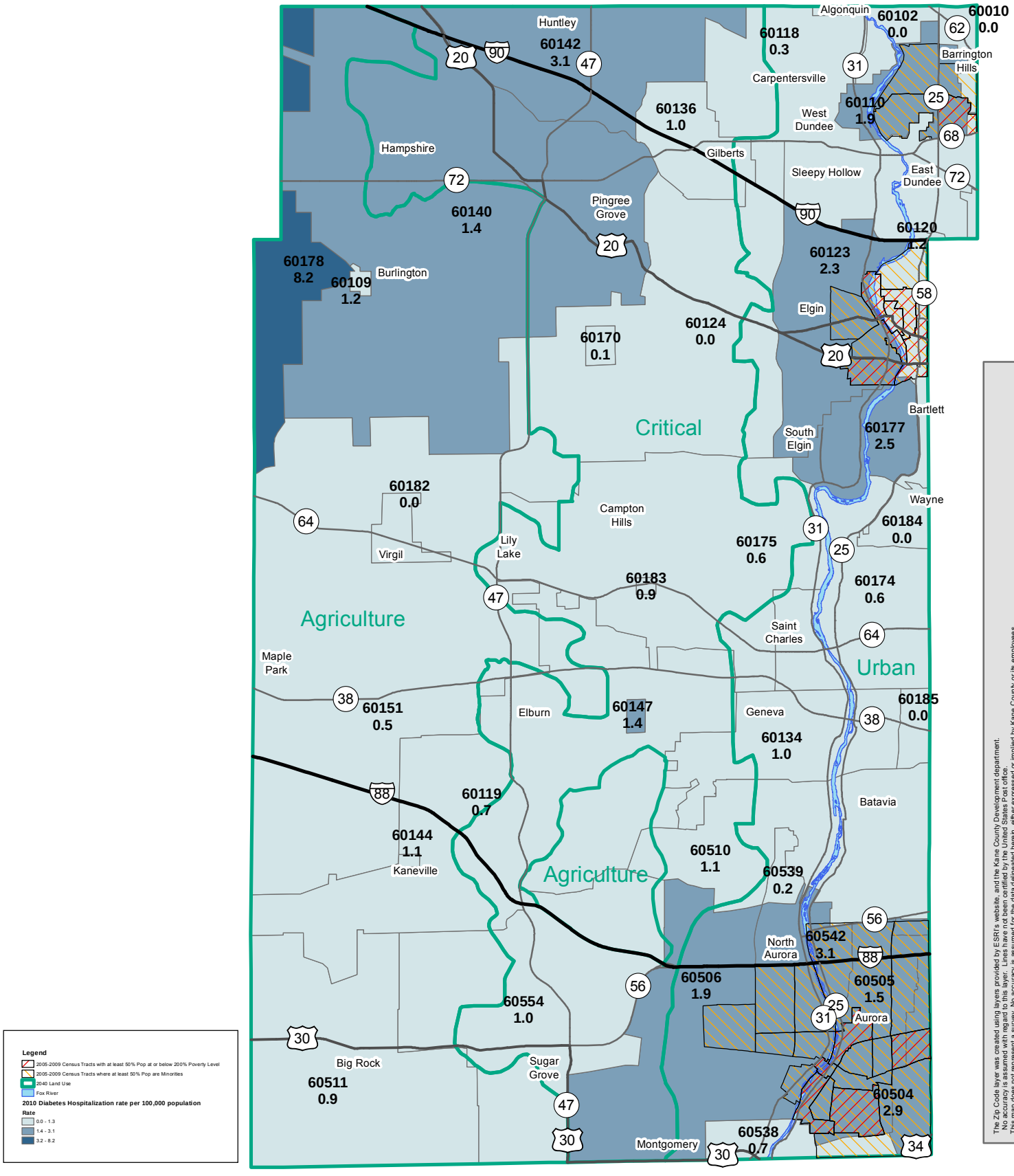
Map Projection: Transverse Mercator
State Plane - Illinois East, NAD 1983
7/5/2011 drm

Coronary Heart Disease Hospitalization by Zip Code
Kane County, Illinois

The Zip Code layer was created using layers provided by ESRI's website, and the Kane County Development department.
No accuracy is assumed with regard to this layer. Lines have not been certified by the United States Post office.
This map does not represent a survey. No accuracy is assumed for the data delineated herein, either expressed or implied by Kane County or its employees.
This map is compiled from official records, including plats, surveys, recorded deeds, and contracts, and only contains information required for local government purposes. See the recorded documents for more detailed legal information.



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Map Projection: Transverse Mercator
State Plane - Illinois East, NAD 1983
7/5/2011 drm

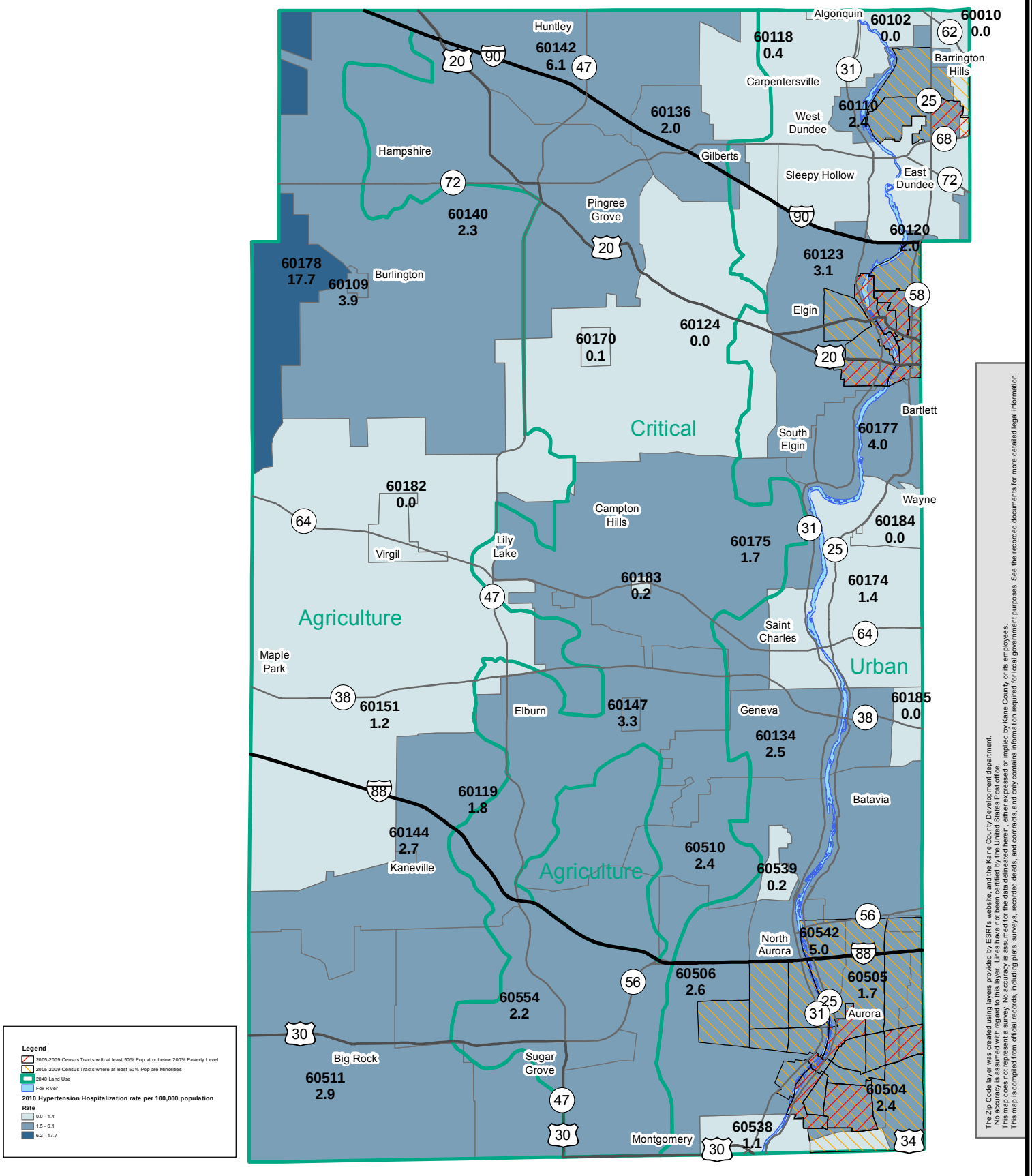
0 1.5 3 6 9 12 Miles

N

1 inch = 18,000 feet

Diabetes Hospitalization by Zip Code
Kane County, Illinois

Kane County Health Department
September 2011



Kane County GIS-Technologies

0 1.5 3 6 9 12 Miles

N

1 inch = 18,000 feet

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Map Projection: Transverse Mercator
State Plane - Illinois East, NAD 1983
7/5/2011 drm

Hypertension Hospitalization by Zip Code
Kane County, Illinois

Appendix C

Strategic Planning Meeting Agendas and Draft Work Products

Kuehnert, Paul

From: Kuehnert, Paul
Sent: Friday, September 16, 2011 7:21 PM
To: Kuehnert, Paul; paul.kuehnert@gmail.com
Subject: To: Kane County Board of Health

To: Kane County Board of Health
Kane County Health Advisory Committee
Fr: Paul Kuehnert, Executive Director
Re: Progress Report on 2009 Strategic Plan and Community Health Action Plan
Date: September 20, 2011

Since the fall of 2007 the Kane County Health Department has used two documents to guide its efforts to promote and protect the health of Kane residents: 1) The Community Health Action Plan (CHAP), the product of our last (2006) comprehensive community health assessment and planning process; and 2) KCHD Strategic Plan, a set of documents that have included strategy maps. a logic model and a set of charters and work plans for cross-cutting initiatives.

In preparation for our joint strategic planning session next Tuesday, September 27, I have prepared a brief 2011 Summary of our progress since 2009 in addressing the community health priorities identified in the CHAP and the four strategic initiatives undertaken within KCHD. This 2011 Summary is attached to this email for your review in advance of our meeting next week. I have also attached more detailed back up documentation from the 2009 strategic plan and the CHAP should you like to review those materials as well.

Our agenda for next week's meeting will be finalized soon and distributed to you. If you haven't done so already, please remember to RSVP to LopezBev@co.kane.il.us The meeting will be held at Brewster Creek Forest Preserve on Route 25 in St. Charles and run from 4 until 7:30 PM

Thank you!

==========

Kane County Health Department
Summary of Progress, 2009-11
Community Health Priorities and Strategic Initiatives

Paul Kuehnert
Kane County Health Director
630-885-3264
Sent from my iPad

KANE COUNTY BOARD OF HEALTH & HEALTH ADVISORY COMMITTEE JOINT MEETING ON STRATEGIC PLANNING

AGENDA

Tuesday, September 27, 2011
4:00 PM – 7:30 PM
Brewster Creek Lodge, Kane County Forest Preserve

4:00 p.m. **OPENING:** Welcome & Introductions

4:15 p.m. **PRESENTATION**: Public Health Framework

4:30 p.m. **ACTIVITY**: Health Department Mission (handout)
5:15 p.m. Report- out

5:30 p.m. **DINNER**

6:15 p.m. **PRESENTATION**: Community Assessment Results

6:30 p.m. **ACTIVITY:** Trends & Drivers of Strategic Direction
7:00 p.m. Report-out

7:15 p.m. **CLOSING**

Our Mission: The Mission of the Kane County Health Department is to assess the needs, develop plans, and assure provisions of environmental and personal health services that protect, promote, and improve the health of all residents of Kane County within policies set by the Board of Health.

Our Healthy Kane 2030 Vision: "...Kane County residents are the healthiest people in Illinois!"

Our Values: Service Respect Trust Quality Teamwork

Ten Essential Services of Public Health

1. Monitor health status and understand health issues facing the community
2. Protect people from health problems and health hazards
3. Give people the information they need to make healthy choices
4. Engage the community to identify and solve health problems
5. Develop public health policies and plans
6. Enforce public health laws and regulations
7. Help people receive health services
8. Maintain a competent public health workforce
9. Evaluate and improve programs and interventions
10. Contribute to and apply the evidence base of public health

Our Mission: The Mission of the Kane County Health Department is to assess the needs, develop plans, and assure provisions of environmental and personal health services that protect, promote, and improve the health of all residents of Kane County within policies set by the Board of Health.

Our Healthy Kane 2030 Vision: "...Kane County residents are the healthiest people in Illinois!"

Our Values: *Service* *Respect* *Trust* *Quality* *Teamwork*

KANE COUNTY HEALTH DEPARTMENT
REVIEW OF STRATEGIC PLAN

ACTIVITY – KCHD MISSION STATEMENT INPUT

PURPOSE: To provide ideas for crafting a Mission Statement

ROLES: Decide on the following 3 roles at your table.

- **SCRIBE** (KCHD Staff or HAC Member): Write all data on flip chart
- **FACILITATOR**: (KCHD Staff or HAC Member) Make sure each person has a chance to speak
- **TIME KEEPER**: Keep group aware of time limitations so they are ready to report-out at assigned time

1. Read the Health Department Mission Statements from other highly ranked Counties in IL and answer the following:
   - What are the common themes?
   - Are there any unique ideas to consider?
   - Is there anything missing that might be considered for Kane County's Mission Statement?

2. Report-out at: _____o'clock

Illinois County Health Departments'

Mission Statements

DuPage County

The DuPage County Health Department promotes physical and emotional health; prevents illness, injury and disability: protects health from environmental risk factors: and strives to assure the provision of accessible, quality service.

Kane County

The Mission of the Kane County Health Department is to assess the needs, develop plans, and assure provisions of environmental and personal health services that protect, promote, and improve the health of all residents of Kane County within policies set by the Board of Health.

Kendall County

The Mission of the Kendall County Health Department is to provide population based programs and services to promote physical, mental, and environmental health, protect the community's health, prevent disease and promote family self-sufficiency.

Lake County

The Lake County Health Department and Community Health Center will promote physical and emotional health; prevent disease, injury and disability; and protect the environment, through the assessment of needs, the development of policy and the provision of accessible, quality services.

McDonough County

The mission of the McDonough County Health Department is to assess the health needs in McDonough County and strive to maximize access to acceptable and appropriate health care, health protection and health education to meet those needs. With its available resources, the McDonough County Health Department will provide services which are necessary to meet the community's health needs.

McHenry County

McHenry County government is dedicated to providing the highest quality services for the health, safety, and welfare of the County's residents and communities. We foster representative and transparent government to ensure social, economic and environmental justice.

Monroe County

The mission of the Monroe County Board of Health is to improve the personal health status of Monroe County residents. To accomplish this mission the Board of Health will monitor and collect health data to understand the health status of the population, use the data gathered through assessment, to plan and develop policies to protect the public from adverse health events, reduce the incidence of preventable disease and death and assure a health delivery system which has adequate resources and qualified professionals.

Woodford County

To support and promote strong economic growth by encouraging retail and commercial development; deliver effective, courteous, and responsive services to our community while preserving the safety, quality of life, and environment for the present and future generations through long range planning and strong leadership.

KANE COUNTY HEALTH DEPARTMENT
REVIEW OF STRATEGIC PLAN

ACTIVITY – KEY DRIVERS FOR CHANGE

PURPOSE: To identify the Trends and/or Key Drivers in your community that will influence the strategic direction of KCHD over the next five (5) years.

ROLES: Decide on the following 3 roles at your table.

- **SCRIBE** (KCHD Staff or HAC Member): Write all data on flip chart
- **FACILITATOR**: (KCHD Staff or HAC Member) Make sure each person has a chance to speak
- **TIME KEEPER**: Keep group aware of time limitations so they are ready to report-out at assigned time

1. Discuss TRENDS AND/OR KEY DRIVERS and have Scribe document all ideas on flip chart (no other notes should be taken.)

2. Report-out at: _____o'clock

Kane County Health Department
STRATEGIC PLANNING REVIEW
September 27, 2011

Trends & Key Drivers of Change – IDEAS

- Decrease in funding as there is a continued competition for funds
- Resources are going to continue to dry up (for us and the community)
- The fact that we are categorically funded – and we are often under-funded
- Increase in cost of health care
- Aging population – living longer and more chronic illness
- Children sicker – shorter life spans & 50% chance of being diabetic
- Increased diversity requires need for different approaches
- Growing understanding of health inequities and disparities
- Need for accreditation
- People more focused on health and well-being
- Technology will help us leverage our resources to reach more people
- Lower cost of technology – most everyone will be connected
- Threat of Chronic Disease for our children
- The integration of Health Planning, Land Use and Transportation
- Health Care Reform

Kuehnert, Paul

From: Forbes, Jackie
Sent: Friday, September 30, 2011 3:31 PM
To: Kuehnert, Paul
Subject: Retreat Flip Chart Summary
Attachments: 2011-09-28 Mission Statement activity.docx; 2011-09-28 Key trends drivers.docx

Hi Paul,

Per your request, I have attached the list of what was captured on the flip charts Tuesday night and shared at Thursday's meeting.

-Jackie

KCHD MISSION STATEMENT

COMMON THEMES

- Purpose of CHD stated
- Prevention & education
- Assessment role
- Health spectrum; physical, mental, environmental
- Injury & disability prevention
- Meeting the needs as assessed
- Improving health
- Environmental
- Protection
- Prevention
- Setting policy
- Promotion
- Assessing needs
- Size – brief – long
- Promote
- Protect
- Accessible
- Prevent
- Assessment of needs
- Provide
- Improvement
- Community
- Policy
- Environment
- Assessment
- Promotion of healthy lifestyles
- Disease prevention
- Policy
- Quality of services
- Promote
- Protect
- Prevent
- Provide
- Quality service
- Environment
- Data collection & assessment
- Evaluation
- Proactive
- Focused (short!)
- Environmental health
- Prevention
- Planning
- Assessment
- Accessibility
- Educating
- Promote
- Protect
- Improve
- Policy

UNIQUE IDEAS TO CONSIDER

- Economic development
- Accessible/accessibility
- Few mention policy development
- Family self-sufficiency
- Population – only 2 mission statements
- Justice (McHenry Cty)
- Reducing incidents of preventable disease & death
- Addressing emotional & mental health
- Easy options – healthy options
- Focusing on the entire "population" of Kane County – eliminate "personal services"
- Perhaps the end of the MS should end after "all residents of KC" as the policy is set by the B of H.
- HIGHLIGHT "PROTECT & PROMOTE"
- Too bureaucratic?
- "Assessment" needed?
- More education
- Like 1 sentence
- "The mission is..." duplicative – remove
- Misses prevention
- Diversity
- Prevention –more than big government
- Social, economic, environmental justice (McHenry)
- Prosperity & health, economic (Woodford)
- Maximizing access
- Education
- Health care (McDonald)
- Safety
- Demographics
- Economic diversity
- Development patterns
- Geographic diversity

ANYTHING MISSING TO BE CONSIDERED

- Nutrition
- Healthy relationships
- Mental health
- Substance abuse
- Education
- Physical & emotional health
- Accessibility
- Holistic
- End goal of "improving health" is near the end of the statement
- Prevention of injuries/disability
- Fitness
- Product safety
- Parenting/prenatal habits/education
- Mental/emotional health
- Prevention
- Population-focused
- Access to care – disparity
- Health – policies – impact
- Planning – community
- "Prevention" in KC MS
- Health education
- Quality
- Prevention
- Health, safety, & welfare of our residents
- Quality of life
- Economic stability
- Education
- Reducing disparities
- Foster equity
- Systems
- Linkages & partnerships
- Balance resources
- Link between health, transportation & development
- Wellness
- Demonstrate economic & quality of life benefit of public health
- Engage community in their own well-being

KEY TRENDS/DRIVERS FOR CHANGE

- Obesity epidemic
- Aging population
- Threat of chronic illness in our children
- Environmental factors
- Funding
- Health care reform
- Over-dependence of the medical model
- Outside negative influences by media, marketing
- Increased use of electronic devices
- Children's lives are more structured – less time for unstructured physical activity
- Increase in single-parent households

- Unemployment
- Increased diversity requires need for different approaches
- Technology – disparity/cost/info sharing/EMR cross country
- Explore more the high number of sick children not in school & why
- Resources – competing demands & priorities
- Obesity/chronic diseases
- Impact of Health Care Reform
- Is access to care really being met for all residents?
- Aging population/need for support services
- Cost – increased burden on individual

- Education – PE, Nutrition "Curriculum alignment with public health"
- Impact of economy
- Economy impact on exercise habits
- Aging population – more health issues
- Lack of funding
- Multiculturalism – impact of diversity

- Health insurance coverage
- Influence of health beliefs
- Need to work longer & impact on health
- Shift in available jobs
- Less mobility due to economy – unable to sell house
- Cost of health care
- Focus on fitness

- Increase illness in the young – children are sicker
- Access to food (healthy food)

- Increase of community gardens
- Multigenerational living
- Unemployment
- Access to nutritious food if rich

- Funding
- Loss of middle ground (2 sides cannot come together)
- Effective, meaningful communication
- Need for convenience
- Need for employer-sponsored wellness programs (alone or with assistance KCHD?)

- Decreased lifespan of next generation
- Questions about Healthcare Reform
- Transportation/land use/health joint planning
- Increased cost of healthcare
- Economic recovery?
- Can we use health resources more efficiently in this country?
- Focus on what we can influence

- National trends (benchmarking)
- Taxing unhealthy choices (chocolate, thumb games, video games) & use to fund healthy alternatives (apples!, Wii games)
- Changing demographic profile of Kane
- Aging population in Kane
- Accreditation
- Integration of health, transportation & land use
- Increased use of technology
- Healthcare as a right for medical necessities (cancer not liposuction)

DRIVERS (ALL)

1. Unemployment
2. Healthcare reform
3. Shifting of available jobs
4. Impact of economy including changes in structure
5. Multiculturalism/Impact of diversity
6. National trends (benchmarking)
7. Environmental factors
8. Rising cost of healthcare
9. Aging population
10. Growing understanding of inequities and disparities
11. Technology to leverage resources
12. Obesity/Chronic Disease
13. Accreditation/EBP/Accountability
14. Integration of health, land-use, transportation
15. Changing demographic profile in Kane County
16. Economy
17. Lower cost of technology
18. Quality service
19. Population
20. Education
21. Prevention
22. Policy
23. Promotion of healthy lifestyles
24. Assessment of needs
25. Healthy People, Healthy Living, & Healthy Communities
26. Reducing disparities
27. Wellness
28. Protection
29. Health, safety & welfare of residents
30. Demonstrate economic & quality of life benefit of public health
31. Proactive
32. Social, economic & environmental justice
33. Engage community
34. Growing understanding of inequities/disparities
35. Accountability

DRIVERS (ALL)

36. Increased diversity
37. Impact of economy
38. Changing demographics
39. Children sicker, decreased lifespan
40. Access to nutritious food
41. Need for conveniences
42. Increased use of technology
43. Healthcare reform
44. Loss of middle ground
45. Economic recovery

DRIVERS (Top 5)

1. Changing demographics (25)
2. Obesity/Chronic Disease (12)
2. Transportation planning (12)
3. Increased use of technology (9)
4. Accreditation/EBP Accountability (8)
4. Loss of middle ground (8)
5. Need for convenience (7)

MISSION (ALL)

1. Promote
2. Reducing Disparities
3. Linkages, partnerships, engagement
4. Demonstrate economic & quality of life benefit of public health
5. Engaging communities in own well being
6. Population
7. Policy
8. Promotion of Healthy Lifestyles
9. Healthy People, Healthy Living, & Healthy Communities
10. Prevent
11. Justice
12. Meeting the needs as assessed
13. Provide
14. Environmental Quality – Disease Prevention
15. Quality of services
16. Protect
17. Prevention/Education
18. Easy Option/Healthy Option

MISSION (TOP 5 by number of votes)

1. Policy (15 Votes)
2. Engaging Communities in own well being (13 Votes)
3. Population (13 Votes)
4. Demonstrate economic/quality of life benefit of public health (11 Votes)
5. Easy Option, Healthy Option (11 Votes)

Kuehnert, Paul

From: Kuehnert, Paul
Sent: Thursday, October 06, 2011 2:47 PM
To: Mitchell, Jim
Cc: Mihalec, Jeanette; David A. Stone, Ph.D.
Subject: Your input requested
Attachments: Illinois County Health Mission Statements.pdf

Hi Jim,

At the September 27, 2011 Board of Health Meeting, some data was collected to help with the rewriting of the Kane County Health Department Mission Statement. We would like to give those Board Members who were unable to be at the meeting a chance to contribute their ideas. The Kane County Leadership Team, Health Advisory Committee and the Board have completed this activity so any new data will be integrated with the data already collected. We want our Mission Statement to be a relevant, living document and feel that everyone who is a part of KCHD needs to have input on this. Please do the following activity and e-mail your responses to me.

We have attached the Mission Statements from 8 of the top 10 counties in Illinois. Please read these Mission Statements and answer the following, using the back of this page or a separate paper for your responses.

1. What are the common themes?

2. Are there any unique ideas to consider?

3. Is there anything missing that might be considered for Kane County's Mission Statement?

Once all responses are received, the Leadership Team will create a draft of the Mission Statement and bring it back to the Board for comments before it is finalized. Thank you for your input. If you have questions, please don't hesitate to contact Jeanette, David Stone from the Health Advisory Committee or me.

Thanks again,

Paul

Paul Kuehnert, MS, RN
Executive Director

DRAFT
Agenda
October 6, 2011
12:30 – 2:30 PM

New KCHD Leadership Team

I.	Welcome and Review of Agenda	5 minutes	Paul
II.	What's working? : Examples of 'bright spots', 'shrinking the change', etc. over the past week	10 minutes	Group
III.	Updates • County Budget • Fitness testing	15 minutes	Paul, Barb
IV.	Work Session: Strategic Planning	80 minutes	Paul
V.	Next Steps and Appreciations	10 minutes	Group

Next Meetings:
October 20, 2011 12:30 – 2:30 PM

KANE COUNTY HEALTH DEPARTMENT
2011 STRATEGIC PLANNING

ACTIVITY – KCHD Key Drivers Exercise
Leadership October 6, 2011

Our joint session with the Health Advisory Committee on September 29 identified the following as the "top five" key drivers in the external environment (in addition to funding and the economy) that must be addressed in our 2011 strategic plan update:

1. Funding and the broader impact of the economy.
2. Changing demographics and diversity.
3. Epidemic of obesity and chronic disease.
4. Integration with land use and transportation planning.
5. Health care reform.
6. Information technology.

In your small group you will be assigned one of the six key drivers. You have two tasks:

1. Please apply the "Five Whys" methodology to your key driver to dig deeper into why this issue or challenge is a key driver of strategy for the health department.

2. After documenting the "five whys" discuss: What does this mean for KCHD strategy? To get at the "what" on a strategic level you may want to explore: What would things look like at KCHD in 2015 if we successfully dealt with this issue? What would have to change between now and then for us to reach that outcome? Document your discussion and be prepared to give a brief report out to the whole group.

Key Environmental Drivers for the Kane County Health Department, 2012-2015

Results of Leadership Team Exercise, 10/6/2011

1) Reduced funding and the broader impact of the economy.

Why is reduced funding and the broader impact of the economy a key driver?

- Reduced funding reduces our capacity to provide essential services
- Community expects certain level of services – even with reduced funding
- If we continue to provide existing level of services – we may drop down to a lower level of service
- If the quality of our services suffers, we may not meet grant or other program requirements
- If the quality of services suffers, we may have a sicker/unhealthier population
- An unhealthy/sicker population costs more money
- An unhealthy/sicker population has a lower quality of living

What would change look like?

- Secure our existing funding sources
- Seek out new, sustainable sources of funding
- Operate more efficiently and effectively
    - Leadership uses business process analysis tools to regularly review operating processes
- Collecting evidence and data that support process improvement and demonstrate effectiveness/efficiency

2) Changing Demographics and Diversity

Why is this occurring in Kane County

- Migration of Suburbs/Aurora is refugee resettlement area for migration
- Affordable housing
- Employment
- Transportation
- Quality of life
- Perception (School quality, suburbs are safer than city, less crowded, more parks)
- Family Connections

Why is this a key driver for the KCHD

- More people are going to need the services provided by the KCHD

- More complex resources are needed
- Increased unemployment means more services that are needed
- Must increase leverage with Metra and Pace resources so people without vehicles can obtain our services
- Capitalizing on providing services to the changing demographics will help us reach our goal of healthiest people in Kane County by 2030

What has to happen at KCHD-Changing Demographics and Diversity

- KCHD is going to require more funding/resources to improve the strategies and vision of the 2030 plan
- Key partnerships out of the plan stage and into implementation
- KCHD service expansion with corresponding resource expansion
- Leveraging Partnerships/Collaboration
- Integrating KCHD strategies with key partners

3) Epidemic of obesity and chronic disease

1) Why is the epidemic of obesity and chronic disease a driver?
   Because it's the leading cause of
   a. morbidity and mortality
   b. and because of the ↑cost
   c. and quality of life
2) Why leading cause of m & m
   a. Because of health behaviors and environmental factors
3) Why do health behaviors and environmental factors lead to ↑ m & m?
   a. Because of lack of education, lack of motivators and policy does not address
4) Why is there a lack of education, motivators and policy that does not address obesity and chronic diseases?
   a. Because it has not risen to be a priority over medical tx in the system and
5) Why has it not risen to be a priority over the medical tx in the system?
   a. Because the medical tx model is too entrenched in our culture, hard to measure prevention, which often takes time

What does this mean for 2015?

