

Phase 1

Introduction

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

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



BUILD OUR BEST BOONE

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

Boone County Board of Health

Jim Cox, President	Dan Lendman, DVM
Liz Fiorenza, Vice President	Marshall Newhouse
Barbara Thrun, Treasurer	James Phoenix, MD, Medical Director
Jeff Marrs, Secretary	Pacita Pumilia, DDS
Sherry Branson, County Board Representative	Meredith Williams
Dennis Corcoran, MD	

Timeline

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

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

MAPP Steering Committee

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

Sherry Branson, County Board Representative and member, Boone County Board of Health

Jim Cox, President, Boone County Board of Health

Marilyn Csernus, University of Illinois Extension

June Doty, Boone County Council on Aging

Pamela Lopez Fettes, Growth Dimensions

Melissa Geyman, North Boone CUSD 200

Christopher Greenwood, City of Rockford, Community Action Agency

Judy Hodge, University of Illinois Extension

Rev Muriel Morley Jahn, St. John's UCC

Dan Kane, Boone County Conservation District

Danice Loveridge, Belvidere Boone County Food Pantry

Lee Revels, General Mills

Ben Rohr, R1 Planning

Hilary Rottmann, County Land Use Planner

Joanne Rouse, Boone County Transportation

Rolando Sanchez, Walmart, Belvidere

Veronica Skaradzinski, University of Illinois Extension

Donald Bo Smith, School District 100

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

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

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

Many other individuals served on assessment committees, attended meetings, and helped distribute questionnaires for the Community Health Status Assessment, participated in the Local Public Health Needs Assessments and Forces of Change. It is through the dedication of these individuals that Boone County was able to collect nearly 800 questionnaires, in English and in Spanish, electronically and in print over a six week period at the end of 2017.

The following report describes the processes and findings of each of the six phases of MAPP, how they fulfill the requirements set by the IPLAN, and support the mission of the Boone County Health Department.

Appendix 1-A Staff presentation of MAPP



NACCHO

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

National Coalition of County & City Health Officials

MAPP is Unique

- Not just an assessment process
- Not just a planning process
- Not just an agency process



The Four Assessments

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



MAPP is:

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



MAPP Overview



3 Common Challenges

1. Resource limitations
 - Staff
 - Time
 - Financial
2. Loss of momentum
3. System partners leave implementation to LHO




Visioning

Vision and values statements provide

- focus
- purpose
- direction



Appendix 1-B Tasks from Gantt Chart

Tasks	Actual Start	Hours	Start	End
Organize for Success/Partnership Development			8/1	10/31
Intro to IPLAN Meeting with Committee			8/1	8/15
Determine why MAPP process is needed			8/1	8/15
Identify, organize, recruit participants			9/1	9/13
Design the planning process			10/1	10/15
Assess resource needs			10/1	10/15
Conduct readiness assessment			9/1	9/1
Develop workplan, timeline and other tools			10/1	10/15
Visioning				
Prepare for and design the visioning process			9/1	9/12
hold visioning sessions			9/13	9/13
Four MAPP Assessments				
Community Theme and Strength Assessment			9/13	10/18
Photo Voice			10/1	2/28
Logo competition			10/1	2/28
Dissemination plan			10/1	10/18
Develop/Disseminate/Collect a Community Survey			11/15	12/31
Conduct Interviews with Residents and Key Leaders			1/1	1/31
Compile Results/Identify Challenges and Opportunities			3/2	3/15
Local Public Health Systems Assessment				
Prepare for the LPHSA/Establish Committee			12/1	12/30
Invite list for partners			12/1	12/31
Create powerpoints for LPSA			11/25	12/31
Training and rehearsal for presentations with committee			1/1	1/10
Internal Capacity (BCHD Meetings) – All staff			1/1	1/10
Community Meetings - 6 meetings			1/1	1/31
Meeting 0 – Survey recap – next steps			1/11	1/11
LPHSA 1&2			1/17	1/17
LPHSA 3&4			1/18	1/18
LPHSA 5&6			1/22	1/22
LPHSA 7&9			1/25	1/25
LPHSA 8&10			1/31	1/31
Follow up Priority Survey ranking of 10 essentials			1/17	1/31
Performance measurement instrument analysis			1/31	2/15
Final Report			2/15	2/28
Discuss Results Identify Challenges and Opportunities.			2/1	2/15
Forces of Change Assessment				
Original SWOT/SWOC			9/13	9/13
Prepare for FCA			2/2	2/16
Hold Brainstorming session with committee			2/2	2/21
Session with County Board			2/21	2/21
Session with Board of Health			2/26	2/26
Session with HHS			3/1	3/1
Analyze Threats and Opportunities			3/2	3/14

