East Side Health District IPLAN

2022 - 2027

Acknowledgements

East Side Health District is an integral part of the community and continues to promote, protect, and serve its citizens. It is with great pleasure that the staff of East Side Health District and the IPLAN Team extend a sincere "THANK YOU" to the community, various organizations, agencies, and individuals who have provided their assistance, time, knowledge, and resources to the East Side Health District 2022-2027 IPLAN. It is our hope that the 2022-2027 IPLAN will assist to improve the health and well-being of all the citizens within the jurisdiction.

East Side Health District

- Administrative Team -

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- IPLAN Team -

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- Community Partners -

University of Illinois Extension Program	Age Smart
Make Health Happen Coalition	SIHF-Healthy Start Program
United Way of Greater St. Louis	East Side Aligned
SIUE WeCare Clinic	Touchette Hospital
Community Org & Family Services	Parenting for Success Program
Head Start	New Life Church
Jeremiah Food Pantry	Familial Dental
Fairmont City Mayor's Office	Latino Round Table Committee
Go! Int. Christian Academy Center	Community Members

East Side Health District

Serving the
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Canteen
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Sites

Administrative Offices
650 N 20th Street
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June 27, 2022

Illinois Department of Public Health
IPLAN Administrator
525 West Jefferson Street
Springfield, IL 62761-001

RE: East Side Health District 376001944 IPLAN Recertification 06/2022 to 06/2027

Dear Project Administrator,

East Side Health District is hereby requesting Local Health Department recertification covering the referenced years. The ESHD Board of Health reviewed and adopted the health priorities and plans that are addressed in this IPLAN document. We are enclosing the complete IPLAN document as stipulated in the steps for the IPLAN Process:

- Self-Assessing Organization Capacity
- Community Health Profile
- Community Health Assessment
- Analysis of Health Priorities and Health Data
- Community Health Plan and Worksheets
- Appendices containing relevant support materials & worksheets.

ESHD would like to extend their appreciation to the IPLAN team, the Board of Health, Community partners, members and Stakeholders who participated and provided support throughout the IPLAN process.

We are looking forward to your review & approval of the IPLAN. If you have any questions or need additional information about the assessment or the health improvement plan, please contact Elizabeth Patton-Whiteside, Public Health Administrator epatton-whiteside@eshd.org

Respectfully,

Elizabeth Patton-Whiteside

Elizabeth Patton-Whiteside, RN, BSN, MBA
Public Health Administrator
1-618-271-8722 ext. 102

IPLAN Resolution #3

East Side Health District Board of Health

Pursuant to a duly made, seconded and unanimously carried motion, the Board of Health of East Side Health District adopted the following measure and resolution.

East Side Health District Board of Health acknowledges that the Organizational Capacity Self-Assessment was conducted and reviewed. Furthermore, the Board of Health hereby adopts the **2022-2027 IPLAN** covering East Side Health District's jurisdictions. (East St. Louis Township, Centreville Township, Canteen Township, and Stites Township) stipulating the following health priorities:

- CHRONIC DISEASES (Obesity, Hypertension, Diabetes, STI's)
- MENTAL HEALTH
- MATERNAL CHILD HEALTH
- FOOD INSECURITY

The undersigned, Mark Kern, certifies that he or she is duly appointed Chairman of the Board of Health of East Side Health District and that the above is true, accurate and correct copy of a resolution duly adopted at a meeting of the Directors thereof, convened and held in accordance with law on June 27, 2022, and that such resolution is now in full force and effect.

IN WITNESS THEREOF, I have affixed my name as Chairman of East Side Health District and have attached the Seal of East Side Health District to this resolution.

Dated: June 27, 2022

Mark Kern, Chairman of the Board _____

Vanessa Chapman, Treasurer _____

Ricky Eastern Jr., Board Member _____

Norman Miller, Board Member _____

Curtis McCall Jr., Board Member _____

IPLAN Process Highlights

Organizational Capacity Assessment	
Objectives 1. Recognize level of competency with which ESHD is able to implement programs and provide services to its patients.	
Activity	**Time Period**
Identify organizational capabilities within 6 domains.	August 2021
Create a workforce diagram.	January 2022
Develop a written report based on assessment results.	April 2022 – June 2022
Phases I & II: Community Profile & Health Assessment	
Objectives: 1. Collect community data. 2. Recognize barriers faced by jurisdiction residents, and establish goals to alleviate current issues within the community.	
Activity	**Time Period**
Administer the community health questionnaire. Administer the maternal & child health survey.	July 2021 – October 2021
Gather qualitative and quantitative data from external presentations and electronic sources.	October 2021 – June 2022
Conduct focus group sessions with representatives from local community organizations..	April 2022
Phase III: Health Priority Areas	
Objectives: 1. Collaborate with several stakeholders to establish priority health areas to be addressed in the 2022-2027 IPLAN.	
Activity	**Time Period**
Conduct focus group sessions with representatives from local community organizations.	April 2022
Meet with the internal IPLAN committee to obtain input for the health priority analysis worksheets.	May 2022
Submission of IPLAN	
Objectives: 1. Review the IPLAN, and provide a final report to important stakeholders for authorization of submission.	
Activity	**Time Period**
Review and revise the final draft of the report with the IPLAN committee.	June 2022
Receive a stamp of approval from the ESHD administration and public health board (township electives).	June 2022
Submit the 2022-2027 IPLAN to the Illinois Department of Public Health (IDPH).	June 2022

Executive Summary

The Illinois Project for Local Assessment of Needs (IPLAN) is an evaluation process that delineates community health priorities and addresses public health standards within Illinois health jurisdictions. The purpose of the community health improvement plan is to describe the collaboration efforts between the health department and the community it serves to improve the health of the population. Every five years, East Side Health District (ESHD) conducts this health assessment to fulfill the *77 Illinois Administrative Code 600* requirement for the Illinois Department of Public Health (IDPH).

Community-wide cooperation was integral in fostering a sense of ownership and promoting advocacy for health equity within the district. In its seventh iteration of the IPLAN, ESHD leveraged the insight and expertise of community members, external organization stakeholders, as well as internal assets to identify health issues and establish core objectives for improving the quality of life within its jurisdiction. Statistical data was also obtained from various sources, including electronic presentations, government publications, and questionnaires. Surveys were distributed among ESHD community members, who rated factors that influence community health – including neighborhood safety, affordable housing, healthy living, and other socioenvironmental elements. The survey was administered from July through October of 2021, and over 1,500 responses were received.

In compliance with IPLAN protocols, the IPLAN committee completed an organizational capacity assessment, community profile, and community health assessment. A plan was developed for the following four health priority areas:

- Chronic Diseases (Obesity, Hypertension, Diabetes, & STIs)
- Food Insecurity
- Mental Health
- Maternal and Child Health

Through data collection, community engagement, and interagency collaboration, the IPLAN committee was provided the capacity to devise a methodology for addressing priority health concerns within the ESHD jurisdiction and utilizing available resources for implementation. The following 2022-2027 report contains a generalized framework with accurate data that is intended to be used as a reference for program development and interventional strategies. This plan is critical for formulating policies and defining actions to target efforts that promote good health.

Table of Contents

Introduction

The United States Agency of International Development's (USAID) Organizational Capacity Assessment (OCA) tool for Community Based Organizations was used to self-evaluate internal capabilities, operational standards, and efficiencies in providing public health functions. Refer to APPENDIX A for a copy of the OCA tool.

In August of 2021, East Side Health District's (ESHD) Board of Directors, administrative team, and management staff from each department came together to assist in evaluating the organizational capacity of ESHD. Through this assessment, the health district was able to review the current management process as well as strengths, challenges, and key areas that required reinforcements or further improvement.

The OCA tool was used to assess the organization's technical capacity in six domains, each of which has a number of subdomains (as shown in Figure 1 below) with 3 levels of competency – Basic, Moderate, and Robust.

Figure 1. OCA Domains & Subdomains

OCA Domains

GOVERNANCE

Vision, Mission, & Values

After thorough review of the vision, mission, and values upheld by ESHD, it was unanimously decided that the organization ranks **moderately** on the spectrum of competency. While these standards are clearly defined in the staff handbook, it has been determined that an increase in publicity through websites and other human resource materials would make them more accessible to both visitors and personnel.

Legal Status

Discussions around ESHD's financial capacity and program implementation capabilities led to a consensus that the organization is **robustly** competent in preserving an upstanding legal status. ESHD is in compliance with all tax codes and annual statutory requirements – including audits and other reports – which the board reviews and approves regularly. Organizational policies also contain documented proof of current legal registration and adherence to labor laws.

Governing or Advisory Board

The governing body has been endorsed for being **robustly** competent in its commitment to ESHD. Although the distinction between board and executive roles is not delineated, the board does hold clearly defined Terms of Reference (TOR), which outlines its primary duties, as well as measures and criteria for electing, approving, and becoming board members. Comprised of a diverse group of members with relevant experience who provide guidance and organizational oversight, the board regularly conducts well-documented meetings, which consist of strategic planning and resource mobilization, as well as development and approval of policies, budgets, and financial statements.

Leadership & Succession Plan

ESHD has been determined as **robustly** competent in developing a leadership and succession plan. The organization is somewhat dependent on the executive director for relationships with stakeholders; however, there is a plan in place for succession, and designated staff have been mentored for the role.

ADMINISTRATION

Organizational Structure

A detailed assessment of ESHD's organizational structure has shown that the health district is **robustly** competent in its capacity to develop and effectively apply policies and procedures toward key functions. Aligned with the mission and goals of ESHD, the current framework is well-defined and adequate in managing cross-departmental communication and operations. Supervisory and staff responsibilities are also clearly delineated in the organizational structure.

Operational Policies, Procedures, & Systems

ESHD received a **robust** standing on the spectrum of competency for this segment of the OCA tool due to continued broadcasting and consistent adherence to operational policies and procedures. All written guidelines are systematically reviewed and updated to ensure continued alignment with stakeholder and other external regulations. Audits are also conducted to monitor organizational system compliance.

Filing & Information Systems

The health district is in possession of a master filing system that is managed by both the state and ESHD administration, which places the organization on a level of **robust** competency. The system sufficiently documents the process and location of information storage while continuously sustaining program operations at a high level of functionality. All department staff are briefed on system configurations to allow access and contributions to filing operations.

HUMAN RESOURCES

Staffing: Levels, Hiring, & Retention

ESHD is **robustly** competent with written and transparent recruitment guidelines, which include job descriptions and qualifications, announcements, short-listing, interviewing, reference and salary history review, and employee agreements. The approaches for retaining staff – including benefits, recognition, career advancement, and exit interviews – are at a **moderate** level.

Job Descriptions & Staff Supervision

Based on policy compliance, ESHD has warranted a **robust** ranking on the spectrum of competency in relation to job descriptions and staff supervision. Job description templates – which comprise of job responsibilities, reporting requirements, qualifications, and skills – are updated and filed on an as-needed basis. While it has been recommended that a supervisory checklist would assist in better defining performance expectations, accountability measures (including performance reviews and trainings) have been implemented to ensure awareness of roles and responsibilities. Performance appraisals are also conducted annually, unless an employee is under probation – in which case, monthly appraisals are performed.

Personnel Policies

A comprehensive review of personnel policies has led to an agreement that ESHD is **robustly** competent in the development and review of personnel policies, which are compiled in a personnel manual. It is recommended that an updated personnel manual is shared with all staff annually to remain informed of policy changes.

Compensation

ESHD is considered **robust** in compensation procedures due to transparency in determining salary, and the health district is in line with or exceeds state and national laws. Pay grades are reviewed and updated annually.

Volunteers & Interns

It has been determined that ESHD is **moderately** competent in managing volunteers and interns. The department supervisor oversees the work of volunteers and interns, both of whom are provided standards that are used to assess performance.

FINANCIAL MANAGEMENT

Financial Policies & Procedures

ESHD has been characterized as **robustly** competent in its development and management of financial policies and procedures, which have been documented and adhered to by all organization personnel. These documents include a signatory/authority matrix – consisting of the ESHD board and executive director – and contain authorization limits. A reporting system is used to ensure compliance with financial procedures and record accruals at the end of the fiscal year.

Internal Controls

An analysis of internal control policies has led to a unanimous decision that ESHD is **robustly** competent in safeguarding its assets and managing internal risks to ensure accurate and reliable financial accounting and reporting. The procedures are understood and used by staff routinely.

Financial Documentation & Reporting

Adherence to financial record-keeping procedures has led to a **robust** standing on the spectrum of competency for ESHD. Written guidelines for documentation of all financial transactions are annually reviewed and updated through an auditing procedure – which the organization adheres to in addition to other relevant legal requirements on financial reporting.

Financial Planning & Sustainability

A **robust** ranking on the competency spectrum has been assigned to ESHD in relation to its financial planning and sustainability. In alignment with program planning and monitoring, the organization maintains a master budget that allocates costs for project activities, as well as other operating and overhead costs. ESHD's cash flow and well-documented resource mobilization strategy allow it to meet its financial obligations.

ORGANIZATIONAL MANAGEMENT

Strategic & Operational Planning

Discussions around current strategic and operational plans have led to a consensus that ESHD is **robustly** competent in establishing long-term strategies that support the organization's mission and goals. Staff and stakeholders developed the current five-year strategic IPLAN (2022-2027), which encompasses measurable objectives, resource needs, and costs to guide annual operational planning. The state holds responsibility for reviewing, monitoring, and funding the IPLAN for the duration of its implementation.

Resource Mobilization

ESHD has been declared as **robustly** competent in prioritizing strategies to efficiently develop partnerships with appropriate grantees. Within its resource mobilization plan, the organization has identified the state and federal government as potential grantees to support program priorities. Skills required for grant writing and communication strategy implementation are present within the organization, which is valuable for the organization to establish partnerships to minimize costs and maximize input.

Communication Strategy: Documentation & Reporting

Its capacity to build institutional memory through documentation and reporting has placed ESHD on a competency level **between moderate and robust** in regards to communication strategies. In line with this proposal, it has also been determined that reports should be tagged to enable sharing of success stories, board reports, and other documents among the staff, community, and stakeholders.

Internal Communications Decision-Making

ESHD takes pride in having an open communication between and among staff and management, which was a key factor in assigning a **robust** ranking to its internal communication practices. Staff ideas are consistently encouraged and incorporated. Regular agency-wide meetings are held to communicate with staff, who are encouraged to contribute ideas and engage in decision-making processes.

Stakeholder Involvement

Stakeholder involvement with ESHD received a **robust** standing. The health district maintains collaborative agreements with community stakeholders and often partners with them for referrals and resource sharing. Information regarding all stakeholders working within the same geographic area is updated annually.

Knowledge Management

ESHD is **robustly** competent in disseminating current information and practices among the staff. Partnerships with appropriate technical links have allowed ESHD to build its knowledge base, which has served to help analyze and identify topical information for project activities.

PROGRAM MANAGEMENT

Community Involvement

On the spectrum of competency, ESHD is **robust** in its efforts to involve the community, beneficiaries, and leaders in identifying needs and designing strategies for implementing and monitoring program activities. The health district actively engages the community and beneficiaries in planning, service provision, and monitoring.

Project Implementation

Within the arena of program implementation, ESHD is considered to be **robustly** competent. A budgeted workplan is developed for key project activities, allowing all operations to follow a set timeline. Qualified staff and volunteers are strategically placed to implement and monitor activities based on a documented plan.

Service Delivery: Standards & Referrals

Adherence to documented service delivery standards by care providers and other personnel attests to the organization's **robust** level of competency. ESHD ensures a continuum of care through its referral system, which comprises of a map and an appropriate list of sites. Memorandum of Understandings (MOUs) are used to create partnerships with referral sites and outline criteria for quality care. Follow-up and monitoring procedures have been developed to ensure completion of referrals.

Monitoring & Evaluation (M&E) and Quality Assurance (QA)

ESHD has been declared **robustly** competent within the domain of M&E and QA. The organization's current M&E plan includes information on output and outcome indicators, data collection tools, quality review, and plans for using and sharing data. All relevant staff are trained on M&E procedures, including routine data collection, analysis, and discussions with management, staff, stakeholders, and the community. Data is used to identify challenges and root causes, develop plans to implement effective practices, and ultimately improve overall performance.

ESHD OCA Summary

Domain	Level of Competency
Governance	*Moderate – Robust*
Administration	*Robust*
Human Resources	*Moderate – Robust*
Financial Management	*Robust*
Organizational Management	*Moderate – Robust*
Program Management	*Robust*

Table 1. Summary of domains and each respective level of competency.

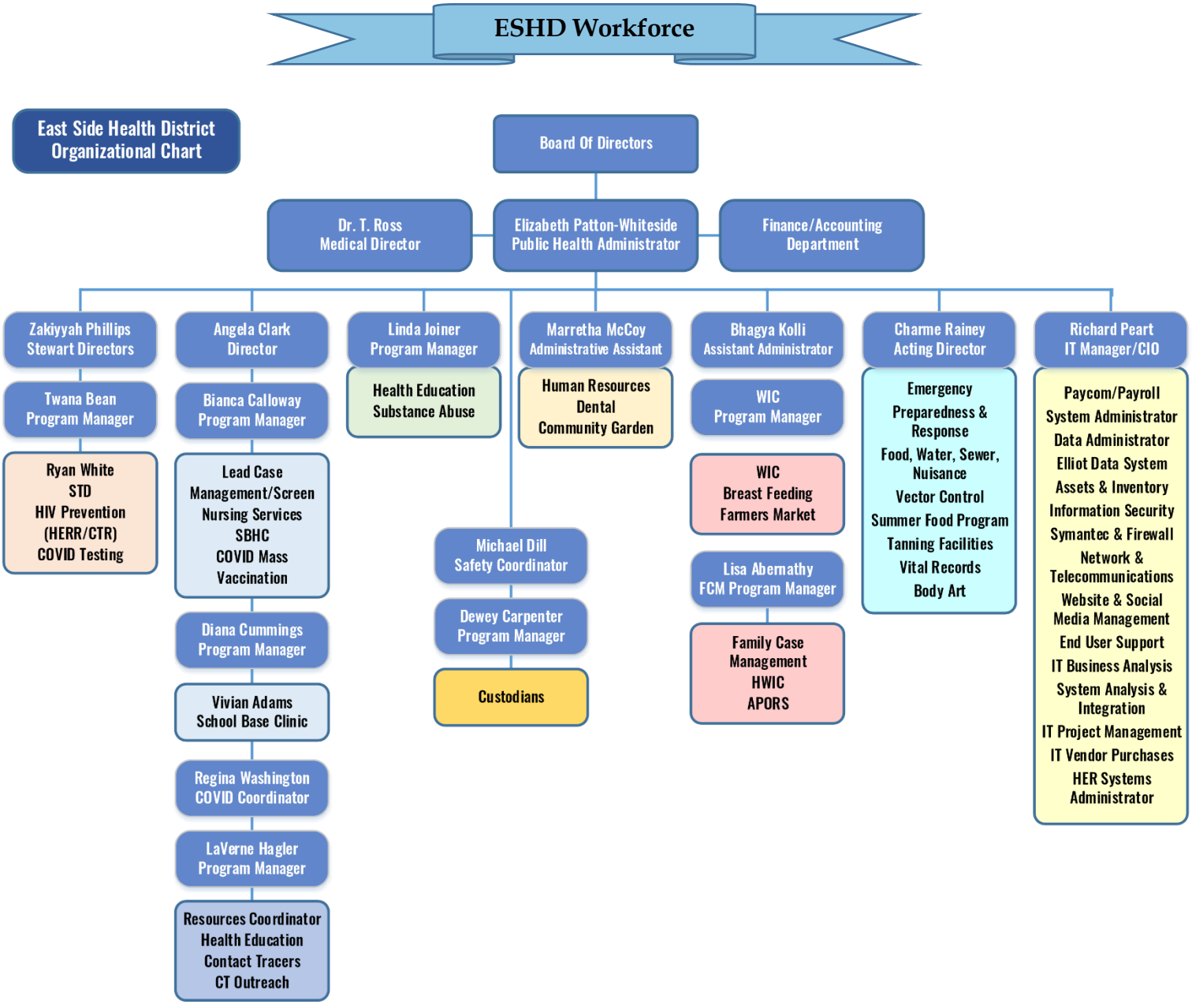


Figure 2. ESHD Organizational Chart

Workforce by Job Category

ESHD employs about 62 people. The largest job category is among the nursing staff at 18%, followed by other staff at 16%. The case managers and contact tracers represent 13% of the workforce. Program managers and supervisory staff constitute about 11%. Clerical support staff comprise 8% of ESHD personnel, while nutritionists and others represent 6%. An estimated 5% of all employees are part of the administration and financial/accounting team.

Job Category	Count	Percent
Administration	3	5%
Managers/Supervisors	7	11%
Nurses/LPN	11	18%
Environmental Staff	2	3%
Health Education	1	2%
Case Managers	8	13%
Nutritionists	4	6%
Accounting/Finance	3	5%
Clerical Support	5	8%
Contact Tracing	8	13%
Others	10	16%
Total	**62**	

Table 2. ESHD Workforce by Job Category

Workforce by Ethnicity

ESHD strives to provide equitable services to the community. The table below depicts the ethnic diversity of ESHD staff, which complements the demographic breakdown of the jurisdiction served by the health district.

Ethnicity	Count	Percent
African American	49	79%
Caucasian	7	11%
Hispanic	4	6%
Others	2	3%
Total	**62**	

Table 3. ESHD Workforce by Race/Ethnicity

PHASE I: COMMUNITY PROFILE

Introduction

Community profile data was collected, reviewed, and compiled between October 2021 and June 2022 for the ESHD jurisdiction, which is located in greater St. Clair County. A comparative examination was conducted between national, state, and jurisdiction levels. If jurisdiction data was unavailable, data on greater St. Clair County was used to illustrate demographics and status of health among the target population.

The following sources were used to retrieve data for the community profile:

- *World Population Review, 2020*
- *US Census Bureau, 2020*
- *Memorial Hospital, 2019*
- *County Health Rankings, 2022*
- *US Bureau of Labor Statistics, 2022*
- *Centers for Disease Control and Prevention (CDC), 2020*
- *CDC Places, 2022*
- *University of Illinois Extension, Local Food & Small Farms, 2021*
- *Illinois Department of Public Health (IDPH), 2021*
- *Illinois Department of Healthcare & Family Services (IDHFS), 2020*

Demographics

POPULATION

Total Population

ESHD Jurisdiction **55,685**

Illinois **12,671,469**
United States **331,893,745**

The ESHD jurisdiction is comprised of seven ZIP codes - 62201, 62203, 62204, 62205, 62206, 62207, and 62059. The most densely populated area of the jurisdiction is ZIP code 62206, while the least inhabited area is ZIP code 62059.

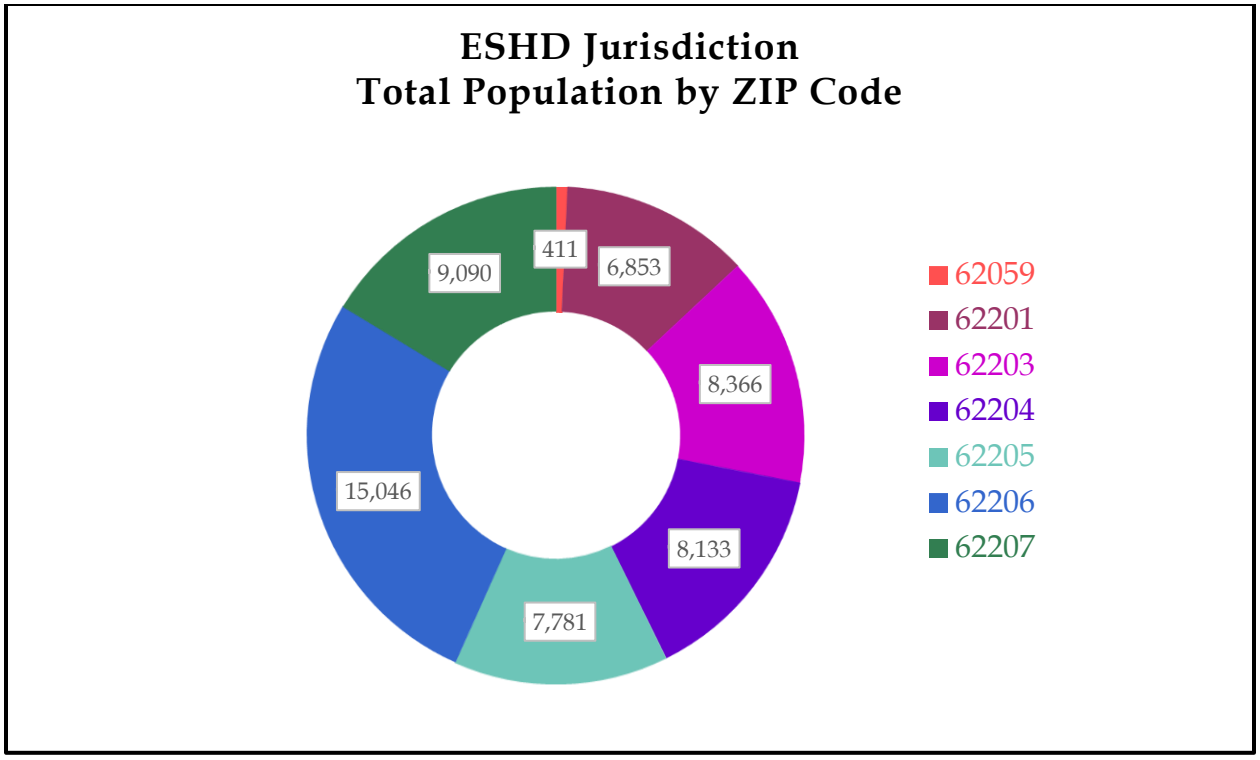


Figure 3.
www.worldpopulationreview.com, 2020
https://data.world/, 2018

Population Trends

Over a 10-year period from 2010 to 2020, ZIP code areas 62203, 62204, and 62207 saw a slight increase in population, whereas ZIP code areas 62059, 62201, 62205, and 62206 exhibited a decline in population. The highlighted figures presented on the graph indicate the percent decrease in population for the respective ZIP code areas. Overall, the ESHD jurisdiction has experienced a 6% net decrease in its population.

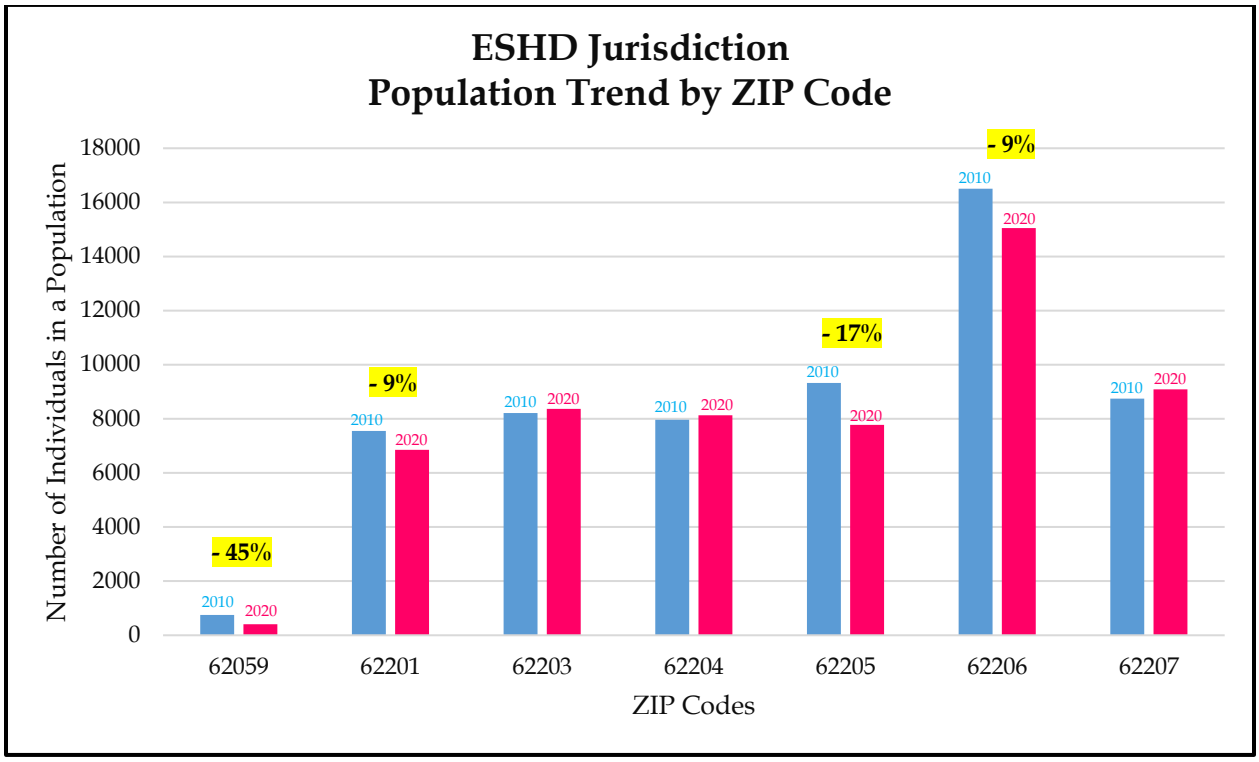


Figure 4.
www.worldpopulationreview.com, 2020
https://data.world/, 2018

AGE DISTRIBUTION

Median Age

ESHD Jurisdiction **35.65 years**

Illinois **37.4 years**
United States **38.1 years**

The ESHD jurisdiction follows a similar trend in age distribution in comparison to state and national data, with more than half the population within the 18-64 age bracket.

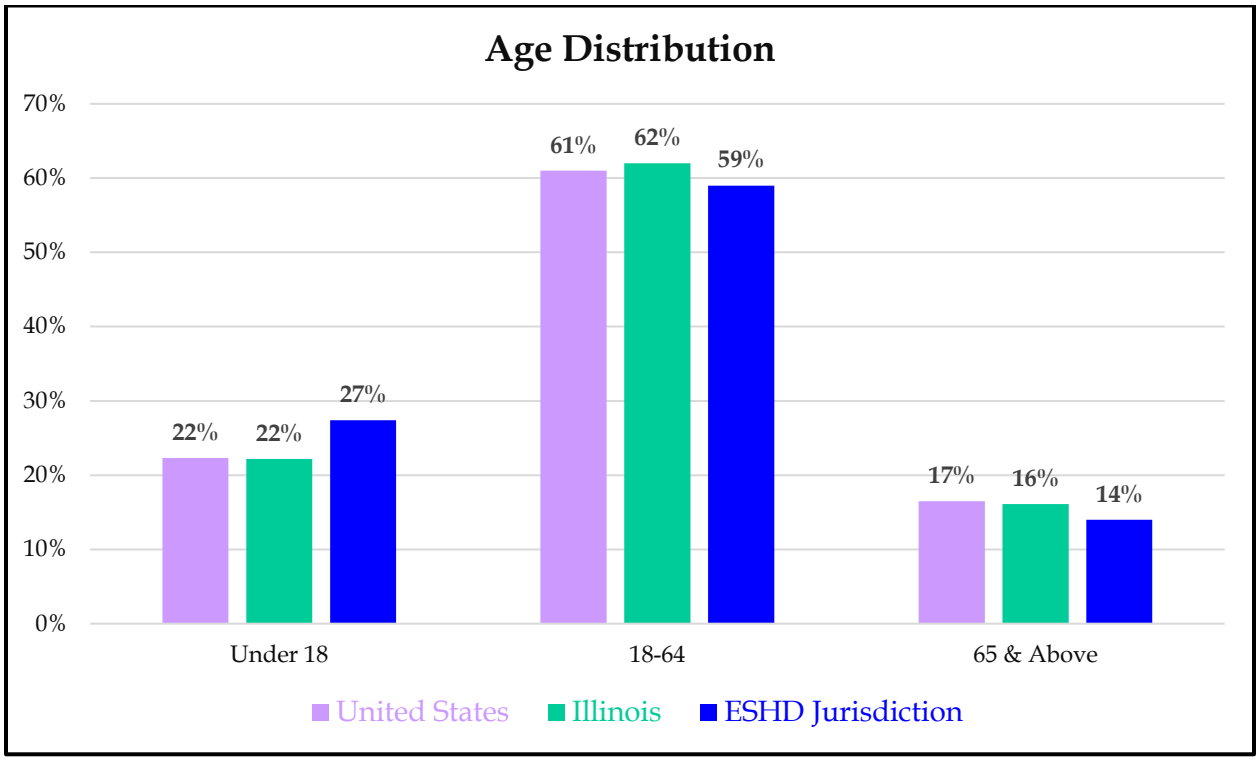


Figure 5. US Census Bureau, 2020

RACE & ETHNICITY

A significant contrast in racial and ethnic composition exists between the ESHD jurisdiction and both its counterparts. While the jurisdiction primarily consists of African-Americans, almost 80% of the state and national population is comprised of individuals with a Caucasian background.