- People would be convinced that prevention works
- Work more at the policy level and system level
- ↑ prevention activities and be sure "real" and relevant to people

4) Integration with land use and transportation planning.

Why is the integration of land-use and transportation a key driver of change?

- Where we live & how we get around has a huge impact on our health
- Impacts where we eat, how we get physical activity, and other behaviors (i.e. smoking)
- Must assure people have the opportunity to make healthier choices
- Prevention is more cost-effective way to increase quality of live, improve health outcomes, increase life expectancy and decrease healthcare costs.

What does change look like?

- Public health integrated with transportation and land-use professionals early and often (not late in the process or only when retrofitting existing plans)
- Public health is an active stakeholder in land-use and transportation decisions
- We work with partners to secure funding to support integration efforts

5) Healthcare Reform

Why is this a key driver for the KCHD

1. Want more prevention and less morbidity and mortality, then less expenditures of healthcare services (More funding centered around prevention available)
2. May change our role at KCHD to be more of an informational conduit
3. Focus change from direct service to technical expertise
4. Technical expertise requires staff training and new staff model, as well as various modes of communication (IT/Technology)
5. Because the community, as well as healthcare professionals, expects it from us

What has to happen at KCHD-Healthcare Reform

- Our strategy would be remodeled to be less direct service and more subject matter experts
- Would require a more technologically based delivery of services, either real time or quicker access to information
- Staffing model would be different (Different skill base)
- May provide the knowledge instead of the actual service

6) Information Technology

1) Why is information technology a key driver for KCHD?
   a. Because it's the infrastructure of choice that is available to reach multiple populations in multiple ways for e.g.(assessment, data, communication)
2) Why is it the infrastructure of choice?
   a. Because it's efficient and linked to all parts of society including health care and PH
3) Why is it efficient?
   a. Because it provides access to multiple data sets, communication systems/streams, integration with other providers and PH systems and multiple end users & ↑ worker productivity
4) Why does it provide access to multiple data sets, communication systems/streams, integration with other providers and PH systems and multiple end users & ↑ worker productivity?

What does it mean for KCHD strategy?

- It resources:
  - Hardware & software
  - Equipment
  - Databases
  - Training
  - Personnel capable with informatics, etc

What would have to change?

- Allocate ↑ funding
- Recruit IT/Informatics/EMR, savvy health dept personnel
- Create set of IT supported system to monitor improvement and changes in population health status with data dumps from partners
- HIE

Your Health, Our Commitment

25 years of service

Kane County Health Department

Paul Kuehnert, MS, RN
Executive Director

www.kanehealth.com

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1240 N. Highland Avenue
Aurora, Illinois 60506
630.208.3801

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1750 Grandstand Place
Elgin, Illinois 60123
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To: Public Health Advisory Committee
From: Paul Kuehnert, Executive Director
Re: Committee Meeting Agenda and Materials
Date: October 12, 2011

The Kane County Board of Health Advisory Committee will convene Tuesday, October 18, 2011 at 4:00 p.m. The meeting will convene at ***Delnor Hospital in the AB conference room right off the front atrium.***

AGENDA

I. Accreditation update.

II. Strategic Planning: Discussion of "Key Drivers"

III. Community Health Assessment Update

IV. Next Steps and Adjournment

Health Advisory Committee
October 18, 2011
Key Drivers Exercise

GROUP 1

1. **Funding and the broader impact of the economy.**

Why?

- If unemployment goes up, health outcomes go down.
- If healthcare costs go up and economic growth goes down, then there are less resources to spend on overall wellness.
- Decreased economy may lead to increased fiscal knee jerk conservatism
- Need to demonstrate a return on investment.
- Aging. Consider demographics (age) in County Board districts. Educate, train County Board to show value to residents.

What?

- Effectively communicated positive return on investment in public health.
- County (voters, all residents) will understand the connection between community health/well-being and economic health.
- Changing perception of who needs/benefits from public health.
- Everyone understands value to them of investments in public health.
- Collating and disseminating evidence that public health works.
- Demonstrate that further cuts to funding will affect basic/necessary services – it will hurt.

4. **Integration with land use and transportation planning.**

Why?

- Affects who lives here
- Affects who moves/comes
- Affects who can use Kane
- Employer location where businesses operation
- Access to healthcare/food/employment allows people to thrive
- Transportation and land use drives economy – businesses need foot traffic

What?

- Successful promotion/advocacy for public transit options. Increased ridership show health benefit.
- Private sector buy-in to partnership between Health Department , transportation, and land use supports spending & work
- Education/promotion of existing recreation/active living infrastructure makes connections to (i.e. bike path connections) assure people can get to places they want to go.

GROUP 2

2. Changing demographics and diversity.

Why?

- A. Hispanic birth data not included.
  Important "What?"
  - Will population continue to increase?
  - Does the economy affect the birth rate?
  - What services need to be provided?
- B. Multi-cultural Understanding.
  Important "What"?
  - What resources have to be provided?
  - Embed/integrate cost containment into all strategic planning efforts and include the community feedback.
- C. Combine 2,4,5 into one partner statement.
  Important "What"?
  - Implement, leverage & integrate.
- D. Add quality & efficiency, productivity.
- E. Aging population.

5. Health care reform.

Whys?

- A. Impact of a universal medical record.
- B. How politically charged Health Care reform is.
- C. Needs a centralized referral system.

What?

- A. Health Care reform is hard to understand and changing.
- B. Health Department will need to be flexible & responsive and advocate.
- C. Health Department will increase population focus and may need to re-invent.
- D. Health Department employee role will be changing and need to adapt.

GROUP 3

3. Epidemic of obesity and chronic disease.

Why?

- A. Can't reach 2030 Vision without addressing chronic disease and obesity.
- B. Add increased "premature" morbidity and mortality. Add decreased quality of life.
- C. Clarify that obesity is a factor demonstrated to contribute to development of chronic disease.
- D. Use word "behavioral" (instead of behavior)

What?

Kane County Health Department role (especially for vulnerable populations)

- A. Educate (direct & via partnerships)
- B. Broadly stimulate motivation at community level (direct & via partnerships)
- C. Develop policy and system change at community level (direct & via partnerships)
- Continue assessment and planning real & relevant (direct & via partnerships)

6. Information technology.

Why?

- A. It is the <u>essential</u> infrastructure for
  - Assessment.
  - Data collection/aggregation.
  - Communication with all individual populations and providers.
- B. Also allows volumes of data that is de-identified and aggregated and appropriate for communication and discussion.
- C. Health Information Exchange (H.I.E.) – all types/venues.
- D. Using active forms of I.T. for intervention (e.g. WII).
- E. Makes direct education possible in new ways (interactive real time).

What?

- A. Kane County Health Department needs to use I.T. technology in <u>all</u> of its potential uses.
- B. Increased resources for I.T. venues.
- C. Become able to accept data from multiple sources.
- D. Fully electronic county-Kane County Health Department work to make this possible.

DRAFT
Agenda
November 3, 2011
12:30 – 2:30 PM

New KCHD Leadership Team

I.	Welcome and Review of Agenda	5 minutes	Paul
II.	What's working? : Examples of 'bright spots', 'shrinking the change', etc. over the past week	10 minutes	Group
III.	Updates • Budget • All-Hands 11/17 • Recognition 12/15?	15 minutes	Paul
IV.	Work Session: Strategic Planning	80 minutes	Group
V.	Next Steps and Appreciations	10 minutes	Group

Next Meetings:
November 17, 2011 12:30 – 2:30 PM

BOOSTERS/ASSETS

- Sense of humor
- Using QI tools like Business Process
- Great working relationships with IDPH/CDC
- Technical expertise
- Facilitate community partnerships
- Good leaders
- Staff open to change/growth
- Many good community relationships
- Maintained good reputation
- PHC/HAC engagement and partnering
- Programs/PH activities
- Community buy-in to our PH focus
- QI development
- Communication among staff/leaders
- Dedicated hard workers/leadership staff
- Reorganization has stabilized
- QI/Accreditation -> structure
- Community assessment
- More leadership staff in graduate program
- Pool of talent & skills
- Motivated/devoted staff
- Majority buy-in -> future accreditation
- Flexible
- Eager to learn
- Using technology

BARRIERS

- A lot of staff learning still in progress
- Decrease in funding
- Employee stress
- Still some silo's exist
- Time is at a premium
- Vacancies
- Funding
- Current TB outbreak -> absorbs after resources
- TB outbreak absorbs non-people resources
- Short staffing
- 80/20 rule of staff participation
- Shifting sand
    - Lot of change
    - Movement shifts everything
- Lack of reporting financial system
- Technology utilization (physical plant, finances, people)
- Inventory system
- Capacity issues (resources, funding, staff)
- Uncertain future/direction with new county board
- "Not everyone is on the bus"
- Time
-

FOCUSES

- Experts at improving health outcomes using community assets
- QI drives processes and how we show value
- Need to be seen as effective communicators and subject matter experts in public health
- Forward thinking
- Performance measurement vs. work process
- Develop team based assets for technology utilization and innovation
- System and policy focus through collaboration
- Identify and focus with our niche and streamline what we are doing accordingly
- Educate community on benefits of public health and that prevention works
- Technology use to reduce administrative and operational costs
- Date Base (projections, forecasting, modeling)
- Understand PH -> believe it; brand it
- Fund it; perfecting it; selling it; marketing it
- Secure funding – leveraging partnership and collaboration
- Invest in PH -> health care affordable for all
- Technology based service delivery system (remote working, integrated systems)
- Integrating KCHD strategies with key partners (pool resources, evidence based programs, shared resources greater community outcomes
- Communication campaigns on the value of public health
- Funding -> security and finding new sources
- Allocating resources based on community assessment results

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1750 Grandstand Place
Elgin, Illinois 60123
847.695.0848

To: Public Health Advisory Committee
From: Paul Kuehnert, Executive Director
Re: Committee Meeting Agenda and Materials
Date: November 8, 2011

The Kane County Board of Health Advisory Committee will convene Tuesday, November 15, 2011 at 8:00 a.m. The meeting will convene at ***Delnor Hospital in the Board Room right off the front atrium.***

AGENDA

I Review of the Minutes from October 18, 2011

II Kane County Community Health Assessment
- Results
- Community Health Priorities

III Strategic Planning Update

IV Next Steps and Adjournment

Draft Mission Statements

1. The Kane County Health Department enhances the quality of life and well-being of all residents by protecting and promoting health, and preventing disease, injury, and disability.

2. In active partnership with our community, the Kane County Health Department improves the quality of life and well-being of all residents by developing and implementing local policies, systems, and services that protect and promote health and prevent disease, injury and disability.

3. We promote and protect the health of Kane County by actively engaging our residents in community efforts to prevent disease and enhance the quality of life and well-being of all.

Draft 2012 – 2015 Key Strategies

1. Update and improve our information technology resources --- hardware, software and staff expertise --- to fully meet or exceed national public health informatics standards.
2. Model responsible stewardship of public resources by providing efficient, high quality and high impact population health services.
3. Enhance provision of health information to all of our diverse customers and partners that is: accurate, real-time and actionable.
4. Maintain focused, effective partnerships to address identified community health priorities and get results that improve population health.
5. Build an organizational culture that is based on our core values and focused on achieving our mission.

DRAFT
Agenda
December 1, 2011
1:00 – 4:30 PM

Special Expanded Meeting of
KCHD Leadership Team

I.	Welcome and Review of Agenda	5 minutes	Paul
II.	What is working?	10 minutes	Group
III.	Finance Reports and Update	15 minutes	Kinnell
	Joined here for remainder of meeting by CHS III staff		
IV.	Review and Update: CHA/CHIP	30 minutes	Chris
V.	Strategic Plan Review	15 minutes	Paul
VI.	Strategic Planning Work Session	120 minutes	Group
VII.	Next Steps and Appreciations	10 minutes	Group

Next Meetings of Leadership Team *note new time*:
December 15, 2011, 1:00 – 3:00 PM

Also, please remember:

Joint Meeting of Health Advisory Committee and Board of Health
11:00 AM, Tuesday, December 13
County Board Room

KCHD Program Review and Recognition
8:30 – 10:30 AM, Thursday, December 15
Riverside Reception

KANE COUNTY HEALTH DEPARTMENT
2011 STRATEGIC PLANNING

ACTIVITY – KCHD Strategic Initiative Development Exercise
Special Expanded Leadership, December 1, 2011

Our joint KCHD Leadership/ Health Advisory Committee work session on September 29, 2011 identified the following as " key drivers" in the external environment (in addition to funding and the economy) that must be addressed in our 2011 strategic plan update:

1. Funding and the broader impact of the economy.
2. Changing demographics and diversity.
3. Epidemic of obesity and chronic disease.
4. Integration with land use and transportation planning.
5. Health care reform.
6. Information technology.

Follow-up meetings in October and November examined root causes of these drivers, identified strategic implications for KCHD as an organization, and identified KCHD's current assets and barriers to addressing the key drivers and their root causes. This resulted in a listing of potential strategic focus areas (see attached "Boosters, Barriers and Focuses" document). Processing all of this information together has resulted in the identification of the following five key strategies for KCHD for the next three years (2012-2014):

1. **Build a Mission-Focused Culture:** Build a sustainable organizational culture that is based on our core values and focused on achieving our mission.
2. **Model Stewardship:** Model responsible stewardship of public resources by providing efficient, high quality and high impact population health services.
3. **Embrace Informatics:** Fully meet or exceed national public health informatics standards in order to assure timely, efficient and effective communications.
4. **Sustain Partnerships:** Sustain focused, effective partnerships to address identified community health priorities and get results that improve population health.
5. **Enhance Health Communication:** Enhance provision of health information to our diverse community that is: tailored, reliable, real-time and actionable.

Your small group will be assigned one of the five key strategies. Please agree upon a facilitator and a recorder. Then proceed through the following tasks. Please take your time and be thorough since you have approximately 60 minutes. You have these tasks:

1. Please review the strategy statement. Make sure that everyone in your group is clear about its meaning. Note anything that needs to be clarified and note any suggestions for edits to clarify the strategy statement.

2. Discuss: What does this mean for KCHD? To get at the "what" on a strategic level you may want to explore: What would things look like at KCHD in 2014 if we successfully dealt with this issue? What would have to change between now and then for us to reach that outcome? What is the outcome of successfully implementing this strategy? Document your discussion.

3. Synthesize: What existing or new cross-cutting KCHD initiative should be implemented over the next 3 years to implement/drive this strategy? Create an AIM statement for your proposed or continued initiative and make sure it is SMART.

4. Outputs: How will we know that we are being successful (or not) in implementing this strategic initiative? Please list 2 to 4 outputs you expect from this strategic initiative within the first 12 to 18 months of implementation.

5. Ownership and Membership: What organization unit should "own" this initiative? Who needs to participate?

6. Synergy: Review the other four key strategies. Discuss whether you think the strategic initiative you have just described and documented could also address one or more of the other key strategies. Document your idea(s)/recommendation(s).

7. Report: Prepare to report 1-6 to the whole group---you will have about 8 minutes for your report. Please be thorough yet succinct. Make sure your written notes are clear and write your group number on each page.

8. THANKS!

Strategic Initiative

December 1, 2011

Group 1: Dobbins, Ferris, Heaton and Jeffers

- Build a Mission-Focused Culture: Build a sustainable organizational culture that is based on our core values and focused on achieving our mission

1. Strategy Statement:
   No Change
2. What does this mean for KCHD?

- We would this look like in 2014 if we were successful?
  - We are effective at sustaining and developing/generating resources that address community health priorities
  - Individual staff and teams are motivated and challenged by public health practices and innovations.
  - Organization offers opportunities for professional development, challenge and training so that staff are highly competent in their public health role

3. What would have to change between now and then to reach outcome?
   a. Staff activities could be easily tied to core mission and values
   b. All staff could demonstrate cultural competencies in our public health work and communications
   c. Achieve accreditation
   d. Leveraging external resources in development of organizational culture.

   What existing or new cross cutting KCHD initiative should be implemented over the next 3 years to implement/drive this strategy?

Aim Statement: Initiative – creation of a professional public health performance management system.

By 2014, 95% of our staff/workteams will meet or exceed performance management goals.

4. OUTPUTS
   a. Staff and work teams will have training on performance management
   b. Each team will develop performance management goals
   c. We will tie performance management goals to performance evaluations
   d. Tangible demonstration of performance management success will be evident in staff environment, communication and public health work products/practice.
5. Ownership: Barb Jeffers and Key staff (leadership and non-leadership)
   Impacts all staff
6. Synergy with # 2 and # 4

KCHD Health Department 2011 Strategic Planning
December 1, 2011

Team: Snowden, Lopez, Marishta, Onwuta

#2. **Model Stewardship:** *Model responsible stewardship of public resources by providing efficient, high quality and high impact population health services.*

1. ***Please review the strategy statement. Make sure that everyone in your group is clear about its meaning. Note anything that needs to be clarified and note any suggestions for edits to clarify the strategy statement.***

Definitions:

- **Efficient:**
  Not wasting resources
  Good communication
  Eliminate duplication
  Time efficiency
- **High quality:**
  Exceeding agreed upon standards
- **Impact:**
  The most residents

We balance efficiency and high quality based on available resources to achieve high impact.

2. **Discuss: What does this mean for KCHD? To get at the "what" on a <u>strategic level</u> you may want to explore: What would things look like at KCHD in 2014 if we successfully dealt with this issue? What would have to change between now and then for us to reach that outcome? What is the outcome of successfully implementing this strategy? Document your discussion.**

Model stewardship is exceeding agreed upon standards by maximizing resources and impacting the most resident.

- Every program will meet stewardship litmus test
- Evaluate all program – routine evaluation
- QI plan for all programs
- Evaluation report in 2014

3. **Synthesize: What <u>existing</u> or <u>new</u> cross-cutting KCHD initiative should be implemented over the next 3 years to implement/drive this strategy? Create an AIM statement for your proposed or continued initiative and make sure it is SMART.**

- ***<u>Cross-cutting Initiatives</u>***

<u>Existing</u>	**<u>New</u>**
Competent workforce	IT
Data analysis	Accreditation
QI	

AIM Statement

100% of KCHD programs will have agreed upon standards to serve the highest number of residents by maximizing available resources by 2014.

4. **Outputs: How will we know that we are being successful (or not) in implementing this strategic initiative? Please list 2 to 4 outputs you expect from this strategic initiative within the first 12 to 18 months of implementation.**

- Develop program standards
- Baseline evaluation
- Planning
- Goals/objectives
- Training staff
- Implementation

5. **Ownership and Membership: What organization unit should "own" this initiative? Who needs to participate?**

Ownership
- QI Committee
- Leadership

Participate
- Staff
- Leaders

6. **Synergy: Review the other four keys strategies. Discuss whether you think the strategic initiative you have just described and documented could also address one or more of the other key strategies. Document your idea(s)/recommendation(s).**

- Sustain partnership (model stewardship yields trust and integrity)
- Enhance health communication

GROUP 3: Embrace Informatics
(Dan Eder, Jenny Fearday, Chris Hoff & Julie Sharp)

1.

- We need to fully understand/define the term informatics, and assure that all stakeholders fully understand the term.
- To our group, it comprises: data, analytics, hardware, software, exchange of information and staff knowledge.
- As it stands now, the strategy seems more like a checklist than a strategy – perhaps the strategy is more about being data-driven through our use of informatics?
- Perhaps change the term "embrace" to "adopt" or "implement"

2.

What would things look like if we successfully dealt with this issue?

- We would have easy access to accurate, real-time, electronic information.
- There would be no duplication of systems of tracking data.
- Data would be used & tied in to what we do – problem solving, planning, analysis
- Compatible systems with hospitals, FQHCs, municipalities (people we currently work with, and those we don't)
- Rapid data exchange with partners (through HIE)

What has to change for us to reach this outcome?

- Awareness of systems
- Improved compatibility of systems
- Funding to support system development and maintenance
- TRAINING! Staff skills vary dramatically, and some need training on basic computer systems (MS Office, etc); also needed is training on hardware (printers, troubleshooting), all the way to sophisticated systems like HIE, ESSENCE, SPSS
- Support from policymakers
- Staff buy-in

Outcomes

- During crisis/emergency situations, centralized information accessed & turned-around quickly
- Real-time off-site access for EH – inspections, CDC information
- Disparate systems communicate with each other
- Real-time access to data on health outcomes – how are we doing?

3.

What existing or new cross-cutting KCHD initiatives should be implemented?

- There have been 2 iterations of the data committee – that information should be synthesized and a new informatics committee developed. This initiative would:
    - Develop an informatics plan
    - Analyze current capacity
    - Look for opportunities for greatest impact – identify, plan & implement strategies
    - Seek opportunities for project synergy to reduce duplication & redundancy (e.g. can the EH tablets also be used by nurses doing home visits?)

AIM & Outputs

- Within 6 months, assess the current KCHD informatics system and identify the top 3 informatics projects.
- Within 6 months, complete an assessment of the KCHD informatics training needs.
- Within 12 months, develop project plans for the top 3 informatics projects.
- Within 12 months, develop training plans for the KCHD informatics training needs.
- Within 18 months, complete staff training for basic-level informatics needs.

5.
Owner: OCHR (both sections), with support/representation from all programs/sections, to include both staff and leadership. Dedicated KC IT support should also be involved.

6.
Synergy exists with all of the other initiatives. If we are successful with our informatics work, our health communications will be more timely and accurate, and more opportunities will exist to provide information to the population. We will be able to model stewardship, as informatics (although there is often an up-front cost) will be a time savings and allow better use of resources. We will be able to better sustain our partnerships, as we will have good data sources to share with our existing partnerships, and this work may bring together new partnerships. As a result of this synergy, informatics will help us then to build a more mission-focused culture.

STRATEGY 12/1/11
SUSTAINED PARTNERSHIPS
GROUP 4

II

- Keep what we have
- Add more
- Once established, market better – (#5)
- Share resources; ideas, accomplishments
- Avoid drift
- Focus on new improved population health
- Partners stay interested
- Regular information
- Clear objectives/common goals
- Measure Progress
- Data back from our partners
- Promoting common message (e.g. we support MH)
- Sharing seamless data system (#3)
- What would have to change
- Verify written objective (e.g. MH Council)
- MOU
- (FFK, KCHAIN, COWW, AOK, MH)
- Communication (#5)
- Involve leaders
- Members reporting the meeting is worthwhile
- Share information from partnerships (through a system)
- Engage diverse audience
- Effective meetings – measurable

III

- EH with Zoning E building
- FFK
- AOK (Success by Six, UW, Early Childhood, Dental)
- COWW
- Healthy Places Coalition – new
- Health & Wellness Coalition
- Development & Transportation
- MH
- Bf Coalition
- Perinatal Committee
- Lead (new)
- TB Partnerships
- Emergency Preparedness

STRATEGY 12/1/11
SUSTAINED PARTNERSHIPS
GROUP 4

- KCHAIN
- Elected officials
- APCC
- Homelessness

Socioeconomics as a new area

- Link/Food Bank
- LIHEAP
- KCDEE
- Homeowners
- Transportation
- 1

AIM by 2014 KCHD will develop a system of linkage for residents of Kane County to access resources (for food, shelter, basic needs).

OUTPUTS

#4

- Documentation of shared objective for each partnerships
- Regular updates on progress
- Creation of socioeconomic partnership

#5

- CH owns it
- EH
- PHN
- OCHR

#6

- Pooled resources for same cause QII #3 & #5
- Building a healthier community will improve the quality & well being

Notes from Leadership/CHSIII meeting 12-1-2011

Group No. 5

Arlene Ryndak, Sara Boline, Jackie Forbes, Tom S.

Enhance Health Communication

No. 2: What does this mean for KCHD?

- ✓ Get policies and procedures (for comm..) written and organized and uploaded to S drive
- ✓ Memorize "elevator conversation" (what does KCHD do?)
- ✓ Statement on what we do on Web site
- ✓ We have to fix ourselves
- ✓ Develop policies and procedures, know what they are, where they are (e.g., Community Guide; who does what?)
- ✓ Developing internal communication will enhance tailored, reliable, real-time and actionable communication (external)

No. 3: What existing or new initiative should be implemented?

- ✓ Existing communications strategy

No. 4: Outputs

- ✓ Pre- and post tests of staff to reflect knowledge gained of KCHD

No. 5: Ownership

- ✓ OCHR, HP, DP

No. 6:

- ✓ Comm. Strategy will address all other strategies

Kuehnert, Paul

From: Mcconnaughay, Karen (COB)
Sent: Wednesday, December 07, 2011 5:01 PM
To: Wojnicki, Barbara; Castro, Cristina; Hurlbut, Cathy; Allan, Deborah; Collins, Donnell; Frasz, Drew; Hoscheit, John; Mitchell, Jim; Reyna, Juan; Tredup, Jackie; Kenyon, Mike; Lindgren, Hollie; Mcconnaughay, Karen (COB); Kunkel, Bonnie Lee; Auger, Margaret; Donahue, Michael; Molina, Myrna; Silva, Monica; Taylor, Melisa; Ford, Ron; Haley, Timothy; Smith, Thomas; VanCleave, Tom; Mihalec, Jeanette; Vazquez, Jesse; Davoust, Mark; Lewis, Philip
Subject: December 13th County Board Meeting and Special Events

To All County Board Members,

I wanted to remind you of a change in scheduling for Tuesday, December 13th. The Helping Hands Food Drive Hand Off is scheduled to take place at 10:30 a.m., immediately following the County Board meeting. Helping Hands Food Drive is a partnership between Kane County and the Northern Illinois Food Bank that benefits 27 Kane County food pantries. Your attendance would mean a lot to your employees.

The Board of Health will convene at 11:00 a.m. in the County Board room immediately after the Helping Hands Food Drive Presentation, and will be accompanied with a lunch in the Auditorium. In your capacity as a Kane County Board Member, you also serve on the Board of Health. This is a joint meeting of the Board of Health and the Health Advisory Committee, and is an important meeting for you to attend.

Also, Ellyn McGrath sent out the red lined version of the County Ethics Ordinance for your consideration at Tuesday's County Board meeting. Please indicate to the County Board office if you are unable to make the County Board meeting, so that we may ensure we have a quorum.

Please note that this month's Committee of the Whole meeting has been cancelled, along with many other Committee meetings in December. Please check your committees and let staff know if you need to cancel your committee meeting or will be unable to attend.

Sincerely,

Karen McConnaughay
Chairman, Kane County Board

Kuehnert, Paul

From: McGrath, Ellyn
Sent: Friday, December 09, 2011 12:03 PM
To: Allan, Deborah; Auger, Margaret; Castro, Cristina; COB Admin Assistant; Collins, Donnell; Cullen, Joe; Davoust, Mark; Donahue, Michael; Ford, Ron; Frasz, Drew; Gaeke, Erin; Haley, Timothy; Hoscheit, John; Hurlbut, Cathy; Kenyon, Mike; Kunkel, Bonnie Lee; Lewis, Philip; Lindgren, Hollie; Lulves, Joseph; Mcconnaughay, Karen (COB); Mihalec, Jeanette; Mitchell, Jim; Molina, Myrna; Niermann, Michele; Reyna, Juan; Silva, Monica; Smith, Thomas; Taylor, Melisa; Tredup, Jackie; VanCleave, Tom; Vazquez, Jesse; Wojnicki, Barbara
Cc: Kuehnert, Paul
Subject: REMINDER: Joint Meeting - Kane County Board of Health & Health Advisory Committee - Tuesday, December 13 @ 11:00 a.m. or immediately following the County Board Meeting

Importance: High

Just a reminder....

A joint meeting of the **Kane County Board of Health & Health Advisory Committee** on Community Health Assessment and Strategic Planning will be held on **Tuesday, December 13, 2011, at 11:00 a.m.** following the County Board meeting in the County Board Room.