Appendix 1-C Stakeholder Mega List

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Appendix 1-D MAPP / IPLAN presentation for Steering Committee

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




What is IPLAN

- The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois.
- The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400
- The essential elements of IPLAN are:
 - an organizational capacity assessment;
 - a community health needs assessment; and
 - a community health plan, focusing on a minimum of three priority health problems.



2012 Boone County IPLAN Identified Health Priorities

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



**#1 Identified Priority in 2012
Obesity**


Objectives:

1. Decrease the percentage of Boone County residents who are obese from 34.9% (Boone County Baseline) to the Illinois benchmark of 27.6% by December 2015, as measured by the Illinois Department of Public Health (IDPH) Illinois Behavioral Risk Factor Surveillance Survey (BRFSS).
2. Decrease the percentage of Boone County adults who eat more than 5 servings of fruits and vegetables per day to 21.6% (baseline is 27% for the Boone County population) by December 2012. Based on the national benchmark according to BRFSS, 2007 (assessed through CDC).
3. Decrease the number of Boone County residents who engage in physical activity to 52.6% (baseline is 25.7% for the Boone County population) by December 2015. Based on the Illinois State Data national from CDC.



Obesity in Boone County in 2017


1. While the goal was to decrease obesity in the Boone County community, County Health Rankings show that obesity among adults 18 years and over is actually up to 34% while the Illinois and U.S. average remain at 27%.
2. Another 25% of the adults in Boone County were considered to be overweight. The Illinois and U.S. average is 26%.
3. Decrease the percentage of Boone County adults who eat more than 5 servings of fruits and vegetables per day to 21.6% (baseline is 27% for the Boone County population) by December 2012. Based on the national benchmark according to BRFSS, 2007 (assessed through CDC).
4. Since 2012, WCC has hosted a Farmers Market and Walkers' Fair to encourage our WCC members to try new fruits and vegetables.
5. WCC education has helped hundreds of members learn about nutrition.
6. The number of Boone County residents who get regular exercise is up to 78%, still far from goal.



**#2 Identified Problem in 2012,
Type II Diabetes**

Objectives:

1. Reduce the percentage of Boone County adults, ages 45-64 who report they have been diagnosed with diabetes from 12.4% to 9.4% by the end of December 31, 2015. (Healthy People 2010 Objective)
2. Reduce the percentage of Boone County adolescents, ages 10 years and younger who have been diagnosed with diabetes from 2.6% (baseline is 3.4% based on the CDC prevalence of diabetes in the U.S.) to 1.6% (based on Healthy People 2010 objective of 1.6% improvement among adults), by December 2015.
3. Offer low cost or free blood glucose screening to 1,000 people (estimated 200 persons per year) at the health department and/or other community settings who by July 31, 2015.
4. Increase the number of the offered Chronic Disease Self-Management Program offered to Boone County residents to ten offered programs by December 2015.
5. Reduce the number of Boone County adults who are overweight or obese from 34.1% to below 27.6% based on body mass index, by the end of December 2015.



Type II Diabetes in 2017

1. Reported diabetes among adults in Boone County is 9% which is also the national average.
2. Though we have no Boone County data on children and teens with Type 2 diabetes, the known as adult onset diabetes, rises 4% in the country in this category.
3. The CDC staffs have been trained in the Diabetes Prevention Program and are scheduled to go training in October for the Standard Chronic Disease Self-Management Program.
4. Creating a strong diabetes prevention and screening program remains a goal at CDC.
5. CDC is actively seeking partners for collaboration in a diabetes and chronic disease screening program.



#3 Identified Problem in 2012: Chronic Disease Screening

Objective(s):

1. Increase the number of Boone County women who receive mammogram screenings from 57.4% (baseline for Boone County population) to 74% (national benchmark) by December 2015. Baseline data based on the Clinic Behavioral Risk Factor Surveillance System (BRFS).
2. Increase the number of Boone County men and women, age 20 and older, who receive colorectal cancer screening exams from 55.9% (baseline for Boone County population) to 65% by December 2015. Baseline data based on the Clinic Behavioral Risk Factor Surveillance System (BRFS).
3. Increase the number of adults having their blood glucose screened from 54% (baseline for Boone County population) to the Clinic state benchmark of 65% by December 2015. Baseline data based on the Clinic Behavioral Risk Factor Surveillance System (BRFS) and Clinic state benchmarks based on County Health Rankings.