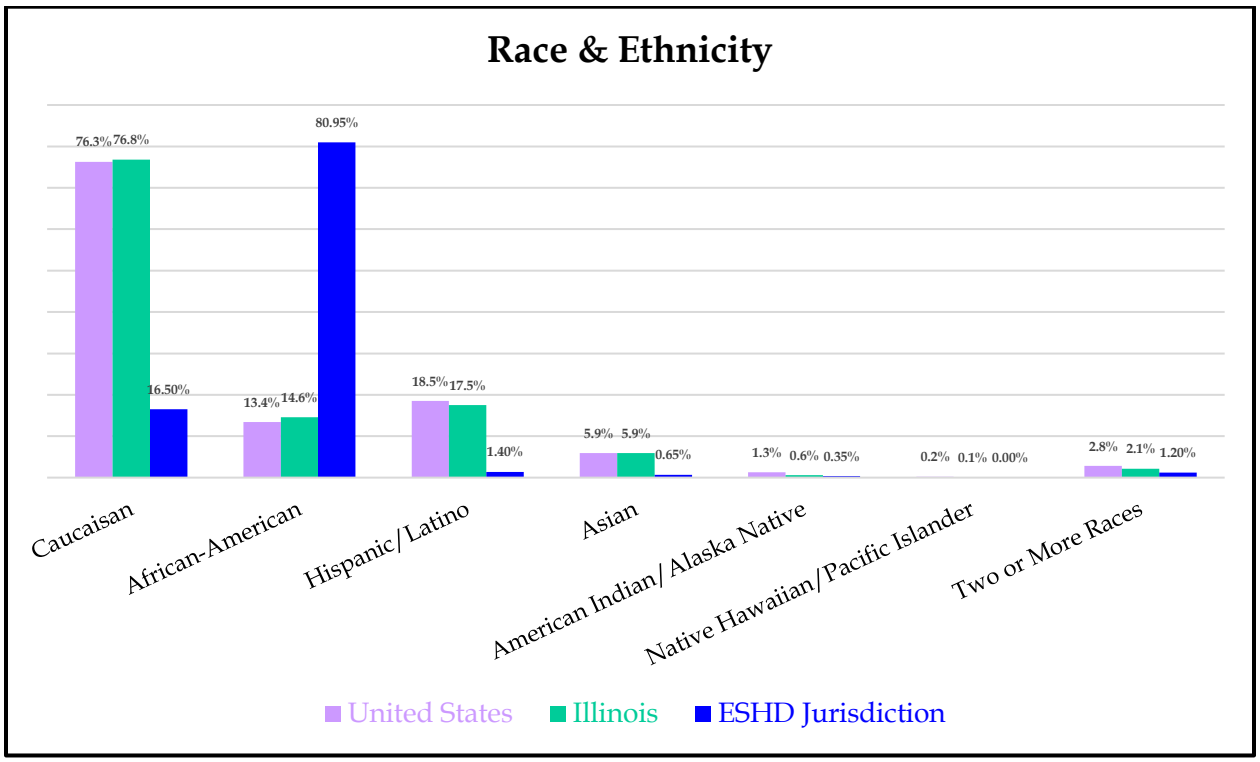


Figure 6. US Census Bureau, 2020

LIFE EXPECTANCY

St. Clair County **76.3 years**

Illinois **79.4 years**

United States **77 years**

With a life expectancy shorter than state and national averages, St. Clair County has been exhibiting a steady decline in the number of years its residents are expected to live. The average life expectancy of African-American residents (72.0 years) is significantly lower than the overall county average, which is important to note, as a majority of the population in the ESHD jurisdiction is African-American.

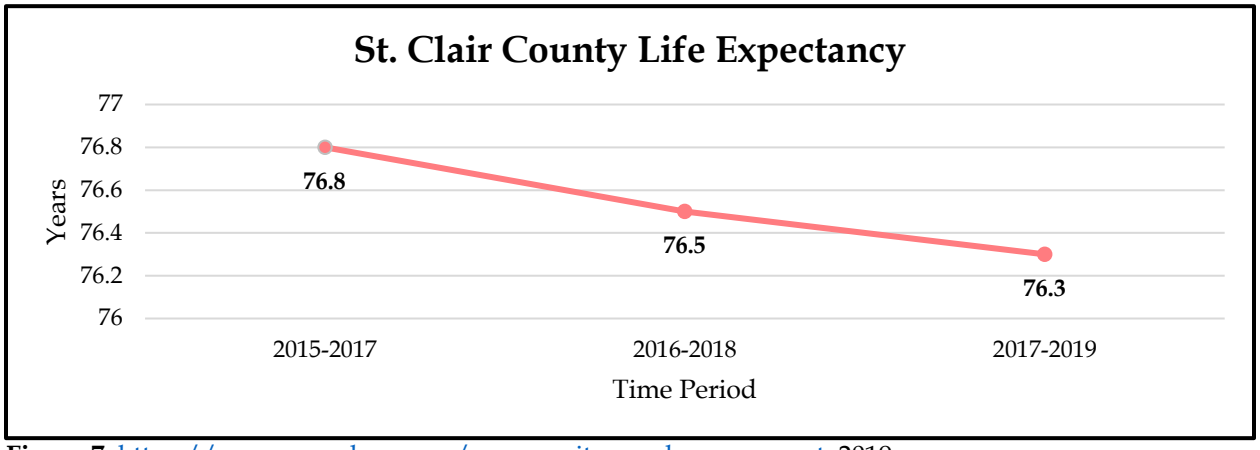


Figure 7. https://www.memhosp.org/community-needs-assessment, 2019

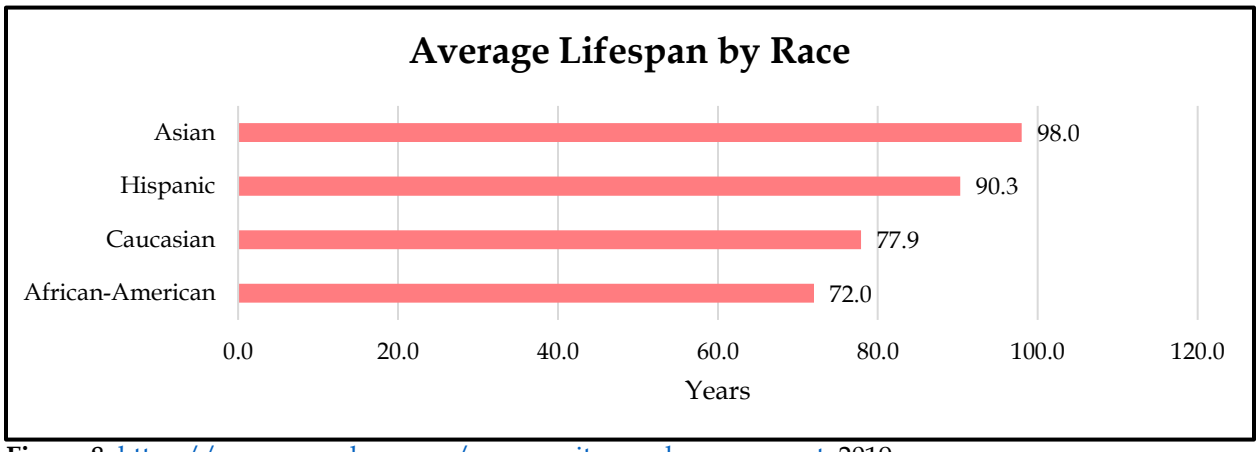


Figure 8. https://www.memhosp.org/community-needs-assessment, 2019

County Health Rankings

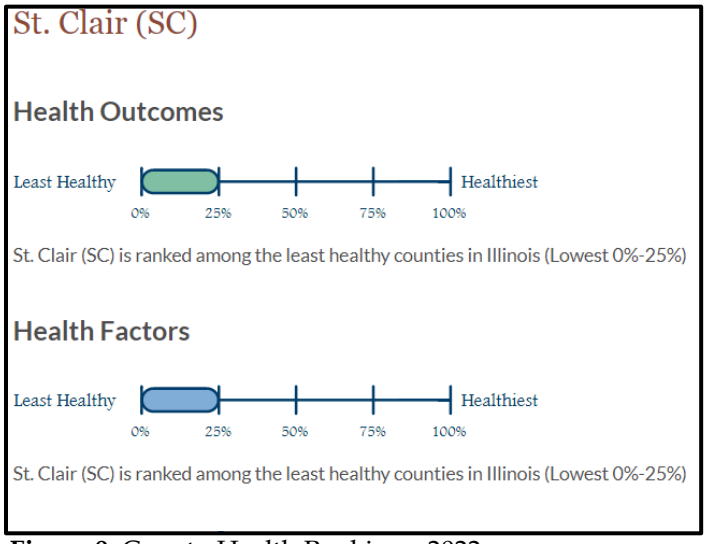


Figure 9. County Health Rankings, 2022.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute published data on county health rankings, which can be found at www.countyhealthrankings.org. In comparison to the 2022 Health Rankings of 102 Illinois counties, St. Clair County ranked in the bottom 25% at **#86 in Health Factors** and **#92 in Health Outcomes** (as shown in Figure 9). Health factors are predictors of health that can be modified to improve quality of life, while health outcomes reflect the status of a community's overall health. The IPLAN serves as a platform to identify key health factors and strategies to transform health outcomes.

Social Determinants of Health

ECONOMIC STABILITY

What was once a booming industrial hub with a diverse population of upper-, middle-, and low-income families has now been transformed into an area of poverty and unemployment. The city of East St. Louis became negatively branded as a result of racial oppression and weak governance. The perpetual housing crisis is a consequence of a practice known as "redlining," which classified black and low-income neighborhoods as danger zones. Ineffective public housing policies, which were initially developed to promote home ownership, created poor living situations complete with infestation, outdated appliances, and cracked ceilings. This system ultimately led to a

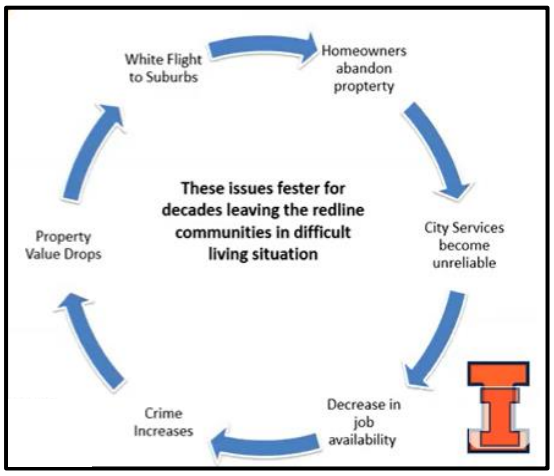


Figure 10. University of Illinois Extension, 2021

phenomenon called the "white suburban flight," during which white families migrated from the city to the suburbs with the support of federal aid. The massive decline in population was followed by a loss of major businesses and, thus, a shortage of employment opportunities for residents of East St. Louis (University of Illinois Extension, 2021).

Housing Insecurity

Compared to the state of Illinois, which is in line with the national benchmark, the rate of home ownership for individuals with a mortgage or a loan is significantly lower in the ESHD jurisdiction.

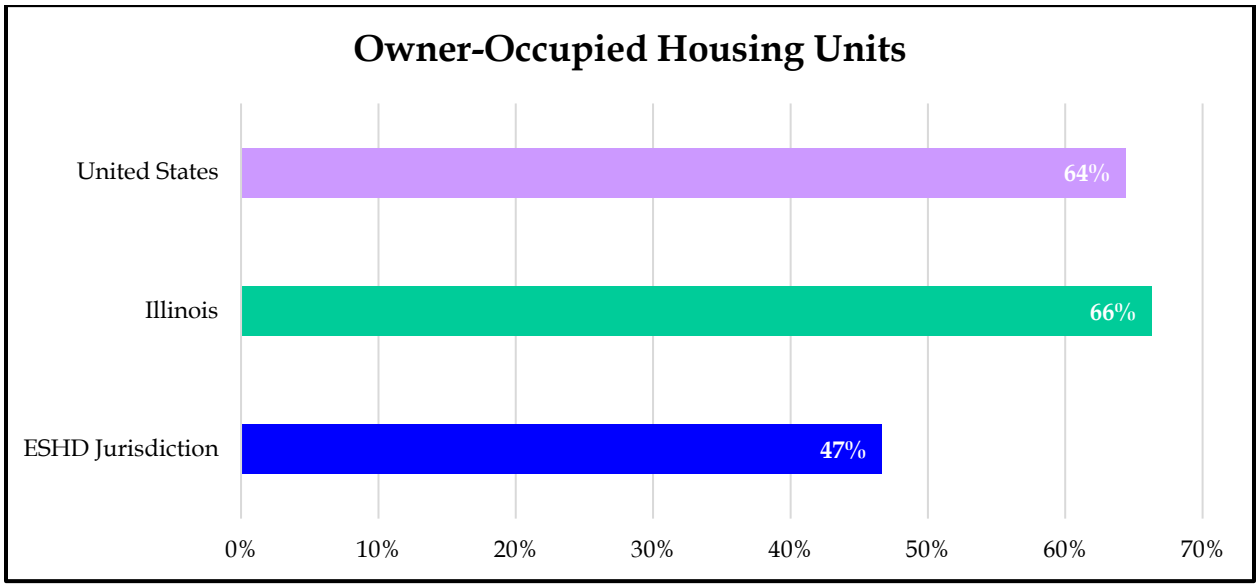


Figure 11. US Census Bureau, 2020

In 2022, approximately 25% of the residents in East St. Louis inhabit public housing spaces and are, therefore, under the control of the housing authority. While the public housing stock is in dire need of major updates, housing authority officials are optimistic about their continued collaboration to address living standards since the success of recent public-private partnerships.

Unemployment Rate

ESHD Jurisdiction: 7.7

Illinois **4.6**

United States: **3.6**

The graph below reflects data collected in April of each year from 2020 to 2022. Between March 2020 and April 2020 - around the same time the COVID-19 pandemic spread rapidly in the U.S. – the unemployment rate in the ESHD jurisdiction skyrocketed from 6.0 to 18.0. However, while the 2022 unemployment rate in the jurisdiction remains more than double the unemployment rate in the US, there has been a significant decline since 2020. Yet, despite this improvement, there are mechanisms within the community's employment system – such as job stability and career advancement – that need to be reformed.

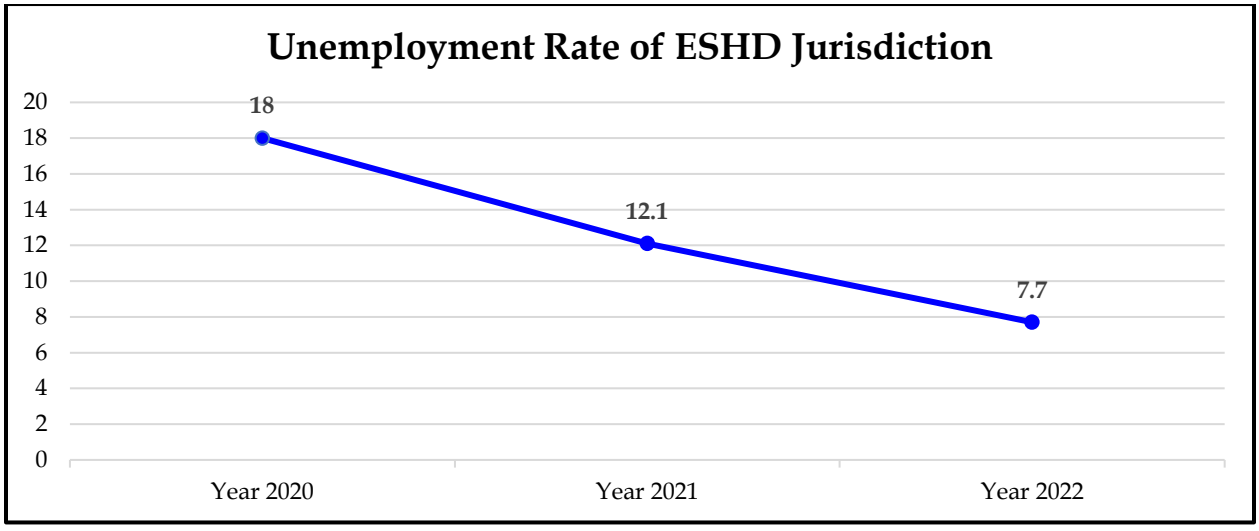


Figure 12. US Bureau of Labor Statistics, 2022

Poverty Rate

While the Illinois poverty rate is consistent with the national average, the percentage of individuals in the ESHD jurisdiction who live below the poverty line is almost three times higher than the comparative data. Poor economic conditions – including insufficient employment opportunities and a lack of social mobility – are root causes of poverty (ASPE, 2021).

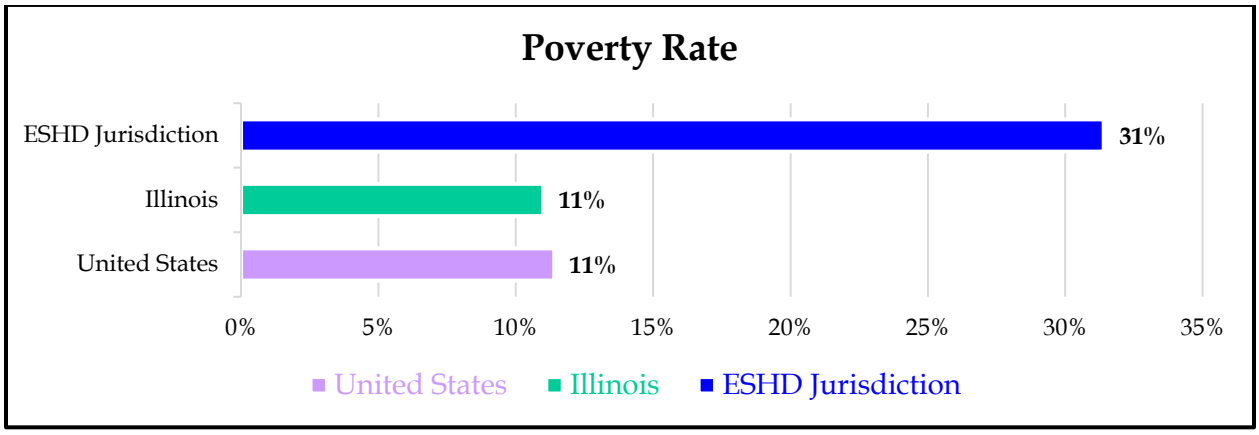


Figure 13. US Census Bureau, 2020

The federal poverty threshold is determined on an annual basis by the Office of the Assistant Secretary for Planning and Evaluation within the Department of Health and Human Services. As of 2021, the federal poverty threshold per capita is $12,880.

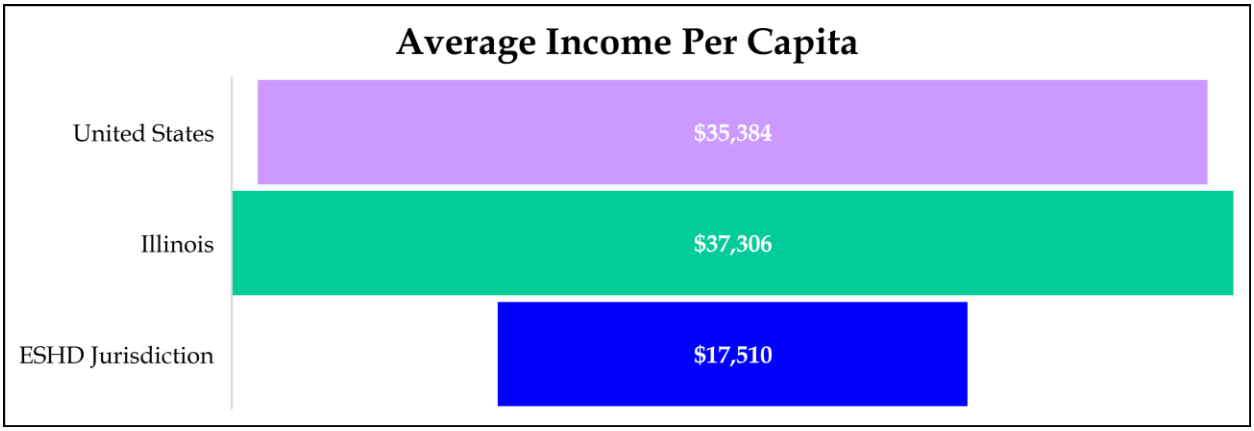


Figure 14. US Census Bureau, 2020

The ESHD jurisdiction is within the worst 25th quartile of people living below the poverty level, as denoted by the red zone, which indicates that more than 15.3% of households earn an annual income below the federal poverty level. (https://www.memhosp.org/community-needs-assessment, 2019).

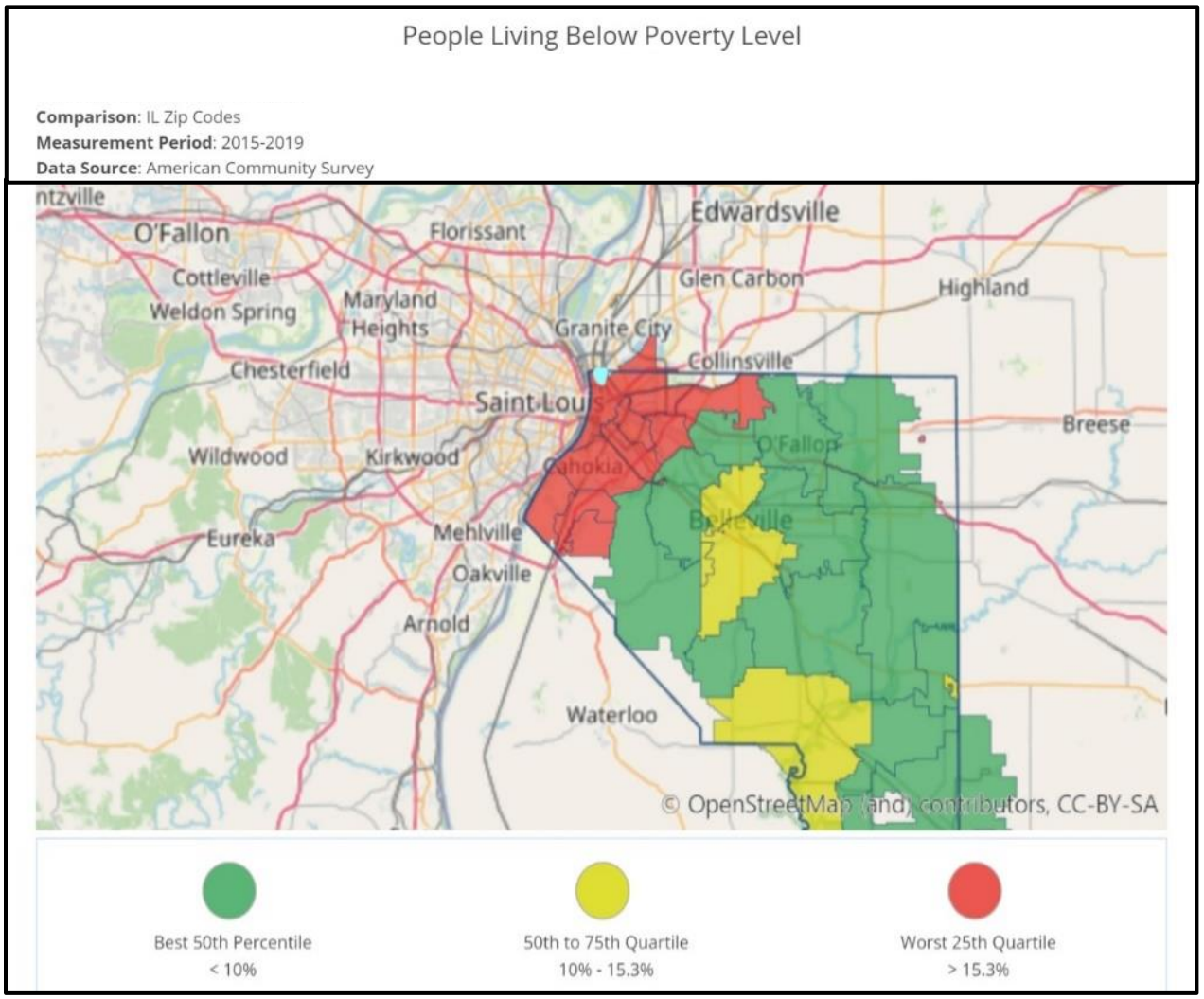


Figure 15. https://www.memhosp.org/community-needs-assessment, 2019

In comparison to St. Clair County data, the ESHD jurisdiction (demarcated by the black borders) is still considered a red zone with more than 14.8% of households earning an annual income below the federal poverty level.

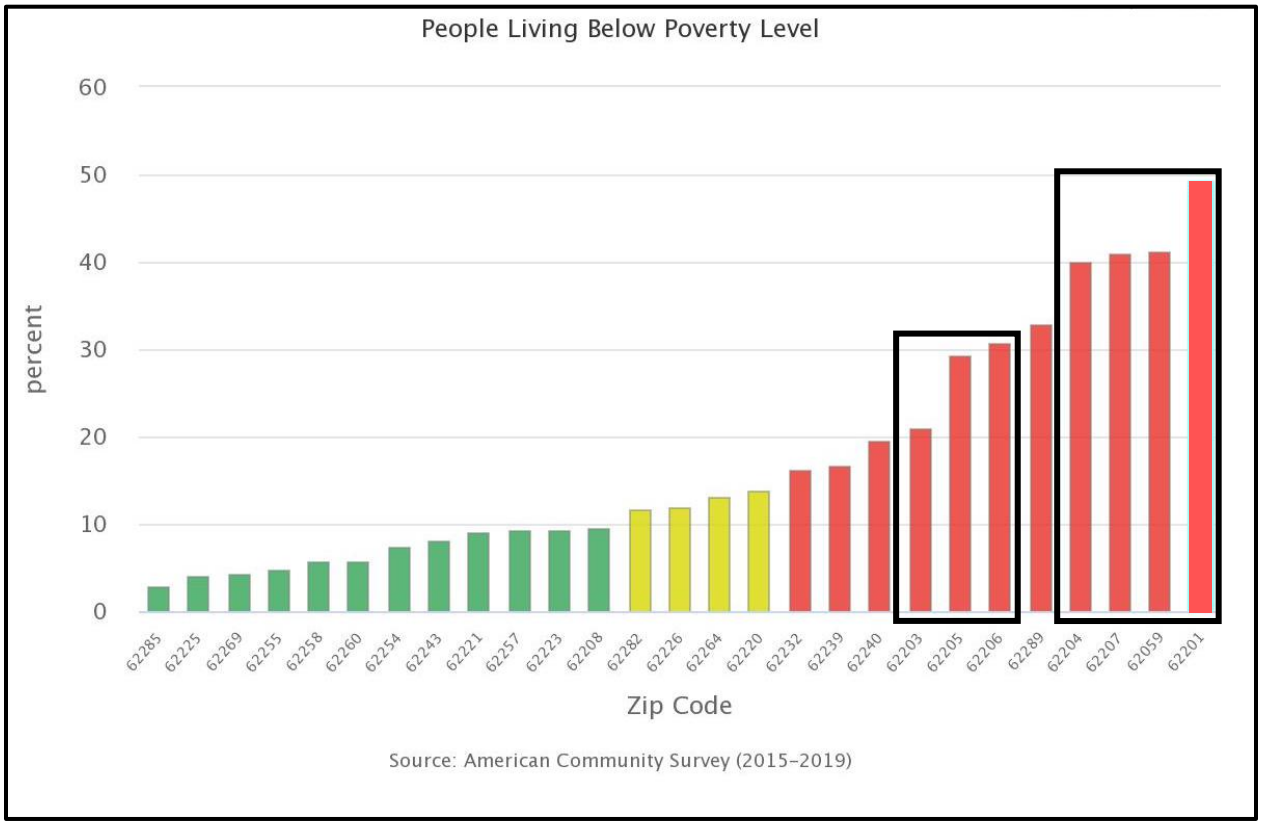


Figure 16. https://www.memhosp.org/community-needs-assessment, 2019

EDUCATION:

Educational Attainment

The educational attainment breakdown demonstrates a trend in the highest level of education achieved among the comparative populations. As opposed to 37% of individuals who did not continue their education after high school on both the state and national levels, 57% of inhabitants within the ESHD jurisdiction did not enroll in higher education (https://worldpopulationreview.com, 2020).