Ellyn M. McGrath
FOIA Officer/Recording Secretary
Kane County Board Office
McGrathEllyn@co.kane.il.us
630/208-5104

Kane County Board of Health and Kane County Health Advisory Committee
Joint Meeting on Community Health Assessment and Strategic Planning
December 13, 2011
11:00 AM – 12:30 PM
Building A - - County Board Room

Agenda

11:00 a.m. **Call to order.** Introduction of Health Advisory Committee members

11:10 a.m. **PRESENTATION**: Community Health Assessment Results and Community Health Improvement Plan priorities

11:40 a.m. **Q & A**

11:50 a.m. **PRESENTATION**: Draft Strategic Plan

12:10 p.m. **Q & A**

12:25 p.m. **Next Steps**

12:30 p.m. **Adjournment**

Your Health, Our Commitment

25 years of service

Kane County Health Department

Paul Kuehnert, MS, RN
Executive Director

www.kanehealth.com

Public Health Center
1240 N. Highland Avenue
Aurora, Illinois 60506
630.208.3801

Public Health Center
1750 Grandstand Place
Elgin, Illinois 60123
847.695.0848

To: Public Health Advisory Committee
From: Paul Kuehnert, Executive Director
Re: Committee Meeting Agenda and Materials
Date: January 12, 2012

The Kane County Board of Health Advisory Committee will convene Tuesday, January 17, 2012 at 4:00 p.m. The meeting will convene at ***Delnor - MOB 4 - first floor of the 351 Medical Office Building.***

AGENDA

I. Call to order

II. Approval of November 29, 2011 minutes

III. Updates on Accreditation and Planning activities and timelines

IV. Exercise: Bridging the Community Health Improvement Plan and the KCHD Strategic Initiatives.

V. Next Steps and Adjournment

KANE COUNTY HEALTH DEPARTMENT
2011 STRATEGIC PLANNING

ACTIVITY – Bridging the CHIP and the KCHD Strategic Initiatives # 2
January 17, 2012

Our four Community Health Improvement Plan (CHIP) Priorities are:

1. **Support health behaviors that promote well-being and prevent disease.**
2. **Increase access to high quality, holistic preventive and treatment services across the health care system.**
3. **Support and create health promoting neighborhoods, towns and cities.**
4. **Promote social, economic and educational environments that optimize health.**

Our five KCHD Strategic Initiatives are:

1. **Build a mission-focused culture**
2. **Model stewardship**
3. **Implement informatics**
4. **Sustain partnerships**
5. **Enhance health communication**

The **purpose of this activity** is to build a bridge between the KCHD's internal strategic plan initiatives and the CHIP Priorities. Building this bridge is central to advancing the mission of the KCHD. It provides context and content for the work of the KCHD on its strategic initiatives as an organization and assures that key resources are focused on addressing the community's health priorities.

In a previous work session, KCHD Leadership identified which of the CHIP Priorities' strategies that have been identified as key, evidence-based approaches to addressing each priority should have implementation efforts led by the KCHD and which would likely be led by other community entities (in which KCHD will participate and influence, but not be lead agency). The breakdown of the strategies into those two groups is provided to you in two attached tables that are clearly marked.

In your group (after identifying your Facilitator and Recorder), please discuss and document the following:

1. Do you agree that the seven identified strategies should be "led by KCHD"? Do you agree that the other nine strategies should be "led by other entities"? Ask clarifying questions and assure consensus.

2. Starting with the table of CHIP strategies that KCHD leads, work "down" each vertical column of KCHD Strategic Initiatives one at a time and discuss:

a. What can and what should KCHD "bring to the table" in each of these areas over the next 3 years? (Current capacity as well as needed capacity)
b. What does this mean for KCHD? What capacity will we need to develop? What will we need to do, or do differently?

3. Next, with the table of CHIP strategies that KCHD influences but does not lead, work "down" each vertical column of KCHD Strategic Initiatives one at a time and discuss:
   a. What can and what should KCHD "bring to the table" in each of these areas over the next 3 years? (Current capacity as well as needed capacity)
   b. What does this mean for KCHD? What capacity will we need to develop? What will we need to do, or do differently?

4. Review your notes for each vertical column (e.g., partnership) from both tables, i.e., the table of CHIP strategies that KCHD leads and the table of those that it influences. What common themes emerge around current capacity? Around needed capacity for the next 3 years? Discuss, build consensus around what are key points and document.

5. Now review the products of KCHD Leadership's December 1, 2011 work session (handouts) on the **five strategic initiatives.** Review and discuss the AIM and OUTPUTS section of each work group on each of the five strategic initiatives. Modify the AIM and OUTPUTS to incorporate the key points from this exercise.

6. Report: Prepare to report your results to the whole group---you will have about 8 minutes for your report. Please be thorough yet succinct. Make sure your written notes are clear and write your group number on each page.

Strategies KCHD "leads"	**Measure**	**Evidence**	**Partnerships** Sustain focused, effective partnerships to address identified community health priorities and get results that improve population health	**Informatics** Fully meet or exceed national public health informatics standards in order to assure timely, efficient and effective communications	**Mission-focused culture** Build a sustainable organizational culture that is based on our core values and focused on achieving our mission
Reduce tobacco use and exposure to environmental tobacco smoke.	Measure: Percentage of Kane County adults (over age 18) who report being current smokers. Current smoking was defined as having *smoked at least 100 cigarettes in a lifetime and still smoking some days or every day.* 2011 Baseline: 12% of Kane County adults report smoking cigarettes currently 2016 Goal: Decrease percent of adults who currently smoke to 9%	The percentage of the adult population who are current smokers represents the extent of health risk in a community related to tobacco use. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes in the future and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs. http://www.countyhealthrankings.org/health-factors/tobacco-use	Schools Community Colleges Private providers Municipalities Hospitals Farm Bureau (for smokeless tobacco use) Employers – workplace wellness		
Increase access to, and consumption, of fresh fruits and vegetables.	Measure: Percentage of Kane County adults who report eating at least five servings of fruits and vegetables per day. 2011 Baseline: 14.4% of adults 25.5% of children 2016 Goal: 30% for adults (100% improvement) 40% for children (60% improvement)	Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods. HP2020: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=29#nine	Fit for Kids Consortium (FK 2020 Plan) NIU Dietetics students, School health coordinators School districts Farmer's Markets Local Farm Community/Distributors Garden Networks Economic Development Staff Workplace Health and Wellness (employers?) Health & Wellness Coalition	KCHD/FFK funds only programs that utilize evidence based interventions	KCHD serves one fruit or veggie at all community meetings

Strategies KCHD "leads"	Measure	Evidence	Partnerships Sustain focused, effective partnerships to address identified community health priorities and get results that improve population health	Informatics Fully meet or exceed national public health informatics standards in order to assure timely, efficient and effective communications	Mission-focused culture Build a sustainable organizational culture that is based on our core values and focused on achieving our mission
Coordinate the effective communication of tailored, accurate and actionable health information to Kane residents across the lifespan.	Measure: The percent of the adult population that is satisfied with health communication from the KCHD. 2011 Baseline: 89% satisfied (2009 H1N1 campaign) 2016 Goal: 95% satisfied	Effective use of communication and technology by health care and public health professionals can bring about an age of patient- and public-centered health information and services. By strategically combining health IT tools and effective health communication processes, there is the potential to: • Improve health care quality and safety. • Increase the efficiency of health care and public health service delivery. • Improve the public health information infrastructure. • Support care in the community and at home. • Facilitate clinical and consumer decision-making. • Build health skills and knowledge. HP2020: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=18	Kane County PR Council Schools Hospitals Clinics Providers Libraries Municipalities (flyers in water bills) AOK Coalition for Health and Wellness NIPHIN Fit for Kids Health Centers Community Colleges Day cares Senior living providers		
Focus culturally appropriate outreach and engagement efforts to eliminate racial disparities in	Measures: • African American infant mortality rate per 1,000 live births (5-year average) 2011 Baseline: • 12.2 deaths per	Infant mortality rates are an important indicator of the health of a nation because they are associated with maternal health, quality of and access to medical care, socioeconomic conditions, and public health practices (1,2). CDC: http://www.cdc.gov/mmwr/preview	Companeros en Salud Faith Communities Circles of Wise Women Hospitals Clinics Schools Perinatal Committee Cultural Groups		

Strategies KCHD "leads"	Measure	Evidence	Partnerships Sustain focused, effective partnerships to address identified community health priorities and get results that improve population health	Informatics Fully meet or exceed national public health informatics standards in order to assure timely, efficient and effective communications	Mission-focused culture Build a sustainable organizational culture that is based on our core values and focused on achieving our mission
health outcomes, especially in infant mortality.	1,000 live births (2003-2007) 2016 Goal: • 9.8 deaths per 1,000 live births (20% decrease)	/mmwrhtml/su6001a9.htm			
Enhance systems to support the prevention, early identification and treatment of communicable diseases in the community.	Measure: The number of new cases (Incidence) of Tuberculosis in Kane County per 100,000 residents. 2011 Baseline: *To be added* 2016 Goal: *To be added*	The infectious disease public health infrastructure, which carries out disease surveillance at the Federal, State, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. HP2020: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=23	Hospitals Clinics Providers Laboratories School Districts Corporate partnerships (Walgreens, CVS, Pharmaceutical Corp) AOK, Perinatal Committee Data capacity – HIE Vulnerable populations (e.g. homeless)		

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Assure access to safe food and clean and safe water and air.	Measure: The number of foodborne outbreaks identified in Kane County. 2011 Baseline: *To be added* 2016 Goal: *To be added*	Foodborne diseases affect tens of millions of people and kill thousands in the United States each year. They also cause billions of dollars in healthcare-related and industry costs annually. CDC: http://www.cdc.gov/WinnableBattles/FoodSafety/index.html	Food establishments Municipalities Transportation Healthy Places Coalition Kane County Planning Collaborative		
Increase the proportion of children who have high-quality early developmental support, especially in childcare and education.	*Measure: Kindergarten Readiness Assessment will be added* *2011 Baseline: Baseline will be added after pilot or year 1.* *2016 Goal: Will be added*	Evidence shows that experiences in the 1st years of life are extremely important for a child's healthy development and lifelong learning. How a child develops during this time affects future cognitive, social, emotional, and physical development, which influences school readiness and later success in life. Research on a number of adult health and medical conditions points to predisease pathways that have their beginnings in early and middle childhood. (HP2020)	AOK network Childcare providers Schools Nurse visitation Child care nurse consultant		

Strategies KCHD "leads"	Measure	Evidence	**Partnerships** Sustain focused, effective partnerships to address identified community health priorities and get results that improve population health	**Communications** Enhance provision of health information to our diverse community that is: tailored, real-time, and actionable.	**Model Stewardship** Model responsible stewardship of public resources by providing efficient, high quality and high impact population health services.
Reduce tobacco use and exposure to environmental tobacco smoke.	Measure: Percentage of Kane County adults (over age 18) who report being current smokers. Current smoking was defined as having *smoked at least 100 cigarettes in a lifetime and still smoking some days or every day.* 2011 Baseline: 12% of Kane County adults report smoking cigarettes currently 2016 Goal: Decrease percent of adults who currently smoke to 9%	The percentage of the adult population who are current smokers represents the extent of health risk in a community related to tobacco use. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes in the future and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs. http://www.countyhealthrankings.org/health-factors/tobacco-use	Schools Community Colleges Private providers Municipalities Hospitals Farm Bureau (for smokeless tobacco use) Employers – workplace wellness		
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DRAFT
Agenda
January 5, 2011
1:00 – 3:00 PM

KCHD Leadership Team

I.	Welcome and Review of Agenda	5 minutes	Paul
II.	What is working?	10 minutes	Group
III.	Updates • Operations • Finance	15 minutes	Paul, Barb, Kinnell
IV.	Strategic Planning Work Session	60 minutes	Paul, Group
V.	Next Steps and Appreciations	10 minutes	Group

Next Meetings of Leadership Team:

January 19 Leadership is <u>cancelled!</u>

Performance Management training and work session all day, <u>Thursday, January 26</u> with Marnie Mason from Washington state. This meeting will be held offsite at Provena Mercy. Please plan to minimize interruptions, *including from phones and blackberries*!! There will be breaks and lunch that will provide time for you to check email and respond to urgent calls. Thank you in advance!

Notes from KCHD leadership strategic planning meeting (1/5/2012)

Priority 3 – Support & Create Health-Promoting Neighborhoods, Towns & Cities

Increase the availability and variety of high quality, safe and affordable housing and compact, mixed use developments

Lead: OCR/Development

Partners: Municipalities, Transportation departments, Mitigation contractors, KCHD, OCR, Development, Housing Authorities, Realtors, Developers, Health Places Coalition, Township, Primary Care Providers

Institute "complete streets" types of policies to ensure that roadways are designed and operated with all users in mind – including bicyclists, public transportation vehicles and riders, and pedestrians of all ages and abilities.

Lead: Kane County Department of Transportation

Partners: Municipal & township transportation departments, Fit for Kids workgroups, KCHD, Pace, Forest Preserve, local residents, Chambers of Commerce, Quality of Kane, Kane/Kendall Council of Mayors, Schools, Police, Chicago Metropolitan Agency for Planning

Assure Access to safe playgrounds, parks, trails and open space

Lead: Development

Partners: Transportation, KCHD, Fit for Kids, School districts, Municipalities, Forest Preserve, Park Districts, Pace, CMAP, Quality of Kane, United Ways

Assure access to safe food and clean and safe water and air

Lead: KCHD

Partners: US and IL EPA, municipalities, transportation, development, IL and national restaurant association, Healthy Places Coalition, IL Agriculture Extension

Priority 4 – Promote Social, Economic and Educational Environments that Optimize Health

Increase the proportion of children who have high quality early developmental support, especially in childcare and education

Lead: KCHD

Partners: CCRNR, AOK network, Home Visitation Collaborative, LIC, Schools, Pre-schools, Childcare providers, Home childcare, Strengthening Families Initiative, Pediatricians

Increase the proportion of Kane young people that complete high school education

Lead: ROE/School Districts

Partners: Schools, Home visitation programs, PTA/PTOs, Churches, Faith Communities, Youth Groups, Park Districts, YWCA, After School Programs, Truancy Officers, Urban League, GED & ESL providers, DHS TANF, Alternative schools

Increase the job skills and readiness of Kane County residents that are unemployed

Lead: KCDEE

Partners: Urban League, Community Colleges, Chambers of Commerce, Human Resources groups, Hesed House, Job training and temporary agencies

Assure Access to Safe Food and Clean & Safe Water and Air

Informatics

- Better use of technology by field staff to provide evidence/resources during inspections – help improve food safety
- Using GIS to report/share data with providers/public to analyze risks
- Increase use of existing technology tools (i.e. Epi Info)
- Improving access to environmental data by centralizing in KCHD network and making sure it's easy to use/access
- Put inspection reports online

Partnerships

- Crosswalk CHIP strategies with Healthy Places Coalition
- Outreach plan for partnerships around communication

Communication

- Robust website resource section
- Communication plan for partnerships related to priorities

Mission

- Meet performance management goals relating to priorities

KANE COUNTY HEALTH DEPARTMENT
2011 STRATEGIC PLANNING

ACTIVITY – Bridging the CHIP and the KCHD Strategic Initiatives # 2

January 19, 2012

Our four Community Health Improvement Plan (CHIP) Priorities are:

1. **Support health behaviors that promote well-being and prevent disease.**
2. **Increase access to high quality, holistic preventive and treatment services across the health care system.**
3. **Support and create health promoting neighborhoods, towns and cities.**
4. **Promote social, economic and educational environments that optimize health.**

Our five KCHD Strategic Initiatives are:

1. **Build a mission-focused culture**
2. **Model stewardship**
3. **Implement informatics**
4. **Sustain partnerships**
5. **Enhance health communication**

The **purpose of this activity** is to build a bridge between the KCHD's internal strategic plan initiatives and the CHIP Priorities. Building this bridge is central to advancing the mission of the KCHD. It provides context and content for the work of the KCHD on its strategic initiatives as an organization and assures that key resources are focused on addressing the community's health priorities.

In a previous work session, KCHD Leadership identified which of the strategies for each CHIP priority should have implementation efforts led by the KCHD and which would likely be led by other community entities (in which KCHD will participate and influence, but not be lead agency).

Small Groups - Divide into 2 workgroups. Each group has a designated facilitator.

1. Starting with the table of CHIP strategies that KCHD leads, work 'down' the vertical column of the KCHD Strategic Initiative you are working on with your group. You will have 30 minutes total for discussion about each strategic plan initiative you are assigned. You *must* move on to the "So What" discussion after 15 minutes but you can do so earlier if you feel the "Bring to the table" discussion is complete.
    a. **15 minutes:** Working 'down' the column of Strategic Plan initiative, for each CHIP strategy, discuss what can and should KCHD "bring to the table" in each of these areas over the next 3 years? (Current capacity as well as needed capacity). For things we bring

to the table, what make it a successful resource? How can we replicate the success with other activities? Fill in the large printed table with your group.

b. **15 minutes:** Still focusing on the same Strategic Initiative, discuss the "So what?" What does this mean for KCHD? What capacity will we need to develop? What will need to do, or do differently? Capture your responses on a flip chart. Write the name of your Strategic Initiative on top.

2. After 30 minutes, each group will rotate to a new Strategic Initiative. Use the same process as above.
3. After each group has rotated through 2 Strategic Initiatives each group will report back to the group and discuss 'Ah-ha moments', Surprises, Revelations, etc.

Group 1 - Chris

Enhance Health Communication

Model Stewardship

Group 2 - Julie

Implement informatics

Build a mission-focused culture

Kane County In-person Performance Management Workshop
Thursday, January 26, 2012 – 8:30 am – 4:30 pm
Agenda

Learning Objectives:

During this workshop the participants will be able to:

- Apply Performance Management concepts to establish alignment of the KCHD Strategic Plan, QI Plan and CHIP
- Describe the link of PM to successful PHAB Accreditation
- Discuss the effective use of data and steps for establishing a performance measurement system, including using Line of Sight concept
- Develop agency, division and program goals and objectives
- Describe the three phases of the Quality Trilogy

Morning: Leadership Team

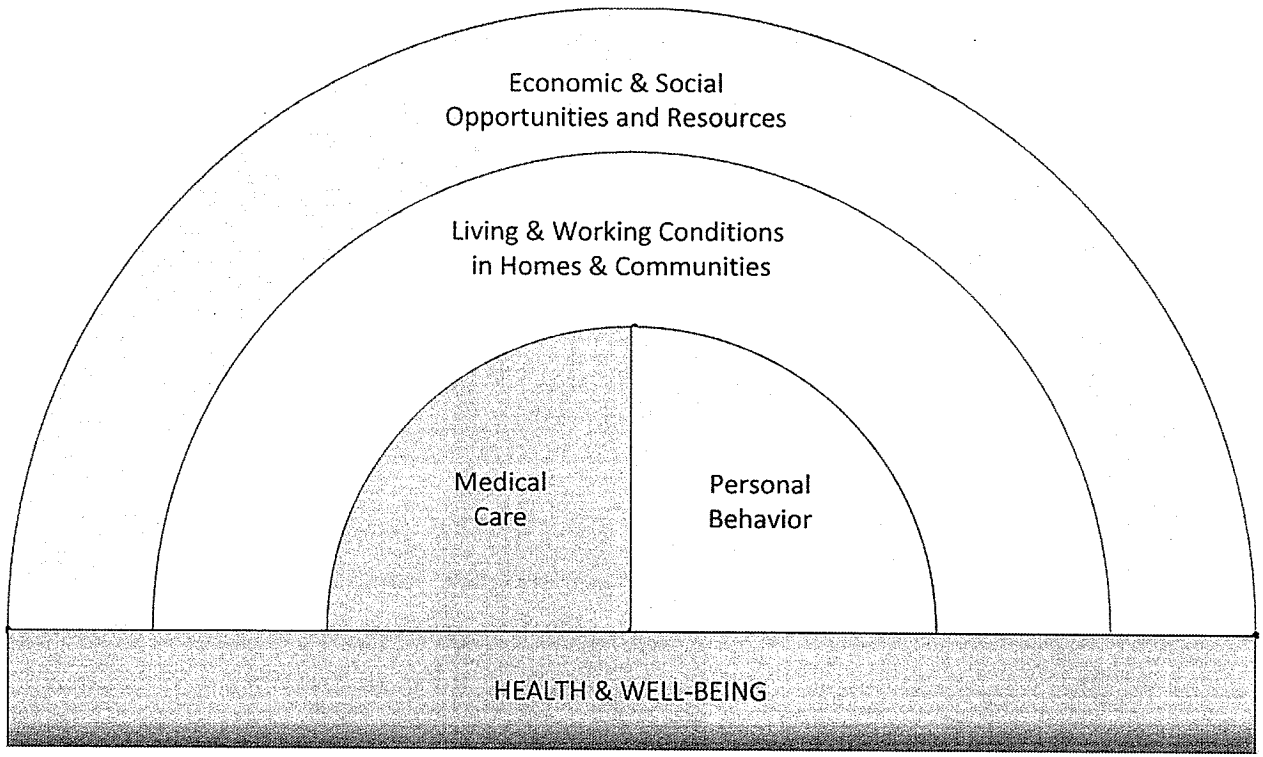
8:30 a.m. – 10:00	Overview of Performance Management and link with Quality Improvement	Marni Mason
10:00 to 10:15	Break	
10:15 to 11:30	Hands-on session to develop agency-level goals/objectives	All
11:30 a.m. – 12:30 p.m.	Lunch	

Afternoon: Leadership Team, CHS-III staff, QI Committee

12:30 p.m. – 2:30	Summary of AM work session and development of division and program goals and objectives (Includes break at about 1:30)	All
2:30 p.m.	Break	
2:45 pm to 4:00 pm	Quality Trilogy and Applying QI to Preparing for PHAB Accreditation	Marni
4:00 pm to 4:30 p.m.	Q&A, Evaluations Adjourn	

Influences on Health: Broadening the Focus

Health is shaped by many influences, including age, sex, genetic make-up, medical care, individual behaviors and other factors not shown in this diagram. Behaviors, as well as receipt of medical care, are shaped by living and working conditions, which in turn are shaped by economic and social opportunities and resources.



Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco.

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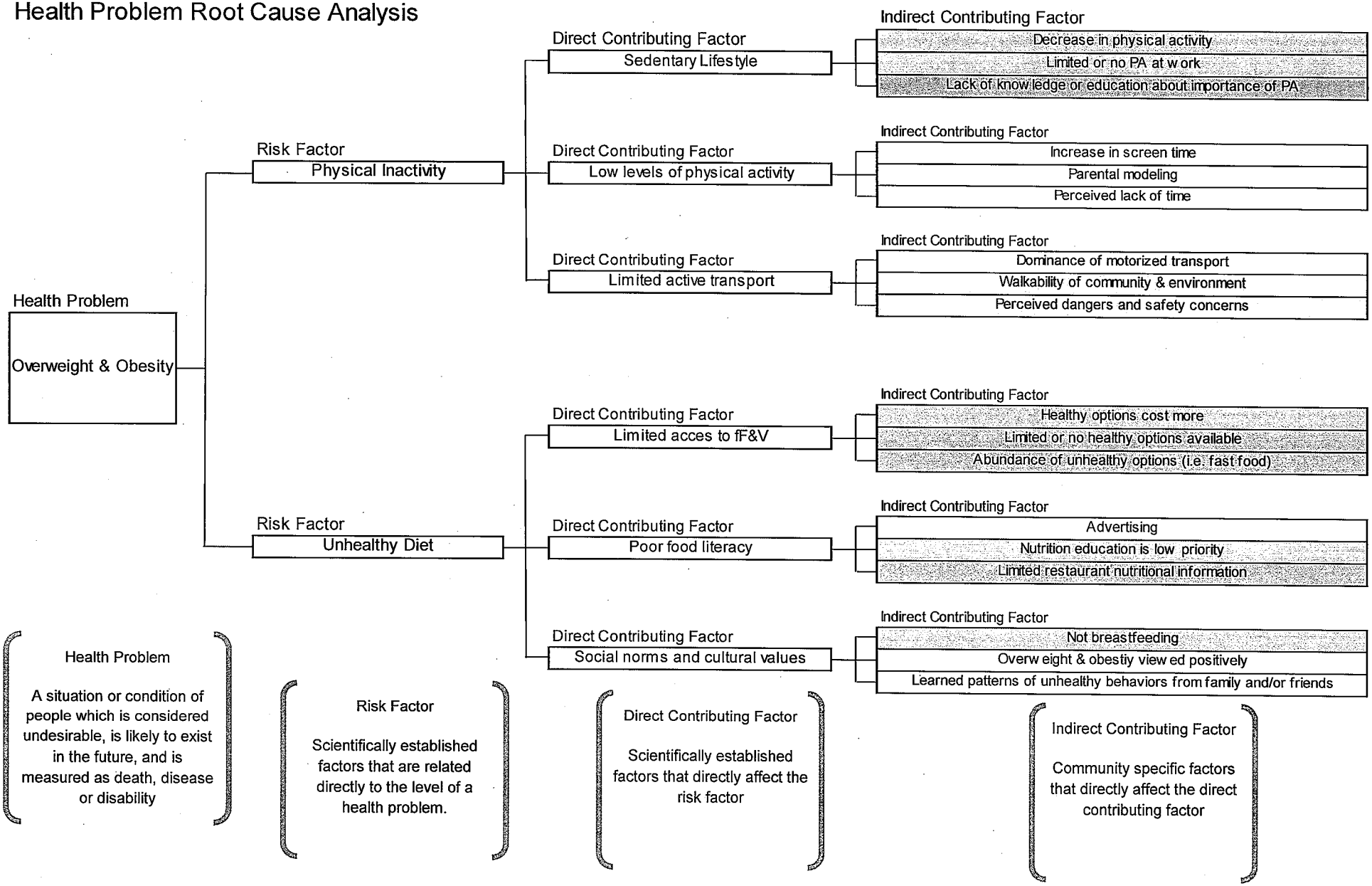
www.commissiononhealth.org

Health Problem Root Cause Analysis



Health Problem

A situation or condition of people which is considered undesirable, is likely to exist in the future, and is measured as death, disease or disability

Risk Factor

Scientifically established factors that are related directly to the level of a health problem.