#3 Identified Problem in 2012: Chronic Disease Screening

Objective(s):

1. Provide low cost or free blood glucose screenings to 100 persons per year at the health department and other community screening sites by July 2017.
2. Increase the number of Standard Chronic Disease Self-Management Programs offered to Boone County residents to ten offered programs by December 2015.
3. Promote the importance of colorectal cancer screening in both early detection and prevention of colorectal cancer within the community by December 2015.
4. Increase community awareness of the importance of glucose screenings for detecting elevated blood glucose levels by December 2015.
5. Provide access to information to the community of resources available for screening affordable screenings by December 2015.



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

1. 92% of all women in Boone County reported having had a mammogram through their primary care provider. Based on the Clinic Behavioral Risk Factor Surveillance System (BRFS).
2. Number of colorectal screenings increased to 70% - considerably higher than our target. Baseline data based on the Clinic Behavioral Risk Factor Surveillance System (BRFS).
3. One of our nurses has just completed FIT - Fecal Immunochemical Testing - which is a preliminary low cost and noninvasive colorectal screening tool for colon cancer.
4. Increase the number of adults having their blood glucose screened from 54% (baseline for Boone County population) to the Clinic state benchmark of 65% by December 2015. Staff has begun but true CDC staffs have been trained in the Diabetes Prevention Program and Standard Chronic Disease Self-Management Program. With the help of our staff trainings partners, there will likely be a reality in the next 2 years, perhaps before the end of this year.
5. CDC partnered with DPH for the Let's Live Longer! Screen Program and has provided monthly blood pressure screenings to individuals at the Salvation Army Depot in Lebanon since March, 2017.



#4 Identified Concern in 2012 was Access to Care

Objective(s):

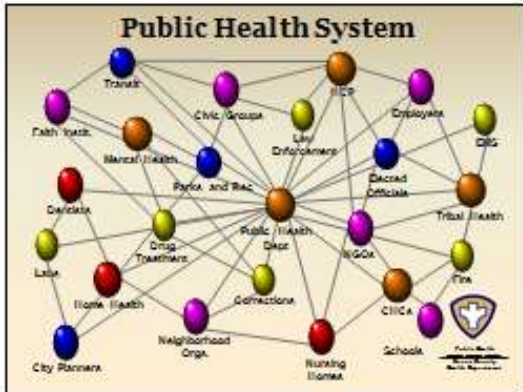
1. To reduce the number of adults in Boone County who avoided the doctor due to cost from 17.2% to 9% (2009-2010 Clinic Department of Public Health Behavioral Risk Factor Surveillance System, BRFS BRFS) by the end of December 2015.
2. To implement and streamline the 2-1-1, 24 hour service line, to Boone County residents in order to access healthcare and human services information (as measured by client service using 2-1-1) by the end of December 2015.
3. Create a Boone County Directory of services for residents by July 2017.
4. Educate the importance of having a physician and the options for both insurance policies and non-insurance policies based at the health department by July 2015.
5. Provide marketing materials as to where a resident in Boone County may obtain services by July 2015.
6. Increase the number of people in Boone County who receive appropriate colorectal cancer screening exams through the 2-1-1 hotline by December 2015.



Access to Care in Boone County in 2017


1. 2-1-1 still not a reality. Meetings have been held with United Way of Boone County and the work toward getting 2-1-1 is still being considered.
2. Provide marketing materials as to where a resident in Boone County may obtain services is becoming a reality and is currently in process.
3. Through our partnership with the team creating Boone County's Comprehensive Plan, we are working with the Council on Aging to increase access to the bus system for all of Boone so transportation is not a factor in needed or missed health appointments.





How does MAPP fit in?

- MAPP (Mobilizing for Action through Planning and Partnerships) like IPLAN is:
 - A community-wide strategic planning process for improving public health and
 - A method to help communities prioritize public health issues, identify resources for addressing them, and collaborate.
- Unlike IPLAN, MAPP includes a total of four assessments to ensure that community health improvement plans address the strengths, weaknesses, challenges and opportunities that exist in the community. MAPP looks not only at what is in place but how the system is functioning. MAPP demonstrates how it can improve to better address the community's public health priorities.