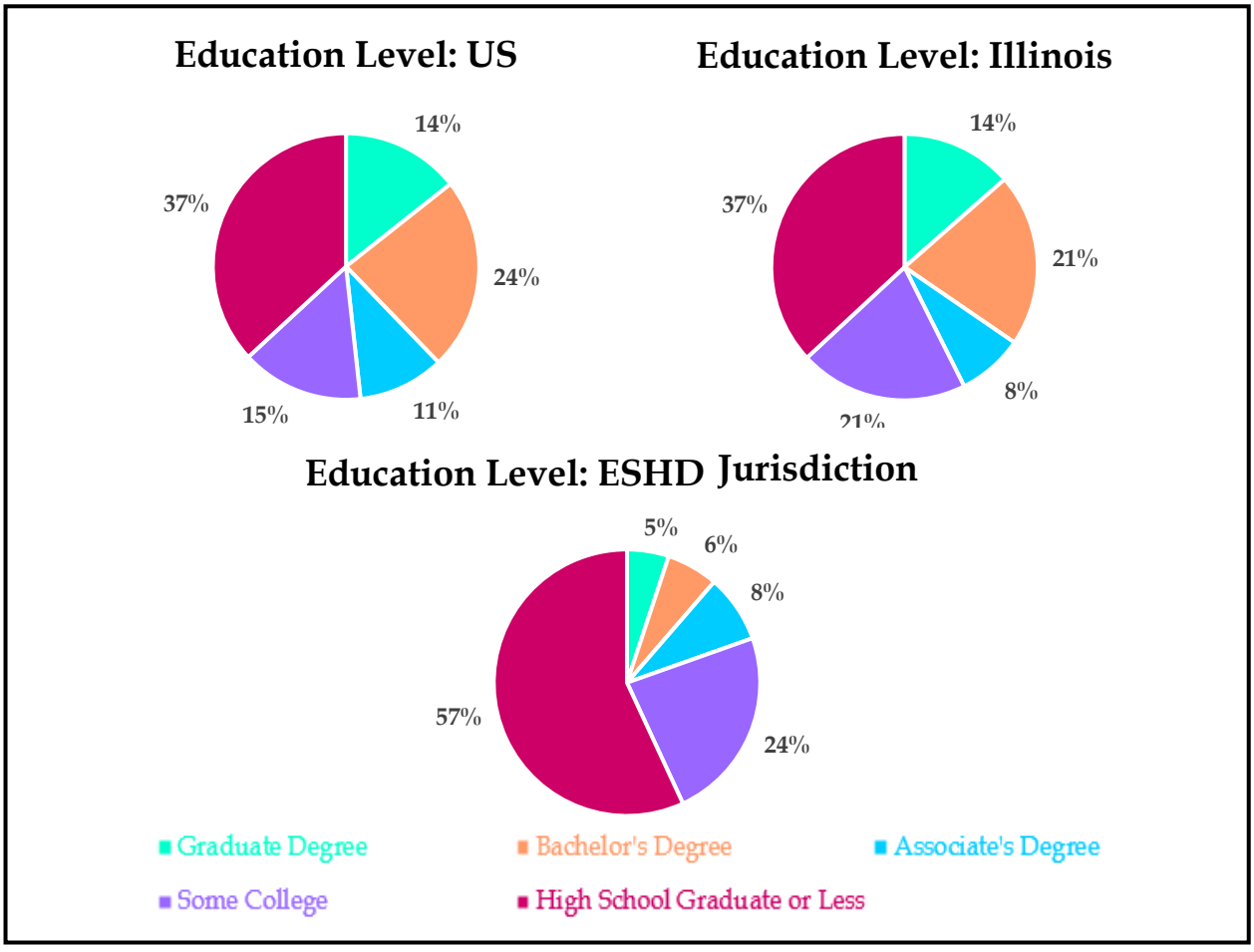


Figure 17. US Census Bureau, 2020

Digital Access

In today's digital world, easy access to technology is often undervalued. Both schools and employers depend on the reliability of computers to enhance infrastructural fluidity. While access to computers is not drastically different in the ESHD jurisdiction compared to state and national data, the use of internet is still lower than expected. This is primarily due to weak bandwidth and a lack of access to stable Wi-Fi, which has created barriers for schoolchildren to complete assignments and graduate in a timely manner.

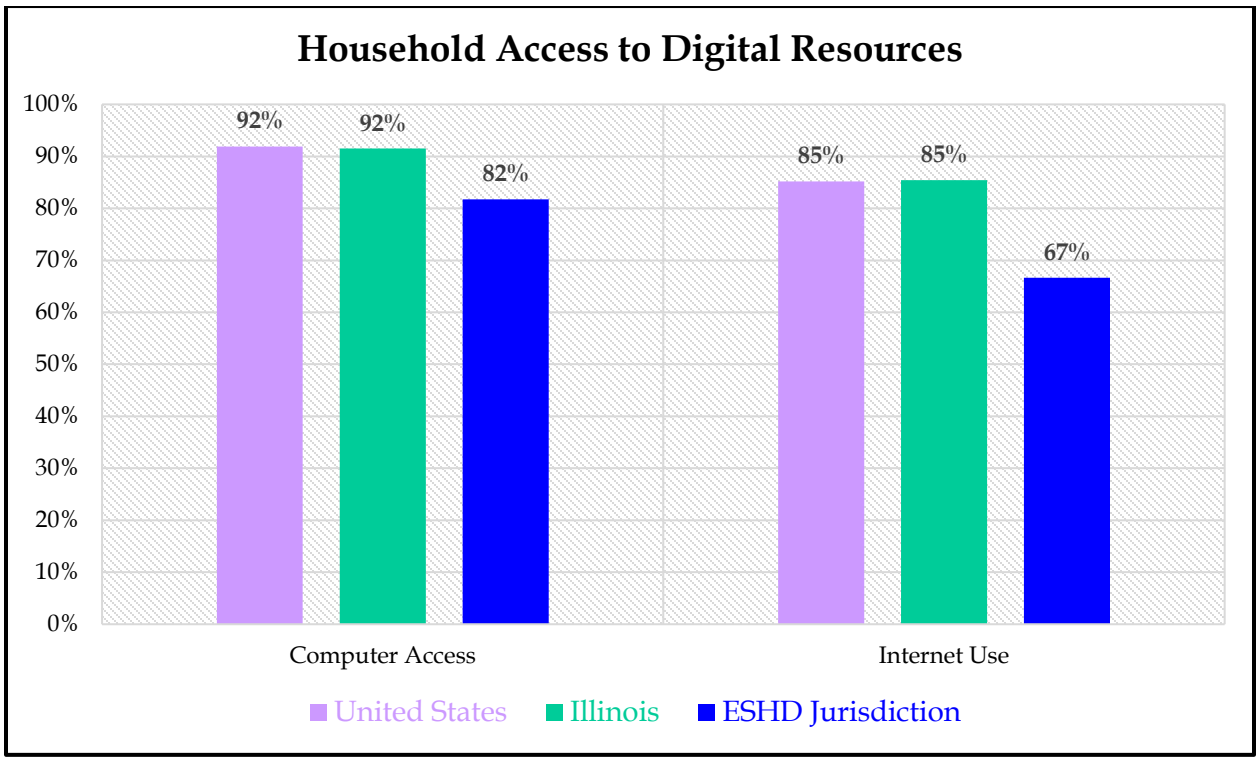


Figure 18. US Census Bureau, 2020

FOOD INSECURITY

Distance from Public Housing

Liquor Store **0.4 miles**
Grocery Store **2.96 miles**

Food insecurity is one of many factors that significantly contributes to the food crisis within the ESHD jurisdiction. Other systems, including historical racism and social inequalities, perpetuate what is known as **food apartheid**. The University of Illinois Extension defines food apartheid as a sum of both geographical location and socioracial inequities that are influential within the food system. As a result of redlining, low-income communities were provided with federally funded "subsidized food commodities," which are often non-perishable and highly processed with an increase in fat and sodium content. Due to ease of access, higher consumption of these junk foods is often observed within the ESHD jurisdiction, which contributes to the high number of diet-related diseases, including obesity, diabetes, and hypertension.

In addition to the socioracial disparities previously discussed, crime and safety have also played a role in classifying the food system in this area as a food apartheid. A lack of surveillance around corner stores led to fraudulent activities and other safety concerns – including gun violence, which is more concentrated near liquor stores. Although federal grants are issued for the purpose of supplying healthy foods within the ESHD jurisdiction, especially for individuals on SNAP and WIC, it has instead become saturated with liquor stores and banners that promote alcohol consumption.

Figure 19. University of Illinois Extension, 2021

"Many of these corner stores create negative messaging with the promotion of alcohol and other unhealthy foods, [and] at time just [gain] revenue for posting the banner[s] advertising those products."
~ Joey Fonseca, University of Illinois Extension

Living in an area that broadcasts negative messages and allows minors to purchase tobacco or alcohol further exacerbates the issues of safety and food insecurity.

Food Justice: communities exercising their right to grow, sell, and eat healthy foods

Food Sovereignty: the right for people to access healthy and culturally appropriate food produced through ecologically sound and sustainable methods; the right for people to define their own food and agricultural systems

University of Illinois Extension, 2021

In summary, the food apartheid that has manifested within the jurisdiction is a consequence of a multidimensional structure that has been at play for nearly a century. If the government and community-at-large can recognize the importance of **food justice** and **food sovereignty**, then progressive steps can be taken to eradicate the food crisis that has evolved within the ESHD jurisdiction.

CRIME & SAFETY

The 2022 crime rate index in East St. Louis is 19 out of 100, which indicates that it is safer than only 19% of US cities. The crime rate illustrated in the graph below reflects the number of reported offenses per 100,000 population. With a rate more than nine times the national average, the physical and mental well-being of residents within the ESHD jurisdiction is highly compromised. "Exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders [as well as] contribute to obesity [and asthma] prevalence" (County Health Rankings, 2022). Families also refrain from allowing their children to spend time outdoors due to the climb in gun aggression.

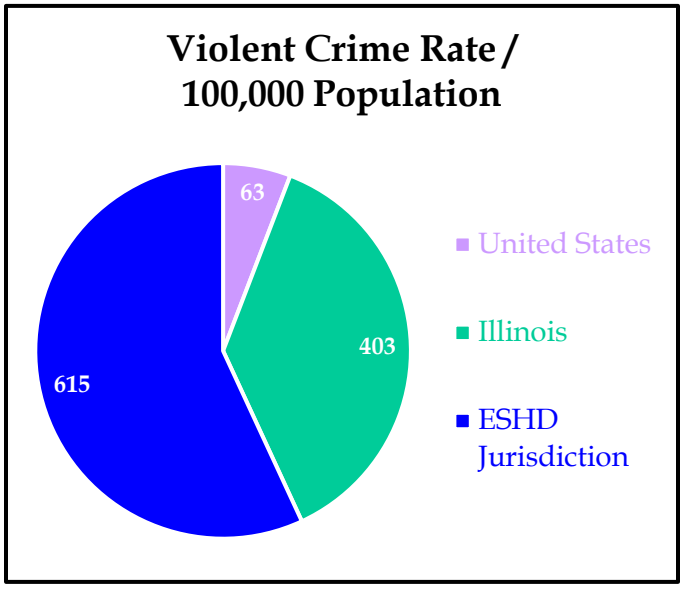


Figure 20. County Health Rankings, 2022

However, despite the prevalence of crime within the jurisdiction, the city of East St. Louis has noticed progress in crime reduction, in part due to the efficiency of its Neighborhood Watch program. It has presented an opportunity for community members to build relationships and cooperate as a team to report suspicious behaviors. The steady decline of crime in East St. Louis has been evidenced by the following statistics provided by Mayor Robert Eastern Jr.:

- *2% crime reduction between 2018-2019*
- *2% decrease in homicides and 33% solve rate by the police department in 2020*
- *10% decrease in non-fatal shootings and 58% solve rate by the police department in 2021*
- *20% decrease in non-fatal shootings and 50% decrease in homicide rate within the first five months of 2022*

TRANSPORTATION

The number of households without a vehicle in the ESHD jurisdiction is almost triple the national average. Many public transit options have been replaced with interstate highways, which creates daily transportation obstacles for jurisdiction residents.

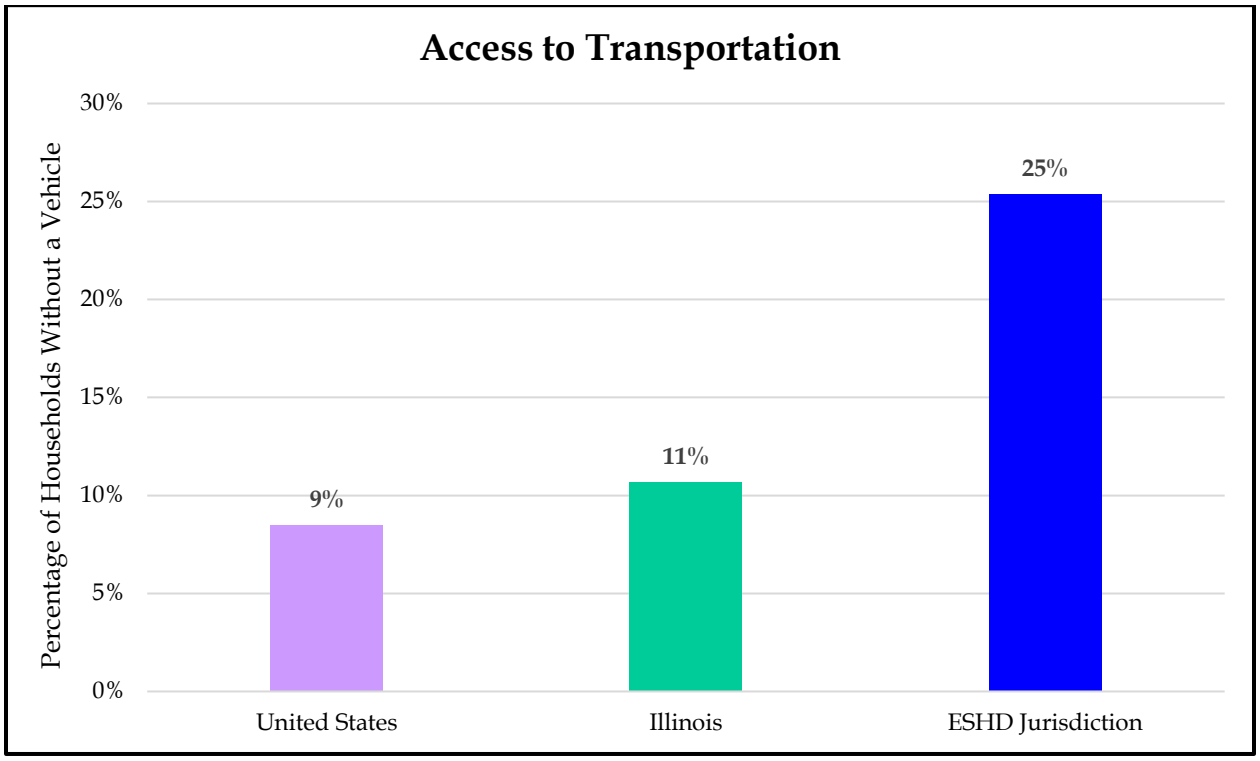


Figure 21. CDC, 2019
https://www.memhosp.org/community-needs-assessment, 2019

LINGUISTIC BARRIERS

Within the ESHD jurisdiction, approximately 11% of individuals encounter challenges with employment, schooling, transportation, and healthcare services due to language barriers. Enabling trust among community members can help bridge the gap and ensure that non-English speaking residents receive the same care as fluent English speakers.

Access to Care

HEALTH STATUS

The graph below depicts the prevalence of poor overall health among adults (ages 18 and older), as well as the percent of adults who exhibit poor physical or mental health for more than 14 days in a month. In each category, the ESHD jurisdiction surpasses county and state averages, which emphasizes the need to address health inadequacies within the district.

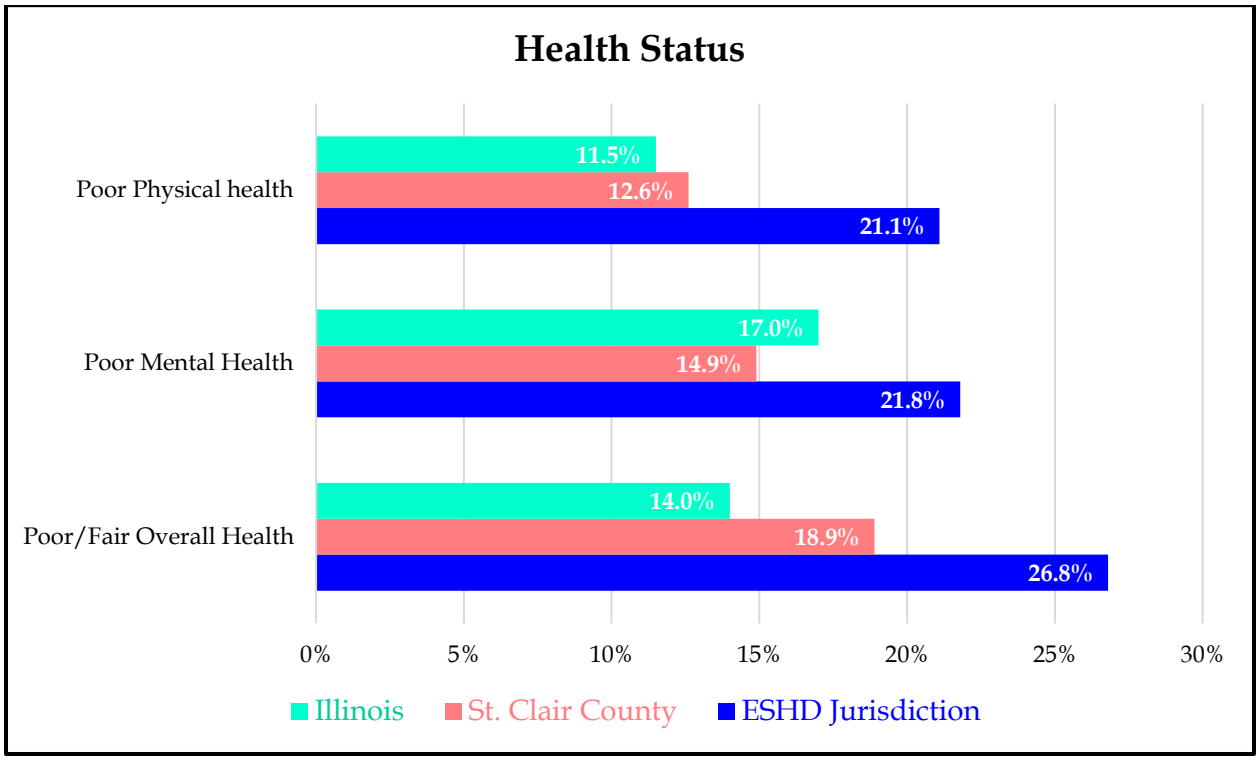


Figure 22. CDC Places, 2022

PREVENTATIVE CARE

While the rates of annual check-ups, hypertension medication adherence, and mammography screenings are consistent across the jurisdiction, county, and state, adults (ages 18 and older) within the jurisdiction are less likely to have health insurance or schedule routine visits to a dentist.

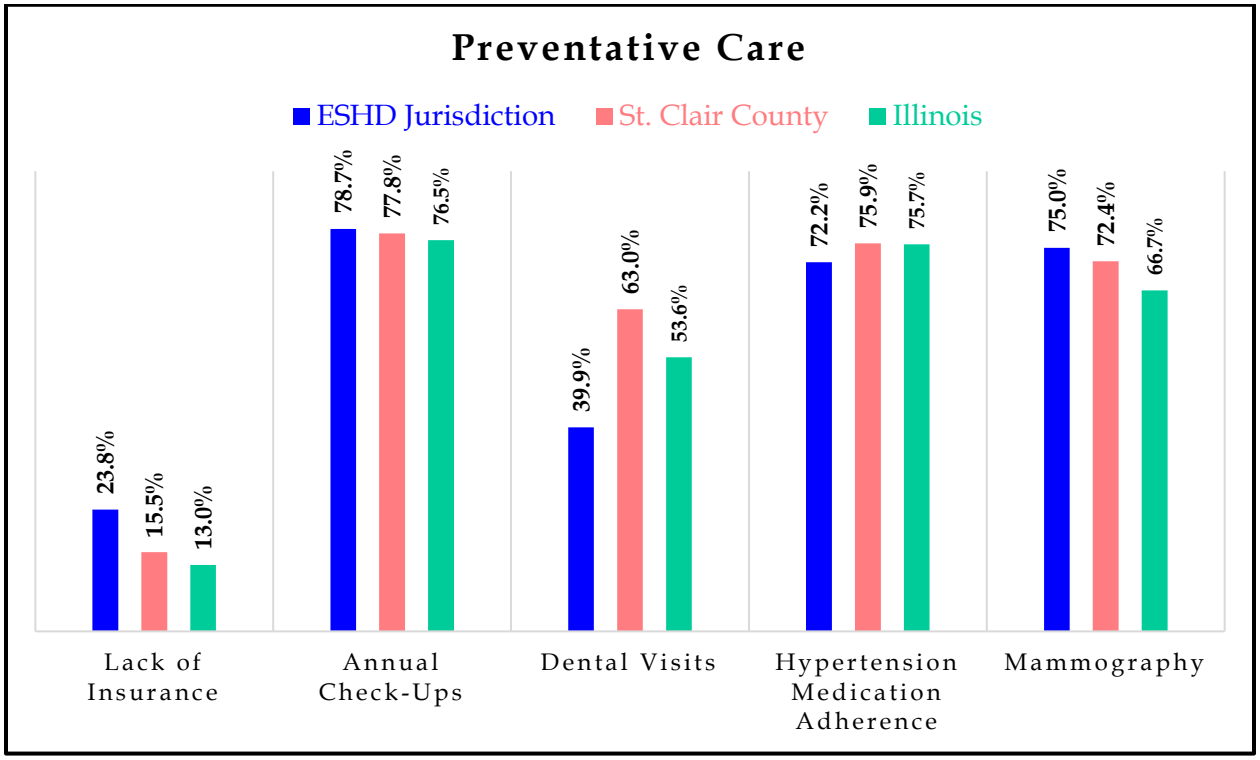


Figure 23. CDC Places, 2022

Health Coverage

Medicaid is a public health insurance program that caters to low-income individuals, senior citizens, and people with disabilities. The graph to the left shows the number of residents in the ESHD jurisdiction who are enrolled in Medicaid, which is approximately 52% of the total population.

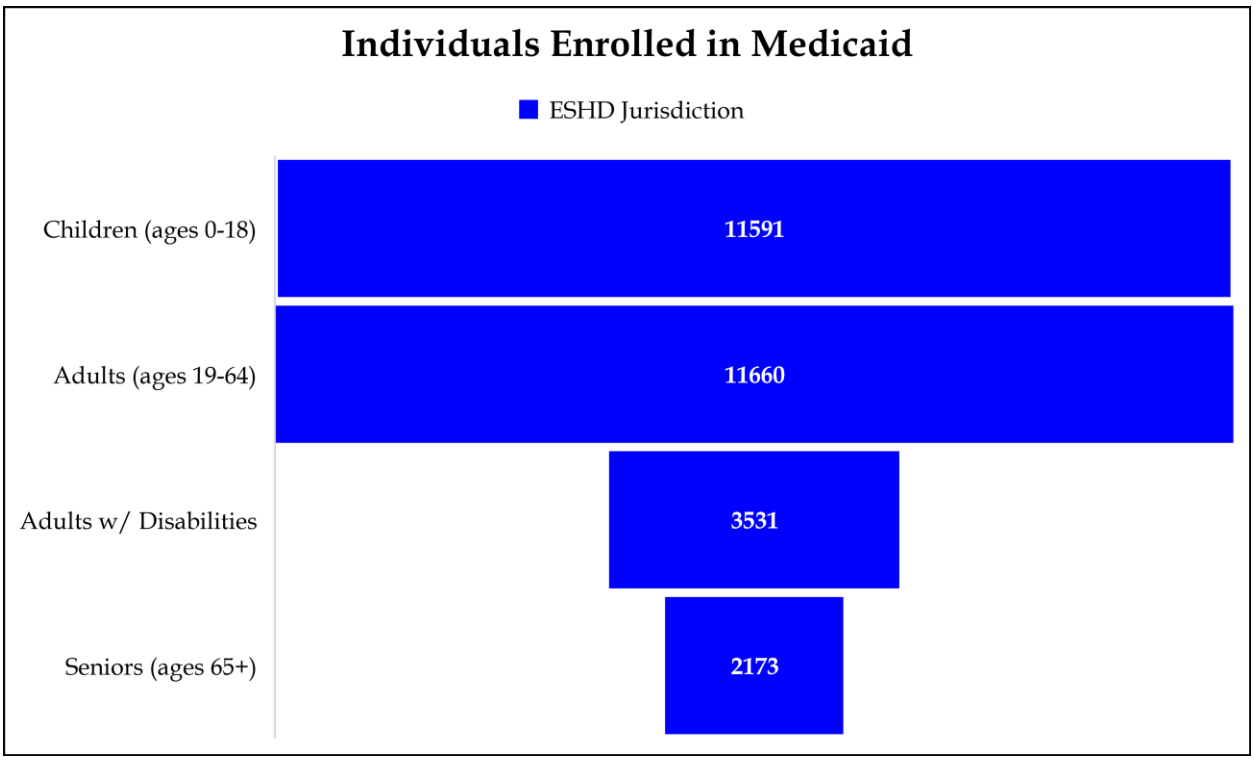


Figure 24. Illinois Department of Healthcare & Family Services, 2020

ORAL CARE

The graph below shows the percentage of adults (ages 18 and older) who have lost all their teeth. The rate of dental loss within the ESHD jurisdiction is twice as high as the state average. It is the leading concern after obesity-related chronic diseases within the jurisdiction. Among this population, dental care is often considered a luxury and can, therefore, be easily neglected.

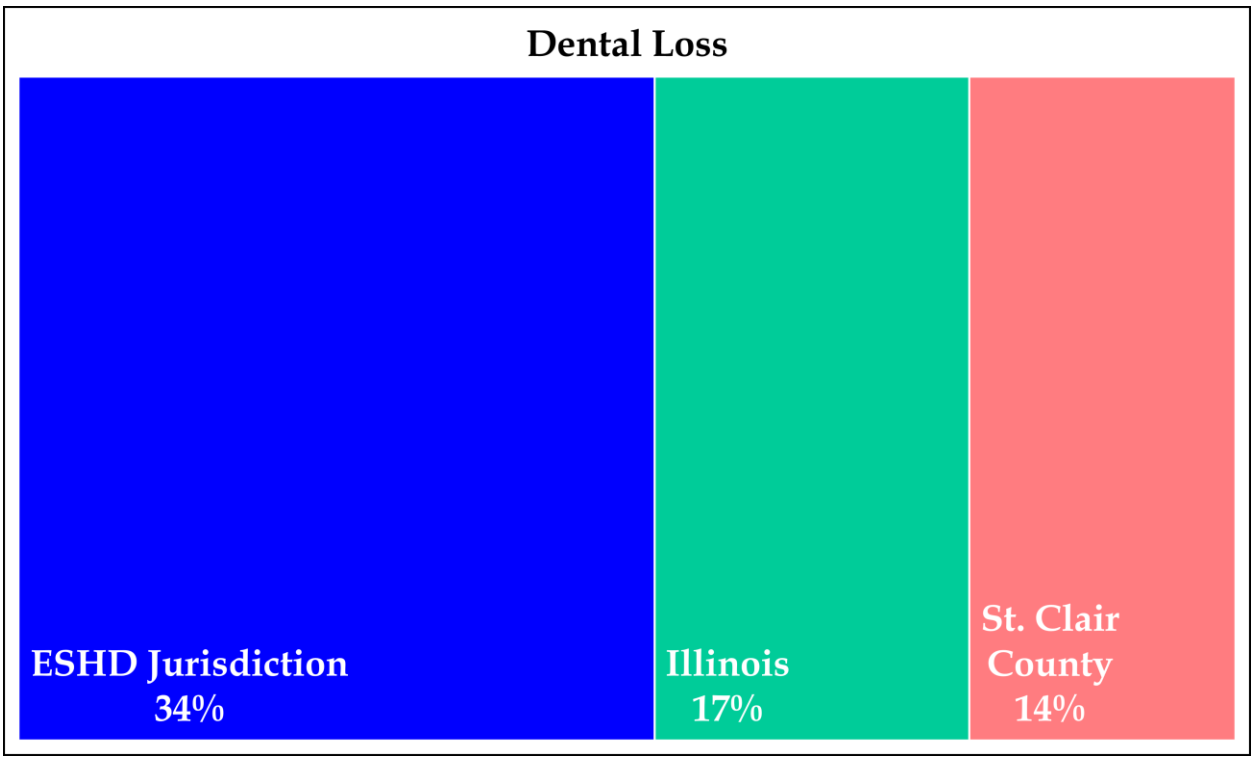


Figure 25. CDC Places, 2022

Behavioral Risk Factors

SLEEP DEPRIVATION

The graph below indicates the percentage of adults (ages 18 and older) who receive less than 7 hours of sleep per night. About 50% of adults within the ESHD jurisdiction are sleep deprived, which can increase the risk of obesity and other chronic diseases. Gunshots, stress, and both economic and environmental fear are a few contributing factors of sleep deprivation within the jurisdiction.

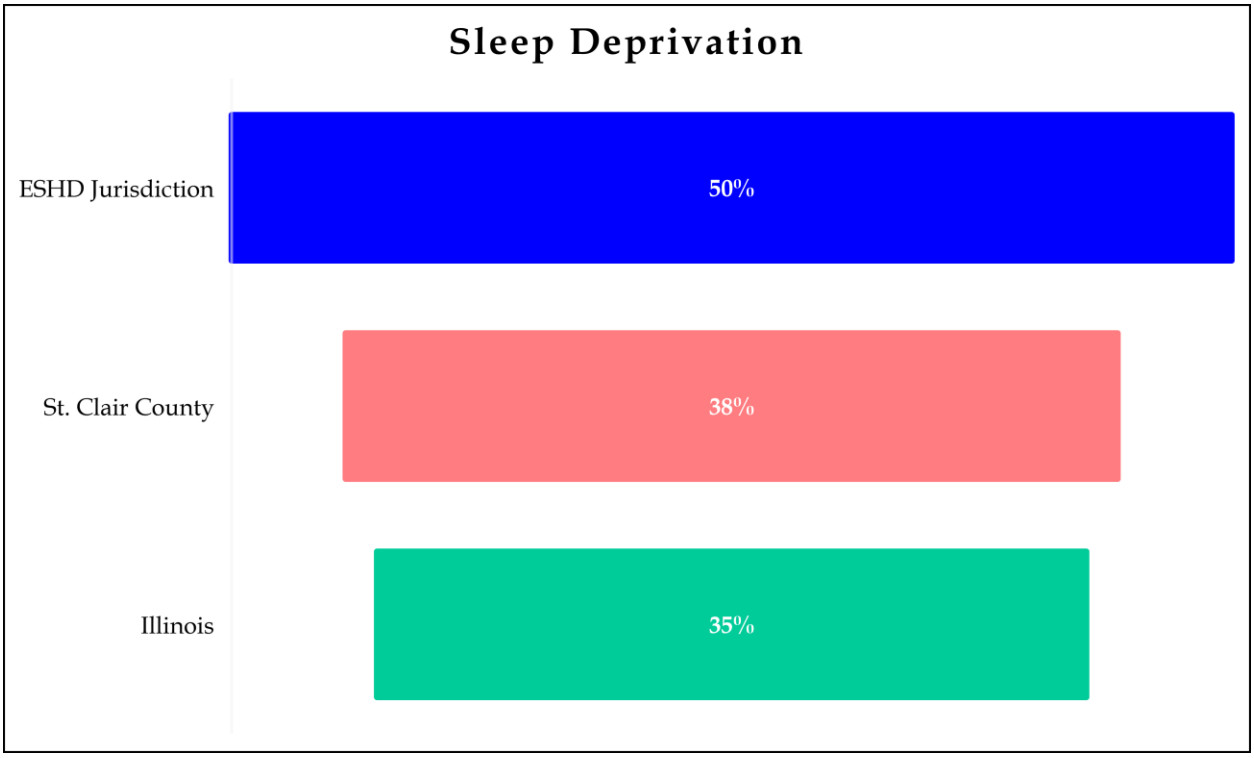


Figure 26. CDC Places, 2022

SMOKING

The graph below shows the percent of adults (ages 18 and older) who smoke tobacco. A higher percentage of adults smoke within the ESHD jurisdiction, compared to state and St. Clair County figures. Smoking is the leading cause of Chronic Obstructive Pulmonary Disease (COPD) and can also lead to other chronic diseases, such as asthma or lung cancer.