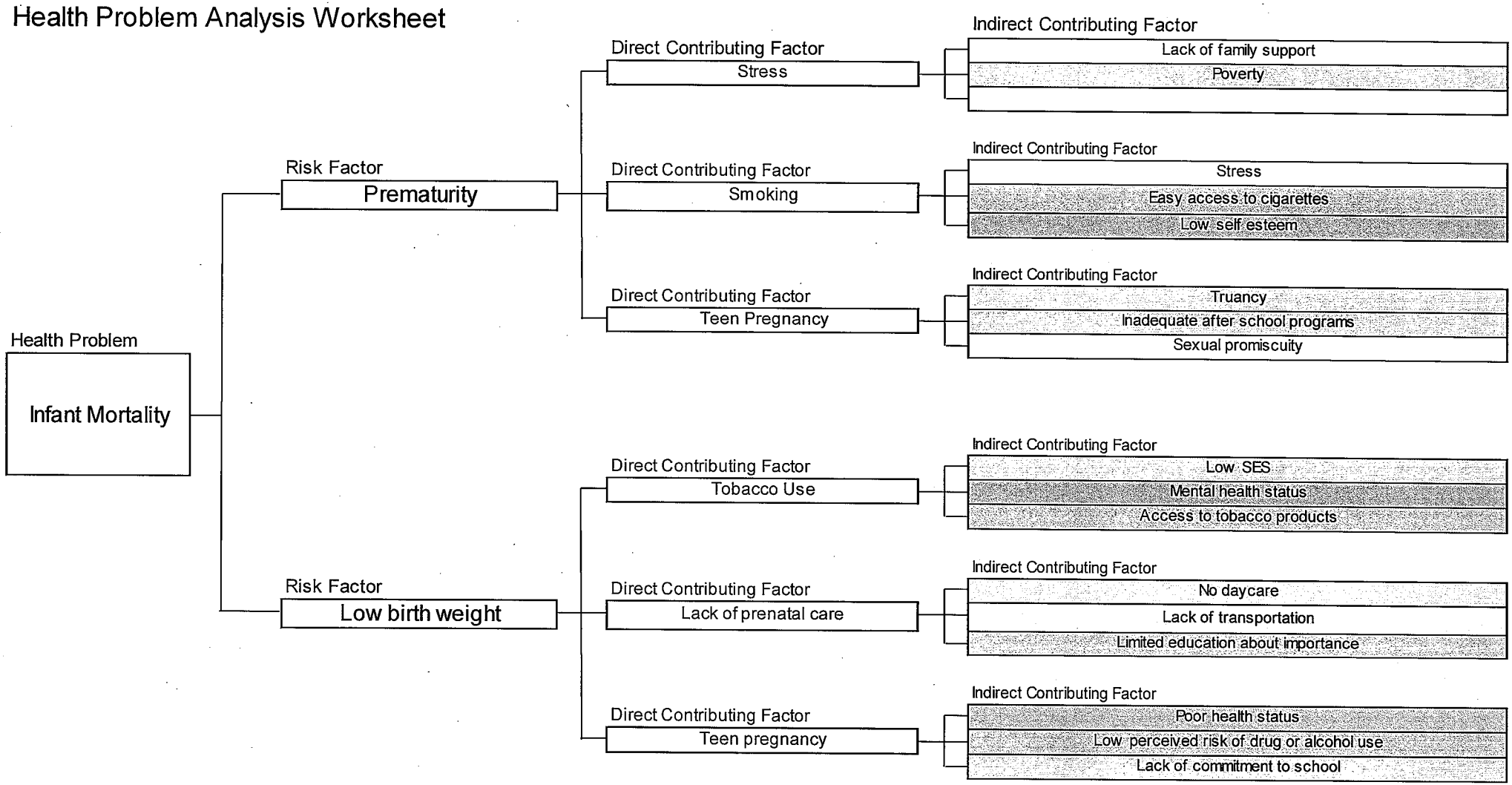
Direct Contributing Factor

Scientifically established factors that directly affect the risk factor

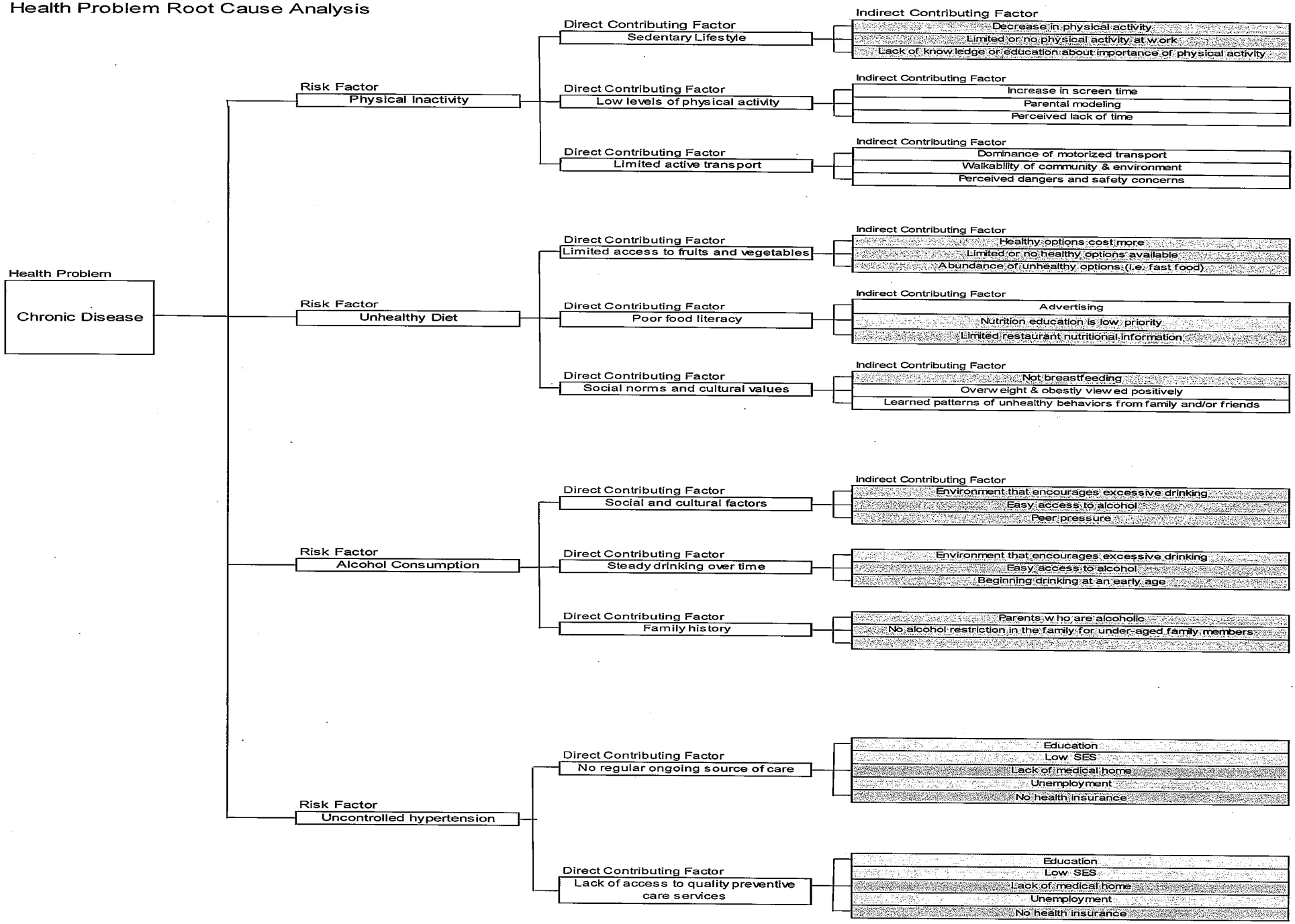
Indirect Contributing Factor

Community specific factors that directly affect the direct contributing factor

Health Problem Analysis Worksheet



Health Problem Root Cause Analysis



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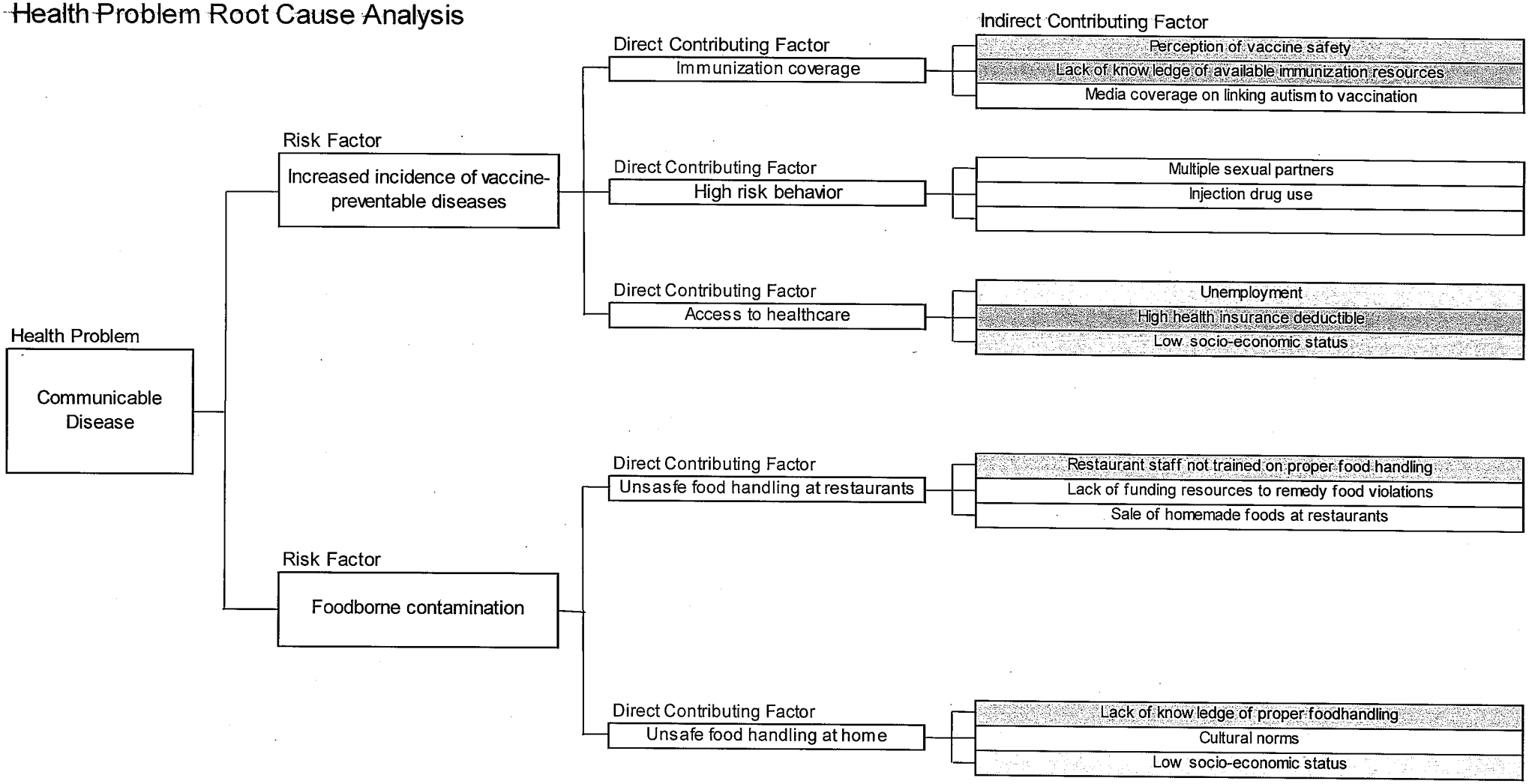
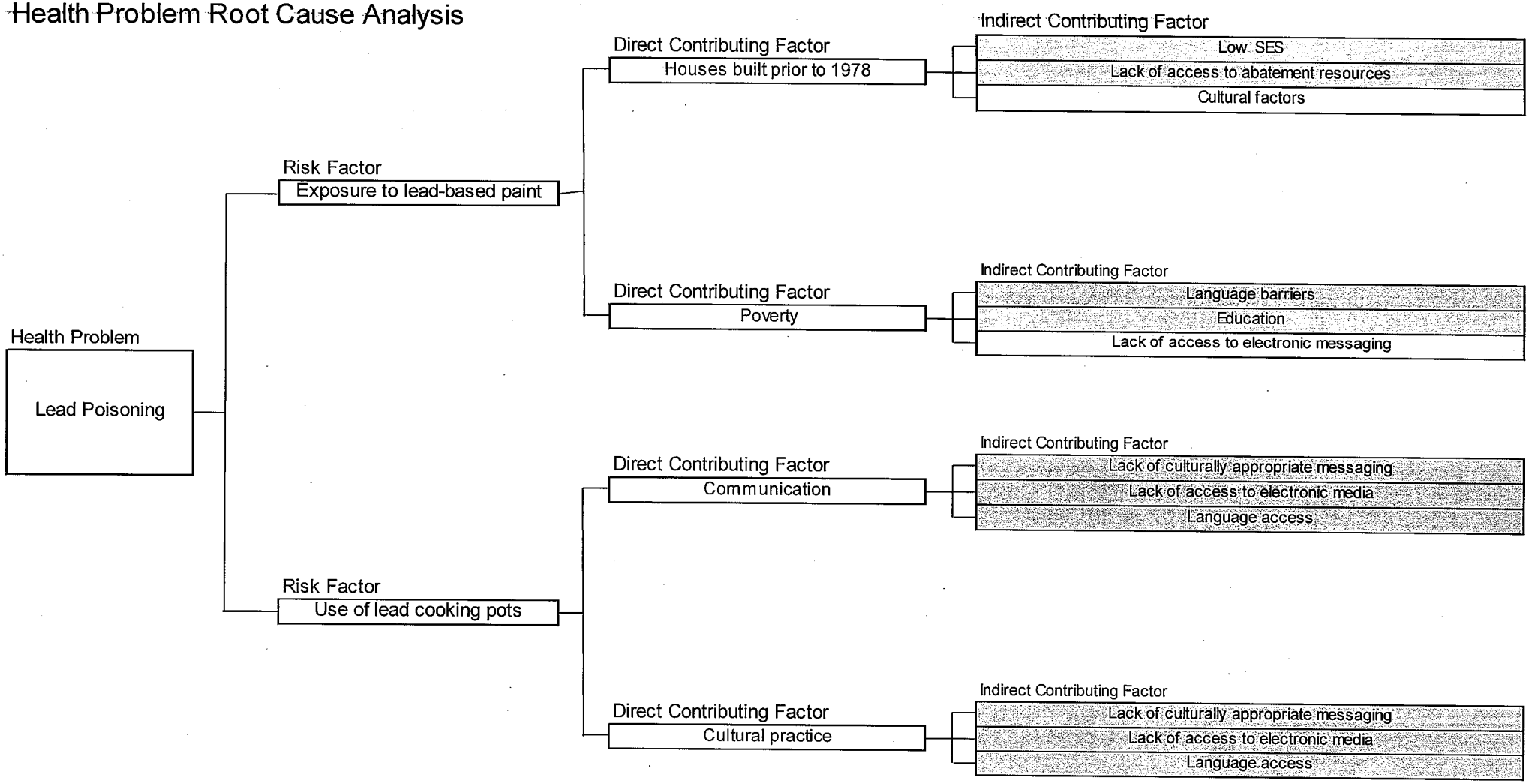
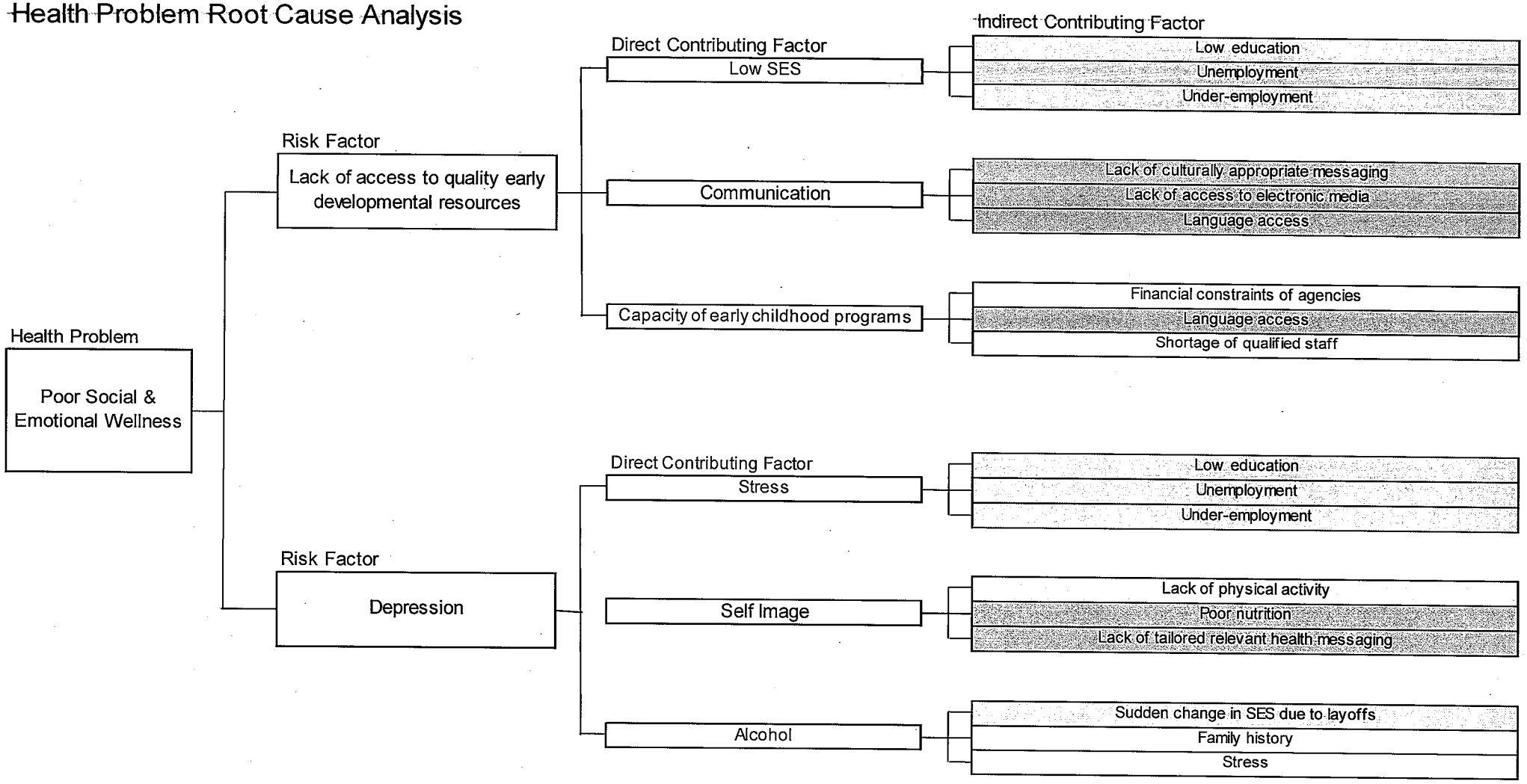


Health Problem Root Cause Analysis



Health Problem Root Cause Analysis



Threats to Community Health & Well-Being	Priority 1 – Support Health Behaviors that Promote Well-Being and Prevent Disease	Priority 2 – Increase Access to High Quality, Holistic Preventive and Treatment Services Across the Health Care System	Priority 3 – Support & Create Health Promoting Neighborhoods, Towns & Cities	Priority 4 – Promote Social, Economic and Educational environments that optimize health
Obesity	X	X	X	X
Chronic Diseases	X	X	X	X
Infant Mortality	X	X	X	X
Childhood Lead Poisoning	X	X	X	X
Communicable Disease	X	X	X	X
Poor Social & Emotional Wellness	X	X	X	X

	Priority 1 – Support Health Behaviors that Promote Well-Being and Prevent Disease				Priority 2 – Increase Access to High Quality, Holistic Preventive and Treatment Services Across the Health Care System				
	Reduce tobacco use and exposure to environmental tobacco smoke.	Increase access to, and consumption, of fresh fruits and vegetables.	Coordinate the effective communication of tailored, accurate and actionable health information to Kane residents across the lifespan.	Create environments that prevent excessive consumption of alcohol.	Increase the proportion of residents of all ages that have regular, ongoing sources of medical and dental care.	Increase the proportion of residents of all ages who receive appropriate, evidence-based clinical preventive services.	Focus culturally appropriate outreach and engagement efforts to eliminate racial disparities in health outcomes, especially in infant mortality.	Enhance systems to support the prevention, early identification and treatment of communicable diseases in the community.	Enhance systems to support the prevention, early identification and evidence-based treatment of mental health conditions.
Obesity		X	X	X	X	X	X		
Chronic Disease	X	X	X	X	X	X	X		X
Infant Mortality	X	X	X	X	X	X	X		X
Childhood Lead Poisoning			X		X	X	X		
Communicable Disease			X	X	X	X	X	X	
Poor Social & Emotional Wellness	X		X	X		X	X		X

	Priority 3 – Support & Create Health Promoting Neighborhoods, Towns & Cities				Priority 4 – Promote Social, Economic and Educational environments that optimize health		
	Increase the availability and variety of high quality, safe and affordable housing and compact, mixed use developments.	Institute "complete streets" types of policies to ensure that roadways are designed and operated with all users in mind - including bicyclists, public transportation vehicles and riders, and pedestrians of all ages and abilities.	Assure access to safe playgrounds, parks, trails and open space.	Assure access to safe food and clean and safe water and air.	Increase the proportion of children who have high-quality early developmental support, especially in child care and education.	Increase the proportion of Kane young people that complete high school education.	Increase the job skills and readiness of Kane County residents that are unemployed.
Obesity	X	X	X		X	X	X
Chronic Disease	X	X	X	X		X	X
Infant Mortality		X			X	X	X
Childhood Lead Poisoning	X				X	X	X
Communicable Disease				X		X	X
Poor Social & Emotional Wellness	X	X	X		X	X	X

	Strategy	Measure	Data Source	Evidence
Priority 1 – Support Health Behaviors that Promote Well-Being and Prevent Disease	Reduce tobacco use and exposure to environmental tobacco smoke.	Measure: Percentage of Kane County adults (over age 18) who report being current smokers. Current smoking was defined as having *smoked at least 100 cigarettes in a lifetime and still smoking some days or every day.* 2011 Baseline: 12% of Kane County adults report smoking cigarettes currently 2016 Goal: Decrease percent of adults who currently smoke to 9%	Kane County Community Health Survey (CHS).	The percentage of the adult population who are current smokers represents the extent of health risk in a community related to tobacco use. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes in the future and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs. http://www.countyhealthrankings.org/health-factors/tobacco-use
	Increase access to, and consumption, of fresh fruits and vegetables.	Measure: Percentage of Kane County adults who report eating at least five servings of fruits and vegetables per day. 2011 Baseline: 14.4% of adults 25.5% of children 2016 Goal: • 30% for adults (100% improvement) • 40% for children (60% improvement)	Kane County Community Health Survey or Illinois BRFSS	Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods. HP2020: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=29#nine
	Coordinate the effective communication of tailored, accurate and actionable health information to Kane residents across the lifespan.	Measure: The percent of the adult population that is satisfied with health communication from the KCHD. 2011 Baseline: 89% satisfied (2009 H1N1 campaign) 2016 Goal: 95% satisfied	Kane County H1N1 Communications Survey	Effective use of communication and technology by health care and public health professionals can bring about an age of patient- and public-centered health information and services. By strategically combining health IT tools and effective health communication processes, there is the potential to: • Improve health care quality and safety.

				• Increase the efficiency of health care and public health service delivery. • Improve the public health information infrastructure. • Support care in the community and at home. • Facilitate clinical and consumer decision-making. • Build health skills and knowledge. HP2020: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=18
	Create environments that prevent excessive consumption of alcohol.	Measure: The percent of the adult population that reports consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days. 2011 Baseline: 27.6% of adults 2016 Goal: 22% of adults (20% improvement)	Kane County CHS or Illinois BRFSS	Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. County Health Rankings: Centers for Disease Control and Prevention. Sociodemographic differences in binge drinking among adults-14 states, 2004. MMWR Morb Mortal Wkly Rep. 2009;58:301-304.

Priority 2 – Increase Access to High Quality, Holistic Preventive and Treatment Services Across the Health Care System	Increase the proportion of residents of all ages that have regular, ongoing sources of medical and dental care.	Measure: The percent of adult population that reports having a personal doctor or health care provider. 2011 Baseline: 83.6% of adults 2016 Goal: 92% of adults (20% improvement)	Kane County CHS or Illinois BRFSS	Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs.7, 8, 9 HP2020: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=1
	Increase the proportion of residents of all ages who receive appropriate, evidence-based clinical preventive services.	Measures: • Hospitalization rate for diabetes per 100,000 residents • The percent of two-year olds who receive age-appropriate immunizations. 2011 Baseline: • 138 hospitalizations for diabetes per 100,000 residents (2009) • 56% of two-year olds received age-appropriate immunizations (2010). 2016 Goal: • 100 hospitalizations for diabetes per 100,000 residents (2006 CHAP) • 90% of two-year olds receive age-appropriate immunizations (2006 CHAP)	Illinois Department of Public Health	Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent the population's tendency to overuse the hospital as a main source of care. CHR: http://www.countyhealthrankings.org/illinois/kane/5 Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule (this includes DTap, Td, Hib, Polio, MMR, Hep B, and varicella vaccines), society: • Saves 33,000 lives. • Prevents 14 million cases of disease.

				• Reduces direct health care costs by $9.9 billion. • Saves $33.4 billion in indirect costs. HP2020: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=23
	Focus culturally appropriate outreach and engagement efforts to eliminate racial disparities in health outcomes, especially in infant mortality.	Measures: • African American infant mortality rate per 1,000 live births (5-year average) 2011 Baseline: • 12.2 deaths per 1,000 live births (2003-2007) 2016 Goal: • 9.8 deaths per 1,000 live births (20% decrease)	Illinois Department of Public Health	Infant mortality rates are an important indicator of the health of a nation because they are associated with maternal health, quality of and access to medical care, socioeconomic conditions, and public health practices (1,2). CDC: http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a9.htm
	Enhance systems to support the prevention, early identification and treatment of communicable diseases in the community.	Measure: The number of new cases (Incidence) of Tuberculosis in Kane County per 100,000 residents. 2011 Baseline: *To be added* 2016 Goal: *To be added*	Kane County Health Department, Disease Prevention Division	The infectious disease public health infrastructure, which carries out disease surveillance at the Federal, State, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. HP2020: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=23
	Enhance systems to support the prevention, early identification and evidence-based treatment of mental health conditions.	Measure: Percentage of Adults Reporting Poor Mental Health. Data represent adults who reported having poor mental health between one and 30 days in the past 30 days. 2011 Baseline: 37.5% of adults	Kane County Community Health Survey or Illinois BRFSS	The CDC Healthy Days measures are an acknowledged standard for population health surveillance by national and international groups. The four core Healthy Days questions have been asked of all

		2016 Goal: 30% of adults (20% improvement)		participants in the Behavioral Risk Factor Surveillance System (BRFSS) from 1993 through 2009 (except in 2002 when only 20 states asked these questions). Since 2000, the Healthy Days measures have also been administered to respondents aged 12 years or older in the National Health and Nutrition Examination Survey (NHANES). These measures are now accepted as standards in the United States and have been used in other countries including Canada, Sweden, and Italy. http://www.cdc.gov/hrqol/overview.htm
Priority 3 – Support & Create Health Promoting Neighborhoods, Towns & Cities	Increase the availability and variety of high quality, safe and affordable housing and compact, mixed use developments.	Measure: Percent of children under six years with elevated blood lead levels 2011 Baseline: 1.0% of children less than 6 years old tested have elevated lead levels in their blood. 2016 Goal: 0.65% of children less than 6 years old tested will have elevated lead levels in their blood.	Kane County Health Department, Disease Prevention Division	Lead exposure can result in lasting impairment of a child's development and behavior such as decreased IQ and attention span and increased risk for delinquent behavior (Centers for Disease Control and Prevention 2005d).
	Institute "complete streets" types of policies to ensure that roadways are designed and operated with all users in mind - including bicyclists, public transportation vehicles and riders, and pedestrians of all ages and abilities.	Measure: The percent of Kane County adults who meet the recommended level of physical activity. The percent of Kane County adults who are considered obese or extremely obese as measured by their Body Mass Index (BMI). 2011 Baseline: • 53.5% of adults meet physical activity recommendations. • 29.4% of adults are considered obese or extremely obese.	Kane County CHS	Most weight loss occurs because of decreased caloric intake. However, evidence shows the only way to *maintain* weight loss is to be engaged in regular physical activity. Most importantly physical activity reduces risks of cardiovascular disease and diabetes beyond that produced by weight reduction alone. CDC: http://www.cdc.gov/healthyweight/physical_activity/index.html

		2016 Goal: • 67% of adults meet physical activity recommendations. (25% improvement) • 25% of adults are considered obese or extremely obese. (15% improvement)		
	Assure access to safe playgrounds, parks, trails and open space.	Measure: The percentage of Kane County children who meet the recommended level of physical activity and the percentage of Kane County children considered obese as calculated by their BMI. 2011 Baseline: *To be added* 2016 Goal: *To be added*	Kane County CHS	Physical activity is an important part of regular family life. Studies have shown that lifestyles learned as children are much more likely to stay with a person into adulthood. If sports and physical activities are a family priority, they will provide children and parents with a strong foundation for a lifetime of health. American Academy of Pediatrics: http://www.aap.org/healthtopics/physact.cfm
	Assure access to safe food and clean and safe water and air.	Measure: The number of foodborne outbreaks identified in Kane County. 2011 Baseline: *To be added* 2016 Goal: *To be added*	Kane County Health Department	Foodborne diseases affect tens of millions of people and kill thousands in the United States each year. They also cause billions of dollars in healthcare-related and industry costs annually. CDC: http://www.cdc.gov/WinnableBattles/FoodSafety/index.html
Priority 4 – Promoting Social, Economic and Educational environments that	Increase the proportion of children who have high-quality early developmental support, especially in child care and education.	*Measure: Will be added* *2011 Baseline: Will be added* *2016 Goal: Will be added*	*TBD*	Evidence shows that experiences in the 1st years of life are extremely important for a child's healthy development and lifelong learning. How a child develops during this time affects future cognitive, social, emotional, and physical development, which influences

optimize health				school readiness and later success in life. Research on a number of adult health and medical conditions points to predisease pathways that have their beginnings in early and middle childhood. (HP2020)
	Increase the proportion of Kane young people that complete high school education.	Measure: High school graduation rate, reported as the percent of the county's ninth-grade cohort in public schools that graduates from high school in four years. 2011 Baseline: 87.1% (2011) Range: 68.7%-96% 2016 Goal: 90%	Illinois State Board of Education	The relationship between more education and improved health outcomes is well known, with years of formal education correlating strongly with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles. CHR: http://www.countyhealthrankings.or g/illinois/kane/21
	Increase the job skills and readiness of Kane County residents that are unemployed.	Measure: *Will be added* 2010 Baseline: *Will be added* 2016 Goal: *To be added*	*Potential Data Source: Illinois Department of Employment Security*	While employment has been associated with health improvements, unemployment has been linked with declines in health status. Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, especially suicide.[6] It has also been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality.[6] CHR: http://www.countyhealthrankings.or g/health-factors/employment