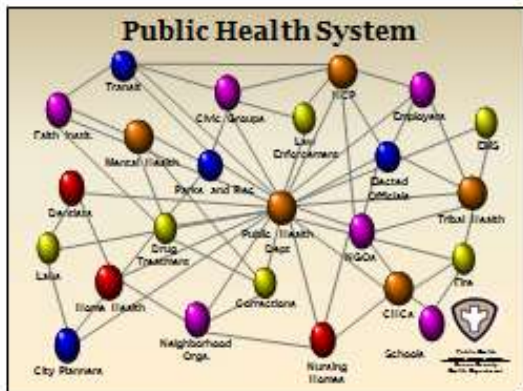
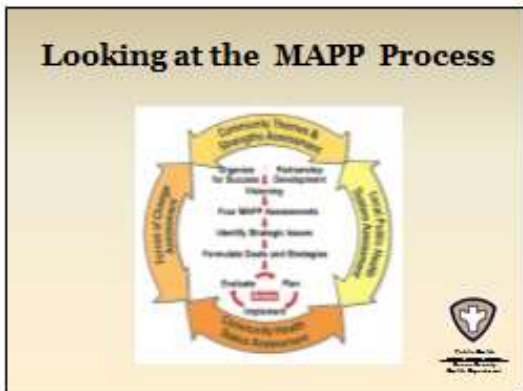
What are the benefits of MAPP

- Increase visibility of public health.
- Creates advocates for public health.
- Creates a healthy community and better quality of life.
- Anticipate and manage change.
- Creates a stronger public health infrastructure.
- Builds stronger partnerships.
- Builds public health leadership.




MAPP is community driven

- MAPP is a long-term, system-wide paradigm shift in public health practice.
- MAPP provides a framework, guidance, structure, and best practices for developing healthy communities.
- MAPP is a shift in how we think about public health activities and planning with our communities.
- MAPP is about strategic planning with an emphasis on assets and resources.
- MAPP is based on the broadest possible definition of health beyond not being sick.
- MAPP focuses on the entire community being part of the public health system.

Who is Missing from this table?



Charter and Commitment Letter



Mission and Vision of MAPP

• **Mission – Why do we exist**

- The National Association of County and City Health Officials (NACCHO)'s mission for MAPP: to support the efforts that protect and improve the health of all people and all communities by promoting local policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems.

• **Vision – Where should we be headed.**

- NACCHO's vision for MAPP: Health, equity, and security for all people in their communities through public health policies and services.



Looking at each of the four MAPP Assessments



Community Health Status Assessment

• Data heavy from sources such as US census, BRFSS, CDC, America's Health Rankings, as well as local data sources.

• It examines population and population trends, ethnicity/race, income, employment, housing and housing costs, poverty, education, recreation, obesity, cancer rates as well as causes of death, disease prevalence, health behaviors, healthcare, access to care, transportation, drug and alcohol use, crime rates, motor vehicle accident rates and health priorities.

• In most cases, data is given compared to other counties, compared to state averages and perhaps even US medians.



What Themes and Strengths do we see in Boone County

- Community Themes and Strengths Assessment provides a deep understanding of the issues residents feel are important by answering the questions below.

"What is important to our community?"

"How is quality of life perceived in our community?" and

"What assets do we have that can be used to improve community health?"



Local Public Health System Assessment (LPHSA)

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



What are the Ten Essential Services?

Public health systems should

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.



The Forces of Change

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

- This answers the questions:

"What is occurring or might occur that affects the health of our community or the local public health system?" and

"What specific threats or opportunities are generated by these occurrences?"



Forces of Change (continued)

- Local, regional, national, and global concerns should be considered but focus should be on specific issues that affect the local public health system as well as the health and quality of life of the community.
- Promotes thinking about the "big picture."
- State and federal legislation, rapid technological advances, changes in the organization of health care services, shifts in economic and employment forces, and changing family structures and gender roles are all examples of Forces of Change.
- Forces of change can be trends or patterns, or one-time events.



Timeline – Phase 1

- Community Health Status Assessment (CHSA)
 - DATA driven and drafted
- Strengths and Themes - Community wide Survey that will have an electronic component, focus groups, paper surveys as needed.
 - Goal for survey to go live is 10-1-2017.
 - We want 3,000 surveys completed.
 - Surveys will inform the Strengths and themes, will complete the CHSA, and will complement the final two assessments as well.