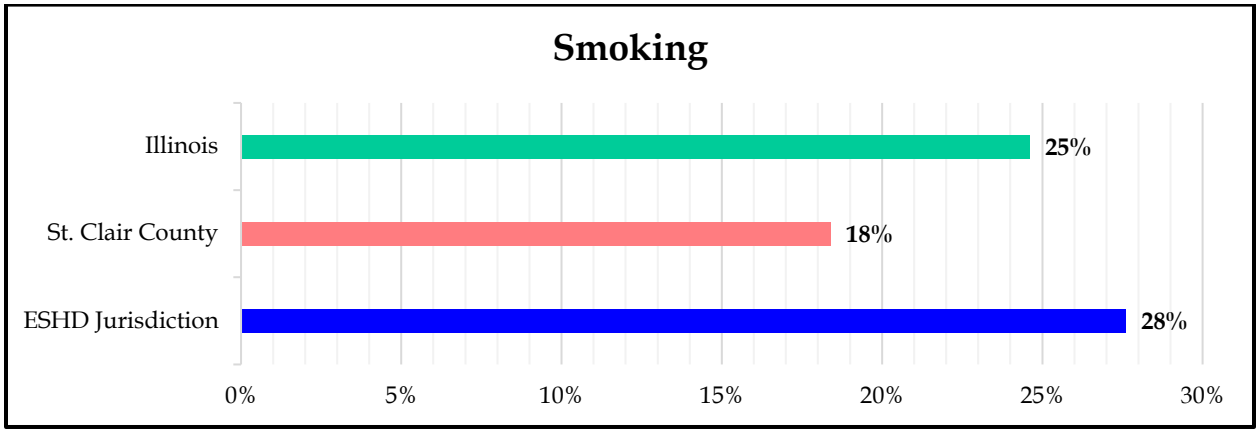


Figure 27. CDC Places, 2022

BINGE DRINKING

Although alcohol consumption is a health concern within the ESHD jurisdiction, binge drinking among adults (ages 18 and older) is not as prevalent compared to rates within the county and state.

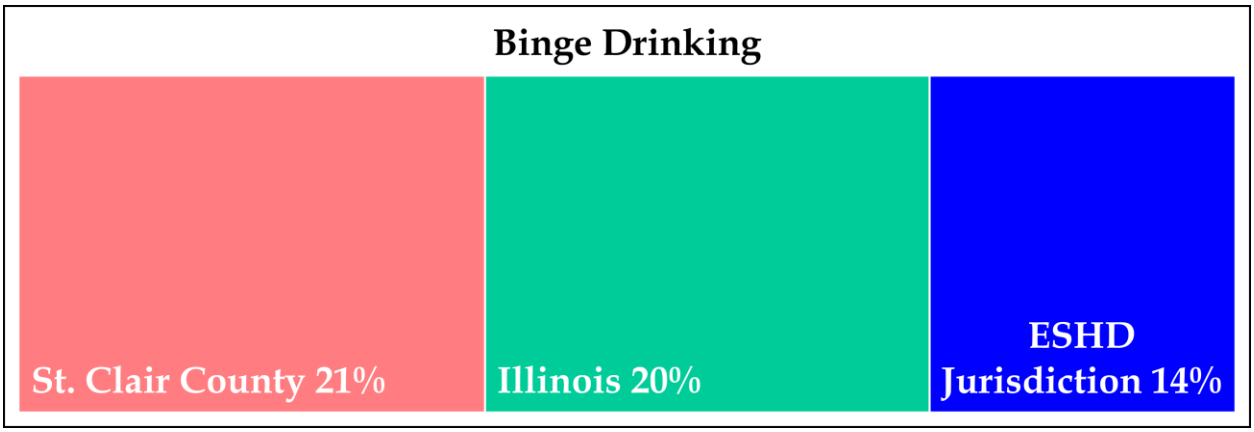


Figure 28. CDC Places, 2022

PHYSICAL INACTIVITY

Nearly 50% of adults (ages 18 and older) within the ESHD jurisdiction lead a sedentary lifestyle, which impacts the prevalence of obesity. It can be partly attributed to the absence of park equipment and recreational options – such as gyms, bike routes, and hiking trails – within the jurisdiction, which creates challenges for residents to be physically active.

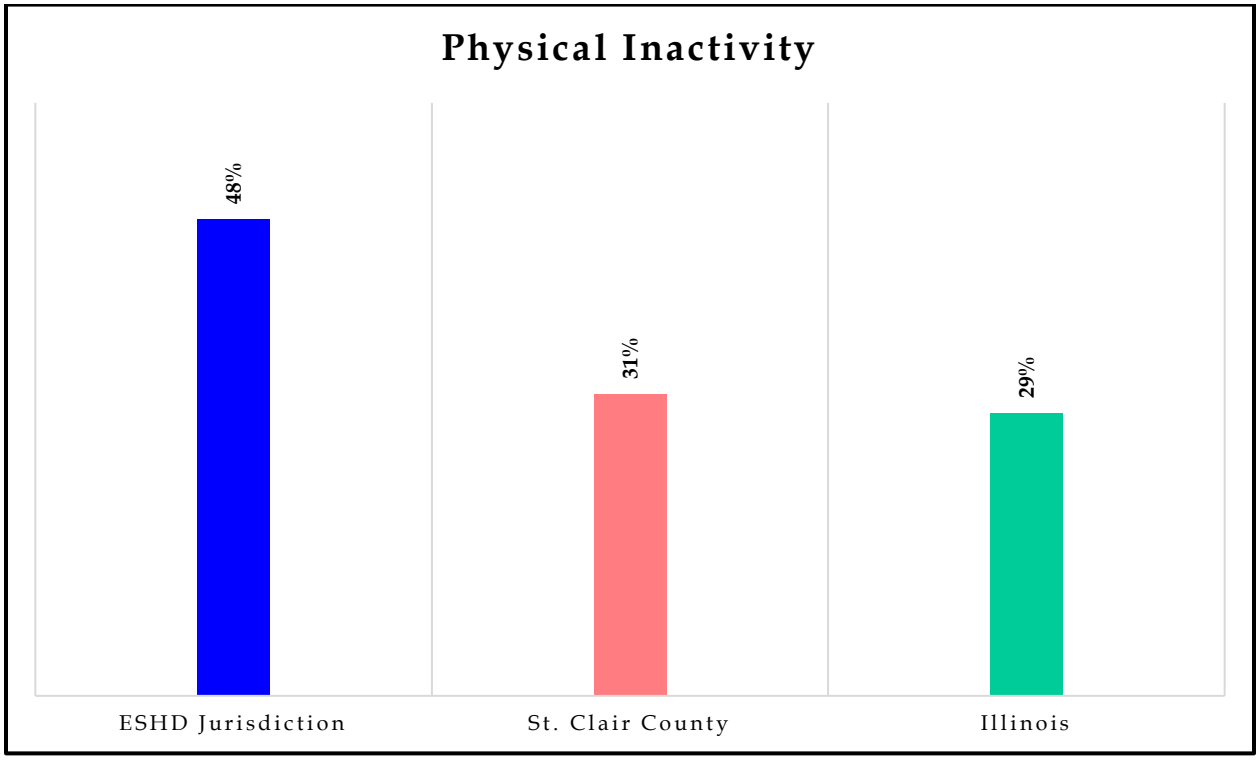


Figure 29. CDC Places, 2022

Environmental Health

AIR QUALITY

East St. Louis $PM_{2.5}$ 17

WHO Recommendation (2021) **$PM_{2.5}$ 15**

East St. Louis has an air quality index that is 1.1 times higher than the air quality guideline that was recommended by the World Health Organization (WHO) in 2021 (Air Quality Index, 2022). The effect of pollution is a slow process through which particulate matter (PM) builds up in the air and, when inhaled, causes serious health problems – such as inflammation, long-term lung illnesses, and fatal heart disease (Washington University, St. Louis 2014).

It has been revealed that East St. Louis has the worst asthma rates in the nation. A significantly higher admission rate of East St. Louis residents was reported by St. Louis Children's Hospital, and more than 90% of the hospital's child asthma emergency cases are African-American individuals. This data exhibits the correlation between racial disparities and socioeconomic status within the health sector (Washington University, St. Louis 2014).

The map in Figure 30 shows the hospitalization rates due to respiratory disease codes, while the map in Figure 31 shows the sources of pollution within greater St. Clair County.

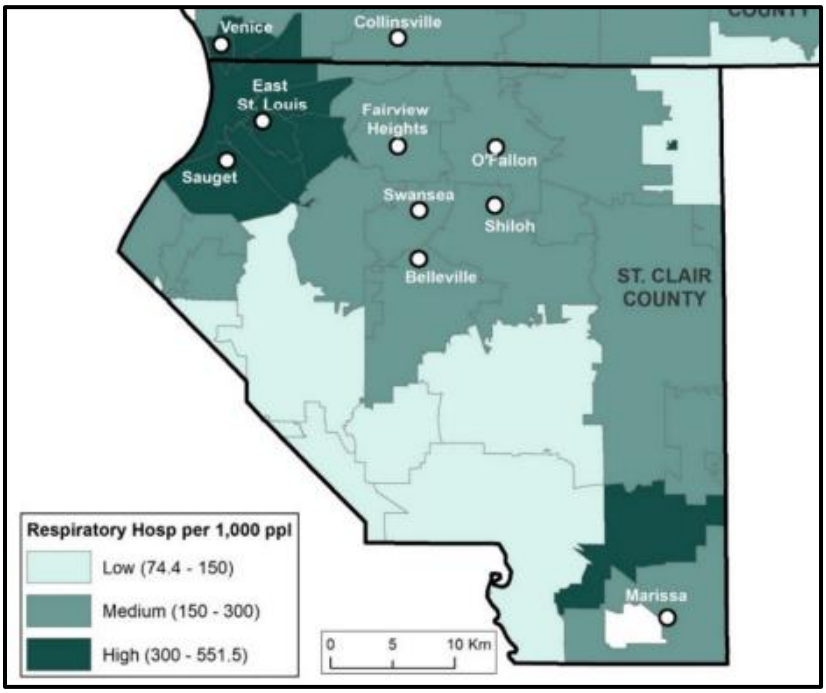


Figure 30. https://dc.uwm.edu/cgi/viewcontent.cgi?article=1121&context=ijger, 2020

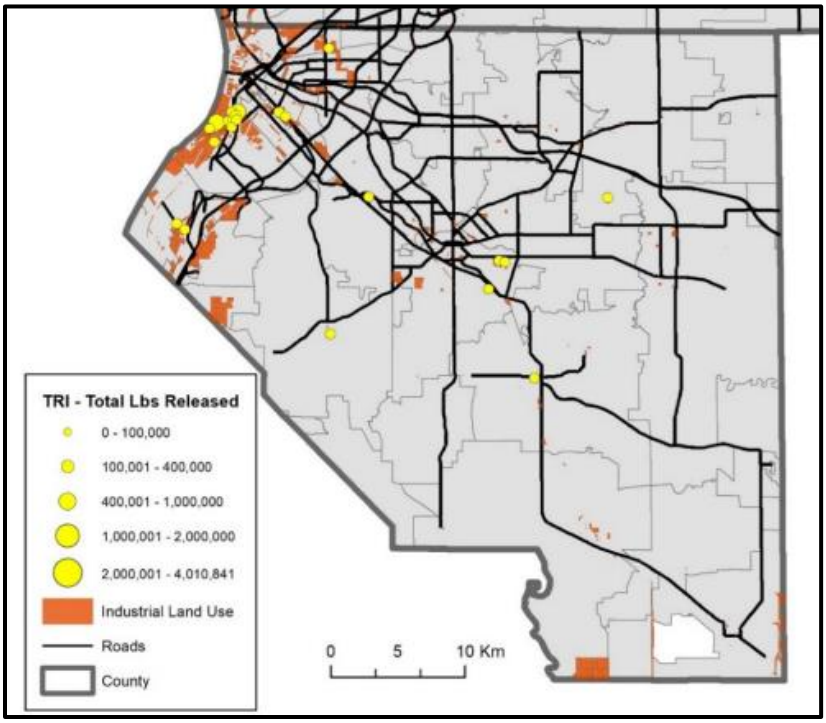


Figure 30. https://dc.uwm.edu/cgi/viewcontent.cgi?article=1121&context=ijger, 2020

Maternal & Child Health

MORTALITY

Maternal Mortality Rate

The rise in maternal deaths in the United States due to pregnancy or childbirth complications has been a cause for concern, with age and race as confounding factors. The maternal mortality rate increased from 28.1 deaths per 100,000 live births in 2019 to 28.3 deaths per 100,000 live births in 2020. For African-American women, however, this rate is almost doubled at 55.3 deaths per 100,000 live births – which is 2.9 times the mortality rate of Caucasian women.

In addition to race, age contributes to the prevalence of maternal mortality. Maternal age is directly proportional to mortality rate, which indicates that rates increase with age. The mortality rate is 7.8 times higher for women older than 40 years of age compared to women under 25 years of age (CDC, 2020).

Child Mortality Rate

The graphs below exhibit an alarming mortality rate for all children under the age of 18 in St. Clair County, which is double the national rate. The ESHD jurisdiction is one of the most impoverished districts in the county, thus, the mortality rate is likely to be much higher than a mortality rate of 80.

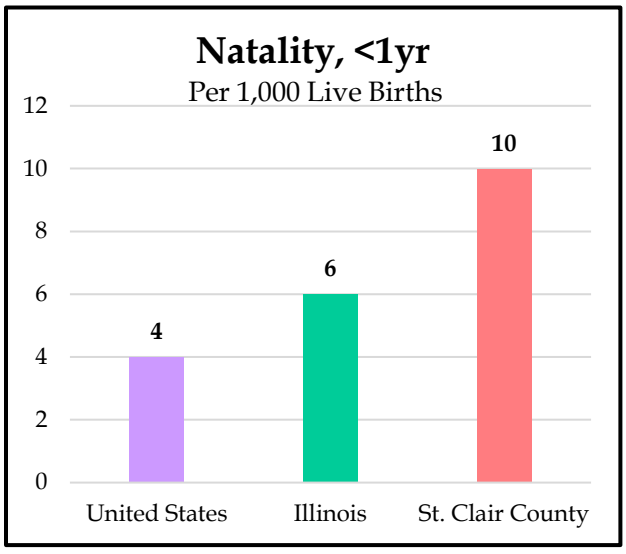


Figure 32. County Health Rankings, 2020

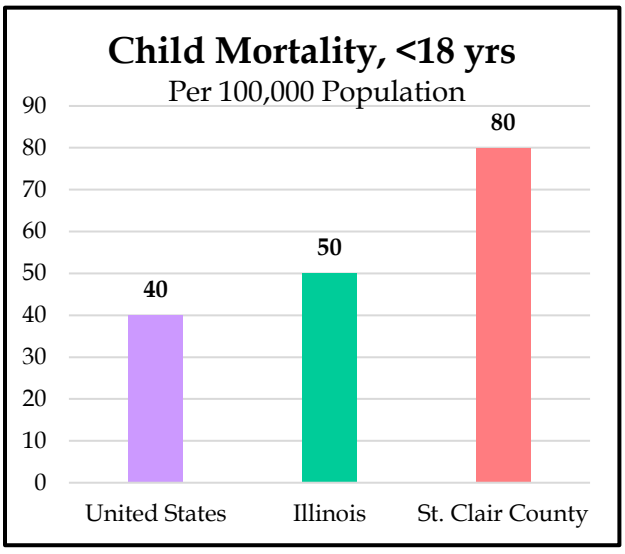


Figure 33. County Health Rankings, 2020

LOW BIRTH WEIGHT

The prevalence of low-birth-weight in St. Clair County ranks higher than the state and nation. By definition, babies with low birth weight are born under 5 pounds and 8 ounces. An estimated 13% of newborns in St. Clair County are born prematurely, which places babies at a higher risk of having a low birth weight (Illinois Department of Health, 2019). Other factors that contribute to low birth weight include food insecurity, lack of access to prenatal care, and substance use during pregnancy.

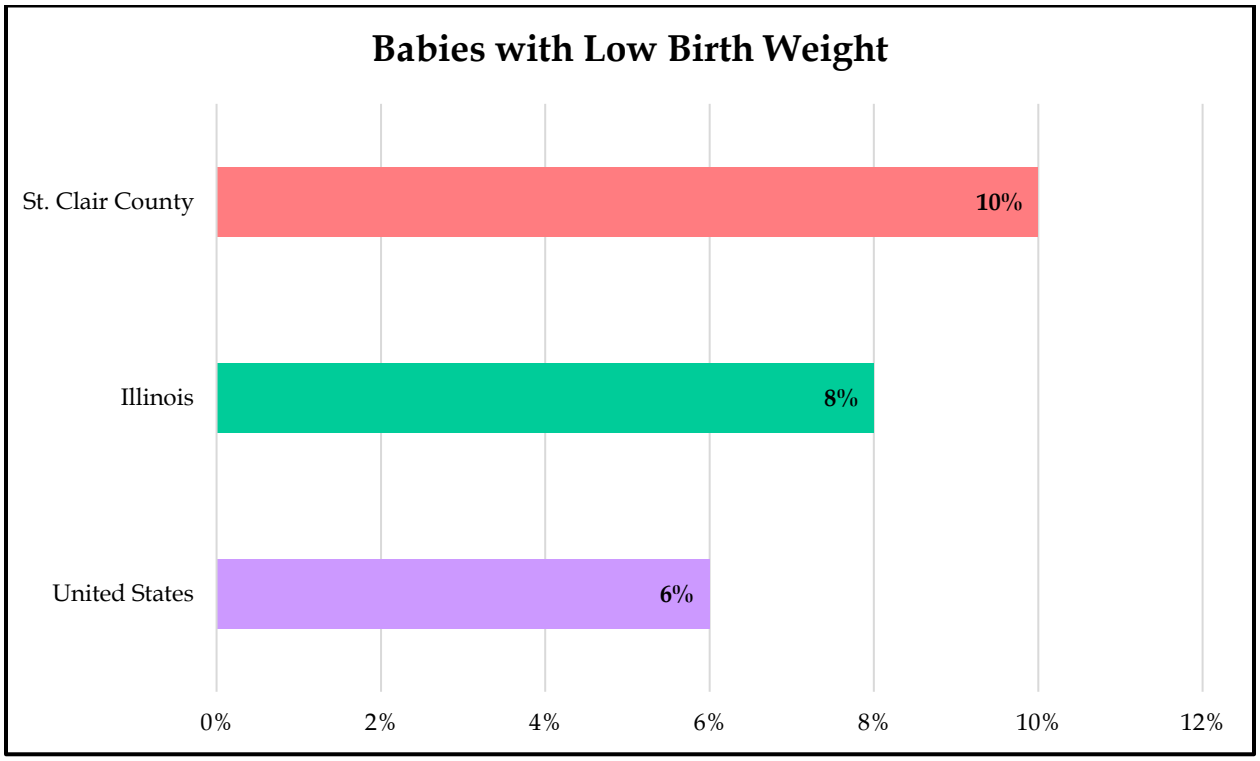


Figure 34. County Health Rankings, 2020

Mental Health

DEPRESSION

Mental health has recently become a chief concern within the jurisdiction, with depression as a leading outcome. However, due to stigmas and other cultural barriers, seeking mental health support services is not a priority for residents. Therefore, the number of reported mental health cases does not correlate to the severity of mental health prevalence within the ESHD jurisdiction. The reported incidence of depression among adults (ages 18 and older) within the jurisdiction falls in between county and state averages.

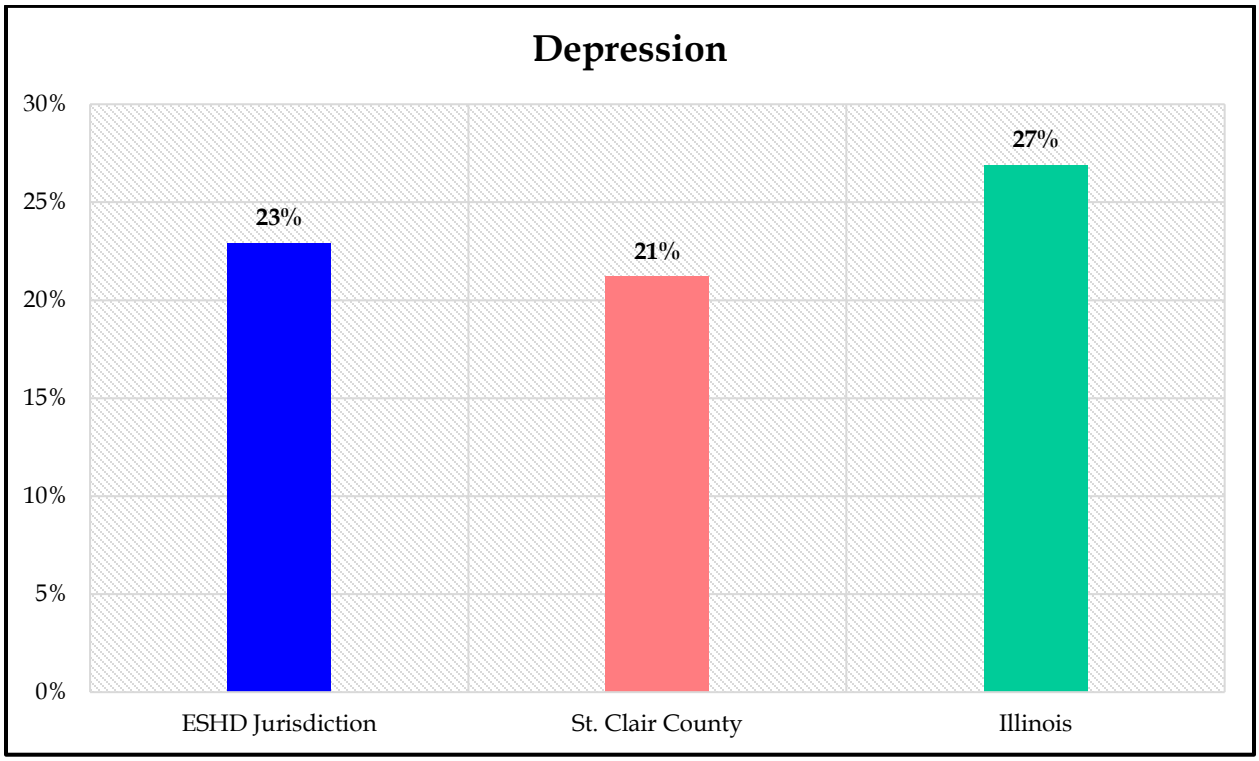
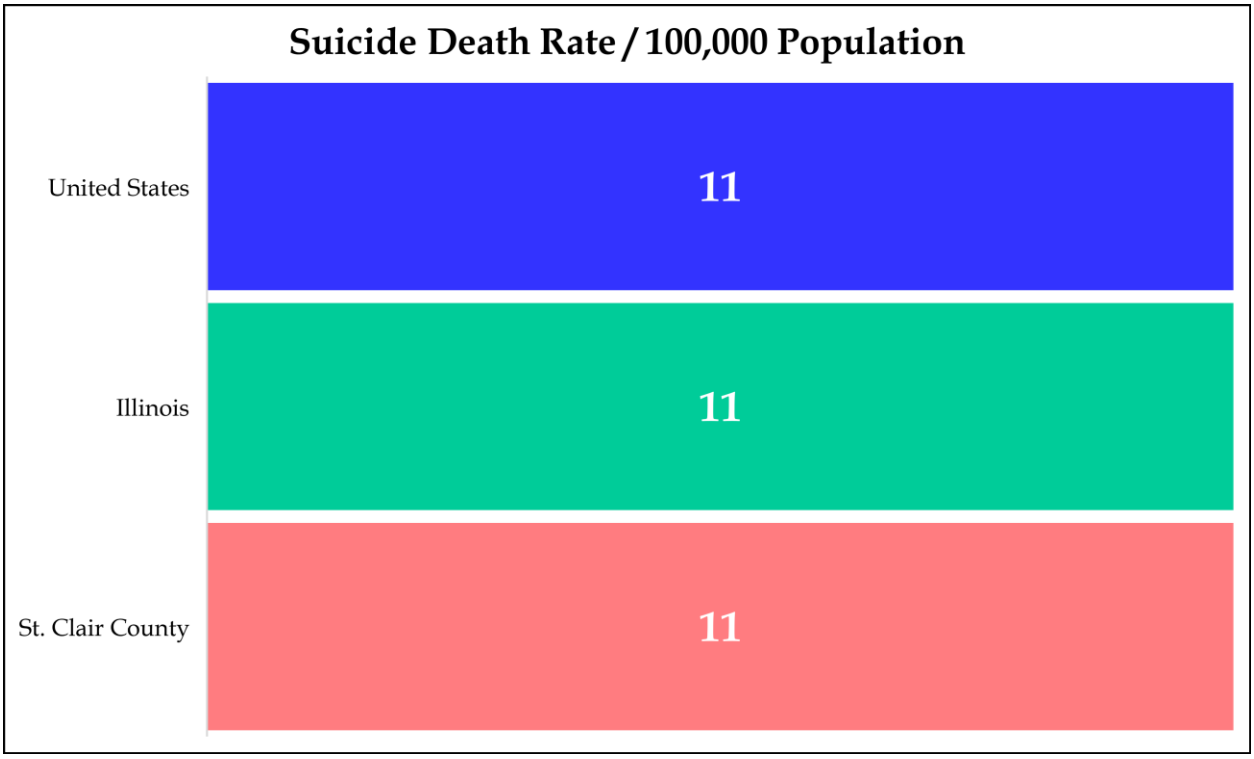


Figure 35. CDC Places, 2022

SUICIDE

The suicide death rate in greater St. Clair County is consistent with both state and national figures at 11 deaths per 100,000 population. Between 2016 and 2020, the county had 150 deaths by suicide.



Chronic Diseases

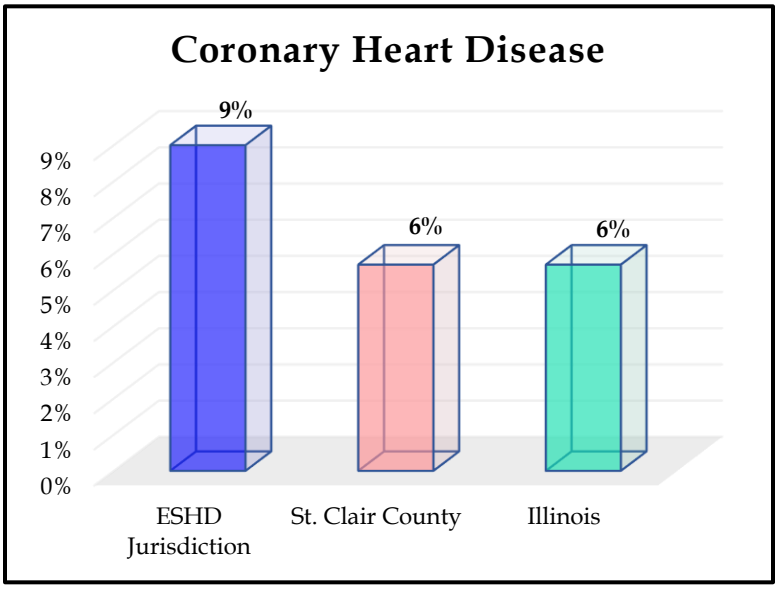


Figure 36. CDC Places, 2022

CORONARY HEART DISEASE

The prevalence of CHD in the ESHD jurisdiction is 3% higher than county and state averages among adults (ages 18 and older).

HYPERTENSION

High blood pressure is a leading concern among adults (ages 18 and older) within the ESHD jurisdiction, which exceeds the county and state averages. Its prevalence can be largely attributed to the significant number of obesity cases within the jurisdiction.

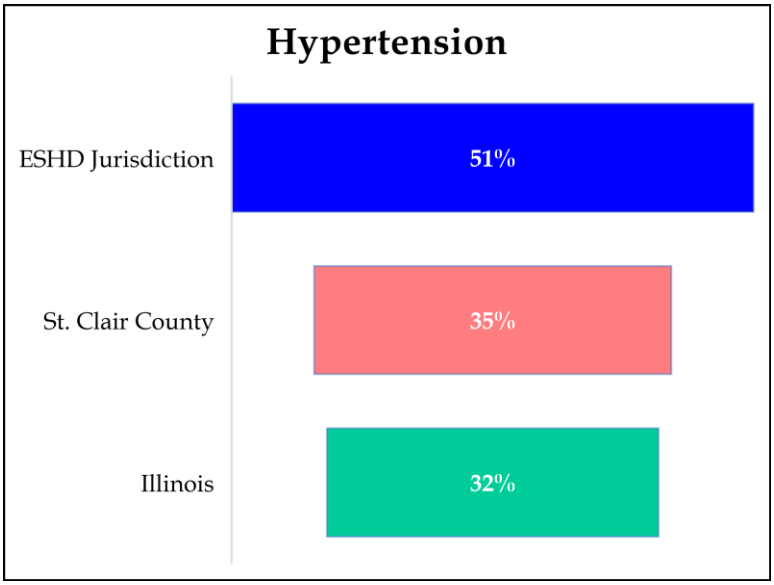


Figure 37. CDC Places, 2022

OBESITY

Among all chronic diseases, obesity has the highest prevalence among adults (ages 18 and older) within the ESHD jurisdiction, county, and state. The jurisdiction can be considered an obesogenic environment, which refers to a setting that promotes weight gain by encouraging unhealthy behaviors and an inactive lifestyle. Contributing factors for obesity include poor diet, physical inactivity, and sleep deprivation.