DRAFT
Agenda
February 2, 2012
1:00 – 3:00 PM

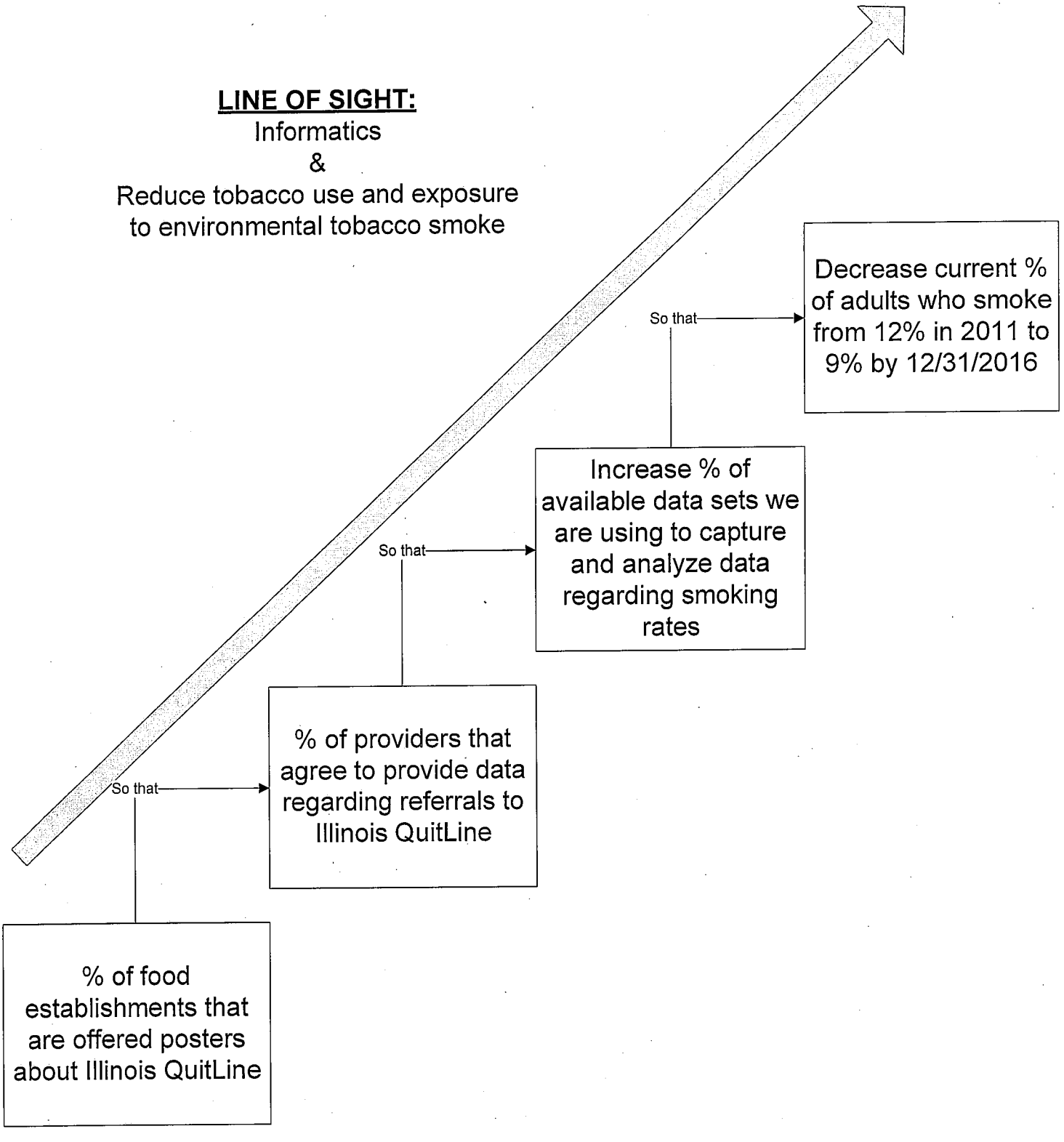
KCHD Leadership Team

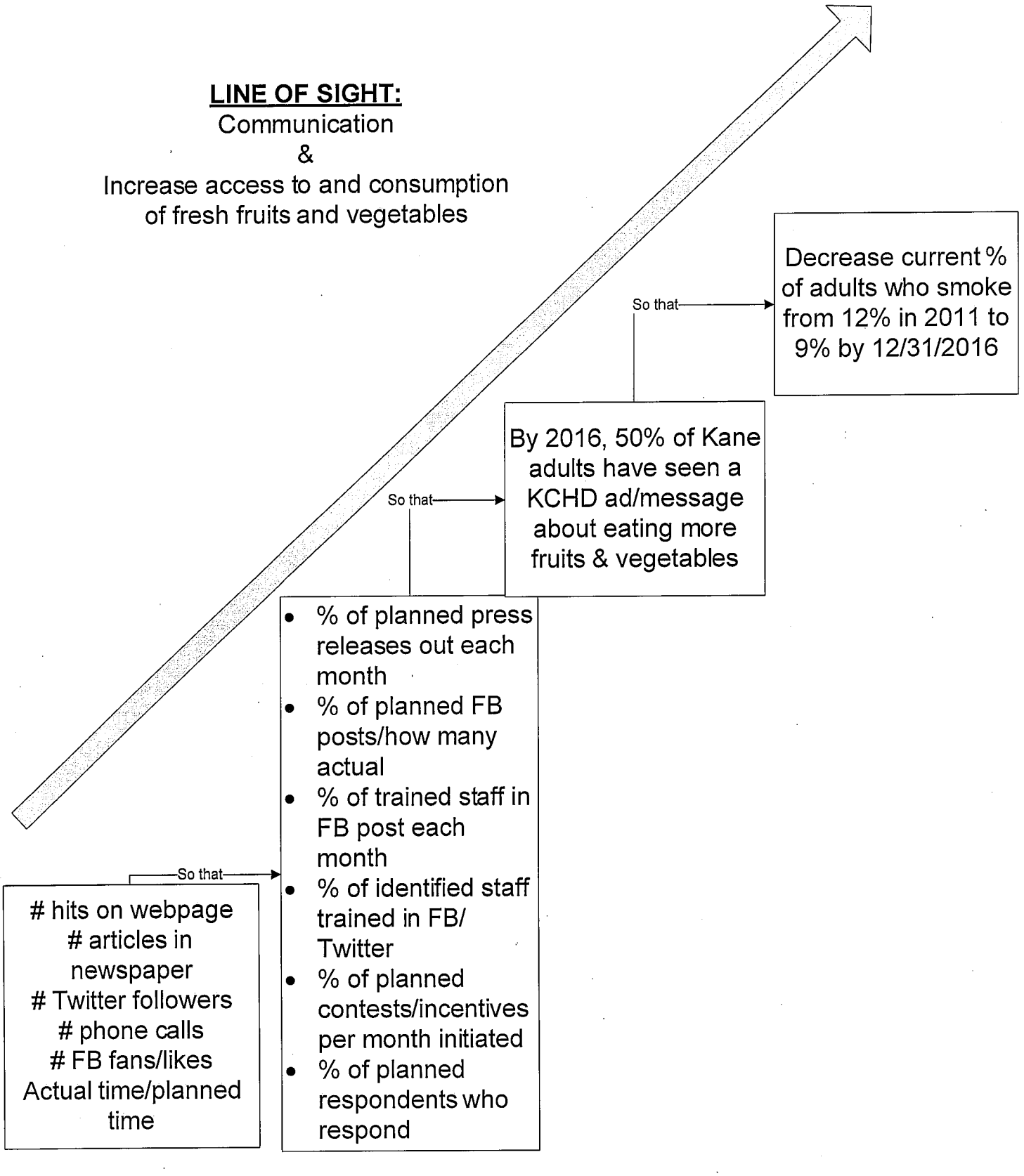
I.	Welcome and Review of Agenda	5 minutes	Paul
II.	What is working?	10 minutes	Group
III.	Updates • Operations • Finance	5 minutes	Paul, Barb, Kinnell
IV.	Strategic Planning Work Session	60 minutes	Paul, Group
V.	Next Steps and Appreciations	10 minutes	Group

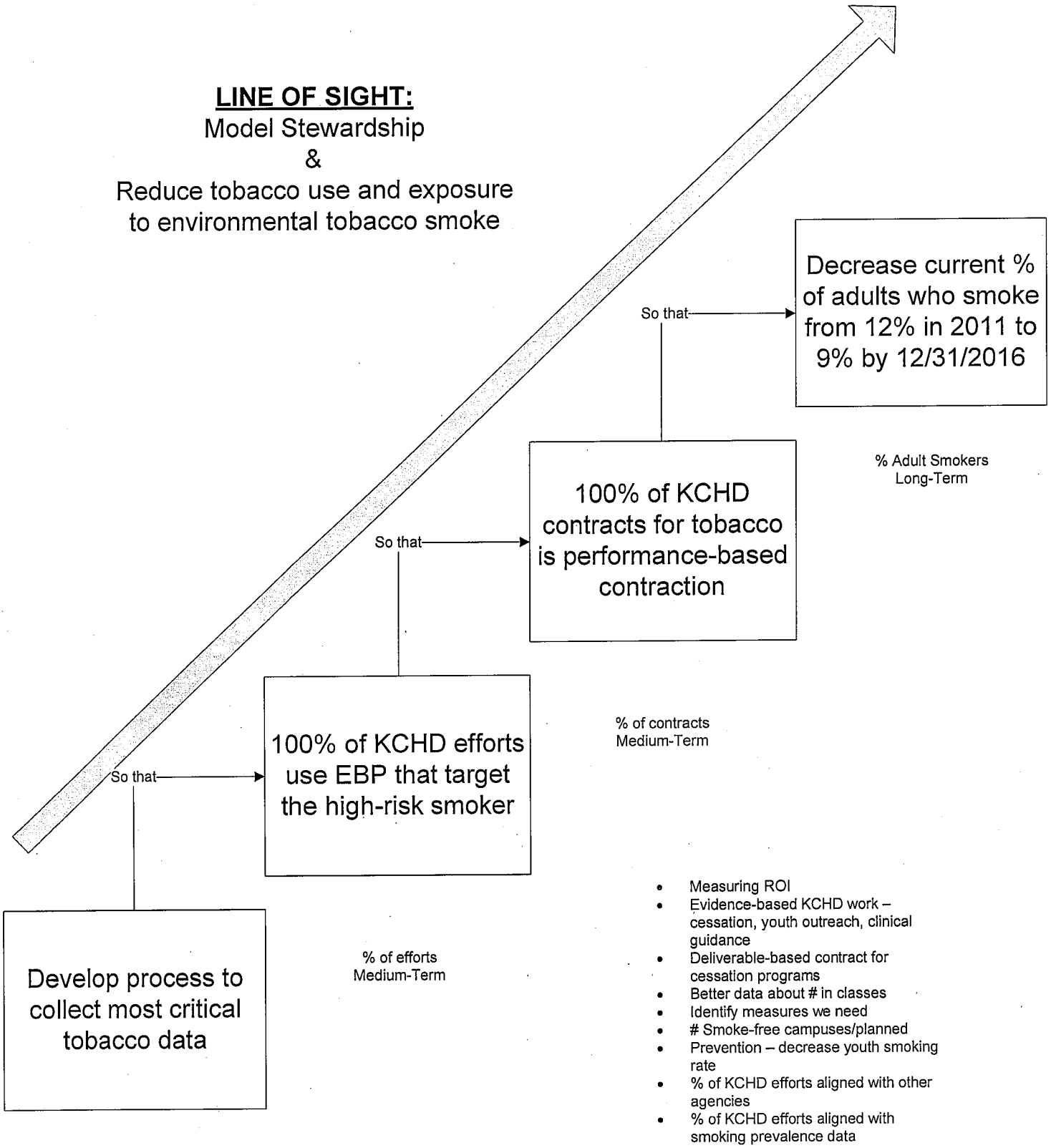
Next Meetings of Leadership Team:

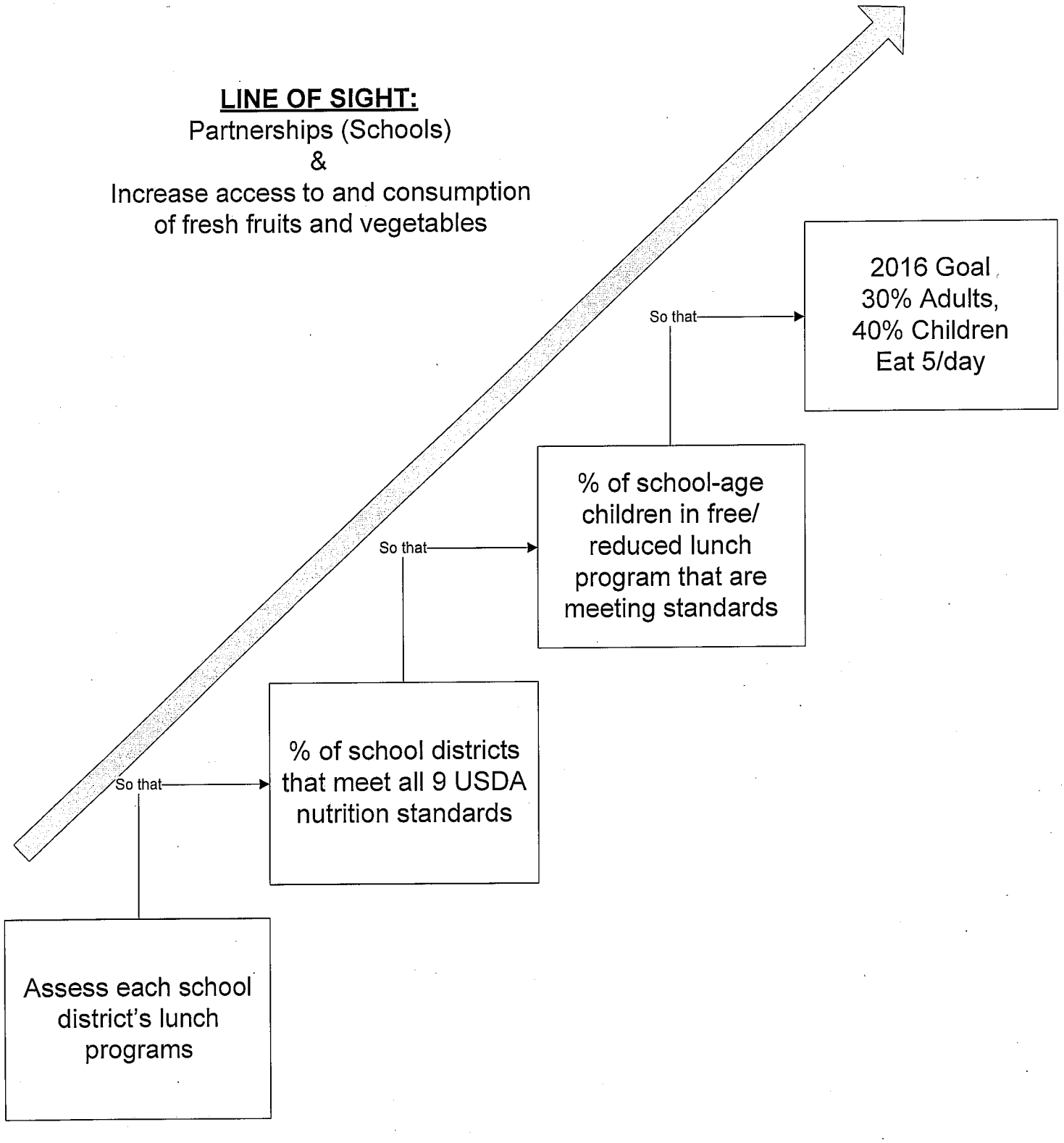
February 16, 2012, 1-4:00 PM*Expanded time*****

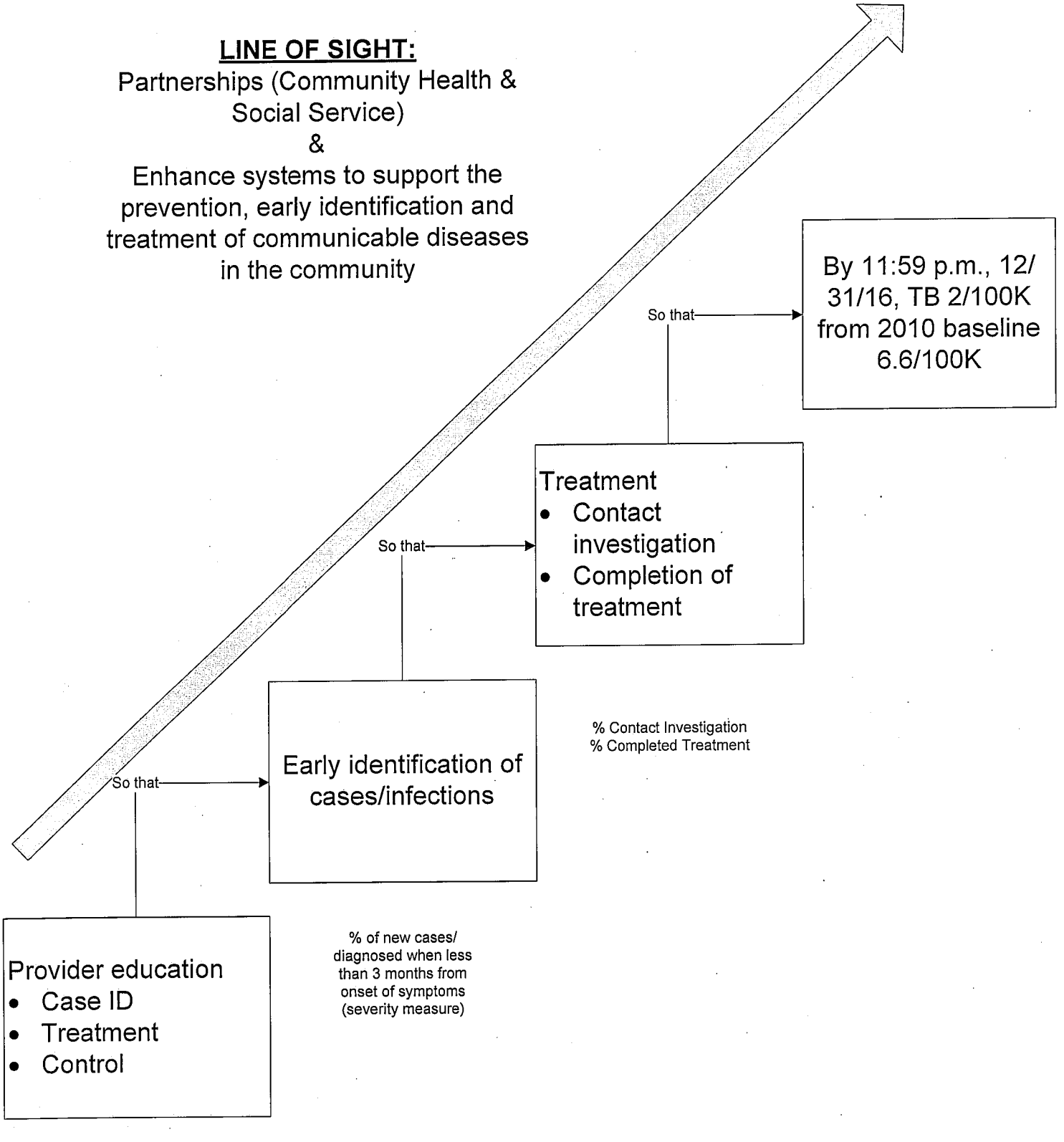
March 1, 2012, 1-3:00 PM


LINE OF SIGHT:
Informatics
&
Reduce tobacco use and exposure to environmental tobacco smoke
Decrease current % of adults who smoke from 12% in 2011 to 9% by 12/31/2016
So that
Increase % of available data sets we are using to capture and analyze data regarding smoking rates
So that
% of providers that agree to provide data regarding referrals to Illinois QuitLine
So that
% of food establishments that are offered posters about Illinois QuitLine


LINE OF SIGHT:
Communication
&
Increase access to and consumption of fresh fruits and vegetables
Decrease current % of adults who smoke from 12% in 2011 to 9% by 12/31/2016
So that
By 2016, 50% of Kane adults have seen a KCHD ad/message about eating more fruits & vegetables
So that
• % of planned press releases out each month
• % of planned FB posts/how many actual
• % of trained staff in FB post each month
• % of identified staff trained in FB/ Twitter
• % of planned contests/incentives per month initiated
• % of planned respondents who respond
So that
hits on webpage
articles in newspaper
Twitter followers
phone calls
FB fans/likes
Actual time/planned time


LINE OF SIGHT:
Model Stewardship
&
Reduce tobacco use and exposure to environmental tobacco smoke
Decrease current % of adults who smoke from 12% in 2011 to 9% by 12/31/2016
So that
% Adult Smokers Long-Term
100% of KCHD contracts for tobacco is performance-based contraction
So that
% of contracts Medium-Term
100% of KCHD efforts use EBP that target the high-risk smoker
So that
% of efforts Medium-Term
Develop process to collect most critical tobacco data
Stratified data to help target effort Short-Term
Measuring ROI
Evidence-based KCHD work – cessation, youth outreach, clinical guidance
Deliverable-based contract for cessation programs
Better data about # in classes
Identify measures we need
Smoke-free campuses/planned
Prevention – decrease youth smoking rate
% of KCHD efforts aligned with other agencies
% of KCHD efforts aligned with smoking prevalence data


LINE OF SIGHT:
Partnerships (Schools)
&
Increase access to and consumption
of fresh fruits and vegetables
2016 Goal
30% Adults,
40% Children
Eat 5/day
So that
% of school-age
children in free/
reduced lunch
program that are
meeting standards
So that
% of school districts
that meet all 9 USDA
nutrition standards
So that
Assess each school
district's lunch
programs


LINE OF SIGHT:
Partnerships (Community Health & Social Service)
&
Enhance systems to support the prevention, early identification and treatment of communicable diseases in the community
By 11:59 p.m., 12/31/16, TB 2/100K from 2010 baseline 6.6/100K
So that
Treatment
• Contact investigation
• Completion of treatment
So that
% Contact Investigation
% Completed Treatment
Early identification of cases/infections
So that
% of new cases/ diagnosed when less than 3 months from onset of symptoms (severity measure)
Provider education
• Case ID
• Treatment
• Control
% of agencies screening clients

Strategies KCHD "leads"	Measure	Evidence	Partnerships Sustain focused, effective partnerships to address identified community health priorities and get results that improve population health	Informatics Fully meet or exceed national public health informatics standards in order to assure timely, efficient and effective communications	Mission-focused culture Build a sustainable organizational culture that is based on our core values and focused on achieving our mission
Reduce tobacco use and exposure to environmental tobacco smoke.	Measure: Percentage of Kane County adults (over age 18) who report being current smokers. Current smoking was defined as having *smoked at least 100 cigarettes in a lifetime and still smoking some days or every day.* 2011 Baseline: 12% of Kane County adults report smoking cigarettes currently 2016 Goal: Decrease percent of adults who currently smoke to 9%	The percentage of the adult population who are current smokers represents the extent of health risk in a community related to tobacco use. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes in the future and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs. http://www.countyhealthrankings.org/health-factors/tobacco-use	Schools Community Colleges Private providers Municipalities Hospitals Farm Bureau (for smokeless tobacco use) Employers – workplace wellness		
Increase access to, and consumption, of fresh fruits and vegetables.	Measure: Percentage of Kane County adults who report eating at least five servings of fruits and vegetables per day. 2011 Baseline: 14.4% of adults 25.5% of children 2016 Goal: 30% for adults (100% improvement) 40% for children (60% improvement)	Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods. HP2020: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=29#nine	Fit for Kids Consortium (FK 2020 Plan) NIU Dietetics students, School health coordinators School districts Farmer's Markets Local Farm Community/Distributors Garden Networks Economic Development Staff Workplace Health and Wellness (employers?) Health & Wellness Coalition	KCHD/FFK funds only programs that utilize evidence based interventions	KCHD serves one fruit or veggie at all community meetings

Strategies KCHD "leads"	Measure	Evidence	Partnerships Sustain focused, effective partnerships to address identified community health priorities and get results that improve population health	Informatics Fully meet or exceed national public health informatics standards in order to assure timely, efficient and effective communications	Mission-focused culture Build a sustainable organizational culture that is based on our core values and focused on achieving our mission
Coordinate the effective communication of tailored, accurate and actionable health information to Kane residents across the lifespan.	Measure: The percent of the adult population that is satisfied with health communication from the KCHD. 2011 Baseline: 89% satisfied (2009 H1N1 campaign) 2016 Goal: 95% satisfied	Effective use of communication and technology by health care and public health professionals can bring about an age of patient- and public-centered health information and services. By strategically combining health IT tools and effective health communication processes, there is the potential to: • Improve health care quality and safety. • Increase the efficiency of health care and public health service delivery. • Improve the public health information infrastructure. • Support care in the community and at home. • Facilitate clinical and consumer decision-making. • Build health skills and knowledge. HP2020: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=18	Kane County PR Council Schools Hospitals Clinics Providers Libraries Municipalities (flyers in water bills) AOK Coalition for Health and Wellness NIPHIN Fit for Kids Health Centers Community Colleges Day cares Senior living providers		
Focus culturally appropriate outreach and engagement efforts to eliminate racial disparities in	Measures: • African American infant mortality rate per 1,000 live births (5-year average) 2011 Baseline: • 12.2 deaths per	Infant mortality rates are an important indicator of the health of a nation because they are associated with maternal health, quality of and access to medical care, socioeconomic conditions, and public health practices (1,2). CDC: http://www.cdc.gov/mmwr/preview	Companeros en Salud Faith Communities Circles of Wise Women Hospitals Clinics Schools Perinatal Committee Cultural Groups		

Strategies KCHD "leads"	Measure	Evidence	Partnerships Sustain focused, effective partnerships to address identified community health priorities and get results that improve population health	Informatics Fully meet or exceed national public health informatics standards in order to assure timely, efficient and effective communications	Mission-focused culture Build a sustainable organizational culture that is based on our core values and focused on achieving our mission
health outcomes, especially in infant mortality.	1,000 live births (2003-2007) 2016 Goal: • 9.8 deaths per 1,000 live births (20% decrease)	/mmwrhtml/su6001a9.htm			
Enhance systems to support the prevention, early identification and treatment of communicable diseases in the community.	Measure: The number of new cases (Incidence) of Tuberculosis in Kane County per 100,000 residents. 2011 Baseline: *To be added* 2016 Goal: *To be added*	The infectious disease public health infrastructure, which carries out disease surveillance at the Federal, State, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. HP2020: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=23	Hospitals Clinics Providers Laboratories School Districts Corporate partnerships (Walgreens, CVS, Pharmaceutical Corp) AOK, Perinatal Committee Data capacity – HIE Vulnerable populations (e.g. homeless)		

Strategies KCHD "leads"	Measure	Evidence	Partnerships Sustain focused, effective partnerships to address identified community health priorities and get results that improve population health	Informatics Fully meet or exceed national public health informatics standards in order to assure timely, efficient and effective communications	Mission-focused culture Build a sustainable organizational culture that is based on our core values and focused on achieving our mission
Assure access to safe food and clean and safe water and air.	Measure: The number of foodborne outbreaks identified in Kane County. 2011 Baseline: *To be added* 2016 Goal: *To be added*	Foodborne diseases affect tens of millions of people and kill thousands in the United States each year. They also cause billions of dollars in healthcare-related and industry costs annually. CDC: http://www.cdc.gov/WinnableBattles/FoodSafety/index.html	Food establishments Municipalities Transportation Healthy Places Coalition Kane County Planning Collaborative		
Increase the proportion of children who have high-quality early developmental support, especially in childcare and education.	*Measure: Kindergarten Readiness Assessment will be added* *2011 Baseline: Baseline will be added after pilot or year 1.* *2016 Goal: Will be added*	Evidence shows that experiences in the 1st years of life are extremely important for a child's healthy development and lifelong learning. How a child develops during this time affects future cognitive, social, emotional, and physical development, which influences school readiness and later success in life. Research on a number of adult health and medical conditions points to predisease pathways that have their beginnings in early and middle childhood. (HP2020)	AOK network Childcare providers Schools Nurse visitation Child care nurse consultant		

DRAFT

Agenda
February 2, 2012
1:00 – 3:00 PM

KCHD Leadership Team

I.	Welcome and Review of Agenda	5 minutes	Paul
II.	What is working?	10 minutes	Group
III.	Updates • Operations • Finance	5 minutes	Paul, Barb, Kinnell
IV.	Strategic Planning Work Session	60 minutes	Paul, Group
V.	Next Steps and Appreciations	10 minutes	Group

Next Meetings of Leadership Team:

February 16, 2012, 1-4:00 PM*Expanded time*****

March 1, 2012, 1-3:00 PM

KCHD Strategic Planning and Community Health Improvement Planning Update

February 2, 2012

I. Complete Strategic Plan by 2/29/12: Strategic Initiative charters and 2012 high-level work plan

A. Leadership meetings on 2/2 and 2/16
B. Health Advisory Committee review on 2/21
C. Committee of the Whole on 2/28 (draft final document)
D. Final document adoption joint Board and HAC on 3/13

II. Complete Community Health Improvement Plan (CHA/CHIP) by 2/29/12: high level implementation plan narrative

A. CHIP draft for public comment on 2/3 through 2/24
B. Health Advisory Committee check-in on 2/21
C. Committee of the Whole on 2/28 (draft final document)
D. Final document adoption joint Board and HAC on 3/13
E. Coordinated communication on CHIP implementation to key/core partners, March & April, 2012
F. CHIP Implementation Retreat/Training (focus on 'line of sight' planning tool) with key/core partners' leadership facilitated by Marni Mason in May, 2012
G. 2012-13 CHIP implementation work plans for KCHD-led initiatives, June 30, 2012

KCHD Strategic 2011 Planning
Strategic Initiative Charter and Work plan Development

All KCHD Leadership members have been assigned to the following teams for the next two Leadership work sessions:

Partnerships: Theresa and Mari
Communications: Mike, Arlene and Bev
Informatics: Chris, Kate and Dan
Mission-focused org: Barb, Diane and Julie
Stewardship: Kinnell, Claire and Sharon

Using the template for initiative charters provided, your objectives are:
1) Draft a strategic initiative charters and recommend initiative team members (from staff and leadership) for your strategic initiative.
2) Draft 2012-13 high-level quarterly objectives

Exercise 1: Initiative Charter

1) Review previous SP charter documents that are aligned with your strategic plan initiative (attached)
2) Review the products of the strategic planning leadership and HAC work sessions from December, 2011 and January, 2012
3) Review the template that has been provided to you for the 2012-2015 strategic initiative for your work group.
4) Complete all of the areas in the template except the box labeled "High Level Activities".
5) Enter your draft into the Word Template that Paul sent your team. Save and send the completed draft to Paul by COB 2/3/12.