Timeline – Phase 2

- Local Public Health System Assessment (LPHSA)
 - Workshop setting like this
 - Tentatively scheduled for November 1
- Forces of Change
 - Community Driven.
 - Tentatively scheduled November 1, 2017
 - Get into the schools,
 - Focus groups,
 - Possibly another electronic survey, etc...



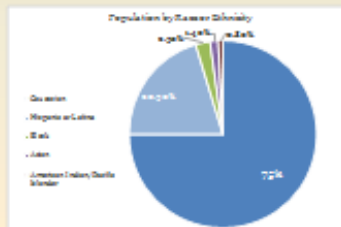
Community Health Status Assessment

- Handouts provide a snapshot
- Data to be presented
- Drafted
- Kudos to Boone County Planning Department and R1 Regional Planning Council



Population

In Boone County today,
1 in 6 adults (16.7%) and
1 in 3 kids (30.5%) are Latino



Cancer in 2017

- Cancer death in Boone is below the national average at 169 per 100,000 vs. 185 per 100,000 nationally.
- Although Boone County shows lower than US median in cancer deaths, Boone also has a higher rate than US median of cancer incidence.
 - Boone and Watauga Counties: Lung and Bronchus Cancer rates in female (74.0 and 62.0 per 100,000 respectively, compared to 28.0 per 100,000 statewide)
 - Boone County Stomach Cancer rates in male (42.0 per 100,000 compared to 24.0 per 100,000 statewide)
 - Boone County Skin Melanoma Cancer rates in female (12.0 per 100,000 compared to 9.0 statewide)
 - Boone County Leukemia rates in male (24.0 per 100,000 compared to 27.4 statewide)
 - Boone County Ovarian Cancer rates (19.0 per 100,000 compared to 11.0 statewide)



Substance Abuse in 2017

There were 48 motor vehicle accidents involving a driver who was alcohol impaired in 2016, resulting in injuries but no fatalities. Most DUI arrests over the past ten years have posted a BAC of .15 to .16.



Thirty people died in Boone County between 2010 and 2016 from drug overdoses.



Healthcare

- In 2014, 87.7% of Boone County was covered by some type of health insurance and 80% had a primary care provider.
- Sixty percent had received an annual checkup and only 7.9% had been unable to see a doctor or provider due to cost.
- The 7.9% who were unable to see a doctor due to cost represent over 4,000 people, half of whom are between the ages of 45 and 64, 2/3 of them women, and almost all white not Hispanic nor Latino.
- More than half were employed while 20% were retired or disabled.



Behaviors and conditions leading to death of adults

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



Where and How do we start?

Draft of Questionnaire to be shared with Committee

What questions need to be asked?

How do we reach the community?

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

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Appendix 1-E Steering Committee Charter



Public Health
Protect. Promote. Prevent.

Boone County Health Department

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Main Office 815.544.2951 Clinic 815.544.9730 Fax 815.544.2050
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The mission of the Boone County Health Department is to protect and promote health in Boone County.

Community Health Improvement Process Steering Committee Charter 2017-2018

OVERVIEW

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

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

¹ These products are two of three pre-requisites for national voluntary public health department accreditation, for which BCHD intends to apply. Public health department voluntary accreditation will demonstrate that BCHD meets national quality and performance standards for public health practice.

assessment and community input.) The plan also includes how the priority issues will be addressed to improve the health of the community.

SCOPE OF WORK

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

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

ROLES AND RESPONSIBILITIES

Boone County Public Health Department, Project Lead

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

Boone County Planning Department and RMAP

- Major project partner
- Participates in steering committee
- Provides other technical assistance as needed

- Participates in grant conference calls and webinars when available

Community Health Improvement Steering Committee

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

Task Forces

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

PRELIMINARY SCHEDULE

July-August 2017	Health department staff attend required trainings and create project plan
August 2018	Establishment of steering committee
September 2017	First meeting of steering committee, conduct visioning process
November 2011	
December 2017- March 2018	Conduct additional community health assessment activities
April-May 2018	Complete and distribute community health profile
June-September 2018	Conduct community health improvement planning activities
October-November 2018	Complete and distribute community health improvement plan
December 2018	Complete final project report and present results to BCHD, the Boone County Board of Health and the county board