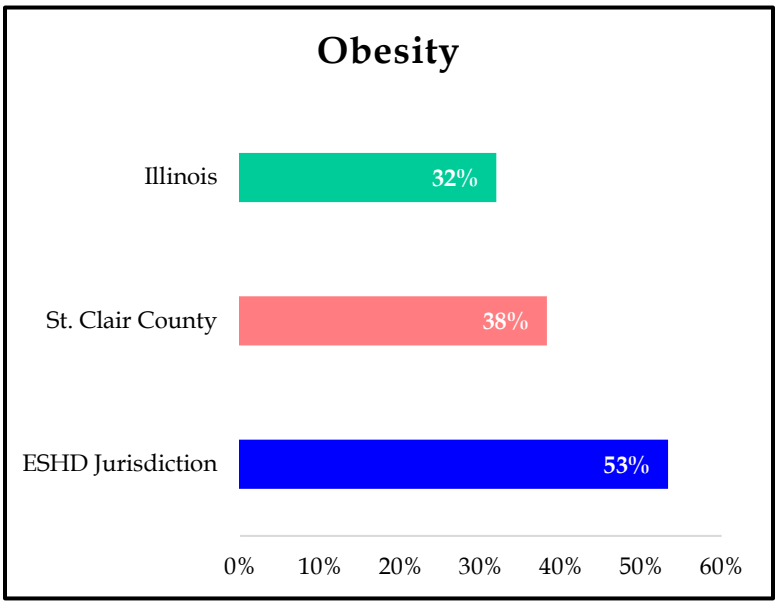


Figure 38. CDC Places, 2022

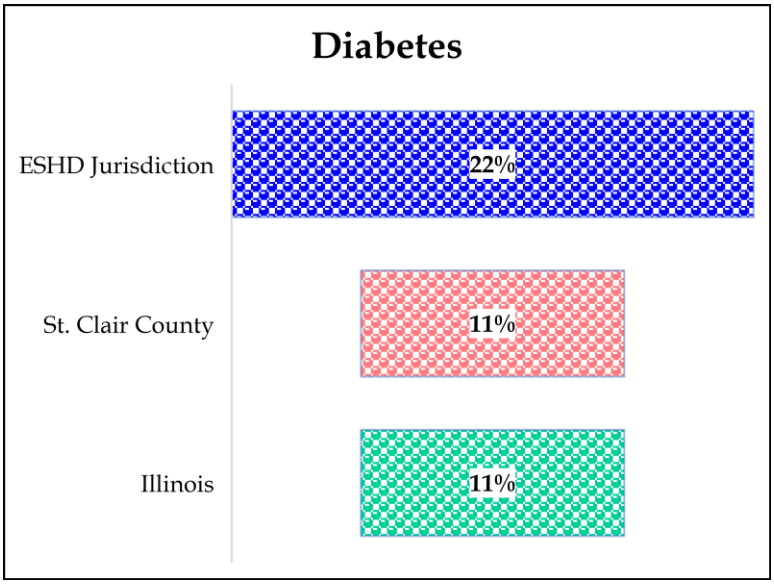


Figure 39. CDC Places, 2022

DIABETES

The incidence of diabetes within the ESHD jurisdiction among adults (ages 18 and older) is double the county and state average. The high rate of diabetes, which is also considered a comorbidity of obesity, can be linked to poor nutrition within the jurisdiction.

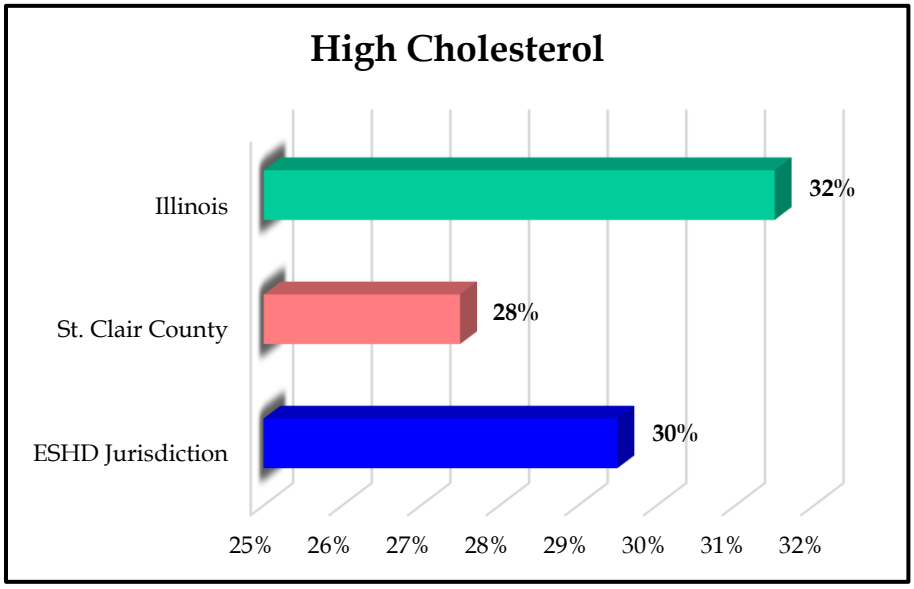


Figure 40. CDC Places, 2022

HIGH CHOLESTEROL

The graph depicts the incidence of high cholesterol levels in adults (ages 18 and older). At an estimated 30% prevalence within the ESHD jurisdiction, high cholesterol is second to the state average.

KIDNEY DISEASE

Kidney disease is almost twice as prevalent among adults (ages 18 and older) within the ESHD jurisdiction compared to county and state averages.

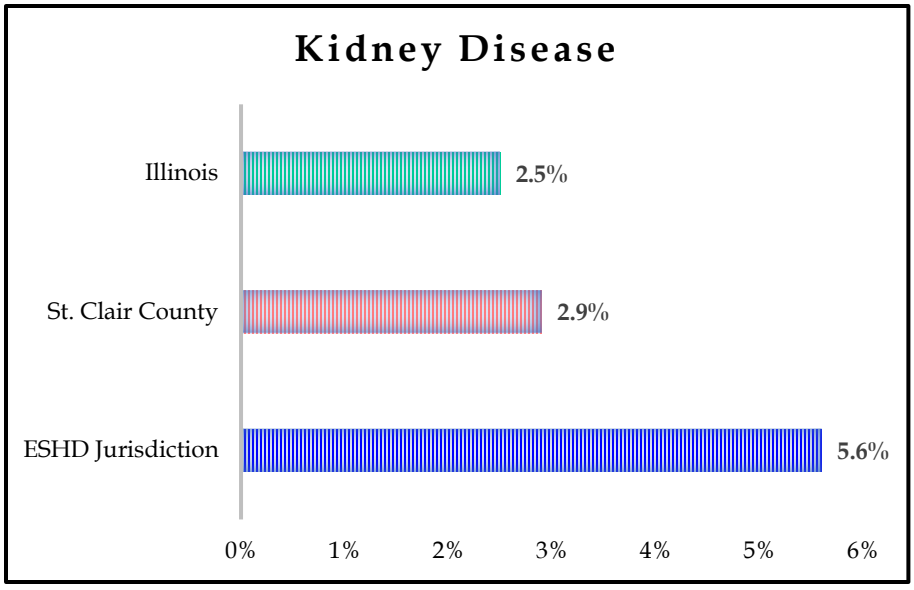


Figure 41. CDC Places, 2022

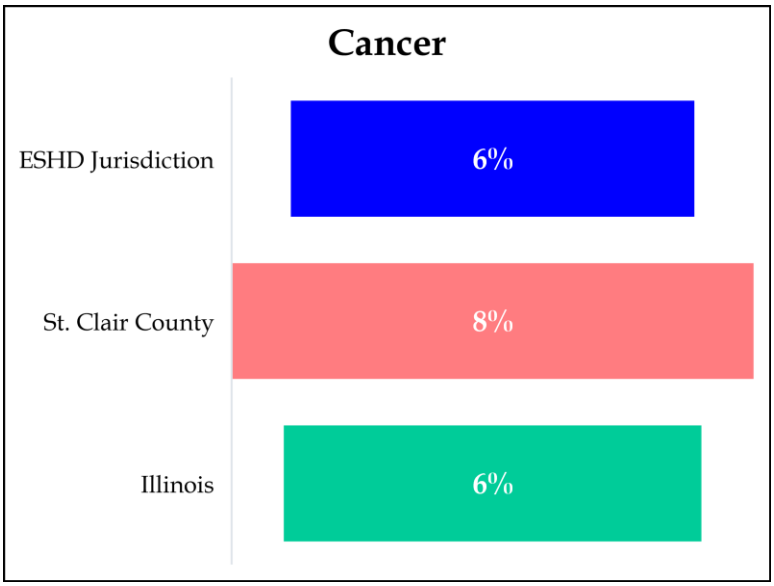


Figure 42. CDC Places, 2022

CANCER

The graph indicates that cancer rates within the ESHD jurisdiction are consistent with state data, which is 2% lower than the county average. Within greater St. Clair County, breast cancer has the highest prevalence.

STROKE

The graph depicts the incidence of strokes among adults (ages 18 and older) within the ESHD jurisdiction, which is more than double county and state numbers.

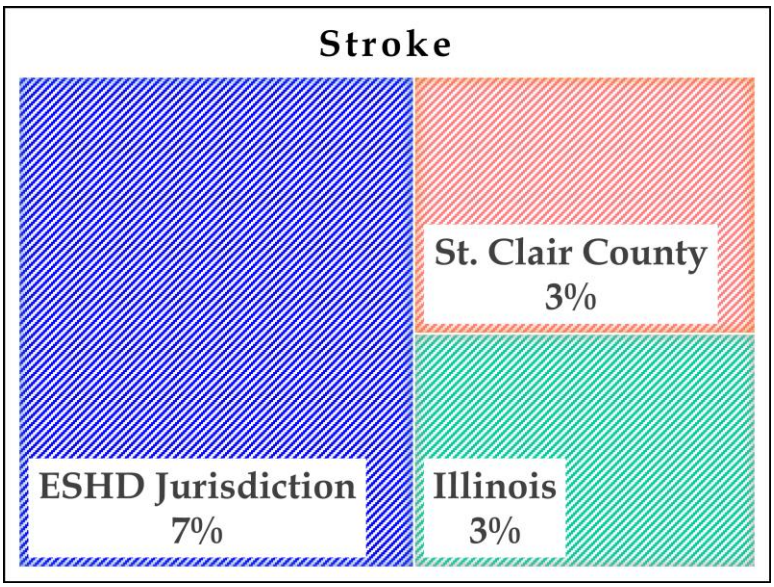


Figure 43. CDC Places, 2022

ARTHRITIS

At 33%, the prevalence of arthritis among adults (ages 18 and older) within the ESHD jurisdiction is much higher than county and state rates.

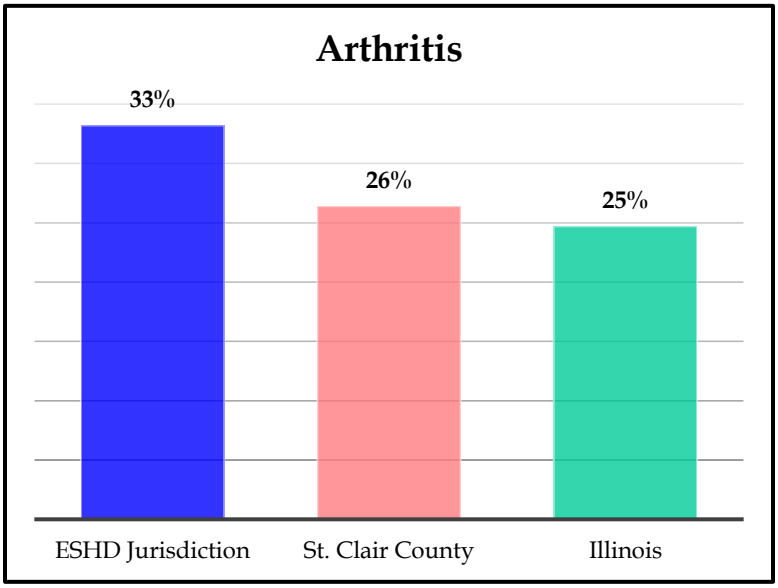


Figure 44. CDC Places, 2022

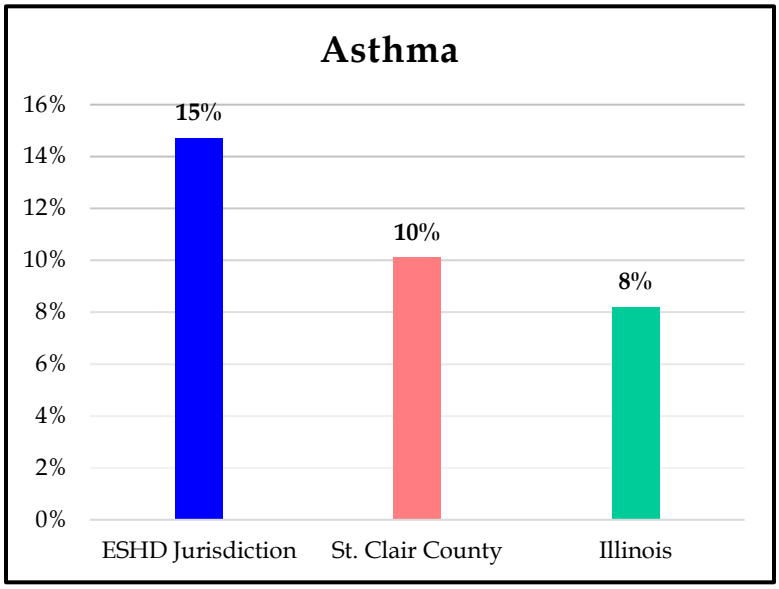


Figure 45. CDC Places, 2022

ASTHMA

Poor air quality is the leading cause of asthma. With a 15% prevalence rate among adults (ages 18 and older), the ESHD jurisdiction holds a record for the worst asthma rates in the nation.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

The incidence of COPD in adults (ages 18 and older) within the ESHD jurisdiction is almost twice as high as the state average. Obesity, poor air quality, and smoking habits place individuals at a higher risk for COPD.

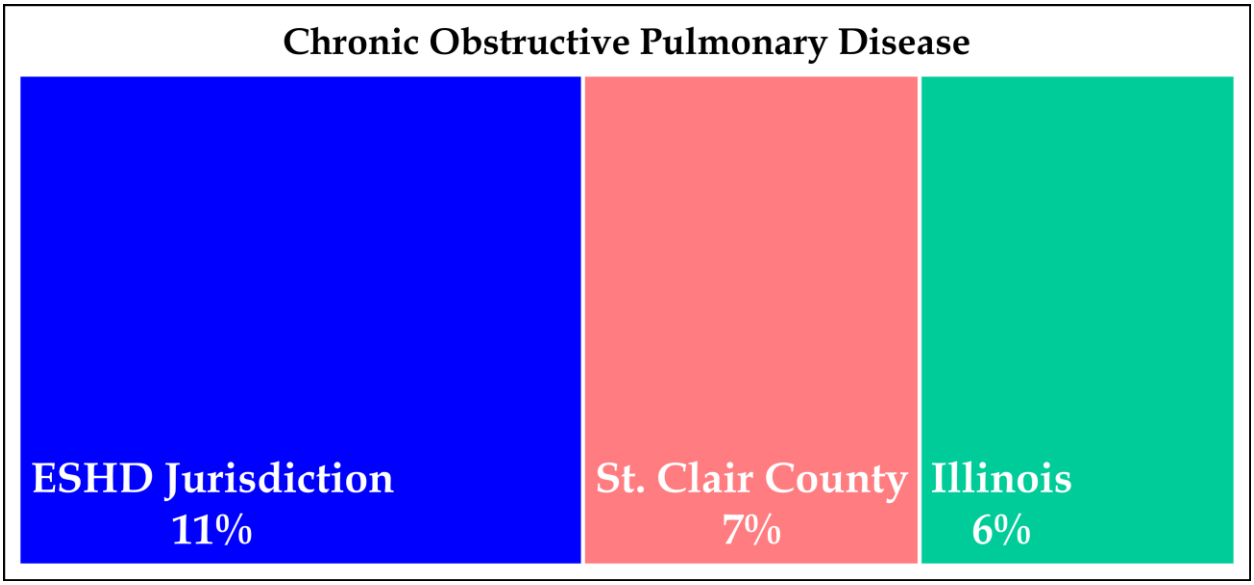


Figure 46. CDC Places, 2022

"The community has a high number of residents with chronic conditions such as asthma, hypertension, and diabetes. With chronic conditions, there are periods of time when an individual may feel well; however, the condition continues to progress and has lasting healthcare implications. Chronic conditions require self-management of medications, exercise, and diet. For example, it's difficult to manage diabetes or asthma if there are limited places within the community to purchase nutritious foods at reasonable prices or when the air quality is impacted by pollution." ~ **Dr. Jerrica Ampadu, Director of WeCare Clinic, SIUE**

SEXUALLY TRANSMITTED INFECTIONS (STIs)

The most common STIs contracted among populations across the US are chlamydia, gonorrhea, and syphilis. The chart below illustrates a visual of the number of **reported** cases within the ESHD jurisdiction between 2019-2021, which is consistent with both state and national trends. While the decrease in STI cases may challenge the notion that STIs are a primary health concern, it is important to note that the decline occurred during the COVID-19 pandemic when stay-at-home orders were mandated. Thus, the number of reported cases were reduced due to limited screenings and closed health clinics. Additionally, the fear of exposure to coronavirus helped mitigate STIs through social distancing measures that were also enforced (Illinois Department of Public Health, 2022).

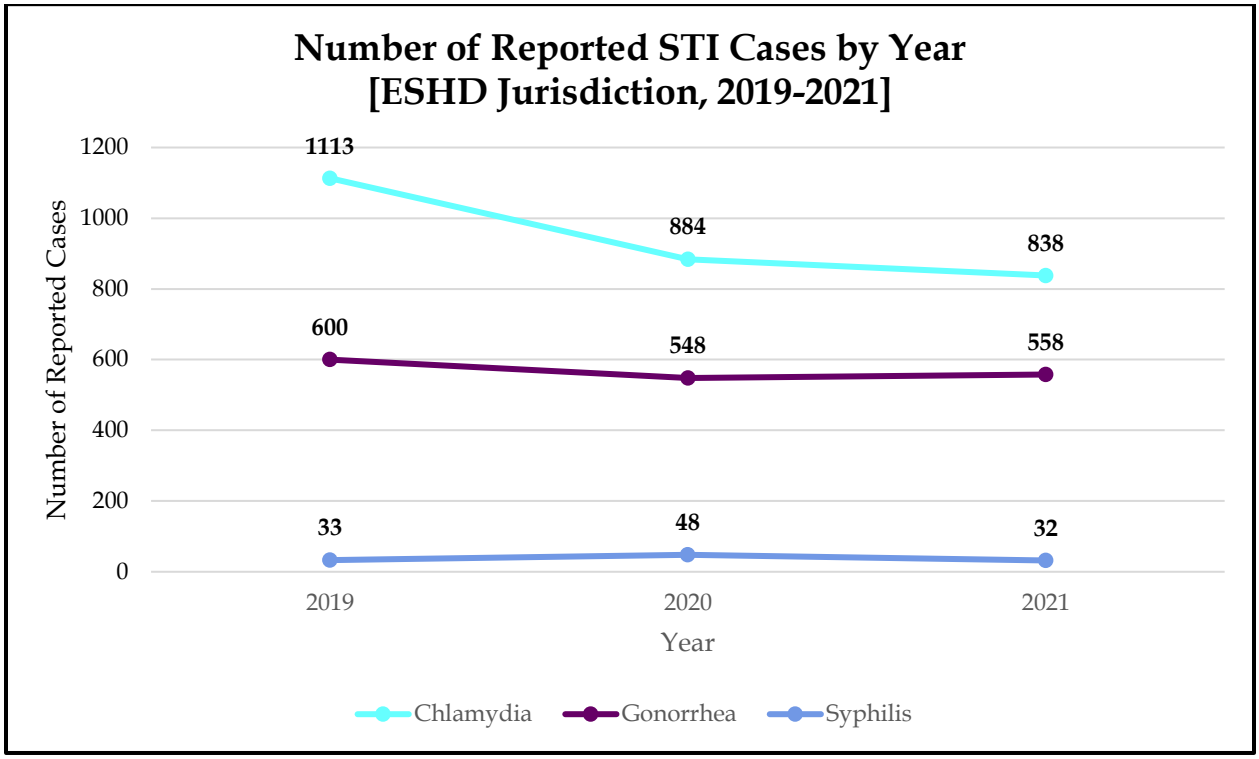


Figure 47. Illinois Department of Public Health, 2022

Upon further review of data, it was found that both females and black individuals are at higher risk of contracting an STI across the jurisdiction, state, and nation.

Introduction

ESHD utilized three methods to collect and analyze qualitative and quantitative data on primary health concerns within its jurisdiction. These processes included *community survey input*, *community coalition discussions* through focus group sessions, and *IPLAN team guidance*. A heath department staff lead worked with each department team and co-chair to obtain feedback and direction for developing objectives, prioritizing resources, and creating an evaluation process.

Community Surveys

COMMUNITY HEALTH SURVEY

A community health survey consisting of qualitative and quantitative questions was developed to capture demographic and health information from community members who reside within the ESHD jurisdiction. Data obtained for the jurisdiction pertains to the following Illinois ZIP codes: 62201, 62203, 62204, 62205, 62206, 62207, and 62059.

About 1,800 paper surveys were administered to community members living and working within the ESHD jurisdiction. All ESHD clinics, local businesses, partner agencies, and COVID-19 vaccine pods distributed the survey between July and October of 2021. After surveys completed by residents outside of the jurisdiction were omitted, a total of 1,549 surveys were analyzed using statistical tools in Microsoft Access and Microsoft Excel.

Community Health Survey Results

The following graphs summarize the findings from the survey (see APPENDIX B).

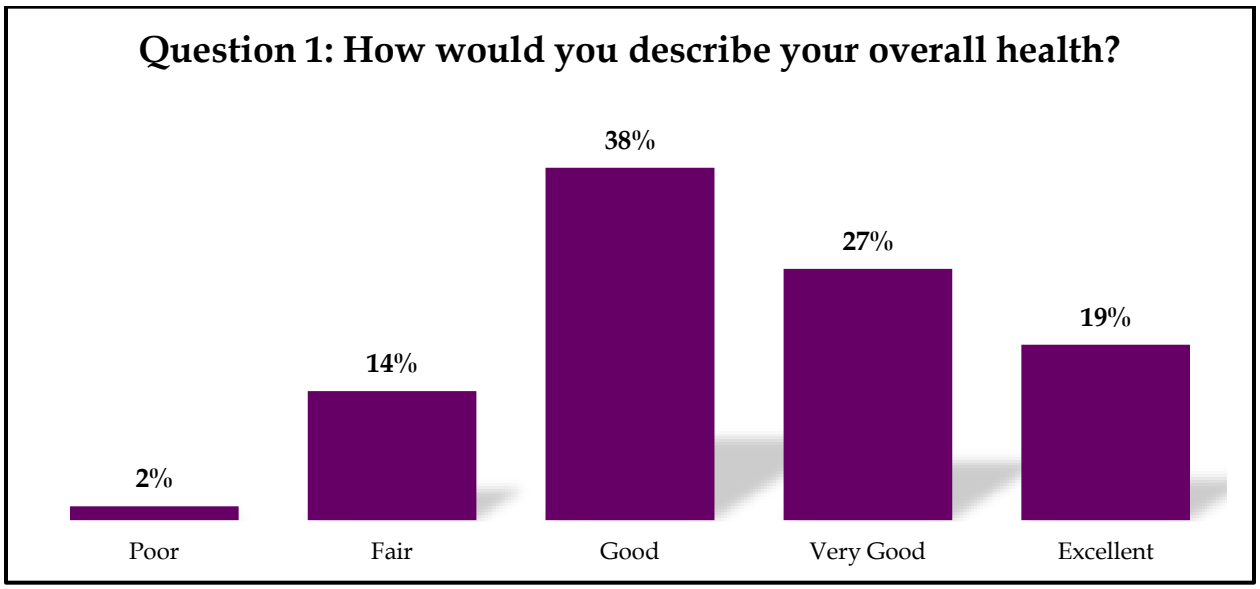


Figure 48. Overall health status of survey participants [n = 1549]

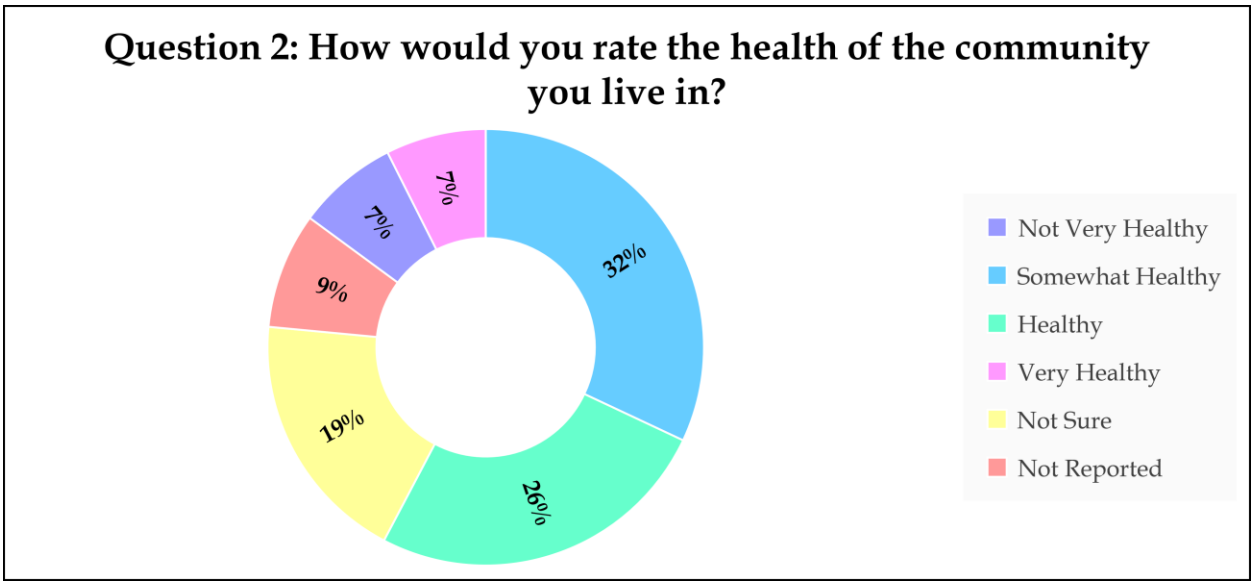


Figure 49. Overall community health according to survey participants [n = 1549]

The community profile has indicated that the ESHD jurisdiction ranks low in health factors and outcomes, with high rates of chronic disease, violence, and poverty. However, 65% of survey participants believe that the well-being of their community ranges from somewhat healthy to very healthy because the previously discussed rates have become an accepted norm within the jurisdiction.

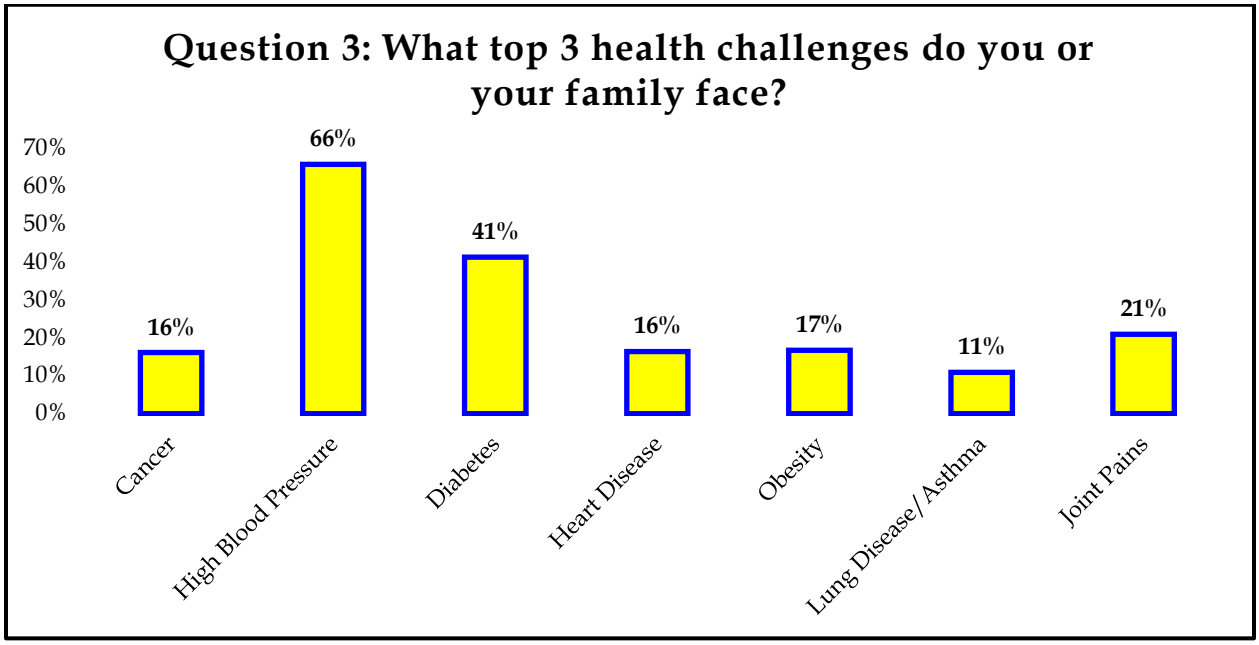


Figure 50. Top family health concerns among survey participants [n = 1549]

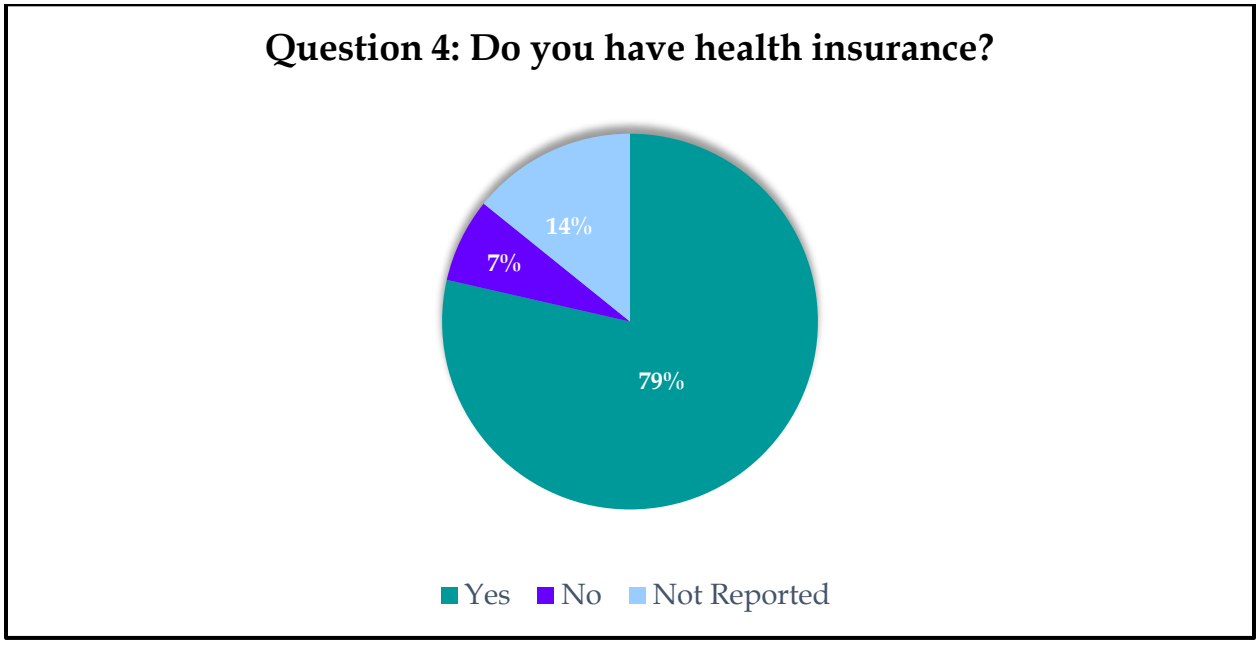


Figure 51. Health insurance status of survey participants [n = 1549]