Exercise 2: Draft Review and Comment

Between 2/6/12 and COB 2/10/12, review the other 4 initiative draft charters. Make comments and suggestions using Word's "track changes" function. Paul will send an email with the link to the files on the S:/ drive and instructions. Final drafts will be circulated before 2/16.

Exercise 3: Initiative Work plan

1) Review your initiative draft charter as revised from Exercise 2
2) Using Line of Sight or other planning tool of your choice, establish a high-level set of quarterly objectives using SMART language for 2012-quarter ending March 31, 2013.
3) Enter your draft into the Word Template that Paul sent your team. Save and send the completed draft to Paul by COB 2/17/12.
4) A completed set of final strategic initiative draft charters will be circulated to Leadership and HAC on Monday, 2/20/12 for review and discussion with the HAC on 2/21/12.

Your Health, Our Commitment

25 years of service

Kane County Health Department

Paul Kuehnert, MS, RN
Executive Director

www.kanehealth.com

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1240 N. Highland Avenue
Aurora, Illinois 60506
630.208.3801

Public Health Center
1750 Grandstand Place
Elgin, Illinois 60123
847.695.0848

To: Public Health Advisory Committee
From: Paul Kuehnert, Executive Director
Re: Committee Meeting Agenda and Materials
Date: February 14, 2012

The Kane County Board of Health Advisory Committee will convene Tuesday, February 21, 2012 at 8:00 a.m. The meeting will convene at ***Delnor - MOB 4 - first floor of the 351 Medical Office Building.***

AGENDA

I. Call to order

II. Approval of January 17, 2012 minutes.

III. Updated timeline on strategic and community health improvement planning.

IV. Review of CHIP implementation planning.

V. Review of strategic plan initiative charters.

VI. Adjournment

Next meeting scheduled for
March 20, 2012
4:00 to 5:30 p.m.

Kuehnert, Paul

From: Kuehnert, Paul
Sent: Monday, February 27, 2012 9:06 AM
To: Dobbins, Claire; Eder, Daniel; Ferriss, Diane; Heaton, Theresa; Hoff, Chris; Isaacson, Michael; Jeffers, Barbara; Kuehnert, Paul; Lopez, Bev; Marishta, Kate; Pina, Mari; Ryndak, Arlene; Snowden, Kinnell; Verzal, Sharon; Wiegel, Julie
Cc: Forbes, Jackie; Sharp, Julie
Subject: Next Steps on Strategic Planning

Importance: High

Follow Up Flag: Follow up
Due By: Tuesday, February 28, 2012 4:00 PM
Flag Status: Flagged

Dear KCHD Leaders,

Thank you all so very much for your hard, productive work on the Strategic Plan Initiative Charters. Version 3 of each of the Charters can be found here:

S://Office of Community Health Resources/Community Health Resources/Strategic Planning/2011-12 Strategic Overview/Original Documents

We have a couple more steps to undertake in this process of Charter drafting, before passing them on to the Initiative Committees, as well as production of the final 2012-15 Strategic Plan Document (both anticipated in April!). Two of these steps involve YOU and need to be done by **NOON, WEDNESDAY February 29:**

Step 1: Review the Strategic Initiative Charter Version 3 that you have worked on in leadership during our last two meetings. If you have comments, call the Recorder for each group (indicated below) and discuss your comments or edits. You must build consensus within your group by Wednesday and submit any changes to me, using track changes and saving the document on the shared drive. If you have no changes, the Recorder for each group needs to send me an email by **Noon on Wednesday, February 29.**

Step 2: Review the other four Strategic Initiative Charters Version 3 that you have not worked on. If you have comments, questions or suggested edits to other Charters, use track changes, save a new version of the charter with your comments/edits and please send them by email to the Recorder (indicated below) by **Noon on Wednesday, February 29.** The Recorder will be responsible for organizing, presenting and discussing all comments received from those outside her/his group during Leadership on Thursday, March 1.

Here are the Strategic Initiative groups that have been working on each Charter and the person I have designated as Recorder:

Partnerships: Theresa, Mari and Jackie. **Recorder: Theresa**
Communications: Mike, Arlene and Bev. **Recorder: Mike**
Informatics: Chris, Kate and Dan. **Recorder: Chris**
Mission-focused: Barb, Diane, Julie W and Julie S. **Recorder: Barb**
Stewardship: Kinnell, Claire and Sharon. **Recorder: Kinnell**

If you have any questions, please CALL me.

On Thursday, we will spend most of our meeting reviewing and discussing the Charters as a large group. Jackie and Julie S.: please plan to join us beginning at 1:20 PM and until approximately 3 PM.

DRAFT
Agenda
March 1, 2012
1:00 – 3:00 PM

KCHD Leadership Team

I.	Welcome and Review of Agenda	5 minutes	Paul
II.	What's working?	10 minutes	Group
III.	Updates • CHIP/Strategic Plan Adoption timeline	5 minutes	Paul
IV.	Strategic Planning: Charter Review (We will review each Charter and discuss as a large group)	90 minutes	Group

Partnerships: Theresa, Mari and Jackie. **Recorder: Theresa**
Communications: Mike, Arlene and Bev. **Recorder: Mike**
Informatics: Chris, Kate and Dan. **Recorder: Chris**
Mission-focused: Barb, Diane, Julie W and Julie S. **Recorder: Barb**
Stewardship: Kinnell, Claire and Sharon. **Recorder: Kinnell**

V.	Next Steps and Appreciations	10 minutes	Group

Next Meetings of Leadership Team:

March 15, 2012, 1-3:00 PM

Next All-Hands Meeting is *March 22, 2012, 8*:30 – 10:30 AM

Your Health,
Our Commitment

Kane County
Health Department

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Executive Director

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To: Public Health Advisory Committee
From: Paul Kuehnert, Executive Director
Re: Committee Meeting Agenda and Materials
Date: March 16, 2012

The Kane County Board of Health Advisory Committee will meet Tuesday, March 20, 2012 at 4:00 p.m. This meeting will convene at ***Delnor - MOB 4 - first floor of the 351 Medical Office Building.***

AGENDA

I. Call to order

II. Approval of February 21, 2012 minutes.

III. Final Review and Recommendation of the Community Health Improvement Plan.

IV. Final Review and recommendation of the strategic plan.

V. Presentations March 27 at 4 PM and April 10 at 10:45 AM

V. Adjournment

Our April meeting is cancelled.
Next meeting scheduled for
May 15 2012
4:00 to 5:30 p.m.

Appendix D

Strategic Initiative Committee Charters

KCHD 2012-15 Strategic Initiative - Team Charter

Mission-Focused Culture

Team Owner: Barb Jeffers	**Team Members:** Wiegel, Azher, Durczak, B. Lopez, Murphy, Zawicki **Estimated time commitment (of team members) required** Quarterly 2 hour meetings

Task or Mission (a paragraph describing what the initiative is all about):

Build a sustainable organizational culture that is based on our core values and focused on achieving our mission.

Description of 12/31/2015 Outcome (must be SMART):

By 12/31/2015, 95% of all KCHD staff express agreement with the statement: "I am personally committed to this organization's mission, vision and values." when anonymously surveyed regarding employee satisfaction and organizational performance. [Baseline: 87% in 2008]

Measures of success:

- A comprehensive performance management system will be in place at KCHD by January 1, 2013
- 100% of all KCHD "all-hands" and Division meetings include some portion of the meeting consisting of learning activities focused on the mission, vision and/or values of KCHD and/or public health more broadly
- 100% of KCHD staff have completed annual performance evaluations within 30 days of required evaluation date, evaluated annually.
- 100% of KCHD staff performance reviews include individualized continuing education plans by June 1, 2012 and annually thereafter
- 85% of KCHD staff achieve continuing education objectives by June 1, 2013 and improving annually thereafter, reaching 95% by December 31, 2015
- KCHD is accredited by the Public Health Accreditation Board by December 31, 2013 and maintains accreditation throughout 2014 and 2015.
- 95% of KCHD staff will receive performance evaluation scores of 3.0 or greater by 2015 (Baseline: X.X on 3/31/12)

Stakeholders: (Internal and External; * = key stakeholders)

- Kane County Residents and visitors
- KCHD staff*
- Kane County Health Advisory Committee*
- Kane County Board of Health
- Illinois Department of Health
- Partner organizations of KCHD

Community Health Improvement Plan Connections:

Through its performance management system and staff continuing education, the

Kane County Health Department will integrate the priorities and strategies of the CHIP into training to reach our goal of having a competent workforce focused on population health.

Boundaries (i.e. financial, decision making power for KCHD divisions & sections):

This initiative committee will review progress quarterly and make recommendations to the Kane County Health Department's Executive Director and Leadership Team.

Linkages (to one or more other strategic initiative within the KCHD):

Through monitoring the development and implementation of the performance management system and staff continuing education, this initiative will indirectly link to each of the other four strategic initiatives.

Resources needed (i.e. dollars, tools, people, or expertise that need to be provided to this team, *=new resources):

- Learning Management System
- Performance Management System
- IT
- People
- Budget to support continuous education & staff survey/analysis.

High Level Objectives for 2012-March 31, 2013 (must be SMART):

- By 4/30/2012, convene Mission-Focused Culture Initiative Committee and review and approve Charter
- By 6/30/2012, review/modify system for tracking completion of annual performance evaluations within 30 days of required evaluation date.
- By 6/30/12, develop a Individual Continuing Education Plan template, which includes guidelines and parameters for consistent use with all staff.
- By 6/30/2012, develop a monitoring tool for use to track "measures of success" and other key data related to performance management, and collect corresponding baseline data at both the agency level and division/office level.
- By 8/30/2012, develop a framework for a data dashboard tool or report, working in collaboration with the Informatics initiative.
- By 9/1/2012, aggregate data from 100% of KCHD Individual Continuing Education Plans and other assessments conducted relative to implementation of performance management to identify the top five training needs for staff.
- By 9/30/2012, report data for measures of success via a data dashboard, reported both to internal and external stakeholders.
- By 10/31/12, roll-out training plan for the top five training needs as identified in aggregated Individual Continuing Education Plans.
- By 3/31/2013, survey 100% of KCHD staff using the "Trust and Capacity Survey".

KCHD 2012-15 Strategic Initiative - Team Charter

Model Stewardship

Team Owner: Kinnell Snowden	**Team Members:** Chris Hoff, Theresa Heaton, Claire Dobbins **Estimated Time Commitment:** 2 hours every quarter

Task or Mission (a paragraph describing what the initiative is all about):

Model responsible stewardship of public resources by providing efficient, high quality and high impact population health services.

Description of 12/31/2015 Outcome (must be SMART):

By 12/31/2015 KCHD will have a cost-effective and efficient annual budget mapped to the 10 Essential Services of Public Health.

Measures of success:

- 100% of KCHD Leadership will achieve and maintain proficiency in basic financial skills for public health program management
- Unit cost is established for each service provided by the Health Department in accord with national public health financial standards published by the National Association of County and City Health Officials
- 95% of established budget targets each year are being met within our established acceptable range.

Stakeholders: (Internal and External; * = key stakeholders)

-Kane County Board*
-Kane County Finance Department*
-KCHD Leadership and Staff*
-Illinois Department of Public Health and other funders*
--Community Members
--Health Advisory Committee
-Other Kane County Departments

Community Health Improvement Plan Connections:

Investment in prevention and stewardship of all community health resources is vital to success of the CHIP. We can utilize the alignment of the KCHD budget and program tracking with each Community Health Improvement Plan objective in order quantify Health Department resource investment in CHIP strategies.

Boundaries (i.e. financial, decision making power for KCHD divisions & sections): The Finance Manager and other KCHD Leadership will operate within a set of KCHD and Kane County Finance Dept. policy and procedures related to financial management.

The Stewardship Strategic Initiative Committee has responsibility for developing and monitoring cross-cutting initiatives above and beyond routine financial management of KCHD within Kane County . It will make recommendations to the KCHD Executive Director and the Leadership Team for adjustments/actions and resources to implement strategic initiatives.

Linkages (to one or more other strategic initiative within the KCHD):

1. Effective partnerships with key community partners are needed to assure that limited resources are maximized.
2. Informatics infrastructure is critical to making data driven decisions that contribute to stewardship of public resources.
3. Using multiple communication tools effectively to share the process and the results of our stewardship will be vital to the long term success of KCHD.

Resources needed (i.e. dollars, tools, people, or expertise that need to be provided to this team, *=new resources):

Finance Manager
Administrative Coordinator (B Lopez job title)
Support & services from Finance, IT and HR Departments
New World Financial Management System
*Continuing financial education and training for KCHD Leadership and designated Support Associates

High Level Objectives for 2012-March 31, 2013 (must be SMART):

1. Implement a required budgetary/financial training program for the KCHD Leadership staff by September 28, 2012.
2. Develop a budgetary structure to mirror the management operating responsibilities of KCHD by June 30, 2012.
3. Document the key financial performance measures for KCHD by August 31, 2012
4. Develop and implement financial reports from New World for managers with budgetary responsibility to monitor their performance on a monthly basis by December 1, 2012
5. Develop and implement a process to track and approve budget adjustments to ensure KCHD measures it performance against the correct plan by March 31, 2013.

Measures of success:

1. 100% of the leadership staff has completed the budgetary/financial training program.
2. A KCHD budgetary organizational structure chart has been documented and

coded in New World.

3. The key financial performance measures for KCHD have been documented.
4. Each manager with budgetary responsibility receives a monthly budgetary performance report from NewWorld on their area of responsibility.
5. 100% of all budget adjustments are documented.

KCHD 2012-15 Strategic Initiative - Team Charter

Implement Informatics

Team Owner: Julie Sharp	**Team Members:** Uche Onwuta, Kate Marishta, Representative from KC IT Department, Sharon Verzal **Estimated time commitment (of team members) required:** 2 hour meeting once each quarter

Task or Mission (a paragraph describing what the initiative is all about):

Fully meet or exceed national public health informatics standards in order to assure timely, efficient and effective communications.

Description of 12/31/2015 Outcome (must be SMART):

By 12/31/2015, 25% of relevant KCHD information systems meet national Public Health Information Requirements (PHIN Requirements Version 2.01, published by the CDC).

Measures of success:

- Annual plans for implementation of PHIN Version 2.01 across KCHD based on prioritized work plan mapped to our major databases and software programs.
- Improved staff competency in informatics.
- Increased percentage of KCHD information systems meet PHIN Requirements.

Stakeholders: (Internal and External; * = key stakeholders)

-Kane County School Districts*
-Kane County IT Department*
-KCHD Staff*
-Kane County Hospitals*
-Kane County Community Health Centers, Community Clinics and large primary care practices*
-Other Health and Social Service Community Partners and coalitions
-Laboratories*
-Illinois Department of Public Health*
-Other LHDs in region/NIPHC
-Kane Community Members and businesses
-Kane County Departments
-Kane County Board

-Kane County Health Advisory Committee

Community Health Improvement Plan Connections:
Informatics provides a critical part of the infrastructure for the entire Community Health Improvement Plan by collecting, analyzing, and reporting data related to implementation of all CHIP priorities and strategies

Boundaries (i.e. financial, decision making power for KCHD divisions & sections):

The Data and Quality Coordinator and other KCHD staff operate within a set of KCHD and IT Department policy and procedures related to information technology

Health information systems that KCHD is mandated to use by external agencies are governed by policies and procedures that are outside of our control.

The Informatics Initiative Committee has responsibility for developing a plan for implementing PHIN Version 2.01 across KCHD and monitoring the implementation of the plan. It will make recommendations to KCHD Executive Director and the Leadership Team for adjustments/actions and resources to implement the plan.

Financial resources for informatics (hardware, software and software support, expert consultation and training) are identified in the annual budgeting process for the Department and should be identified in the annual update of the PHIN standards implementation plan.

Linkages (to one or more other strategic initiative within the KCHD):

QI→Informatics can be utilized in providing baseline data and data analysis to start projects and supports Performance Management efforts.

Enhance Health Communications→Having valid and reliable data can enhance communication strategies, enhance KCHD credibility and reach a broader scope of audience. Stakeholders see KCHD as a resource to obtain data, increasing visibility for other communication efforts.

Build a Mission-Focused Culture→Informatics can be incorporated into all aspects of core values and mission. Examples are having baseline data available or obtainable, systems to collect valid and reliable data, and making information easily accessible to community and partners. Developing staff competencies in informatics also contributes to a higher level of expertise within KCHD.

Sustain Partnerships→Informatics can use data to identify and track health priorities, as well as build communication strategies, which can help build stronger partnerships and acquire new partners. Support the needs & results the partnership actions.

Model Stewardship→Informatics can be utilized so that data can be available as a support

mechanism for obtaining funding and resources, as well as to identify and eliminate inefficient use of resources.

Resources needed (i.e. dollars, tools, people, or expertise that need to be provided to this team, *=new resources):

-IT Department support and collaboration
-Training/cross-training*
-Hardware/Software (Possibly*)
-PH Informatics Coordinator*

High Level Objectives for 2012-March 31, 2013 (must be SMART):

By July 31, 2012, the informatics team members will identify key informatics trainings for team to complete and recommend required trainings for informatics team members. Team member will complete required trainings by July 31, 2012.

By October 31, 2012, the informatics team will review current KCHD health information systems to determine the specific systems to be reviewed against the current PHIN 2.01 Requirements. (Recommended systems for review: Communicable Disease databases, Web-based Influenza-like illness, INEDSS). Based on identified systems, team will determine base-line percentage of KCHD systems that meet all PHIN requirements.

By October 31, 2012, team will identify and recommend informatics trainings (basic such as MS Excel, through advanced software) for all levels of KCHD staff (SA, CHS I, II, III, AD, Director).

By January 31, 2013, the informatics team will make recommendations to modify current health information systems in use and controlled by KCHD to meet PHIN requirements.

By March 31, 2013, the informatics team will develop a protocol for evaluating or creating new health information systems for KCHD based on current PHIN requirements.

KCHD 2012-15 Strategic Initiative - Team Charter

Sustain Partnerships

Team Owner:	**Team Members:**
Michael Isaacson	Jackie Forbes, Diane Ferriss, Michelle Turner, Vic Mead, Jennifer Fearday **Estimated time commitment (of team members) required** Two hours every other month for first six months; then every quarter

Task or Mission (a paragraph describing what the initiative is all about):

Sustain focused, effective partnerships to address identified community health priorities and get results that improve population health.

Description of 12/31/2015 Outcome (must be SMART):

By 12/31/2015, key KCHD-led partnerships demonstrate policy and system changes addressing CHIP priorities and strategies that are precursors to improvements in population health outcomes.

Measures of success:

- KCHD key community partners are mutually identified and written agreements are made with them to collaborate on identified CHIP strategies
- 100% of KCHD staff with lead responsibility as liaison/staffing support to key community partnerships attain and maintain proficiency in competencies related to convening and building community and professional coalitions as identified in KCHD position descriptions
- 90% of participants in key community partnerships rate collaborative meetings led by the KCHD as "effective" or "very effective" [baseline from IPHI project]
- Policy, environmental and systems changes achieved through key partnerships are communicated effectively to all stakeholders

Stakeholders: (Internal and External; * = key stakeholders)

County Board
Health Advisory Committee
*Kane County Departments/Offices, especially: Development and Community Services, Transportation, Community Reinvestment, Emergency Management and Human Resources, Forest Preserve District, Sheriff's Office
*Key community partners including: Kane—based hospitals, FQHCs, migrant health and free clinics serving Kane residents, Kane-based United Ways, Kane School Districts, the INC Board, Municipal Public Safety/Emergency Management
*Key Community Coalitions
Other community partners (municipalities, social service organizations, universities and colleges, schools, faith communities, business groups, etc)

Community Health Improvement Plan Connections:
Partnerships are the principle strategy for achieving CHIP improvements. The CHIP implementation plan will identify the key partners and coalitions led and supported by the KCHD to address each strategy.

Boundaries (i.e. financial, decision making power for KCHD divisions & sections):
The Partnership Initiative Committee will assess and monitor KCHD's progress in application of the partnership strategy to CHIP priorities and strategies. It will make recommendations to the KCHD Executive Director and Leadership for resources, continuing education and training to assure successful implementation of the initiative.

Linkages (to one or more other strategic initiative within the KCHD):
Linkages to KCHD strategic initiatives include:

- Mission-focused culture for training
- Model Stewardship for assessment of resources dedicated to and needed for key partnerships
- Informatics for implementing data systems and gathering, organizing and analyzing data related to CHIP progress and outcomes
- Health Communications to provide technical assistance and coordination and/or production of multimedia health information and messaging in support of key partnerships, including health-related outcomes resulting from the key partnership efforts

Resources needed (i.e. dollars, tools, people, or expertise that need to be provided to this team, *=new resources):

CHS III and II staff as per key roles and assignments
KCHD Leadership
*Training/Continuing Education regarding all aspects of community partnerships

High Level Objectives for 2012-March 31, 2013 (must be SMART):

- ☐ Create and implement a process to mutually identify key partners for CHA priorities and CHIP strategies by May 1, 2012.
- ☐ Re-align KCHD participation/engagement in community partnerships based on CHA priorities and CHIP strategies by by August 31, 2012.
- ☐ Create a matrix that displays the policies and system changes that each key partnership (above) is addressing both CHIP and non-CHIP priorities by October 31, 2012.
- ☐ Create an evaluation tool (based on Univ of WI case study report and other evidence-based tools) to measure effective cross-sector collaboration by December 31, 2012.
- ☐ Use the tool to evaluate three CHIP-related partnerships by March 31, 2013.
- ☐ Develop improvement plans for the three selected partnerships based on evaluation by September 30, 2013.

KCHD 2012-15 Strategic Initiative - Team Charter

Enhance Communication

Team Owner: Tom Schlueter	**Team Members:** Heaton, Boline, Pina, Eder, Arch **Estimated time commitment (of team members) required** 2 hour meeting every other month

Task or Mission (a paragraph describing what the initiative is all about):

Enhance provision of health information to our diverse community that is: tailored, reliable, real-time and actionable.

Description of 12/31/2015 Outcome (must be SMART):

By 12/31/2015, 60% of Kane residents that have read or heard health information from Kane County Health Department are "very satisfied" with the quality of the health information [baseline 47% from H1N1 Survey 4/10] and 30% are "satisfied" [baseline 42% from H1N1 survey 4/10].

Measures of success:

- Annual communication plan is maintained that is aligned with CHIP priorities and strategies and process measures (# of media hits, # of Facebook friends, # of messages pushed out via social media and press release, # of web hits, % reach of message among target audience, % awareness of message among target audience & % action taken among target audience).
- All KCHD media and communications policies and procedures are reviewed annually and updated as needed.
- A minimum of 2 staff from each Division or Office are designated and trained on the use of approved KCHD social media tools.

Stakeholders: (Internal and External; * = key stakeholders)

- Kane County Residents and visitors
- KCHD staff
- Kane County Health Advisory Committee
- Kane County Board of Health
- Illinois Department of Health
- Northern Illinois Public Health Information Network/other LHDs
- Partner organizations of KCHD
- Kane County businesses/employers

Community Health Improvement Plan Connections:

Effective communication of health information is vital to the success of each strategy that is undertaken to address the CHIP priorities. The annual KCHD Communication Plan will address specific goals and objectives in relation to these strategies that KCHD will devote resources to, including the active involvement of its Communications Coordinator and other staff members.

Boundaries (i.e. financial, decision making power for KCHD divisions & sections):

The Communications Coordinator and other KCHD staff operate within a set of agency policy and procedures related to external communications and the use of communications tools and technology, such as the official website.

The Communications Initiative Committee has responsibility for monitoring the implementation of the annual communications plan of the KCHD and making recommendations to KCHD Executive Director and the Leadership Team for adjustments/actions and resources.

Financial resources for communications (graphics, web design, web tools, software and software support, production and printing, expert consultation) are identified in the annual budgeting process for the Department and should be identified in the annual communications plan.

Linkages (to one or more other strategic initiative within the KCHD):
Having valid and reliable health data is critically important to effective health communications. This initiative must be closely linked with the Implement Informatics initiative.

Resources needed (i.e. dollars, tools, people, or expertise that need to be provided to this team, *=new resources):
Full time Communications Coordinator/PIO
*Designated communications "back-up" Division/Office staff
Website and various software for communications
Contact management subscriptions
Consultants for projects and products (graphic design, production, printing, etc.)
*Ongoing continuing education/training
Information technology infrastructure

High Level Objectives for 2012-March 31, 2013 (must be SMART):
By April 30, 2012, the communications team will be convened and will review the charter and validate/affirm content.

By June 30th, 2012, 100% of policies and procedures concerning communications will be reviewed by the communications team and recommendations for updates will be provided to the leadership group.

By August 30, 2012, the annual communications plan will be developed and updated including identification of specific measures that will be tracked.
By September 30th, 2012, data collection for selected measures in the annual plan will be initiated.

By October 30, 2012, two members from each division will be trained on using social media.

Appendix E

PowerPoint Presentation to the Kane County Board of Health
December 13, 2011

2011 Community Health Assessment Results: *Improvement Plan Overview*

Community Health Assessment

- ☑ Quick process review
- ☑ Results: where to find the details
- ☑ Health Priorities & Action Plan
- ☑ What's next?

Your Health, Our Commitment

25 years of service

Kane County Health Department

2011 Community Health Assessment & Improvement Planning

Delnor
Delnor-Community Hospital

Provena Mercy Medical Center

Provena Saint Joseph Hospital

Rush-Copley Medical Center

Why?

- Efficient resource use: 9 Kane County agency partnership
- KCHD reorganization>>>capacity
- Alignment around health needs & priorities

What?

- Comprehensive two-part report
  - Assessment
  - Improvement Plan
- 9 customized reports
- Health integrated in Comprehensive Plan
- Web-based data and source reports

United Way
Fox Valley United Way

United Way
United Way of Elgin

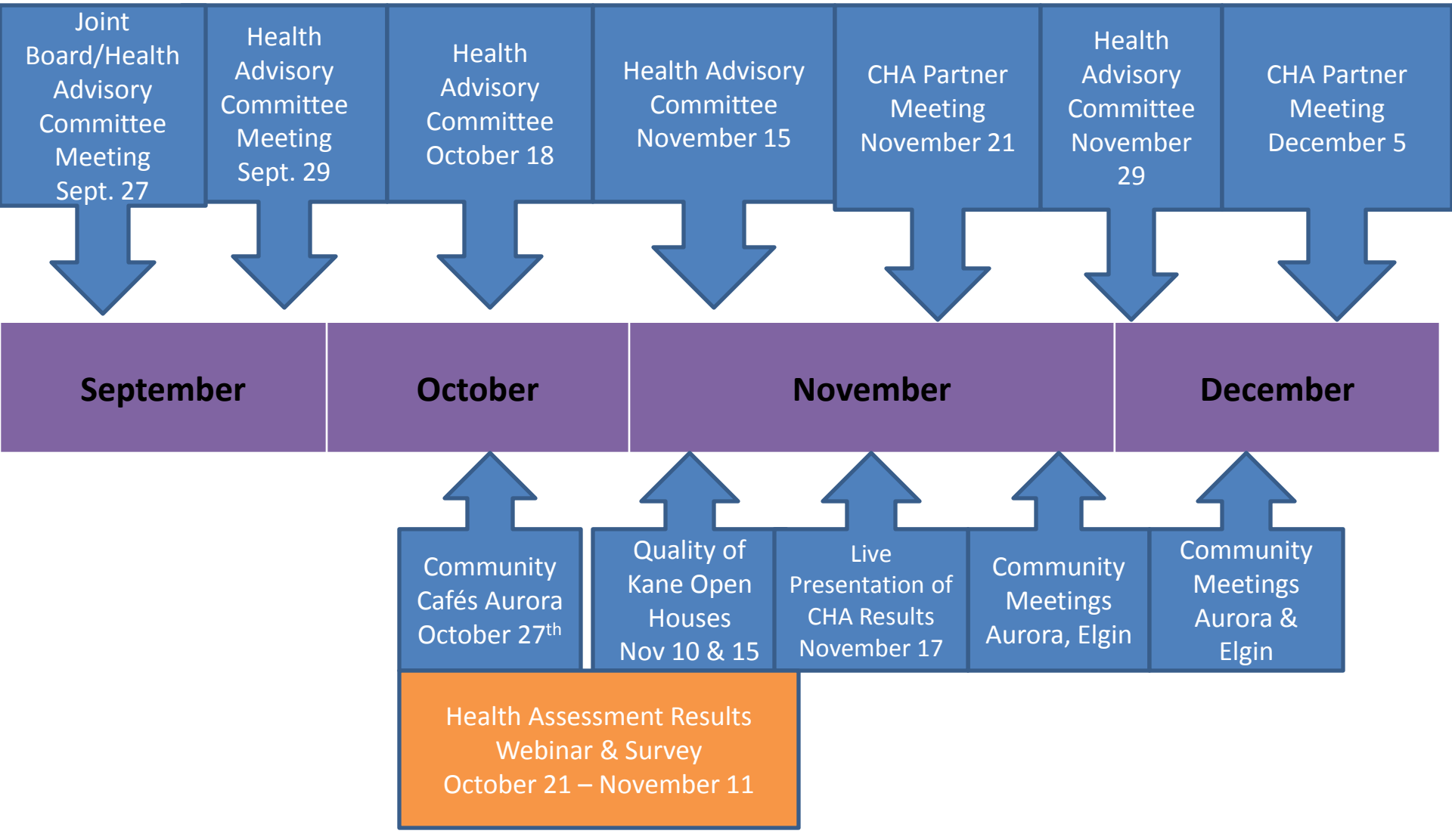
Your Health, Our Commitment
Kane County Health Department

Sherman Health
Always Leading the Way

Planning & Funding IHC 708 Board

Mental Health and Mental Retardation Services, Inc.

Community Health Assessment Activities



Why assessment and planning?

- Identify community health needs and problems
- Identify community assets and resources
- Prioritize limited resources

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25 years of service
Kane County Health Department

Kane Assessment Data Sources

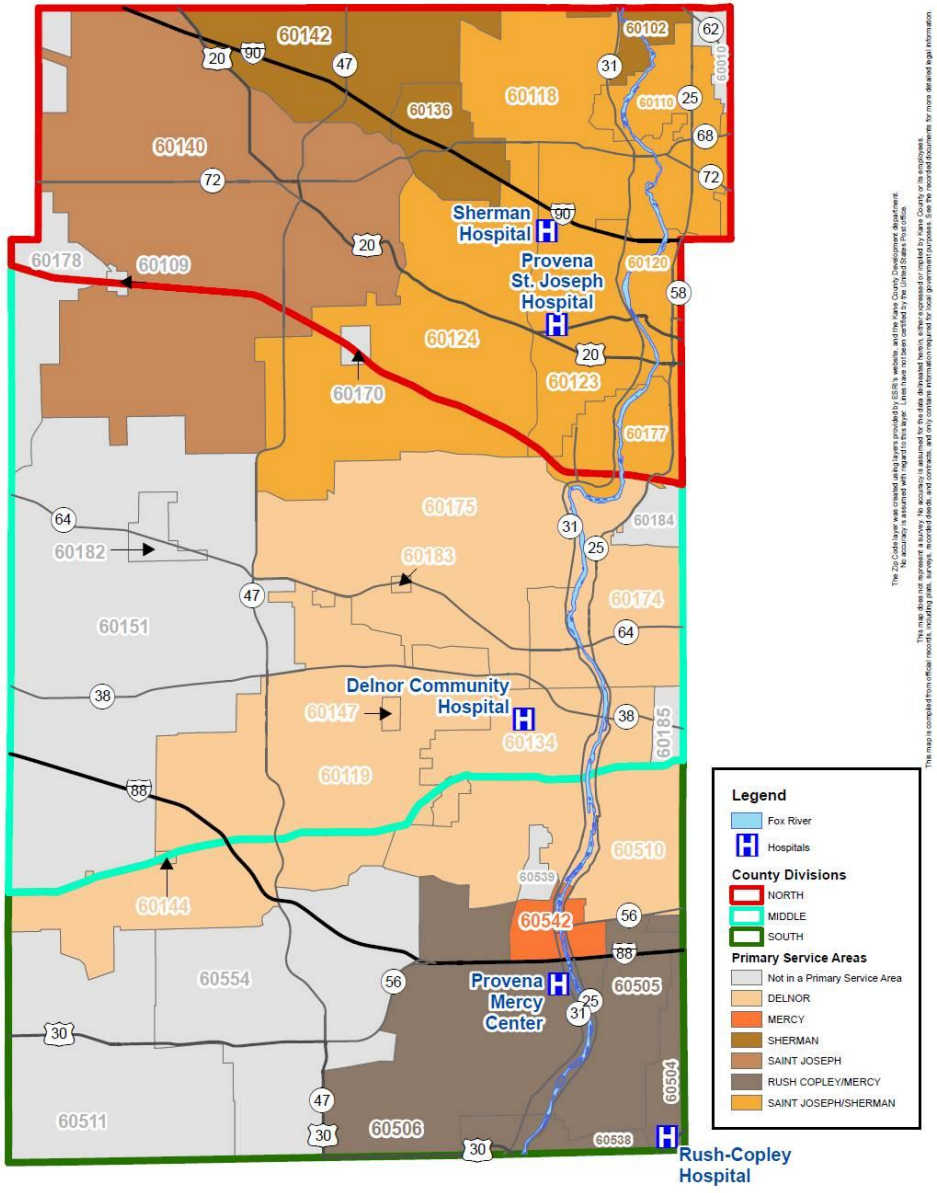
- 2010 US Census
- Illinois Department of Public Health
  - Birth, death, disease, hospitalization statistics
  - Surveys
- Kane County Offices & Departments
  - Housing
  - Transportation
  - Health
- Resident telephone survey
- Resident focus groups
- Resident online survey
- Community meetings

Your Health, Our Commitment
25 years of service
Kane County Health Department

Assessment examined all health factors

- Social, education and economic factors
- Environmental factors
- Physical health
- Mental health
- Health behaviors and health practices
- Community health resources

Your Health, Our Commitment
25 years of service
Kane County Health Department



The ZipCodes layer was created using boundaries provided by ESRI's website, and the Kane County Development department.
No accuracy is assumed with regard to this layer. Lines have not been certified by the United States Post office.

This map does not represent a survey. No accuracy is assumed for the data delineated hereon, either expressed or implied by Kane County or its employees.
This map is compiled from official records, including plats, surveys, recorded deeds, and contracts, and only contains information required for local government purposes. See the recorded documents for more detailed legal information.

Kane County GIS-Technologies

Copyright © 2008 Kane County, Illinois

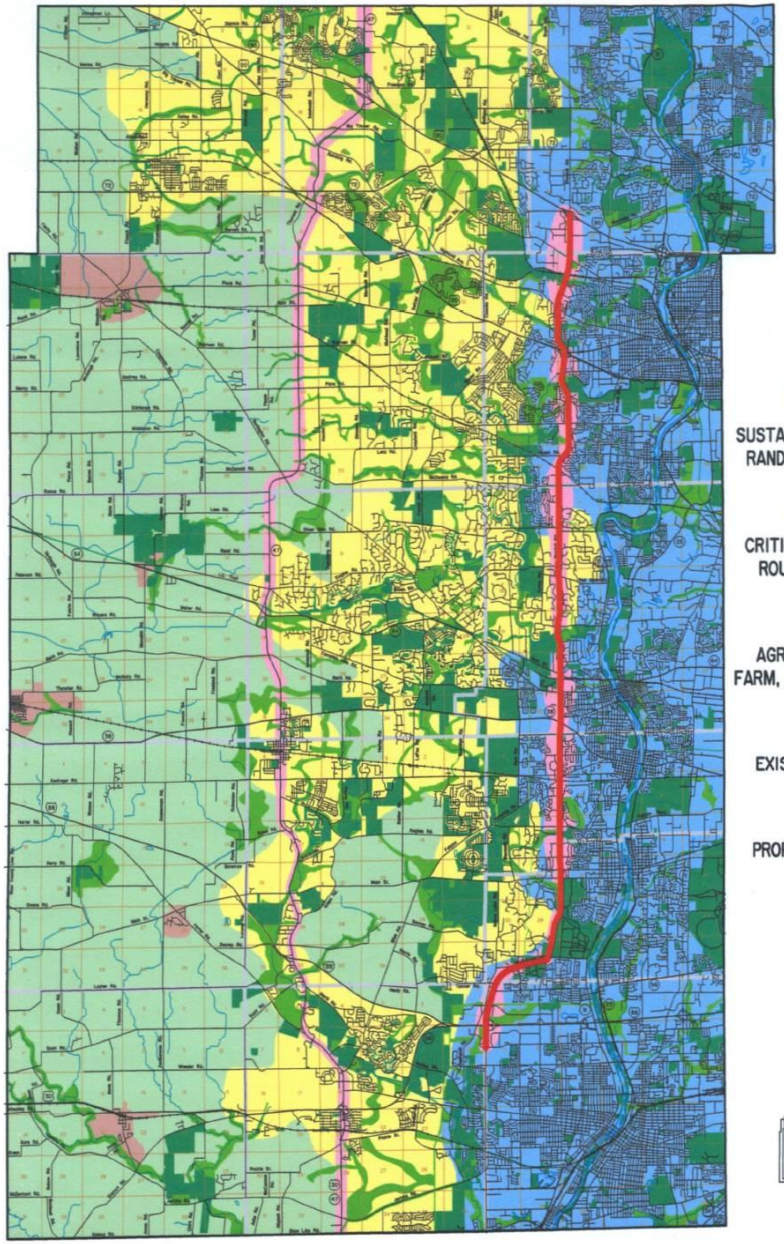
0 7,500 15,000 30,000 45,000 60,000 Feet

N

1 inch = 16,000 feet

Primary Service Areas for Kane County Hospitals

2040 CONCEPTUAL LAND USE STRATEGY MAP



SUSTAINABLE URBAN AREA
RANDALL BRT CORRIDOR

CRITICAL GROWTH AREA
ROUTE 47 CORRIDOR

AGRICULTURAL/FOOD,
FARM, SMALL TOWN AREA

EXISTING OPEN SPACE

PROPOSED OPEN SPACE

North

KANE COUNTY GIS
Development Department
Planning Division
TJM 1/11

Leading Health Indicators		Kane	Illinois	US
Tobacco Use	Current smoker	12.0	16.9	17.3
Cancer	Cancer mortality	164.5	186	178.4
Physical Activity	Meets recommended level of physical activity	53.5	51.8	51.0
Responsible Sexual Behavior	High risk behavior - Used intravenous drugs; Treated for STD; Exchanged money or drugs for sex; Anal sex without a condom in the past year	2.8	3.7	3.6
Hospitalization	Hospitalization for ambulatory care sensitive conditions per 100,000 Medicare enrollees	75	83	No da
Overweight and Obesity	Overweight	34.5	34.5	36.2
Responsible Sexual Behavior	Chlamydia Rate per 100,000 residents	351.1	354.4*	401.3
Mental Health	Ever been told by MD that you have depressive disorder	13.2	13.5	16.5
Environmental Quality	Recreational facilities per 100,000 population	9.0	10	No data
Overweight and Obesity	Obese/extremely obese	29.4	28.7	27.5
Immunization	Appropriate Immunization for WIC 24 - 36 month olds	53.3	81.9	78.3
Access to Care	Ratio of population to primary care physicians	1590:1	778:1	No data
Infectious Diseases	Tuberculosis rate	6.02	2.90	4.28
Substance Use	Binge drinking	27.6	17.8	15.0
Injury and Violence	Driving while drunk in past 30 days	2.5	No data	1.8
Nutrition	At least 5 servings of fruits and veg a day	14.4	22.5	23.4

Better than IL
Same as IL
Worse than IL

http://www.kanehealth.com/survey.htm

Kane County Health Department

Your Health, Our Commitment

Home | About Us | Contact Us | Links | News & Health Alerts | Services A to Z | Search | Translator

MENU:

- Home
- Office of Community Health Resources
- Division of Disease Prevention
- Division of Health Promotion
- Healthcare Providers Page
- Services A to Z

Quality of Kane

Making Kane County Fit for Kids

we support mental health.

Community Health Assessment

A Webinar was created so that the public can view the results of the 2011 Kane County Community Health Assessment. Below are two options for viewing this information.

Full Webinar (90 minutes)

The full webinar will take approximately 90 minutes to complete due to the large amount of data we would like to present and review with you.

You are able to pause it at any time as well as skip forward and backward.

It has been broken down into 10 sections and slide #3 provides a table of contents, detailing the slide numbers and amount of time each section will take.

CLICK HERE to access the full Health Assessment Webinar

Community Health Assessment Executive Summary (13 minutes)

This Executive Summary provides an overview and high-level detail about the 9 key opportunities for community health improvement we have identified through the community health assessment.

It draws from the longer, more comprehensive 90 minute webinar that provides expanded detail about the data collected and analyzed throughout the assessment process.

CLICK HERE to access the shorter Executive Summary

Note: To view, you will be asked for your **email address**, **name**, and **organization**. If you are a private citizen and not part of an organization or business, please enter the word **none** in the organization box.

Thanks to all who participated in the 2011 Community Health Assessment Survey

Copyright 2011. All rights reserved

Kane County Health Assessment Findings:
Threats to Community Health

Obesity

Chronic Diseases

Infant Mortality

Childhood Lead Poisoning

Communicable Disease

Poor Social & Emotional Wellness

Your Health, Our Commitment
25 years of service
Kane County Health Department

Kane County Context for Health Improvement Priorities

- Significant social and economic changes
- Significant population growth
- Significant changes in population make-up
  - 2nd youngest population in Illinois
  - Yet 45-64 year olds most rapidly growing Kane population segment

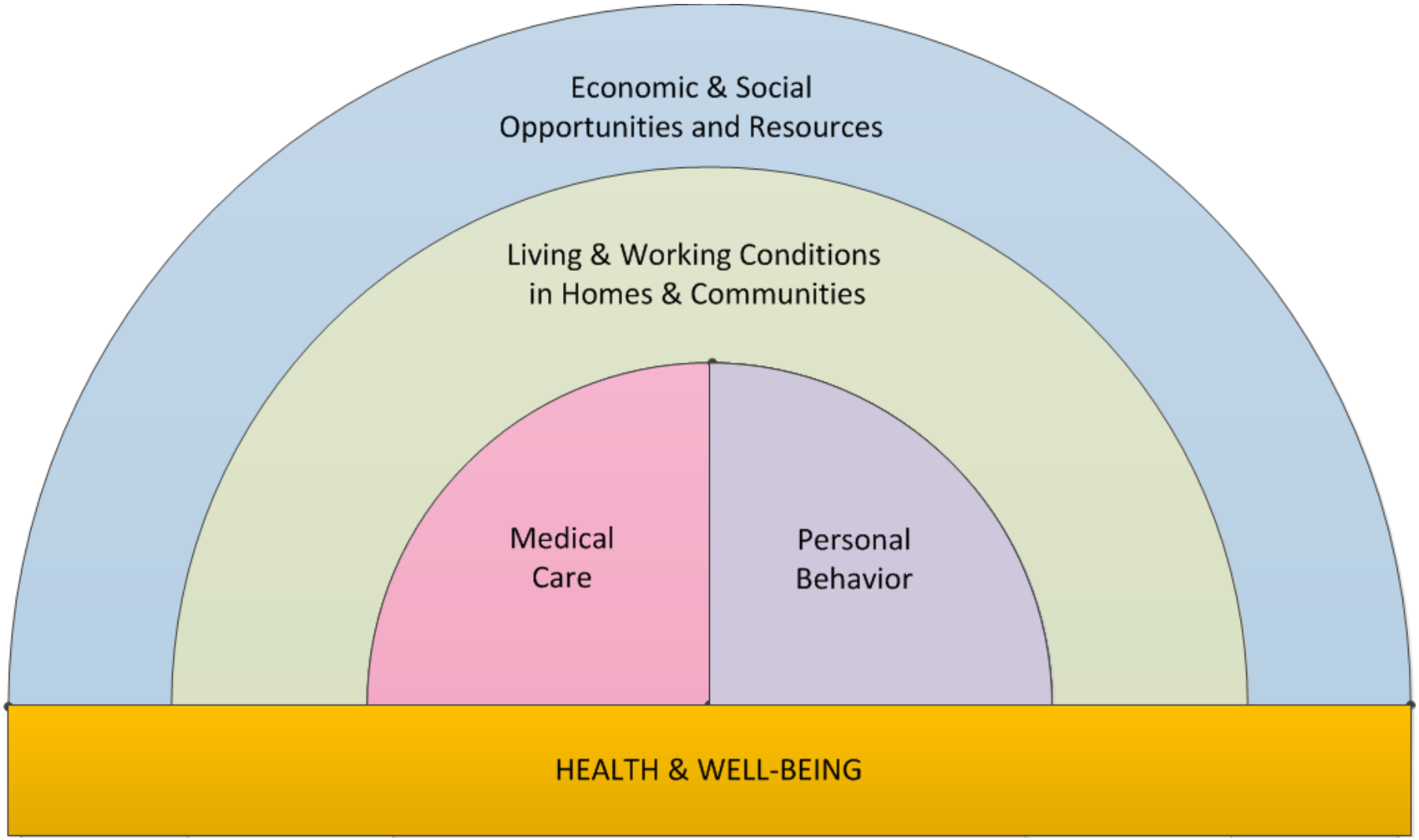
Kane County Health Department

Health Improvement Plan:
Assumptions & Requirements

- Health determined by multiple factors
- Community plan, ***NOT*** a Health Department plan
- Focus across the lifespan
- Recommend evidence-based strategies
- Inter-action between/across strategies
- Measurement and accountability

Your Health, Our Commitment
25 years of service
Kane County Health Department

Determinants of Health



Recommended Community Health Improvement Priorities

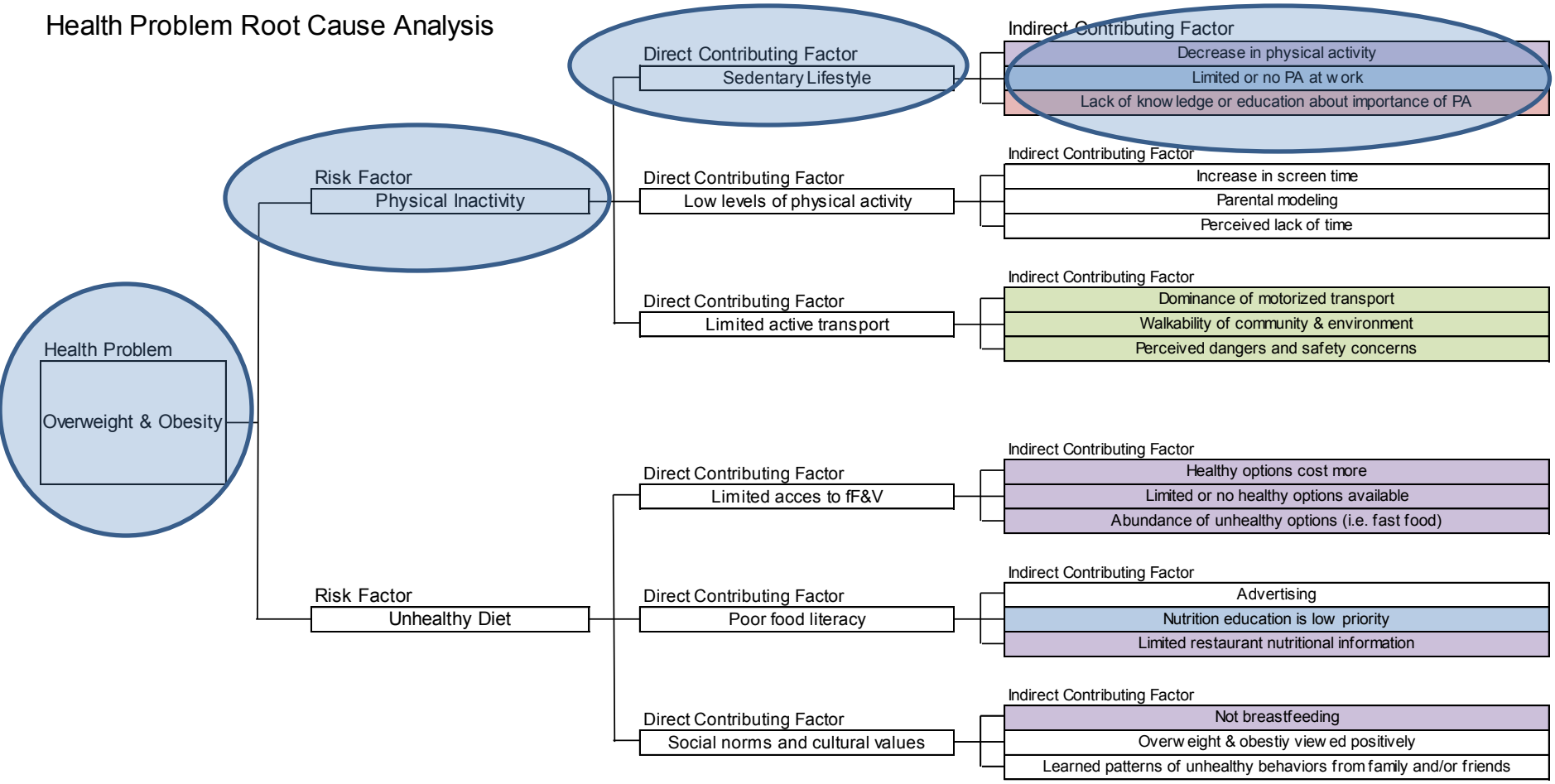
Priority 1	Priority 2	Priority 3	Priority 4
Support Health Behaviors that Promote Well-Being and Prevent Disease	Increase Access to High Quality, Holistic Preventive and Treatment Services Across the Health Care System	Support & Create Health Promoting Neighborhoods, Towns & Cities	Promote Social, Economic and Educational environments that optimize health

Threats to Community Health	**Priority 1** **Support Health Behaviors that Promote Well-Being and Prevent Disease**	**Priority 2** **Increase Access to High Quality, Holistic Preventive and Treatment Services Across the Health Care System**	**Priority 3** **Support & Create Health Promoting Neighborhoods, Towns & Cities**	**Priority 4** **Promote Social, Economic and Educational environments that optimize health**
Obesity	x	x	x	x
Chronic Diseases	x	x	x	x
Infant Mortality	x	x	x	x
Childhood Lead Poisoning	x	x	x	x
Communicable Disease	x	x	x	x
Poor Social & Emotional Wellness	x	x	x	x

2 out of 3

Kane County Adults are overweight or obese

Health Problem Root Cause Analysis



Example: Strategies to reduce obesity

Increase access to, and consumption, of fresh fruits and vegetables.

Increase the proportion of residents of all ages that have regular, ongoing sources of medical and dental care.

Assure access to safe playgrounds, parks, trails and open space

Increase the proportion of children who have high-quality early developmental support, especially in child care and education.

How will we know if we are making progress?

Strategy	Measure	Data Source	Evidence
Increase access to, and consumption, of fresh fruits and vegetables.	Percentage of Kane County adults who report eating at least five servings of fruits and vegetables per day. 2011 Baseline: 14.4% of adults 25.5% of children 2016 Goal: • 30% for adults (100% improvement) • 40% for children. (60% improvement)	Kane County Community Health Survey or Illinois BRFSS	Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods. (HP2020)

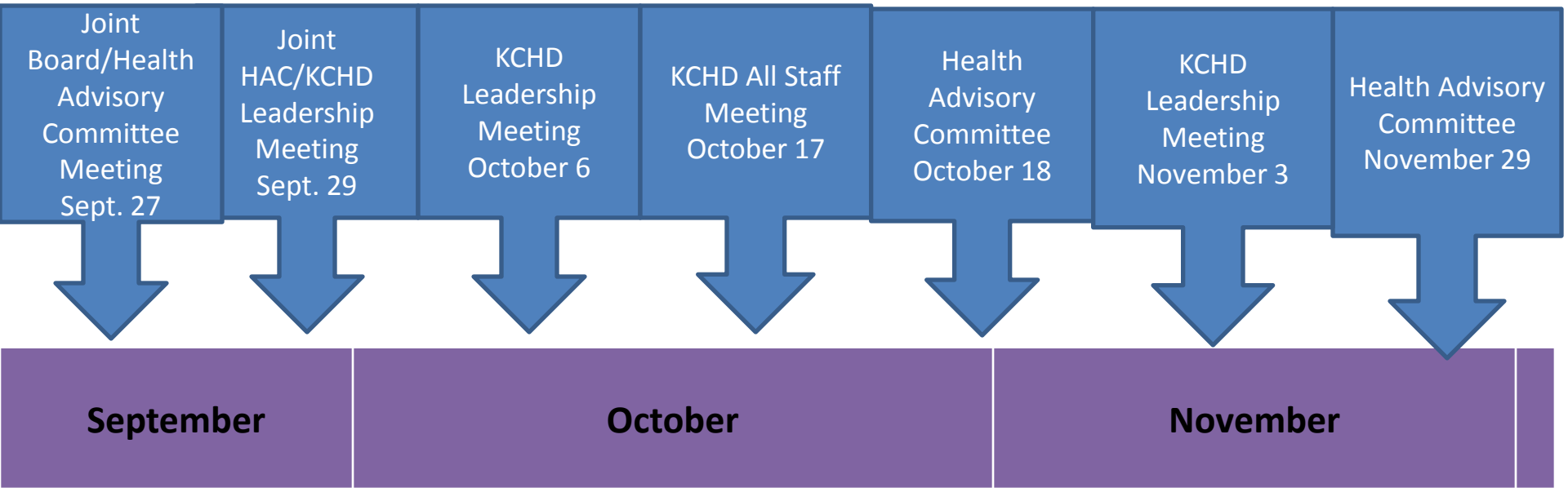
Next steps:

- Questions and comments today
- Complete draft report by January 31, 2012
- Public comment February, 2012
- Adoption: March, 2012

Your Health, Our Commitment
25 years of service
Kane County Health Department

2011 Kane County Health Department: *Strategic Planning Update*

KCHD Strategic Planning Activities



Objectives:

- Review/revise mission statement
- Assess external and internal environments
- Review/update strategies

Revised Mission Statement

In active partnership with our community, the Kane County Health Department improves the quality of life and well-being of all residents by developing and implementing local policies, systems, and services that protect and promote health and prevent disease, injury and disability.

Key External Drivers

1. Funding and the broader impact of the economy.
2. Changing demographics and diversity.
3. Epidemic of obesity and chronic disease.
4. Integration with land use and transportation planning.
5. Health care reform.
6. Information technology.