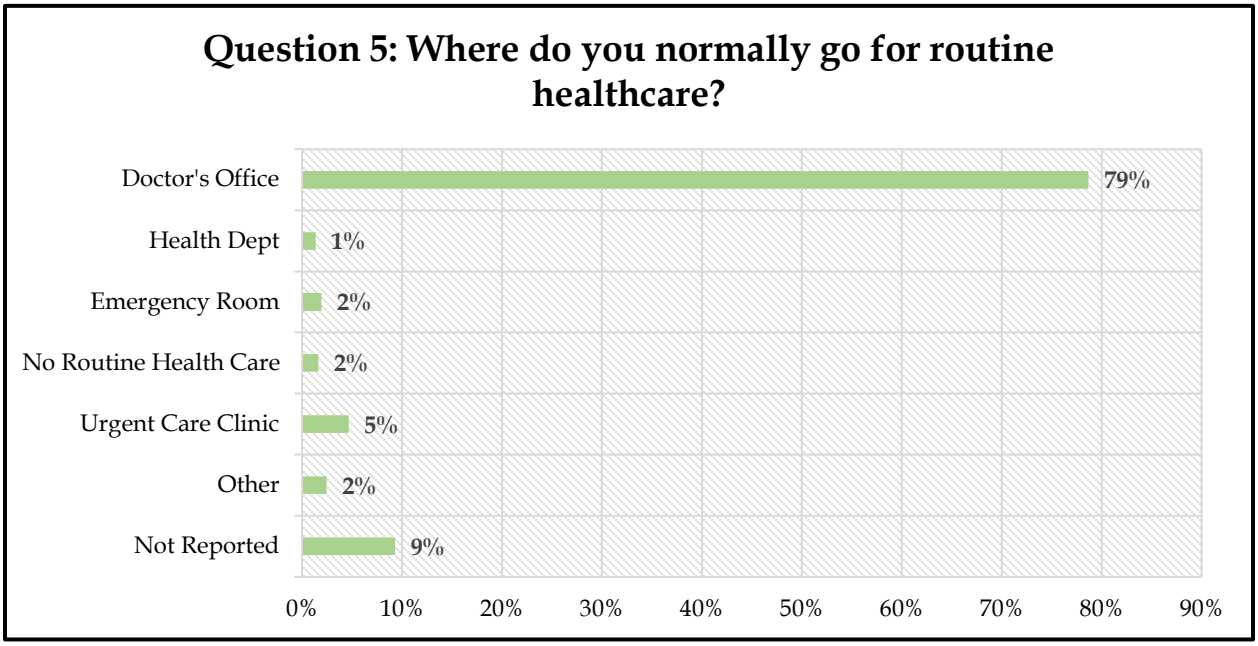


Figure 52. Health facilities utilized by survey participants [n = 1549]

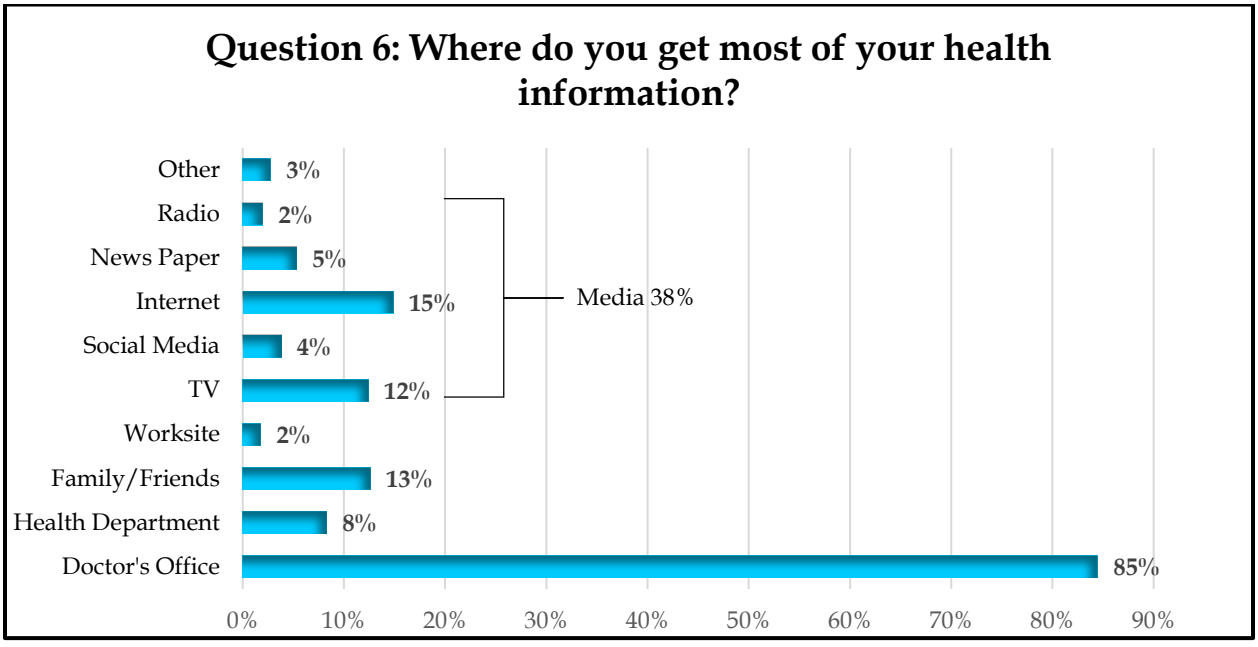


Figure 53. Primary sources from which survey participants receive their health information [n = 1549]

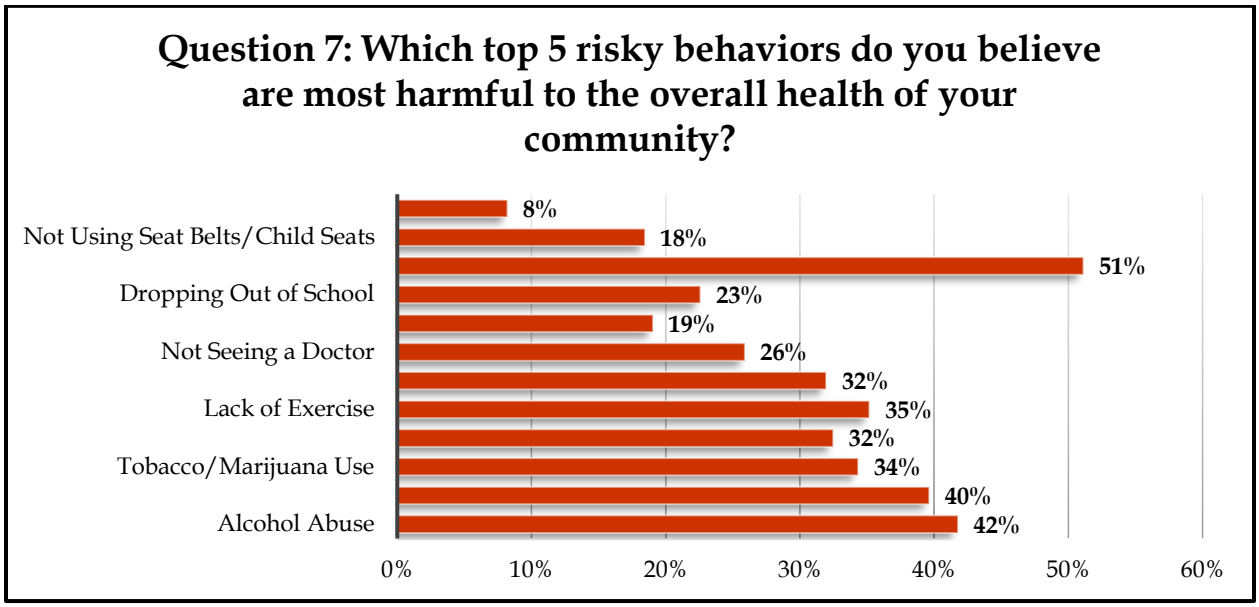


Figure 54. Primary concerns within the local community, as identified by survey participants [n = 1549]

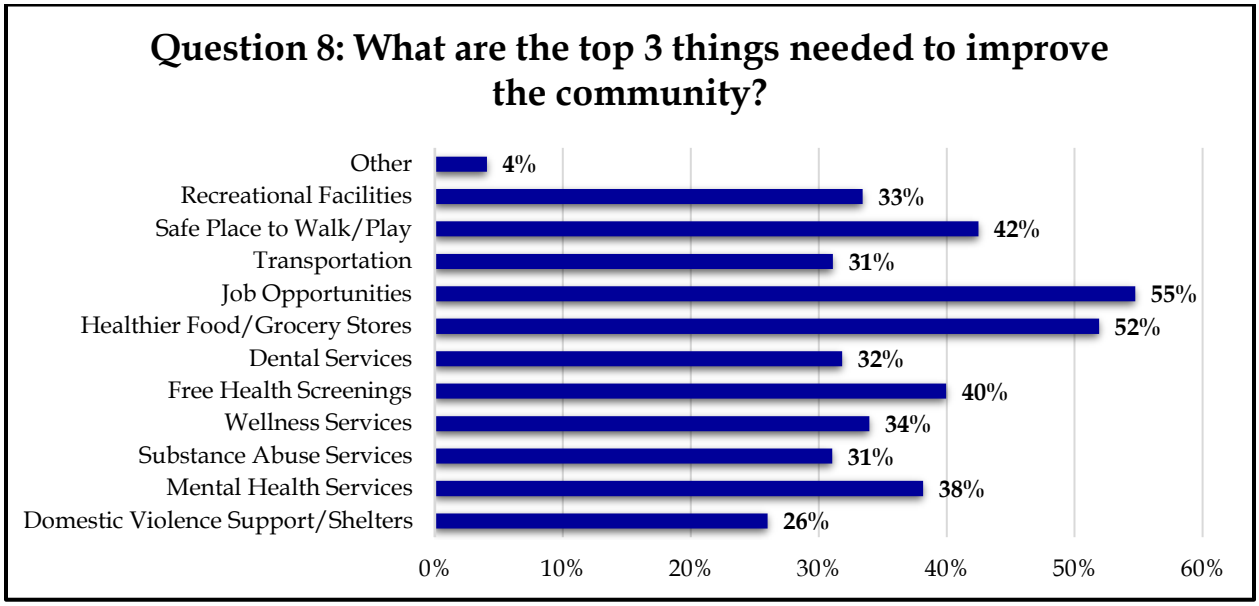


Figure 55. Services needed in the local community, as identified by survey participants [n = 1549]

Survey respondents expressed a need for stronger leaders who will work to address the community's infrastructure issues, such as maintaining a clean city, implementing routine garbage disposal practices, building better roads and sidewalks, installing working streetlights, and ensuring more police presence in neighborhoods. Participants also conveyed a need for free equitable resources and services (i.e., without discrimination) for homeless populations as well as general health and wellness check-ups. Cheaper medications and insurance assistance for senior citizens are amongst the many needs of this community.

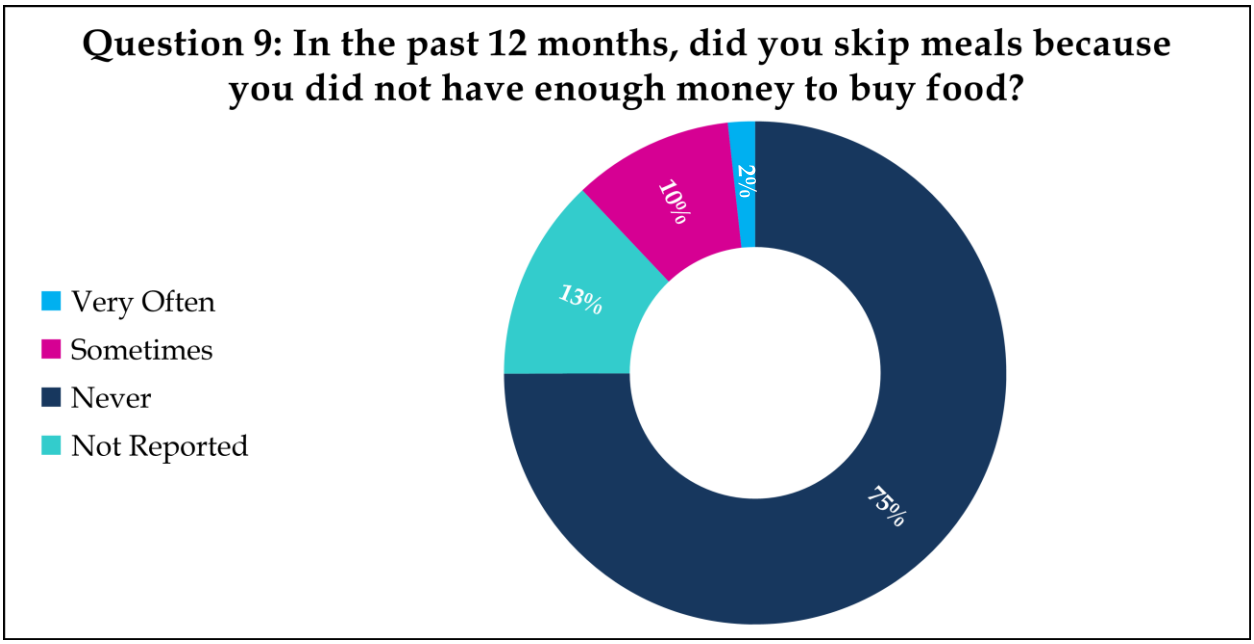


Figure 56. Percentage of survey participants who skipped meals in the past 12 months [n = 1549]

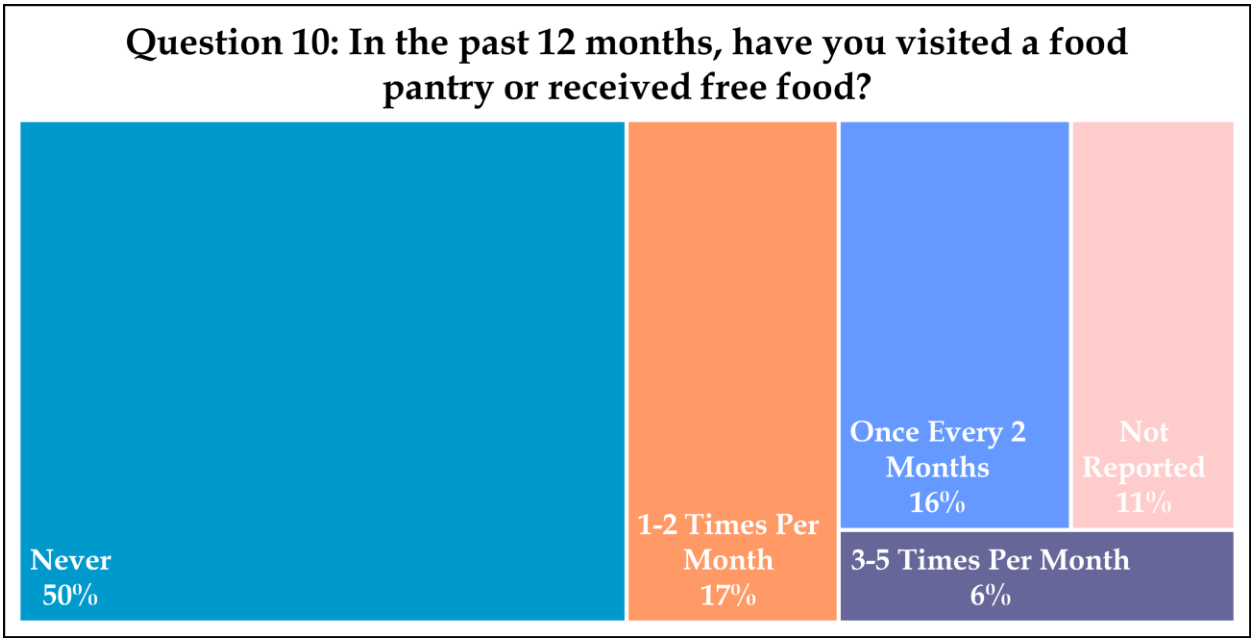


Figure 57. Percentage of survey participants who received food assistance in the past 12 months[n = 1549]

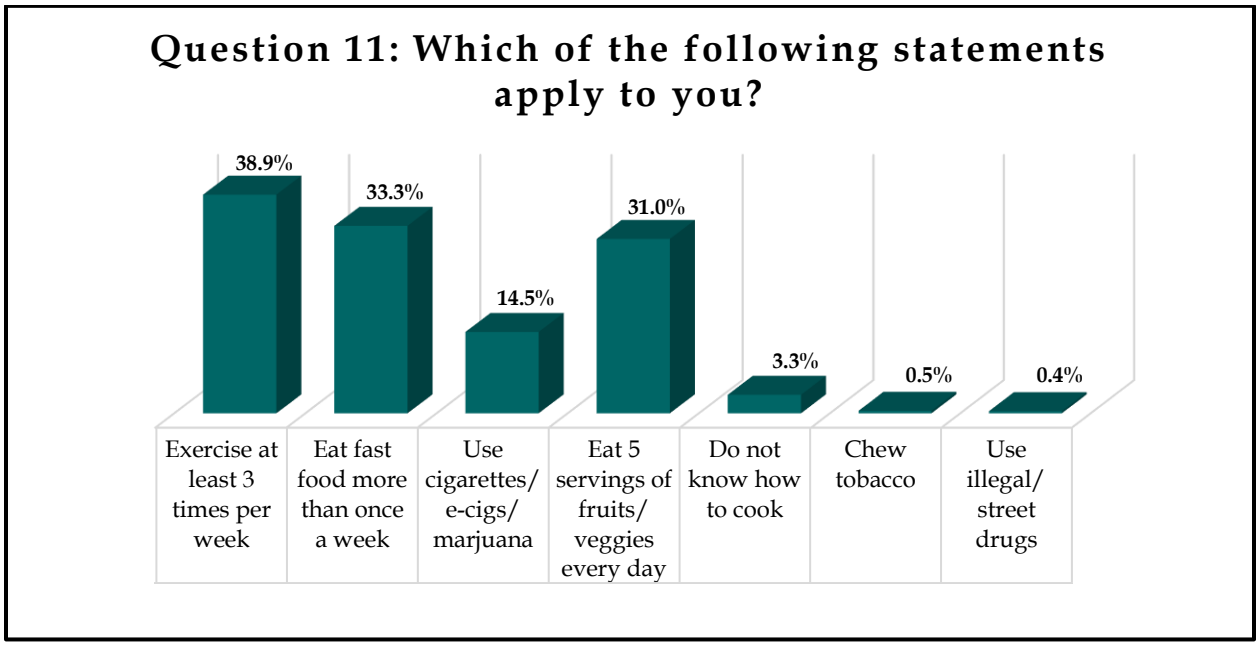


Figure 58. Lifestyle habits that survey participants engage in regularly [n = 1549]

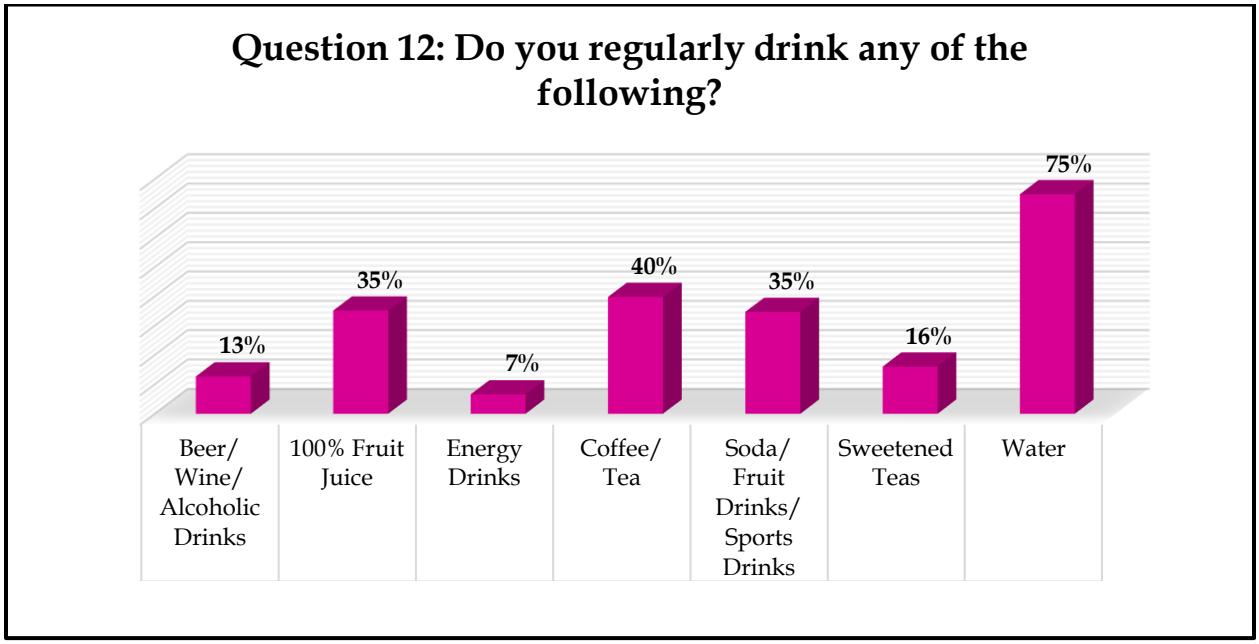


Figure 59. Types of drinks consumed by survey participants on a regular basis. [n = 1549]

Contrary to what the graph above indicates, most individuals within the community have a high alcohol intake while a lower percentage of individuals drink water. However, due to the skew in age of survey participants (most of whom were older than 65 years), the responses do not fully exhibit community outcomes.

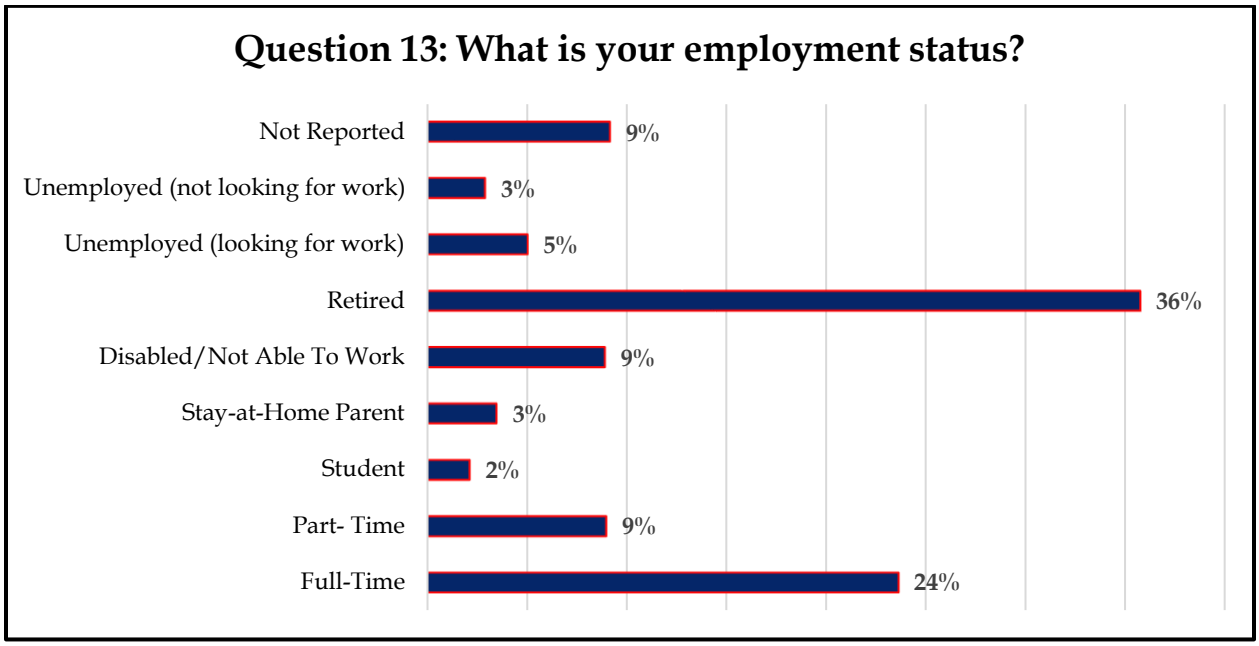


Figure 60. Employment status of survey participants by percentage [n = 1549]

A large percentage of survey participants were retirees, which indicates that many individuals were within the older age bracket.

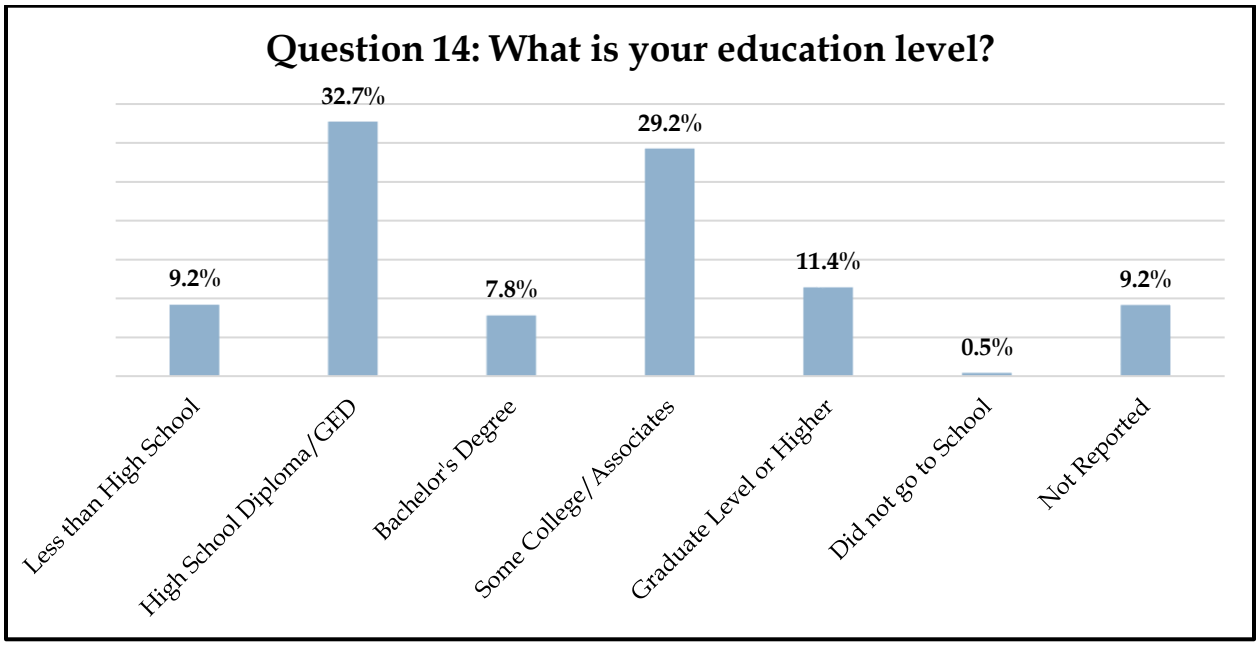


Figure 61. Education level of survey participants by percentage [n = 1549]

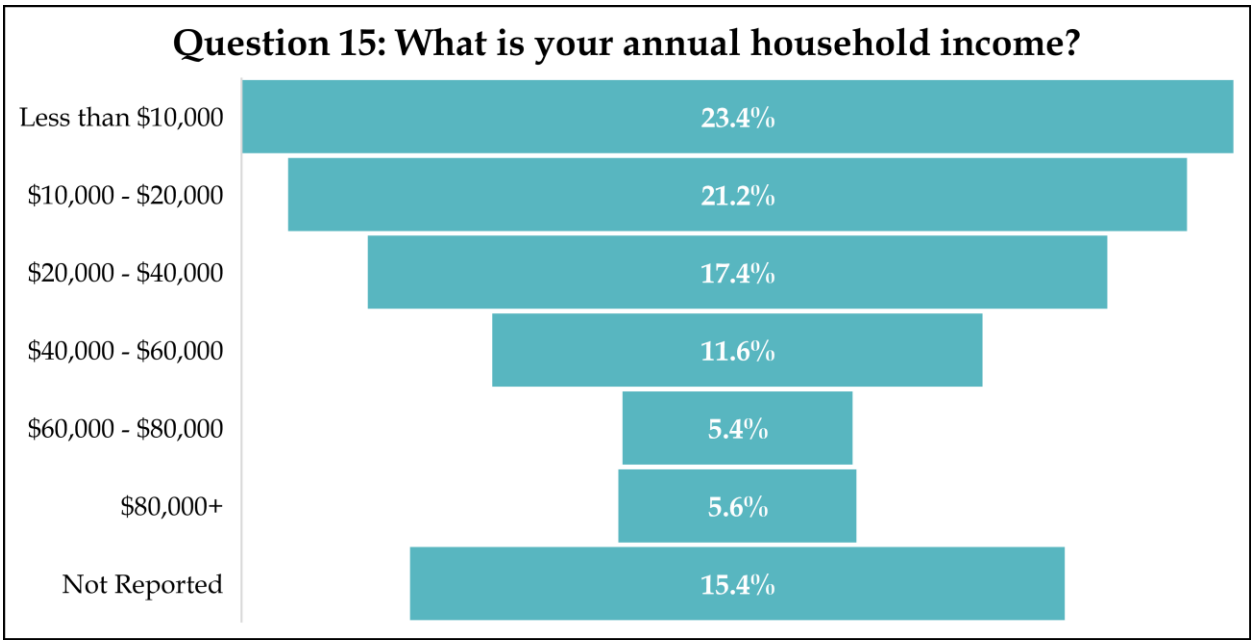


Figure 62. Annual household income of survey participants by percentage [n = 1549]

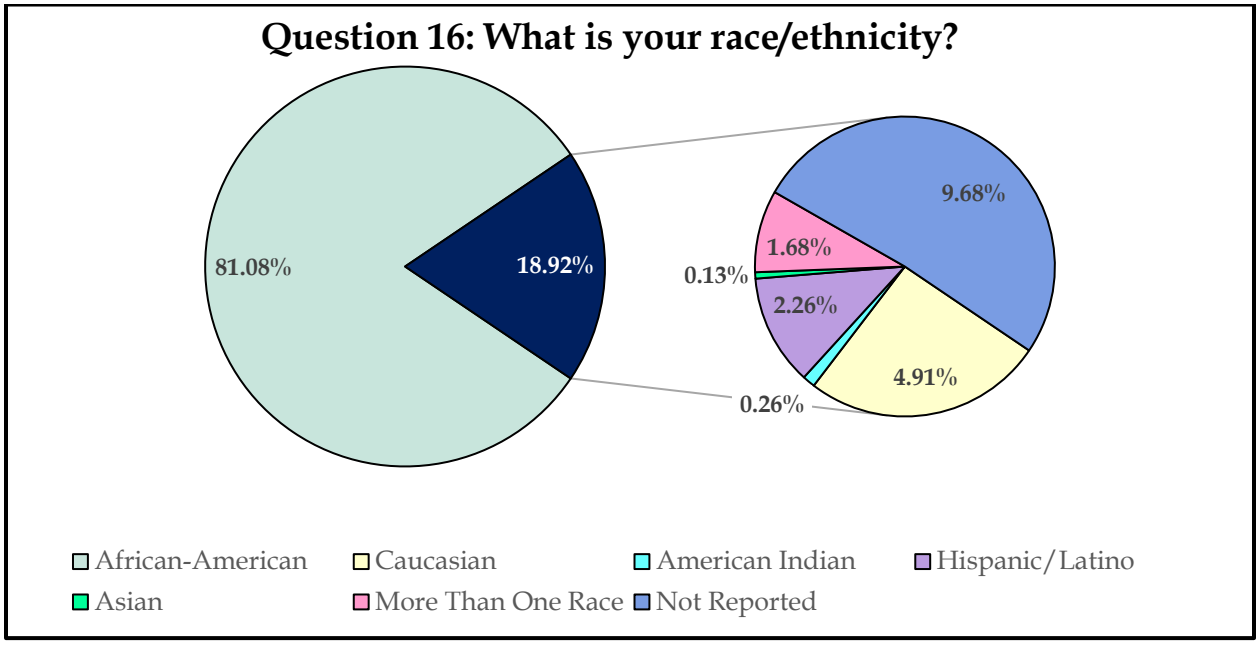


Figure 63. Race and ethnicity of survey participants by percentage [n = 1549]

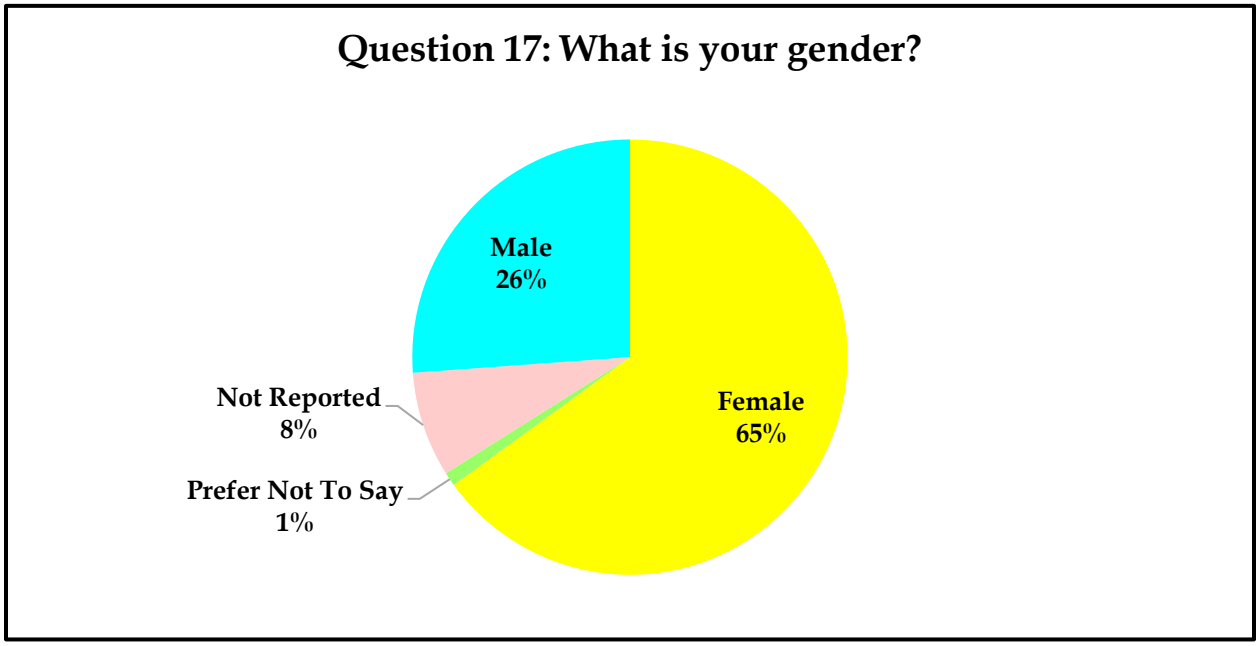


Figure 64. Gender of survey participants by percentage [n = 1549]

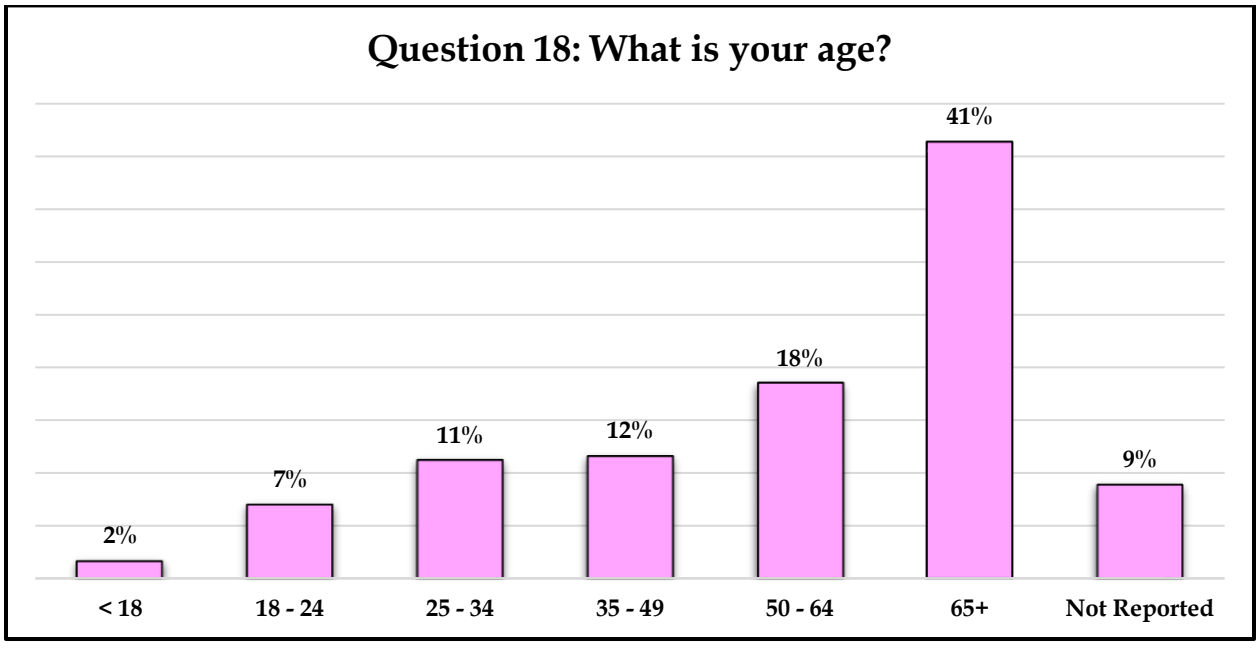


Figure 65. Age of survey participants by percentage [n = 1549]

It is important to note that most questions from the community health survey are slightly skewed due to the high number of individuals who were 65 years of age or older. Thus, topics such as lifestyle habits and vaccine rates do not necessarily reflect outcomes of the entire community.

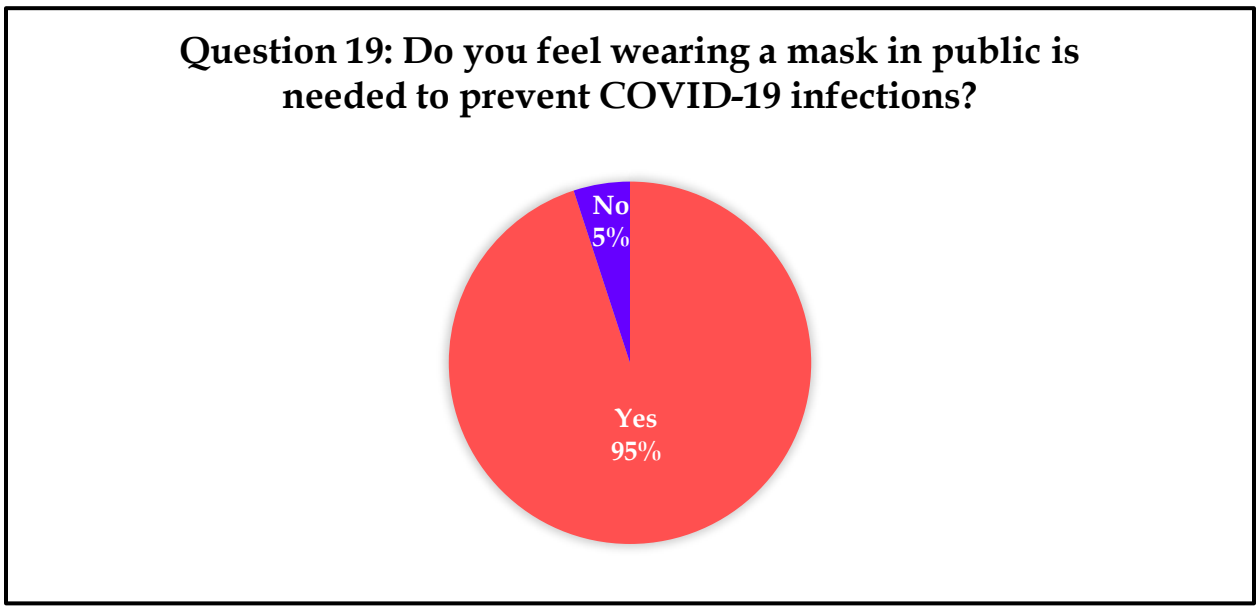


Figure 66. Survey opinions on wearing a mask in public to prevent contraction of COVID-19 [n = 1549]

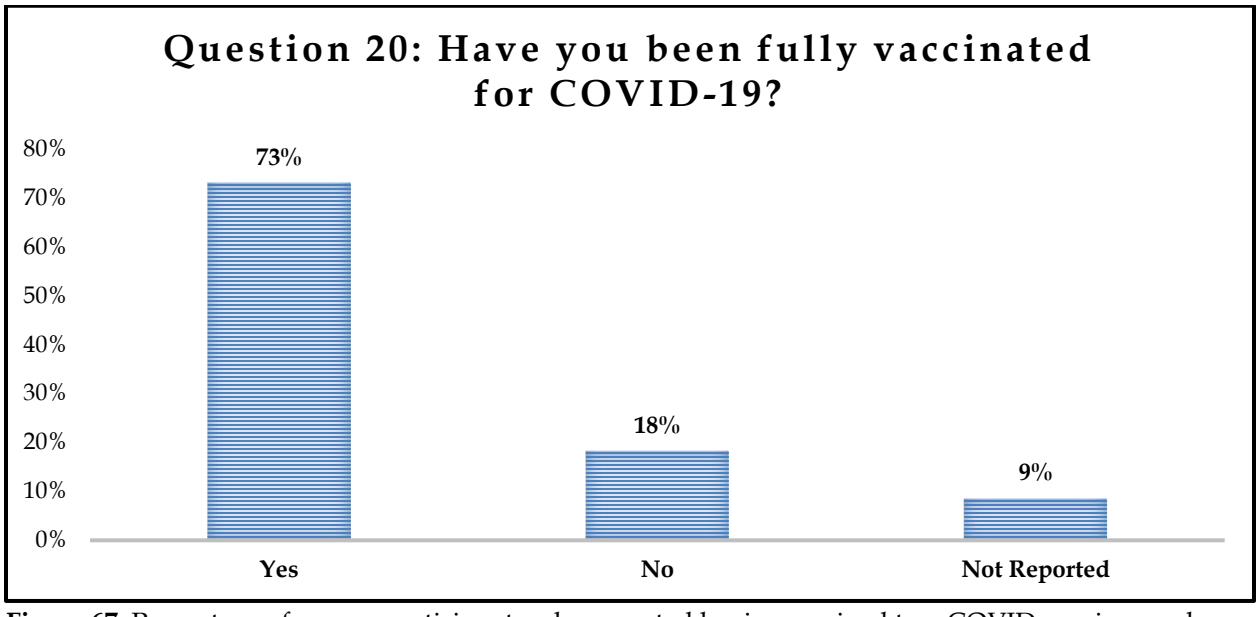


Figure 67. Percentage of survey participants who reported having received two COVID vaccines and one booster. [n = 1549]

As previously indicated, a majority of survey participants are within the older age group. Due to higher risk of disease, most seniors within the jurisdiction are vaccinated; however, the community at large is not. The top five reasons for not receiving the vaccine – as expressed by survey participants – include *fear*, *safety hazards*, *a high likelihood of becoming sick*, *mistrust of the vaccine and government*, and *the need for more research to be conducted*.

MATERNAL & CHILD HEALTH SURVEY

A health questionnaire was developed to obtain data on the status of maternal and child health within the ESHD jurisdiction. The survey, which consisted of both qualitative and quantitative questions, was administered to expectant and active mothers who sought care at the health department. A total of 231 surveys were analyzed using statistical tools in Microsoft Access and Microsoft Excel.

Maternal & Child Health Survey Results

The following graphs summarize the findings from the survey (see APPENDIX C).

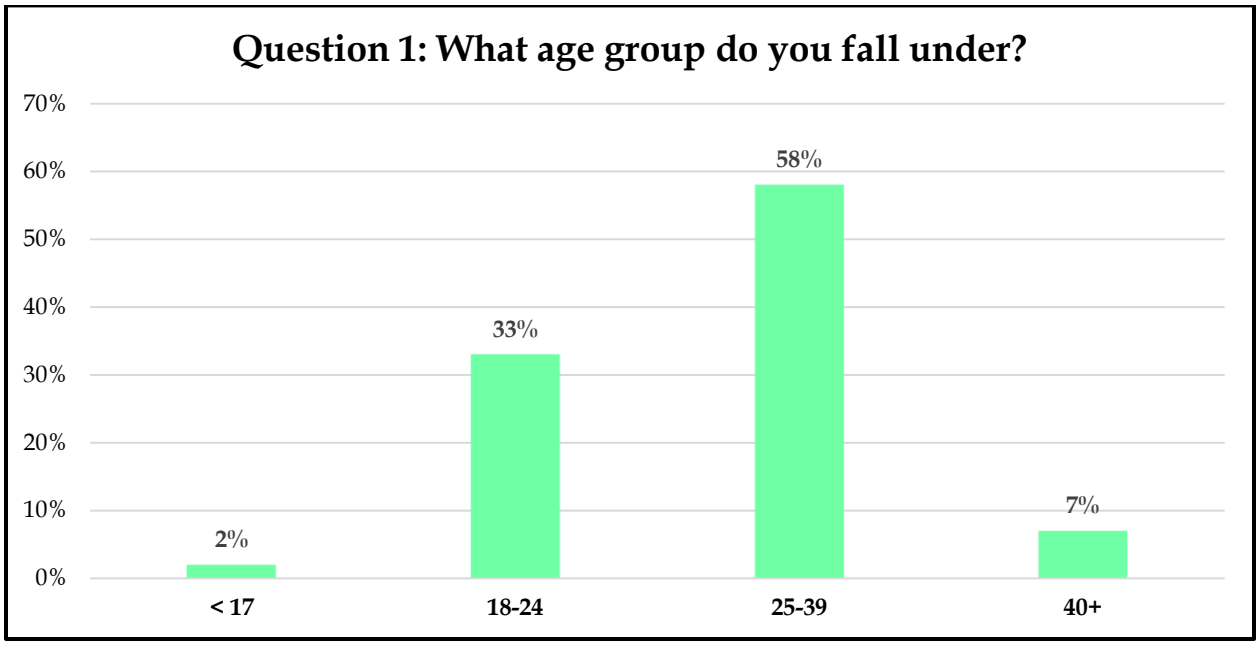


Figure 68. Age of survey participants by percentage [n = 231]

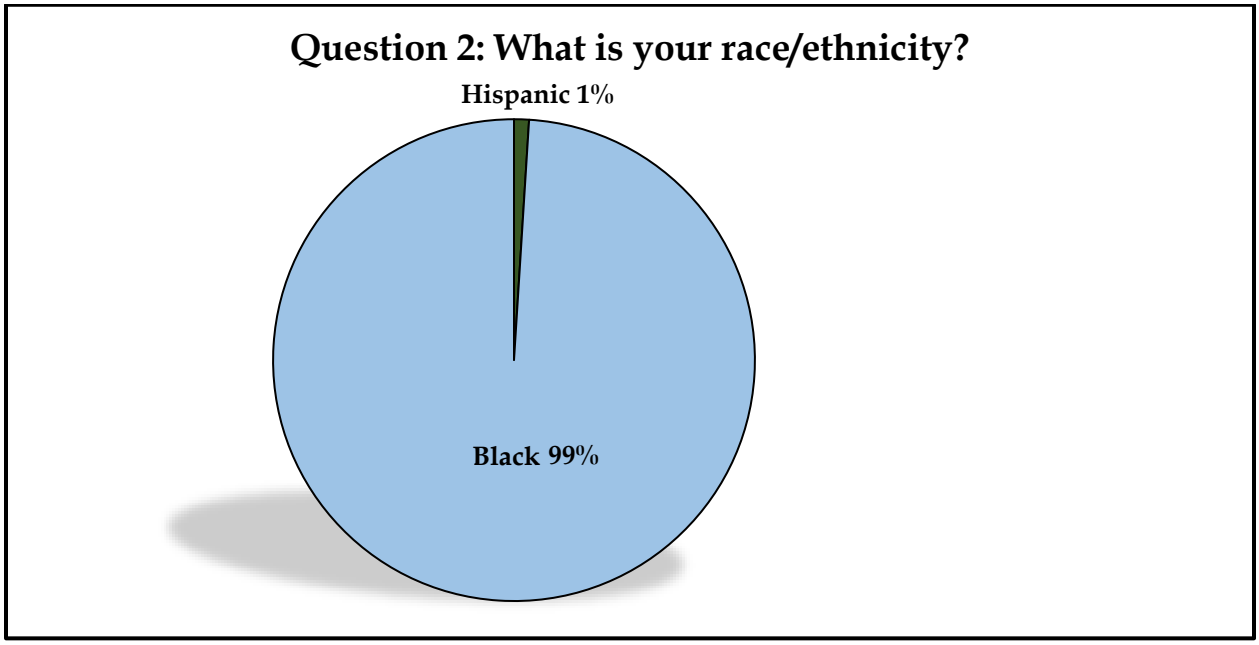


Figure 69. Race and ethnicity of survey participants by percentage [n = 231]

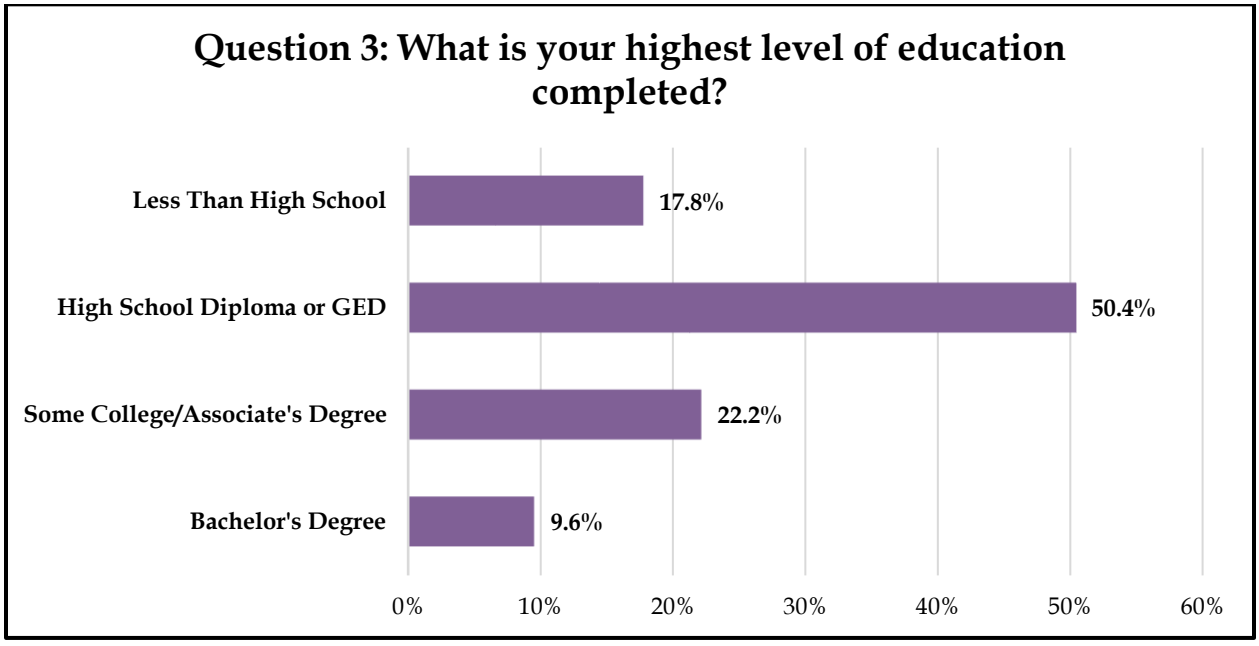


Figure 70. Percent of survey participants by highest level of education achieved [n = 231]

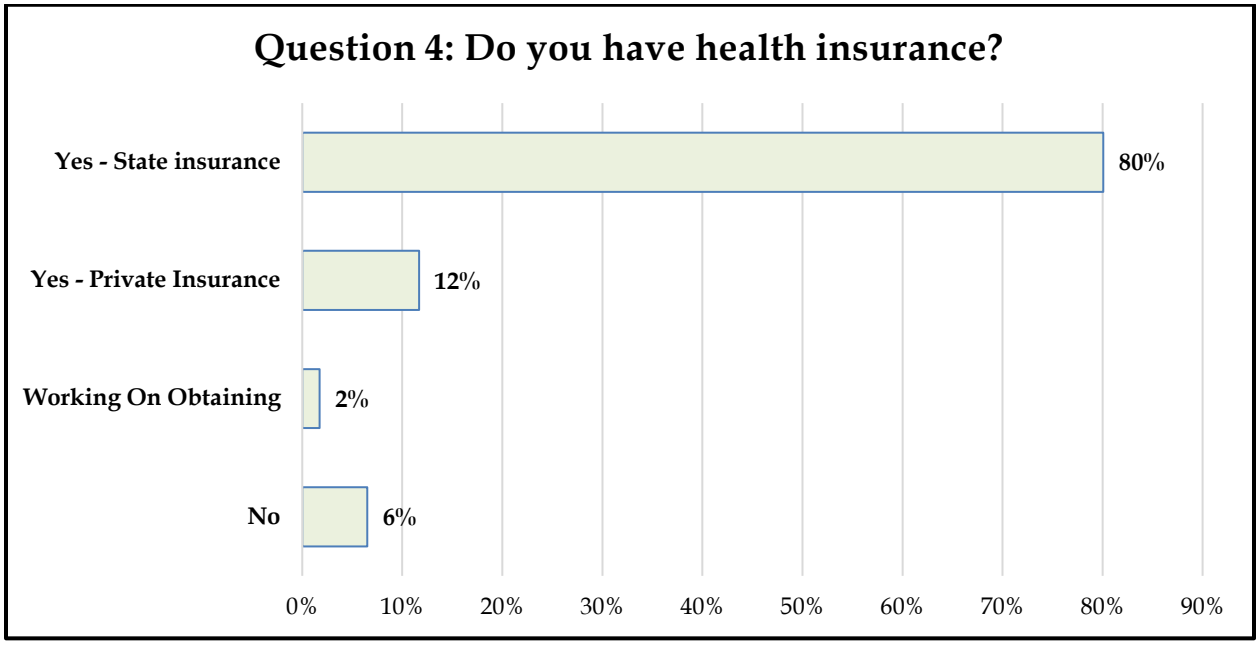


Figure 71. Insurance status of survey participants [n = 231]

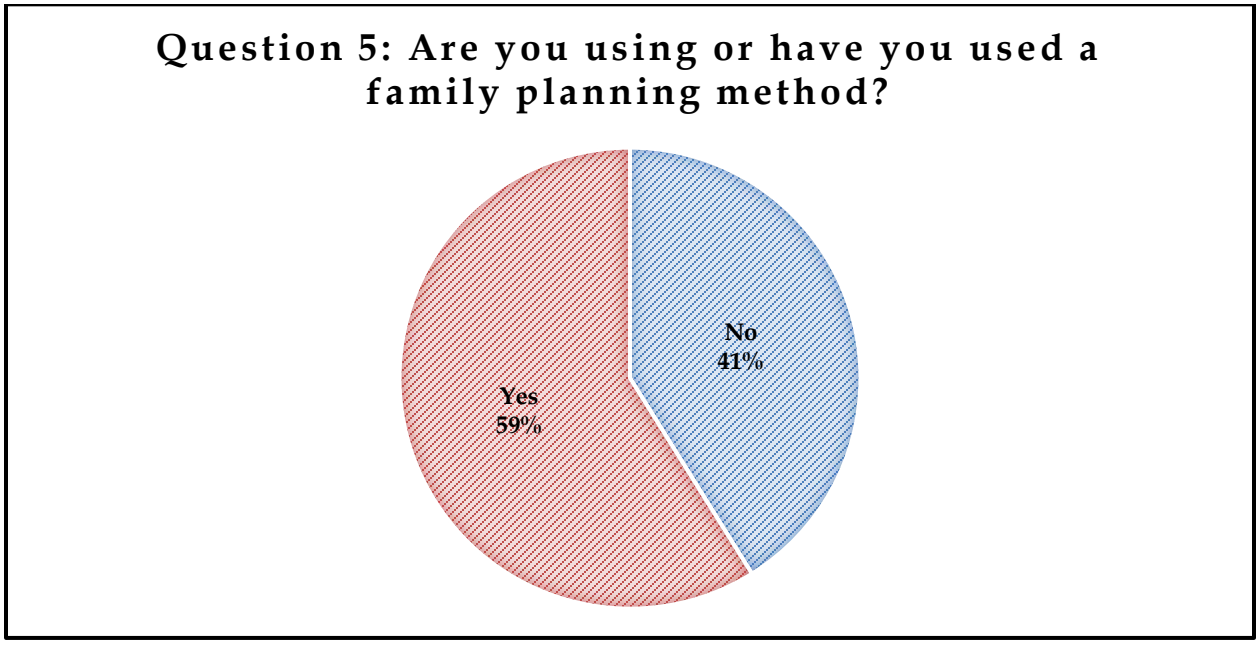


Figure 72. Percentage of survey participants based on use of a family planning method [n = 231]

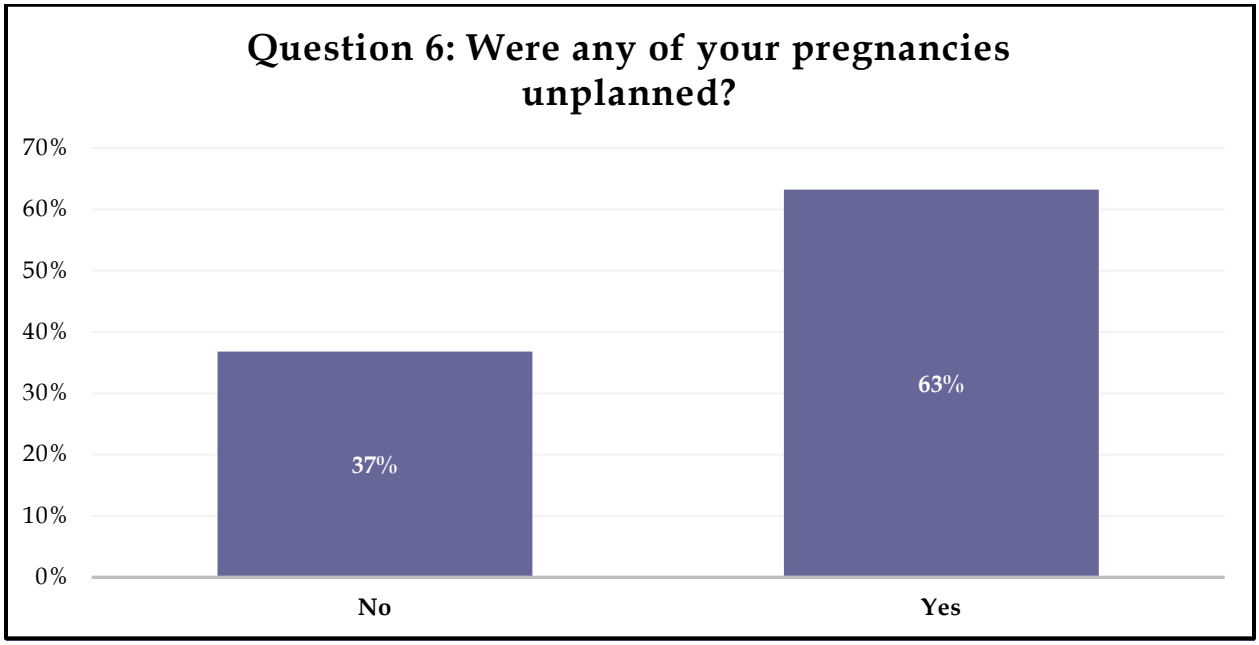


Figure 73. Percent of survey participants based on planned pregnancies [n = 231]

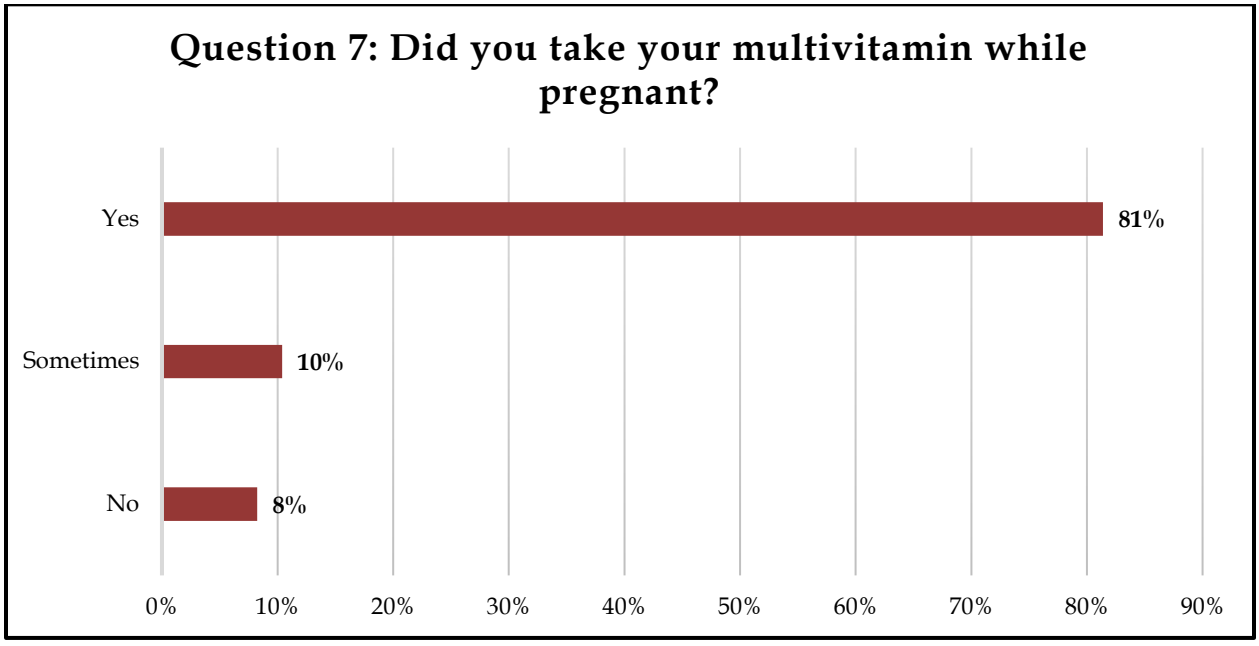


Figure 74. Status of multivitamin use during pregnancy [n = 231]