Process re: Key Drivers

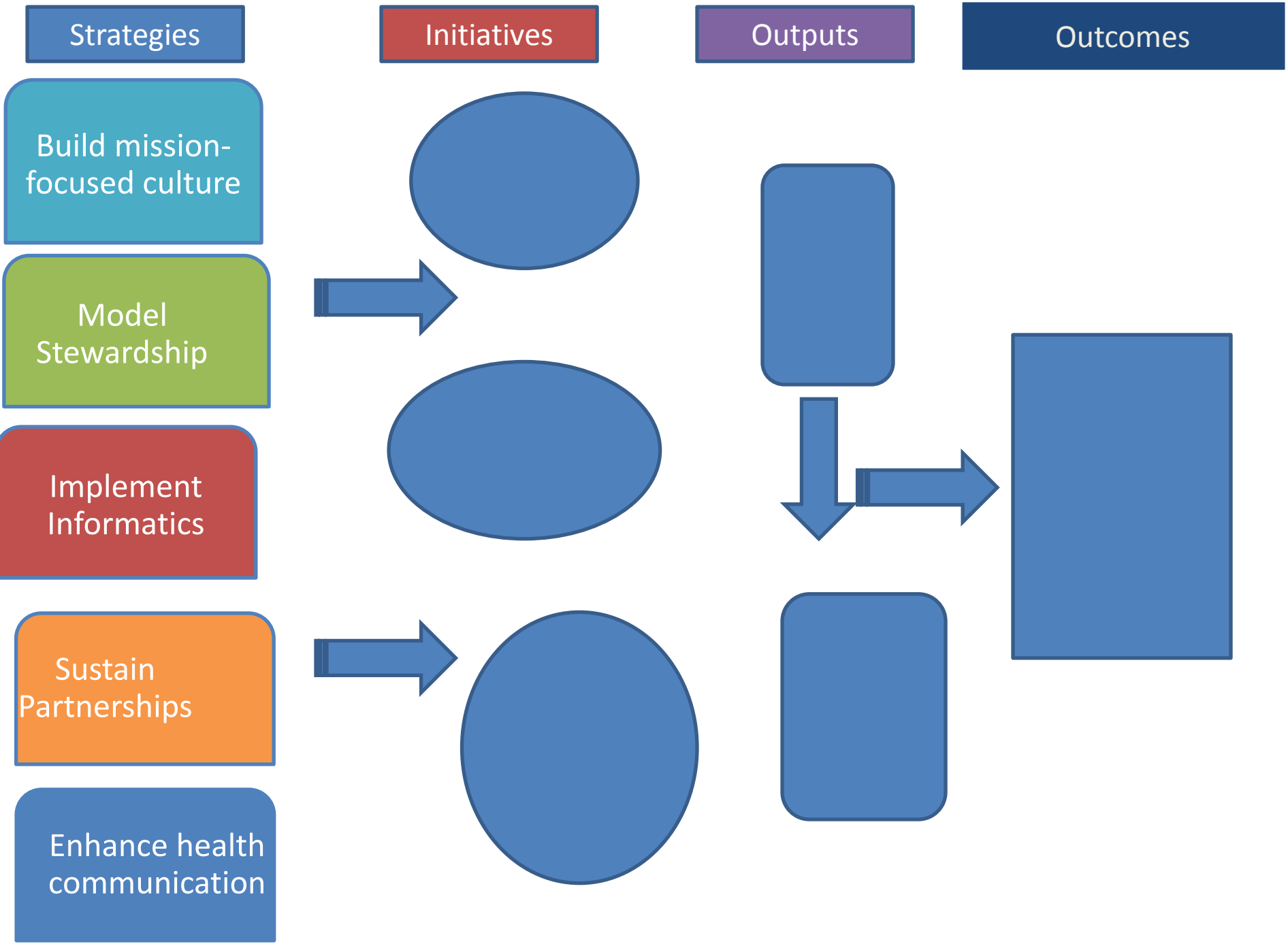
HAC and Leadership groups applied following to each of the 6 Key Drivers:

- Five ‘whys’ (root cause analysis)
- “What” analysis (strategic implications)
- Assets and barriers analysis
- Identification of cross cutting focus areas for potential strategic initiatives

Build mission-focused culture	Build a sustainable organizational culture that is based on our core values and focused on achieving our mission.
Model Stewardship	Model responsible stewardship of public resources by providing efficient, high quality and high impact population health services.
Implement Informatics	Fully meet or exceed national public health informatics standards in order to assure timely, efficient and effective communications.
Sustain Partnerships	Sustain focused, effective partnerships to address identified community health priorities and get results that improve population health.
Enhance health communication	Enhance provision of health information to our diverse community that is: tailored, reliable, real-time and actionable.

Sample Implementation Plan

Strategy	Initiative & Owner	Output & Date	Outcome
Implement Informatics	Make key community health data easily accessible: OCHR	By 6/30/12 Kanehealth.com has community health data repository	Actionable health information for individuals, partnerships and groups


Strategies
Initiatives
Outputs
Outcomes
Build mission-focused culture
Model Stewardship
Implement Informatics
Sustain Partnerships
Enhance health communication

Next steps:

- Questions and comments today
- Complete draft report by January 31, 2012
- Adoption: March, 2012

Your Health, Our Commitment
25 years of service
Kane County Health Department

Appendix F

PowerPoint Presentation to the Kane County Board of Health/Kane County Board Committee of the Whole
March 27, 2012

2012-2016 Community Health Assessment & Improvement Plan

Dr. David Stone

Kane County Health Advisory Committee

2011 Community Health Assessment & Improvement Planning

Why?

- Efficient resource use: 9 Kane County agency partnership
- KCHD reorganization>>>capacity
- Alignment around health needs & priorities

What?

- Comprehensive two-part report
  - Assessment
  - Improvement Plan
- 9 customized reports
- Health integrated in Kane 2040 Plan
- Web-based data and source reports

CADENCE HEALTH

PROVENA Mercy Medical Center

PROVENA Saint Joseph Hospital

Rush-Copley Medical Center

United Way Fox Valley United Way

United Way United Way of Elgin

Your Health, Our Commitment
Kane County Health Department

ShermanHealth
Every life, every moment, every day

Planning & Funding 708 Board

Mental Health and Mental Retardation Services, Inc.

Why assessment and planning?

- Identify community health needs and problems
- Identify community assets and resources
- Prioritize limited resources

Your Health, Our Commitment
25 years of service
Kane County Health Department

Assessment collected & analyzed many aspects of life in Kane County

- 2010 US Census
- Illinois Department of Public Health
  - Birth, death, disease, hospitalization statistics
  - Surveys
- Kane County Offices & Departments
  - Development and Community Services
  - Transportation
  - Health
  - Community Reinvestment
- Resident telephone survey
- Resident focus groups
- Resident online survey
- Community meetings

Your Health, Our Commitment
25 years of service
Kane County Health Department

Kane County Health Assessment Findings:

Top Threats to Community Health in Kane County

Obesity

Childhood Lead Poisoning

Chronic Diseases

Infant Mortality

Communicable Disease

Poor Social & Emotional Wellness

Kane County Context for Health Improvement Priorities

- Significant social and economic changes
- Significant population growth
- Significant changes in population make-up
  - 2nd youngest population in Chicago area
  - 45-64 year olds most rapidly growing Kane population segment

Your Health, Our Commitment

25 years of service

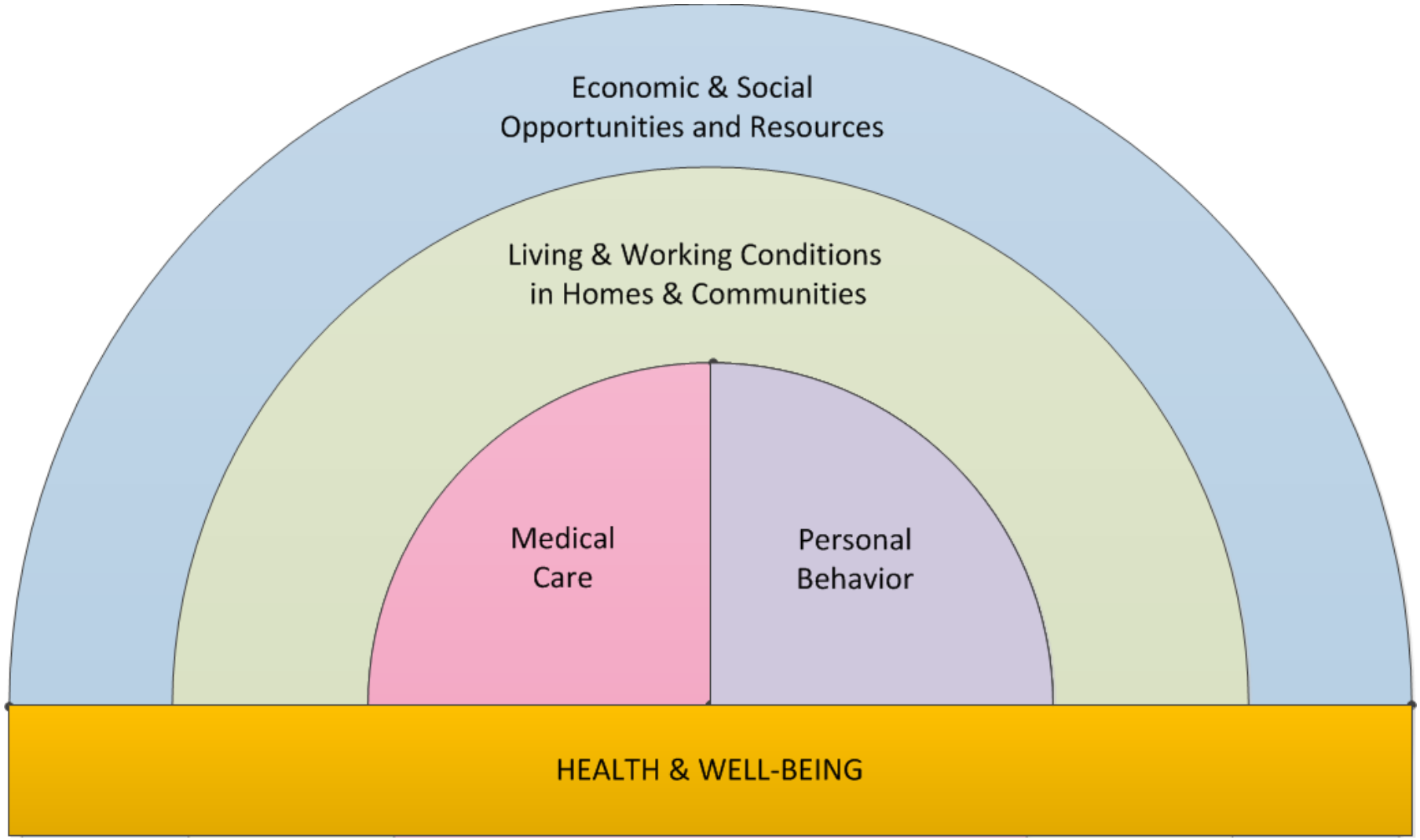
Kane County Health Department

Health Improvement Plan:
Assumptions & Requirements

- Health determined by multiple factors
- Community plan, ***NOT*** a Health Department plan
- Focus across the lifespan
- Recommend evidence-based strategies
- Inter-action between/across strategies
- Measurement and accountability

Your Health, Our Commitment
25 years of service
Kane County Health Department

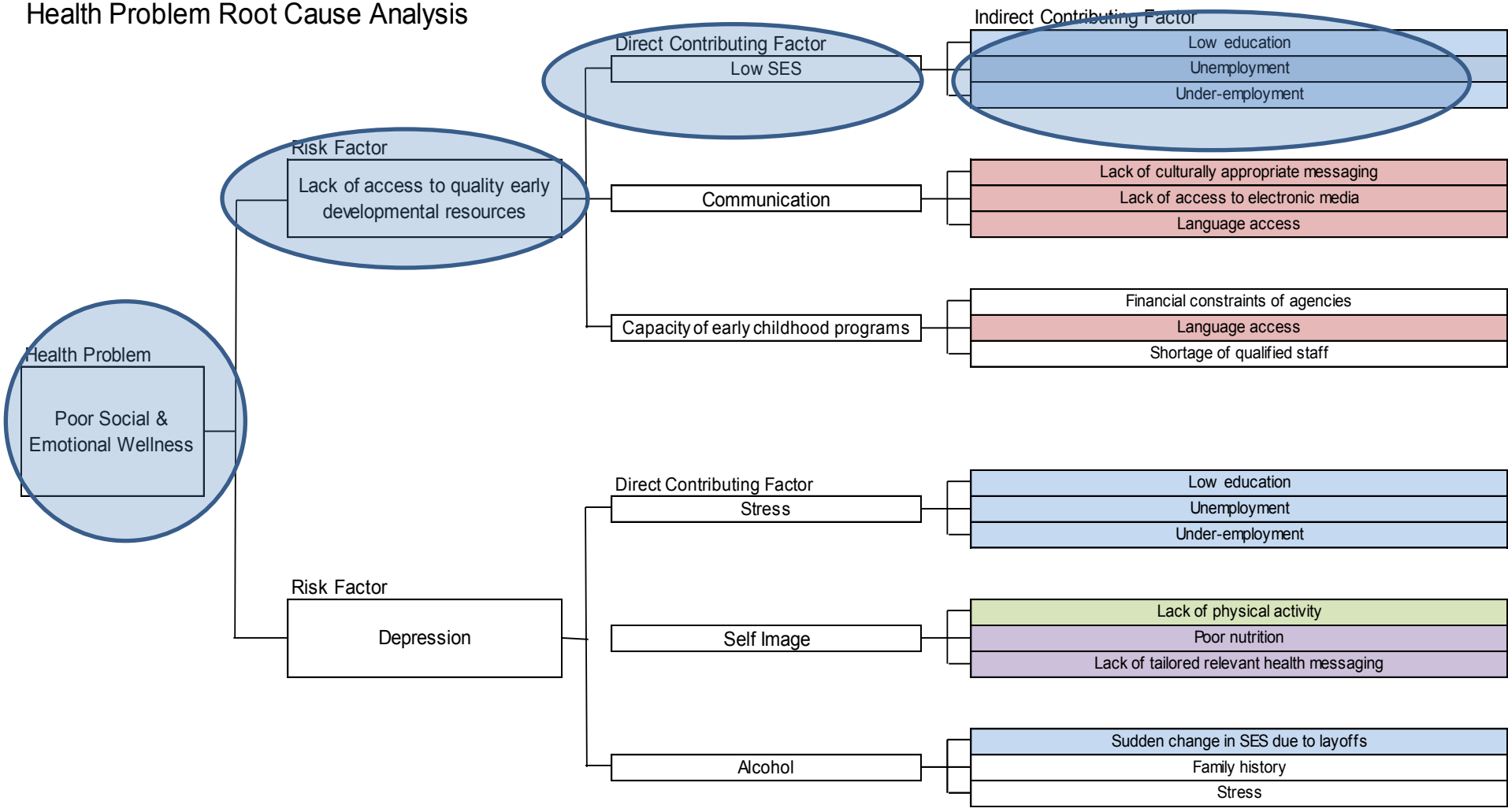
These factors determine our health:



Threats to Community Health	**Priority 1** **Support Health Behaviors that Promote Well-Being and Prevent Disease**	**Priority 2** **Increase Access to High Quality, Holistic Preventive and Treatment Services Across the Health Care System**	**Priority 3** **Support & Create Health Promoting Neighborhoods, Towns & Cities**	**Priority 4** **Promote Social, Economic and Educational environments that optimize health**
Obesity	x	x	x	x
Chronic Diseases	x	x	x	x
Infant Mortality	x	x	x	x
Childhood Lead Poisoning	x	x	x	x
Communicable Disease	x	x	x	x
Poor Social & Emotional Wellness	x	x	x	x

13% of Kane adults reported being told by an MD they have a depressive disorder

Health Problem Root Cause Analysis



Example:
Strategies to improve social & emotional wellness

Create environments that prevent excessive consumption of alcohol.

Enhance systems to support the prevention, early identification and evidence-based treatment of mental health conditions.

Assure access to safe playgrounds, parks, trails and open space.

Increase the job skills and readiness of Kane County residents that are unemployed.

How will we know if we are making progress?

Strategy	Measure	Data Source	Evidence
Enhance systems to support the prevention, early identification and evidence-based treatment of mental health conditions.	Measure: Percentage of Adults Reporting their mental health was not good on 14 or more days during the last 30 days. 2011 Baseline: 9.2% 2016 Goal: 7.4% (20% improvement)	Kane County Community Health Survey or Illinois BRFSS	Levels of stress and mental distress are predictive of medical diseases and health services utilization, and data based on the Healthy Days questions allow examination of the reciprocal influences of body and mind.

Next steps:

- Complete draft report online now
- Recommend adoption by Kane County Board of Health: April, 2012
- Questions ?

Your Health, Our Commitment

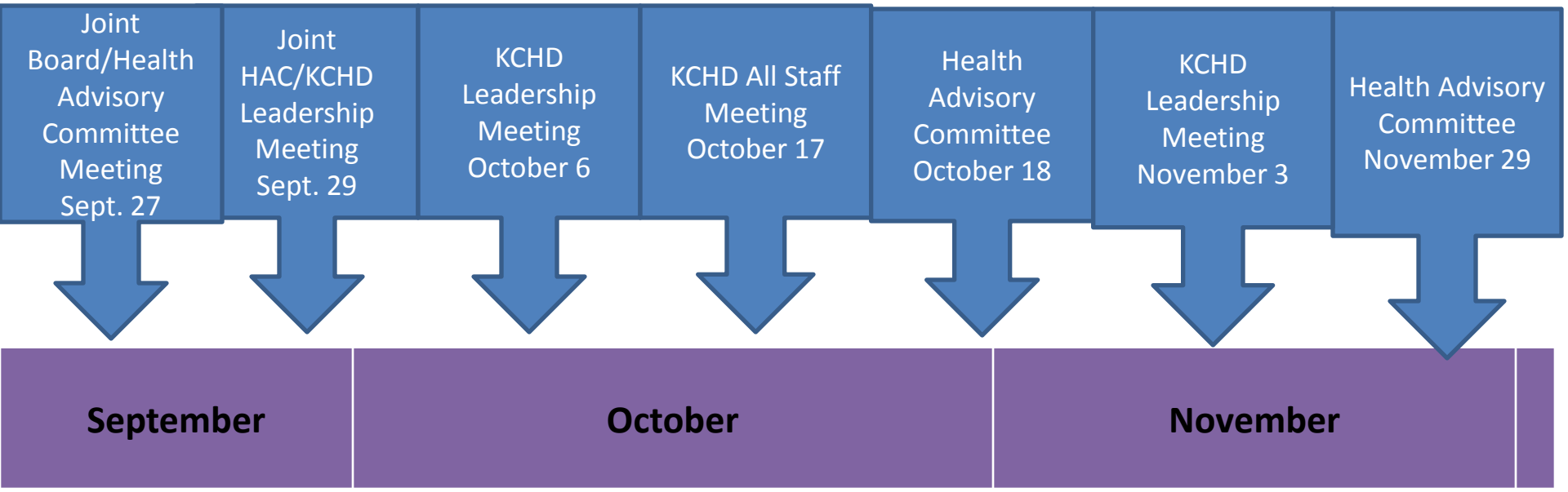
Kane County Health Department

2012-15 Kane County Health Department: *Strategic Plan*

Dr. Carmella Moran
Kane County Health Advisory Committee

Mission
Why we exist
Values
What's important to us
Vision
What we want to be
Strategy
Our game plan
Targets and Initiatives
What we need to do
Strategic Outcomes
Initial, Intermediate & Long Term Goals

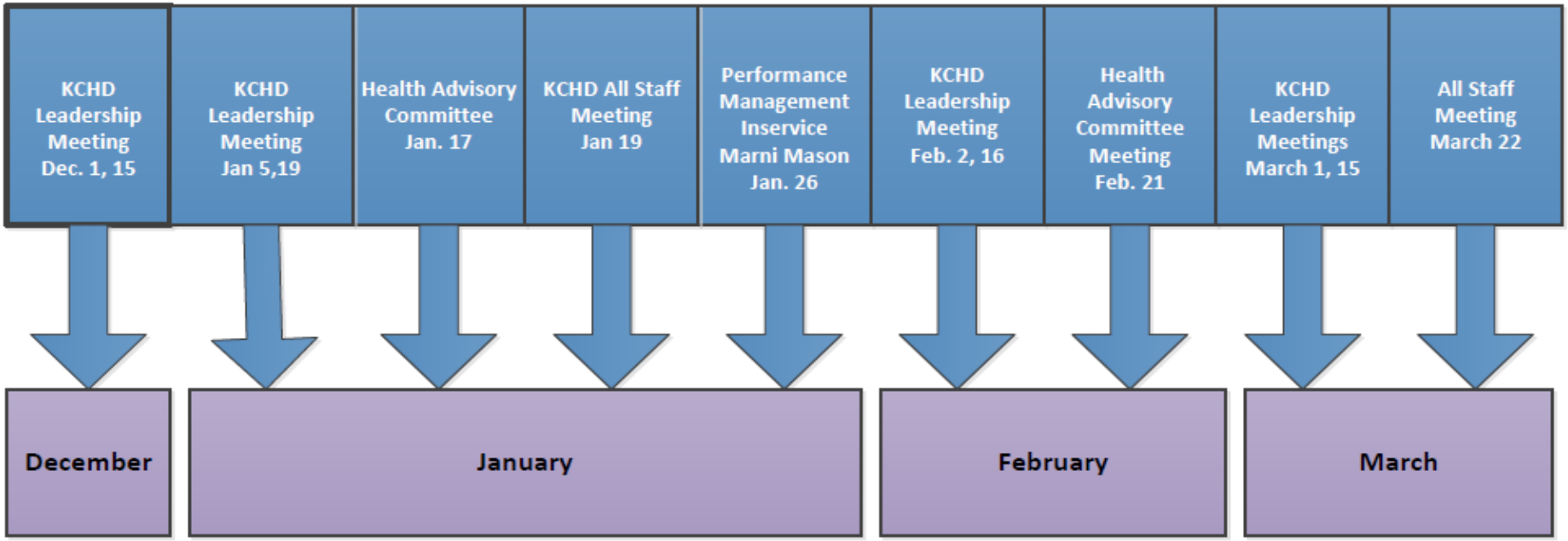
KCHD Strategic Planning Activities



Objectives:

- Review/revise mission statement
- Assess external and internal environments
- Review/update strategies

KCHD Strategic Planning Activities 2012



Objectives:

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Revised Mission Statement

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Key External Drivers

1. Funding and the broader impact of the economy.
2. Changing demographics and diversity.
3. Epidemic of obesity and chronic disease.
4. Integration with land use and transportation planning.
5. Health care reform.
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Process re: Key Drivers

HAC and Leadership groups applied following to each of the 6 Key Drivers:

- Five ‘whys’ (root cause analysis)
- “What” analysis (strategic implications)
- Assets and barriers analysis
- Identification of cross cutting focus areas for potential strategic initiatives

Build mission-focused culture	Build a sustainable organizational culture that is based on our core values and focused on achieving our mission.
Model Stewardship	Model responsible stewardship of public resources by providing efficient, high quality and high impact population health services.
Implement Informatics	Fully meet or exceed national public health informatics standards in order to assure timely, efficient and effective communications.
Sustain Partnerships	Sustain focused, effective partnerships to address identified community health priorities and get results that improve population health.
Enhance health communication	Enhance provision of health information to our diverse community that is: tailored, reliable, real-time and actionable.

Sustain Partnerships

Team Owner:	**Team Members:** Jackie Forbes, Diane Ferriss, Michelle Turner, Vic Mead, Jennifer Fearday
Michael Isaacson	**Estimated time commitment (of team members) required** Two hours every other month for first six months; then every quarter

Task or Mission (a paragraph describing what the initiative is all about):

Sustain focused, effective partnerships to address identified community health priorities and get results that improve population health.

Description of 12/31/2015 Outcome (must be SMART):

By 12/31/2015, key KCHD-led partnerships demonstrate policy and system changes addressing CHIP priorities and strategies that are precursors to improvements in population health outcomes.

Measures of success:

- KCHD key community partners are mutually identified and written agreements are made with them to collaborate on identified CHIP strategies
- 100% of KCHD staff with lead responsibility as liaison/staffing support to key community partnerships attain and maintain proficiency in competencies related to convening and building community and professional coalitions as identified in KCHD position descriptions
- 90% of participants in key community partnerships rate collaborative meetings led by the KCHD as "effective" or "very effective" [baseline from IPHI project]
- Policy, environmental and systems changes achieved through key partnerships are communicated effectively to all stakeholders

Stakeholders: (Internal and External; * = key stakeholders)

County Board
Health Advisory Committee
*Kane County Departments/Offices, especially: Development and Community Services, Transportation, Community Reinvestment, Emergency Management and Human Resources, Forest Preserve District, Sheriff's Office
*Key community partners including: Kane—based hospitals, FQHCs, migrant health and free clinics serving Kane residents, Kane-based United Ways, Kane School Districts, the INC Board, Municipal Public Safety/Emergency Management
*Key Community Coalitions
Other community partners (municipalities, social service organizations, universities and colleges, schools, faith communities, business groups, etc)

Community Health Improvement Plan Connections:

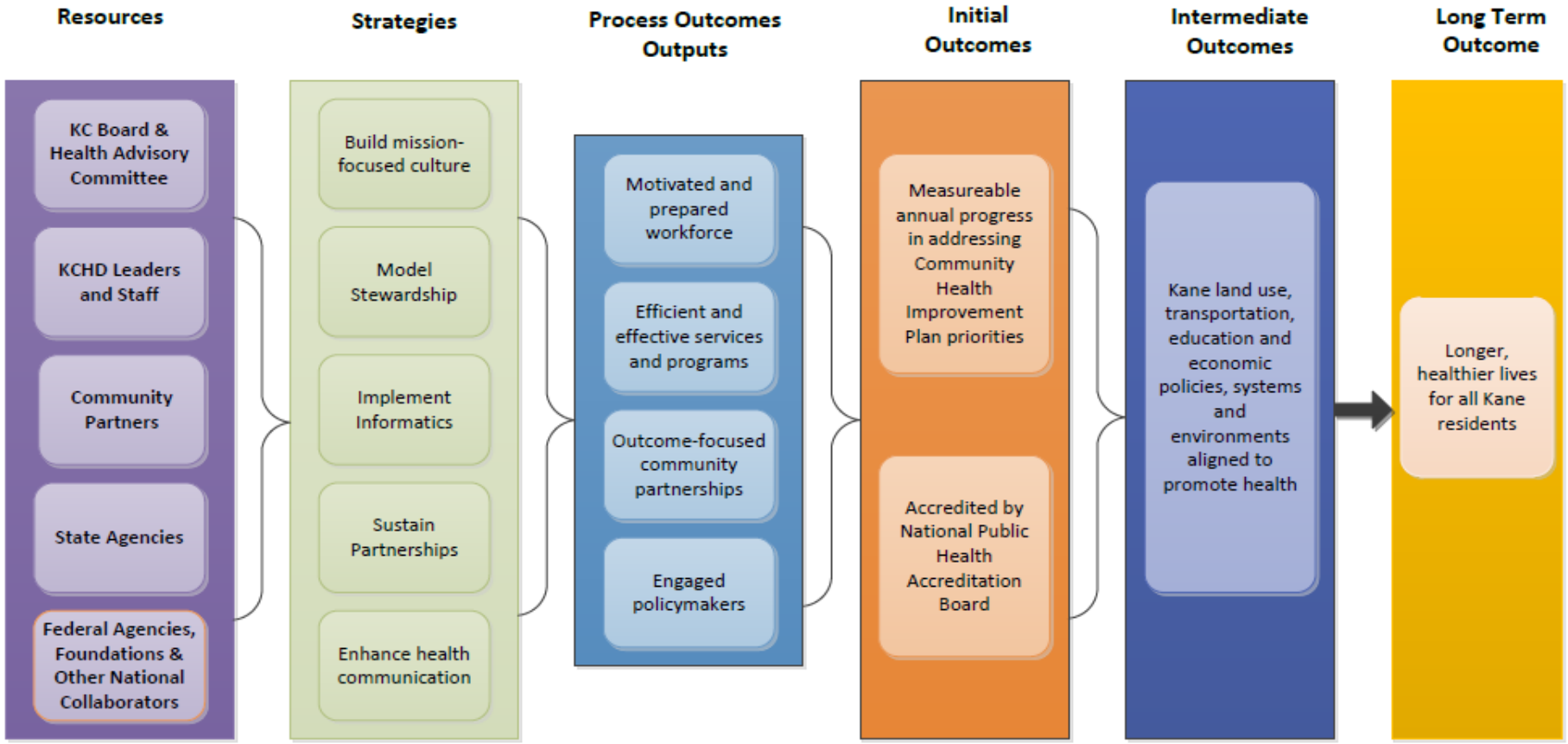
Partnerships are the principle strategy for achieving CHIP improvements. The CHIP implementation plan will identify the key partners and coalitions led and supported by the KCHD to address each strategy.

Boundaries (i.e. financial, decision making power for KCHD divisions & sections):

The Partnership Initiative Committee will assess and monitor KCHD's progress in application of the partnership strategy to CHIP priorities and strategies. It will make recommendations to the KCHD Executive Director and Leadership for resources, continuing education and training to assure successful implementation of the initiative.

Linkages (to one or more other strategic initiative within the KCHD):

Kane County Health Department Strategy Map



Agency Vision, Mission and Values

Our Vision
...Kane residents are the healthiest people in Illinois

Our Mission
In active partnership with our community, the KCHD improves the quality of life and well-being of all residents by developing and implementing local policies, systems, and services that protect and promote health and prevent disease and injury

Our Values

-Service
-Respect
-Trust
-Quality
-Teamwork

Kane County Health Department
March 2012

Next steps:

- Complete draft strategic plan has been emailed to you
- Recommend adoption by Kane County Board of Health: April, 2012
- Questions ?

Your Health, Our Commitment

Kane County Health Department