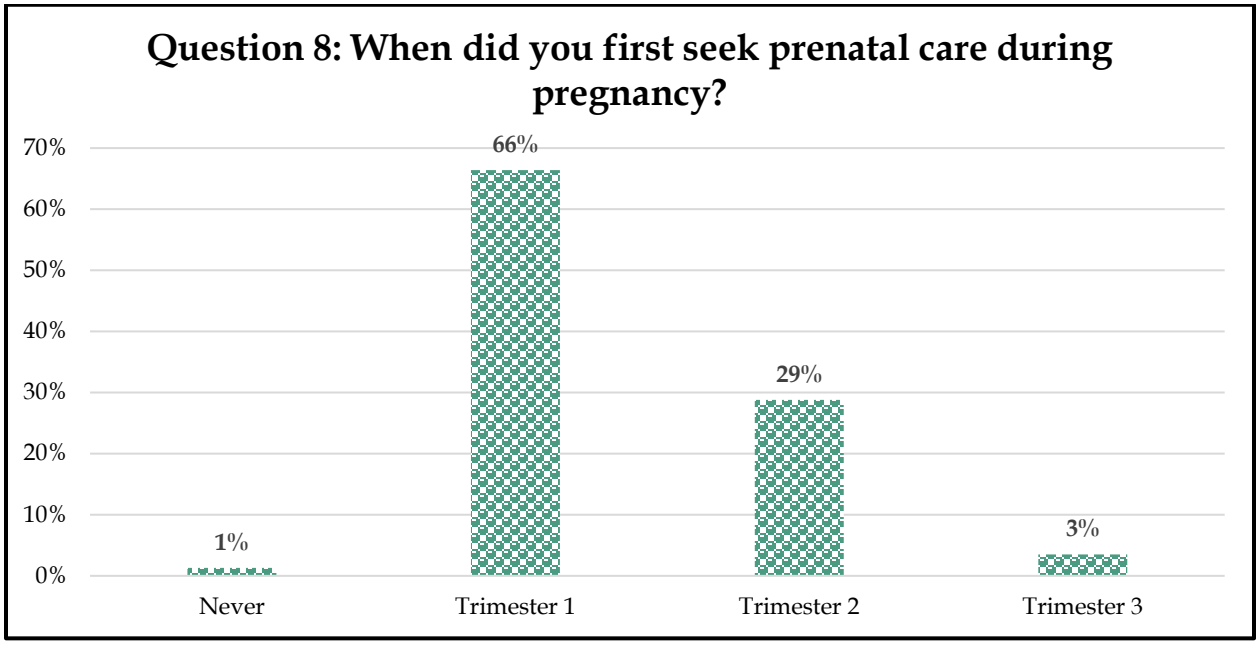


Figure 75. Phase of pregnancy during which pregnant mothers sought prenatal care [n = 231]

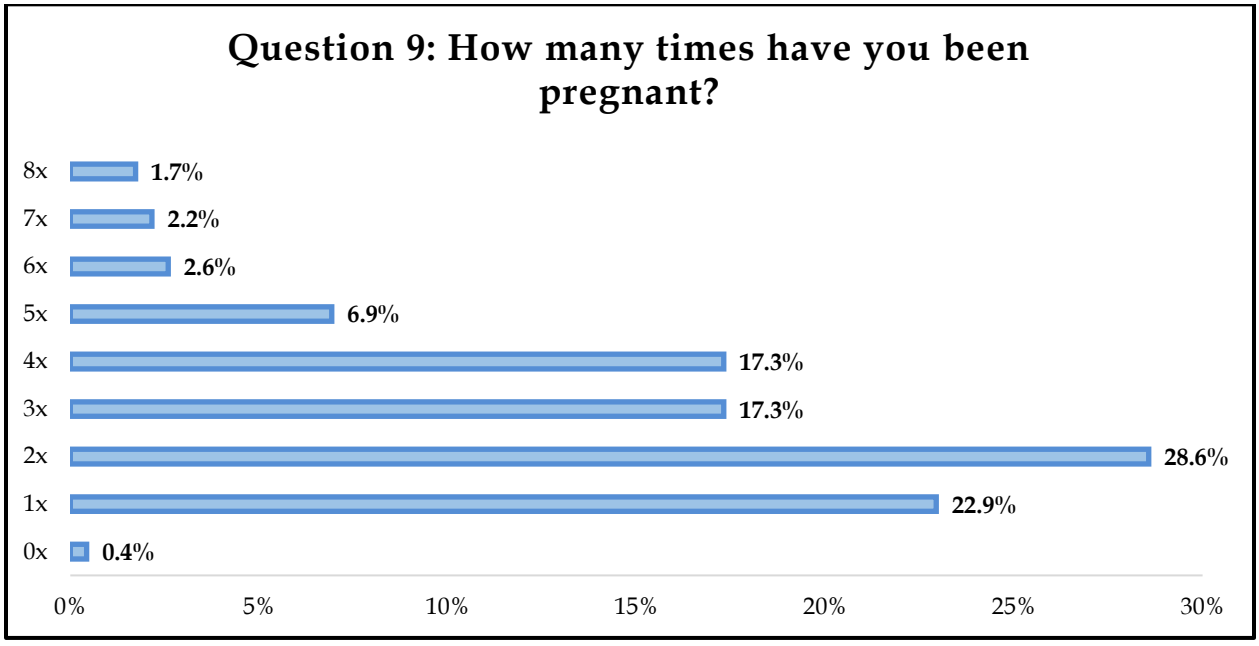


Figure 76. Percent of survey participants by number of pregnancies [n = 231]

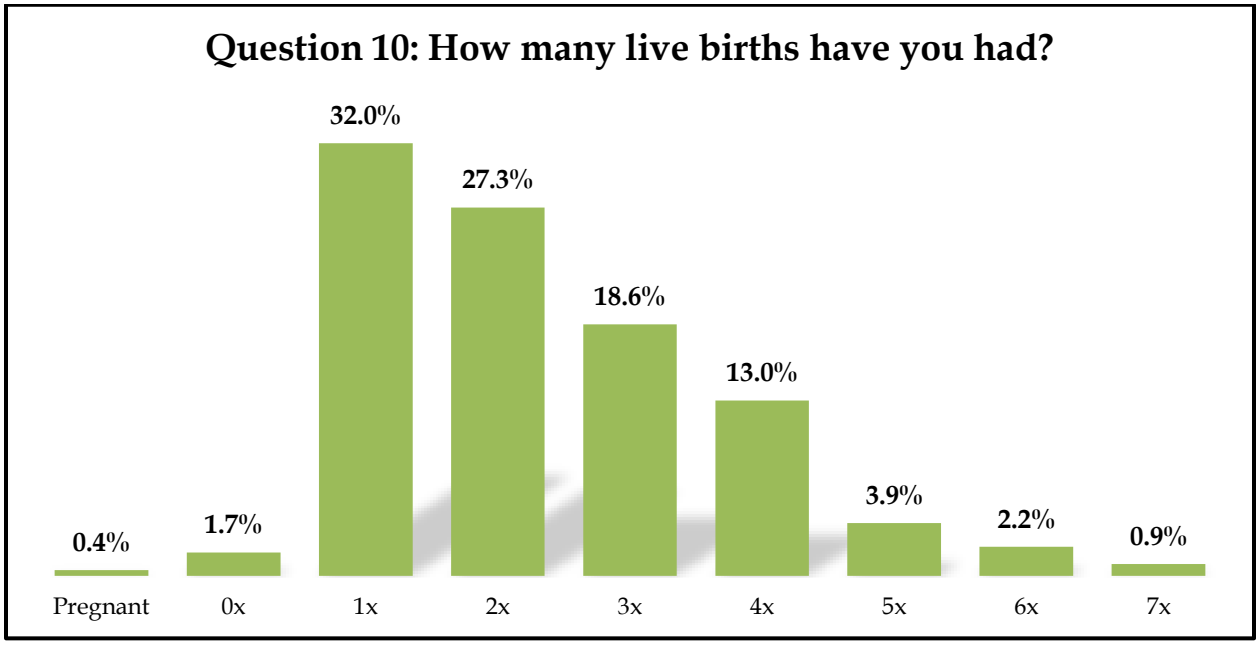


Figure 77. Percent of survey participants by number of live births [n = 231]

Discrepancies exist between the number of pregnancies and live births that survey participants have indicated, which can partly be attributed to fetal mortality. The number of non-live births takes into account both measures (number of pregnancies and live births). Results from the survey have shown that approximately 32% of participants have had at least 1 non-live birth.

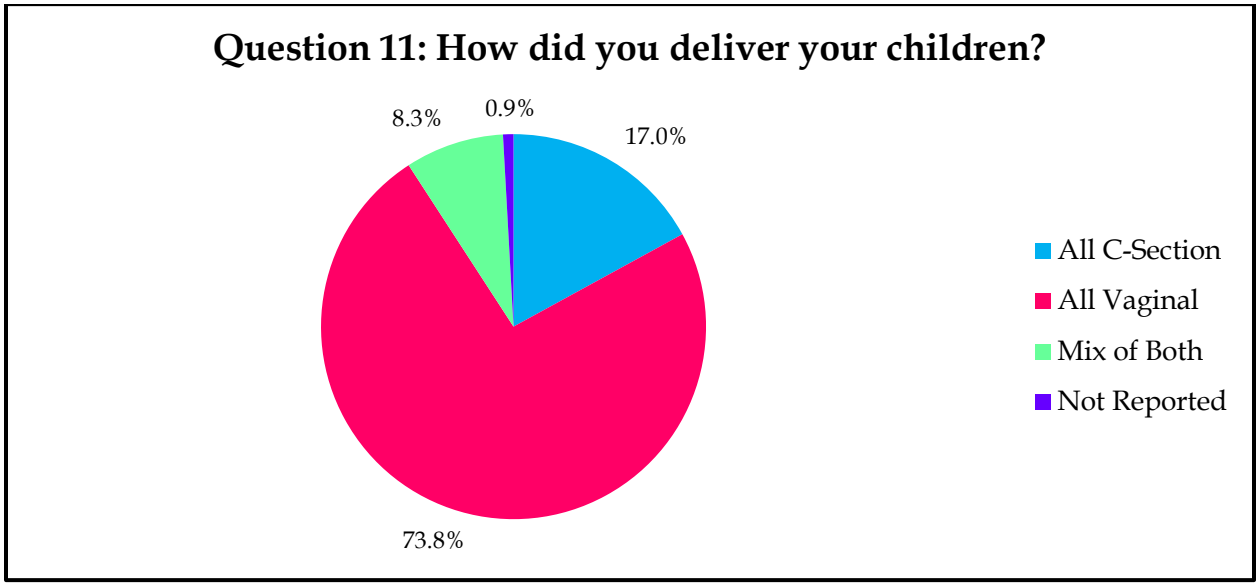


Figure 78. Percent of survey participants based on labor delivery method [n = 231]

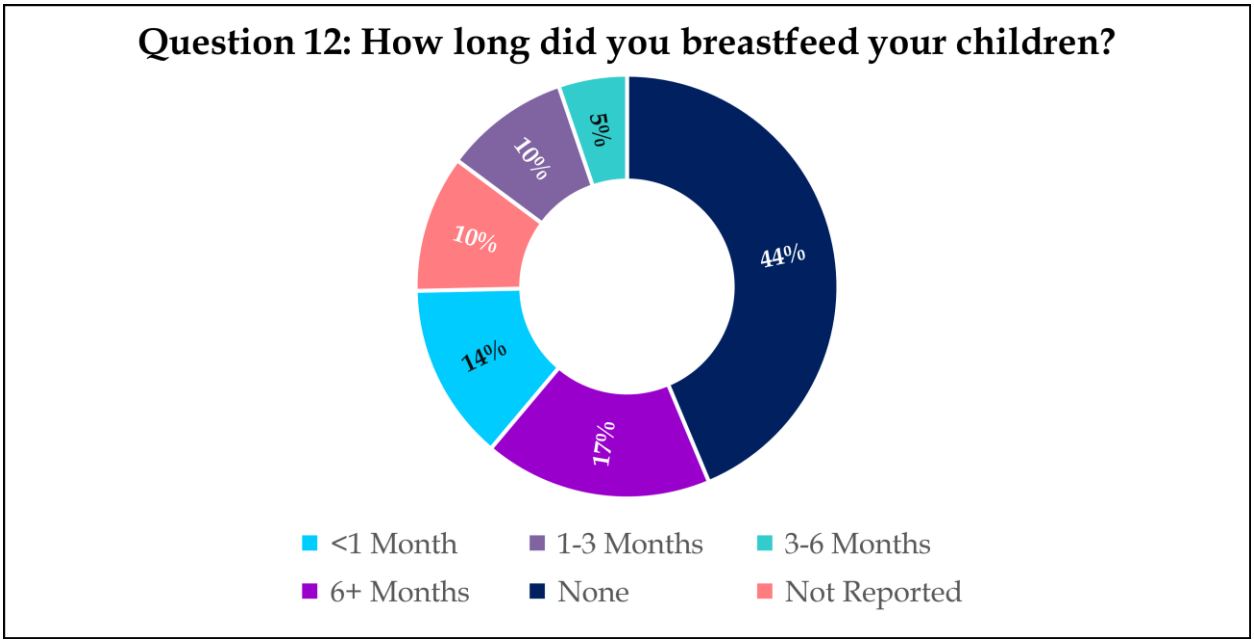


Figure 79. Length of time in months that mothers breastfed their children [n = 231]

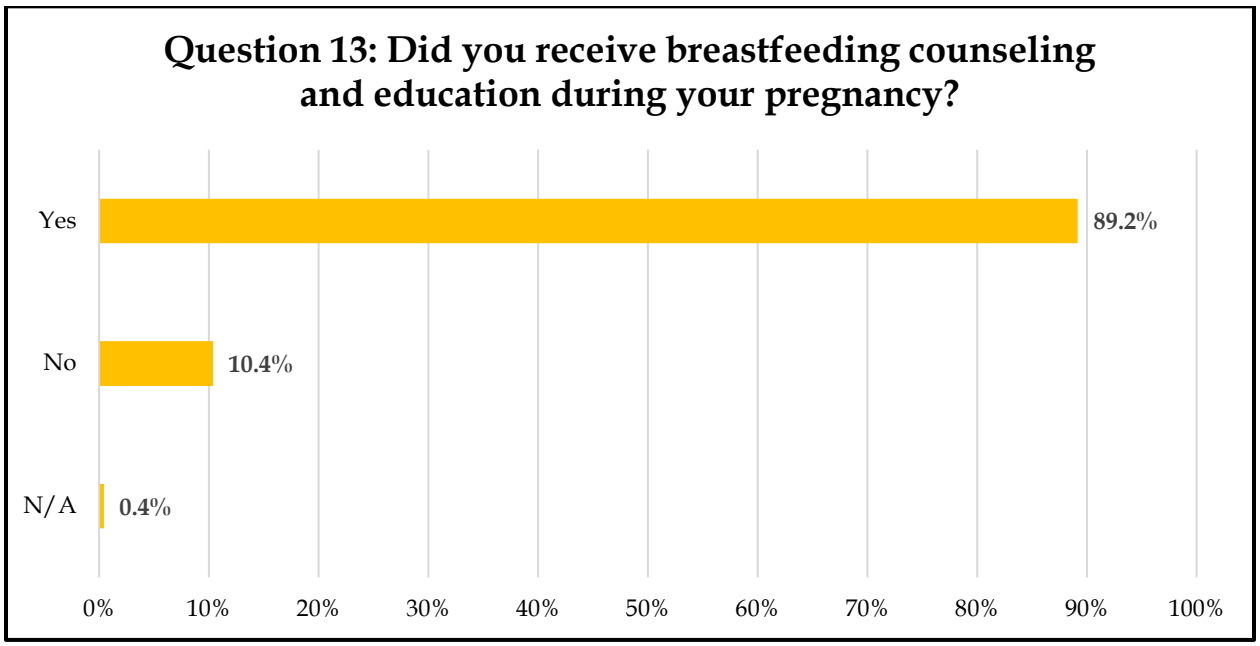


Figure 80. Percentage of survey participants who had access to breastfeeding counseling & education [n = 231]

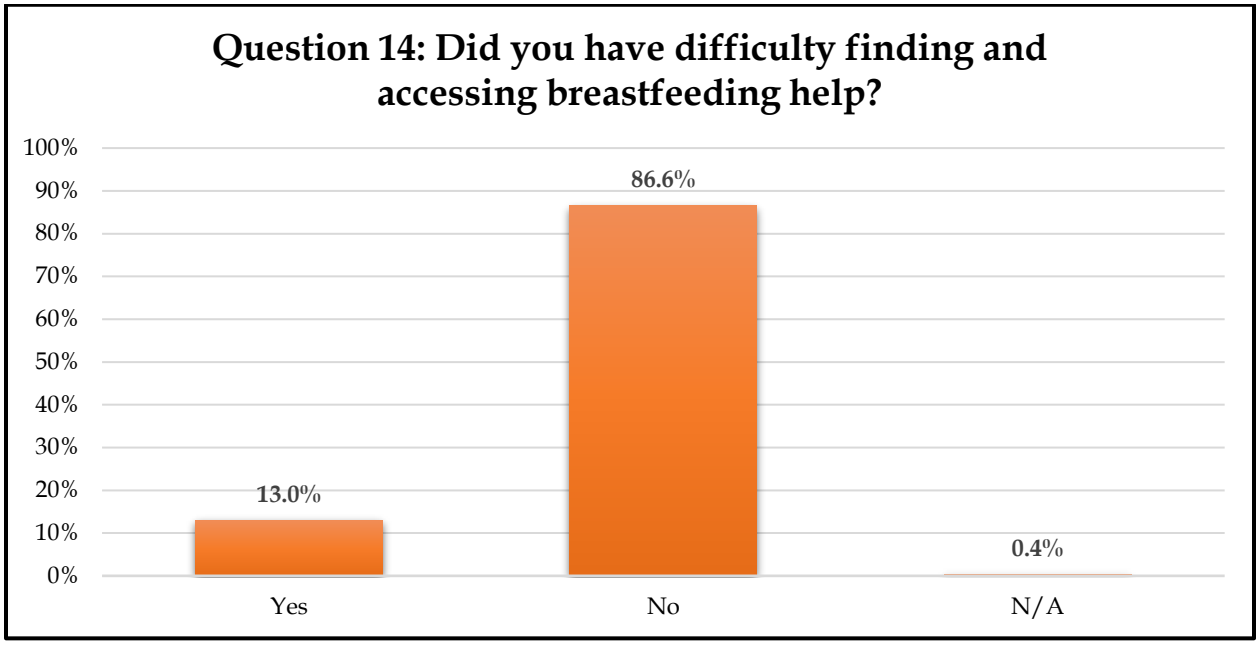


Figure 81. Percentage of survey participants who had difficulties finding breastfeeding help [n = 231]

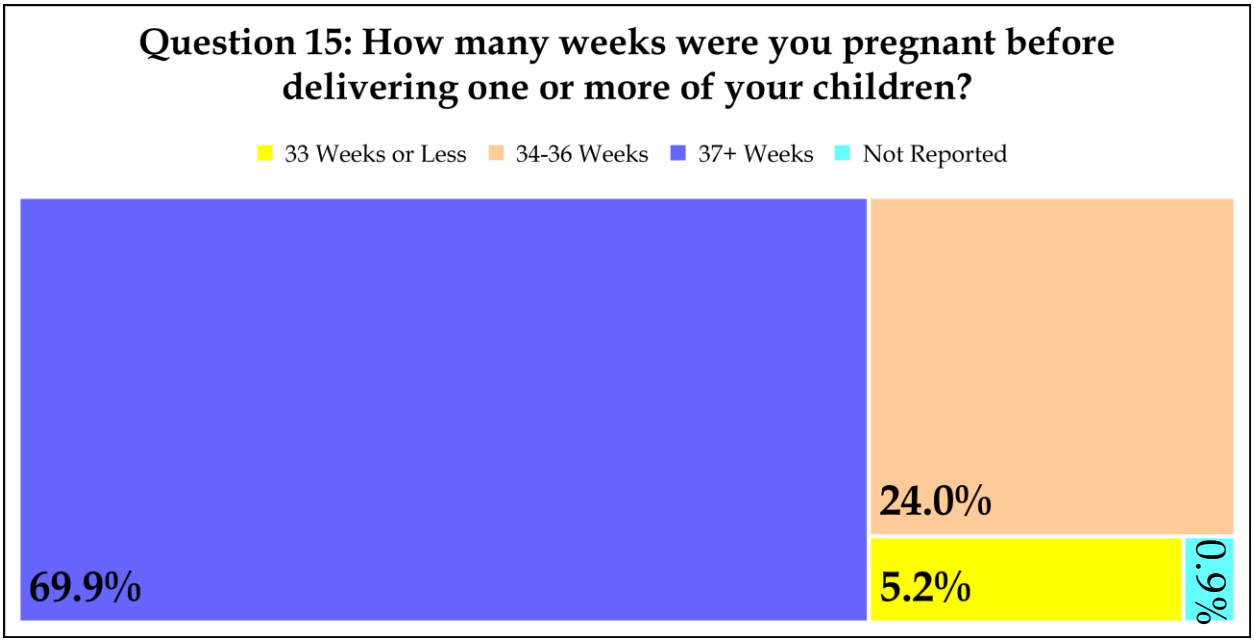


Figure 82. Percentage of survey participants by length of pregnancy in weeks [n = 231]

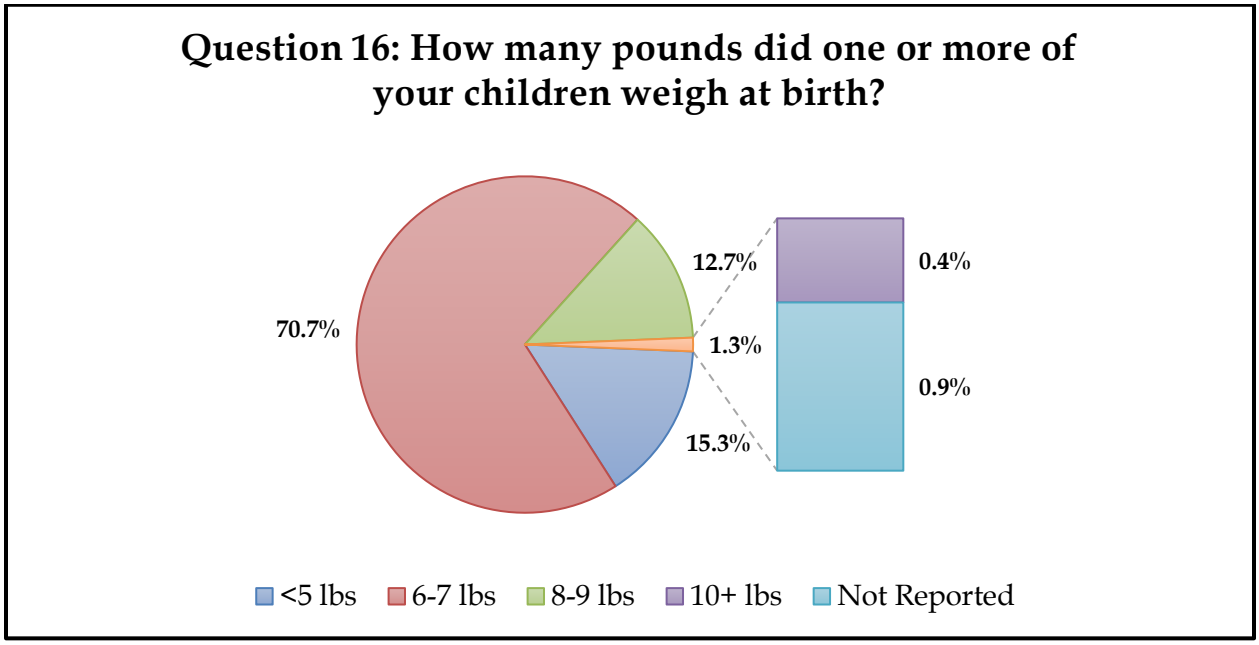


Figure 83. Weight of children born to survey participants [n = 231]

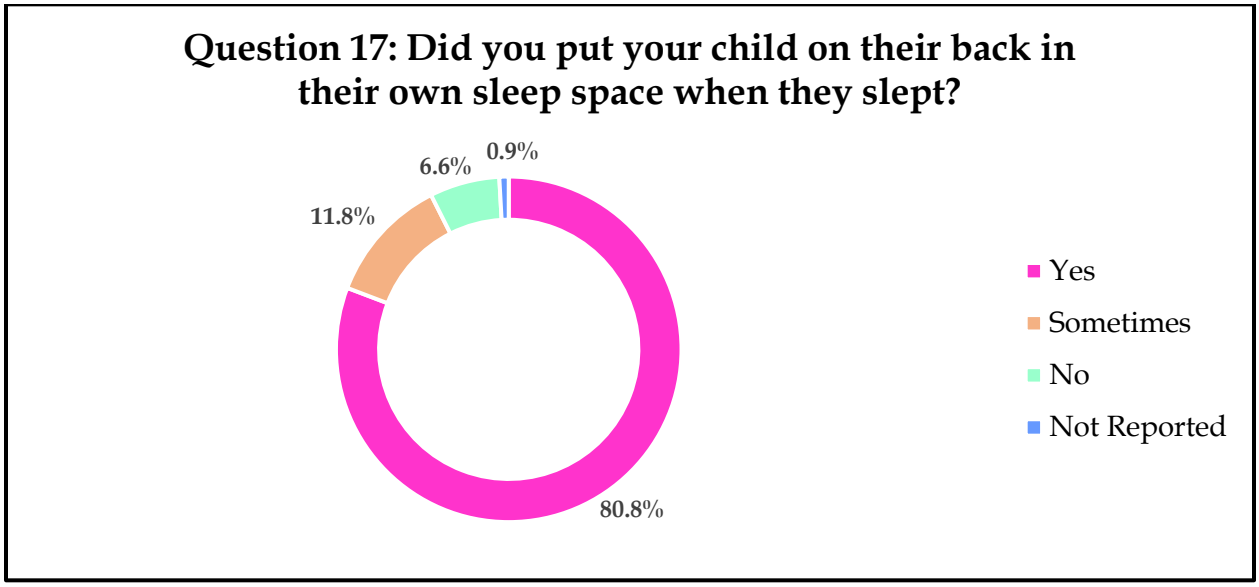


Figure 84. Percentage of survey participants based on adherence to safe sleep methods [n = 231]

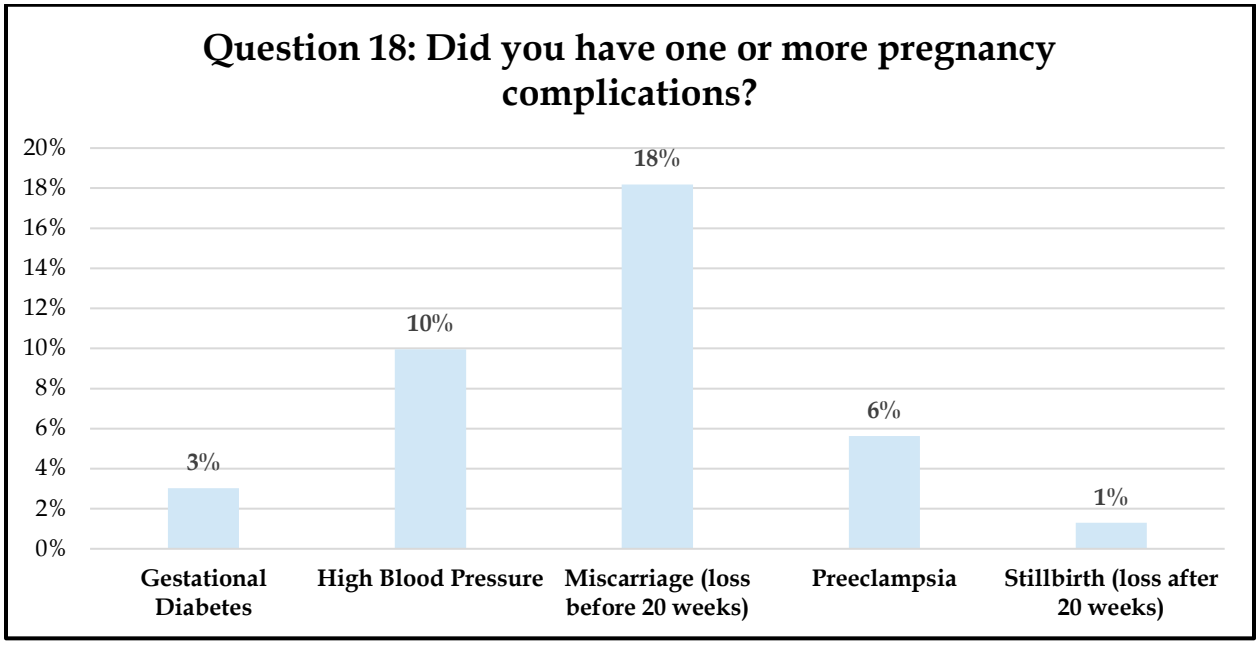


Figure 85. Percentage of survey participants based on pregnancy complications [n = 231]

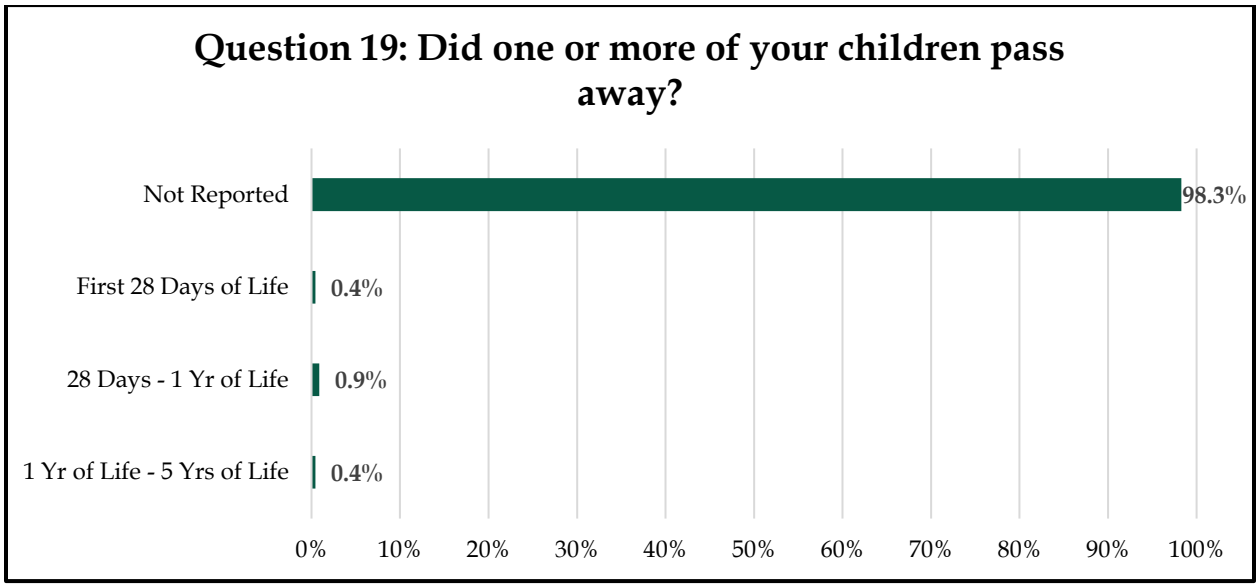


Figure 85. Percentage of survey participants based on loss of a child [n = 231]

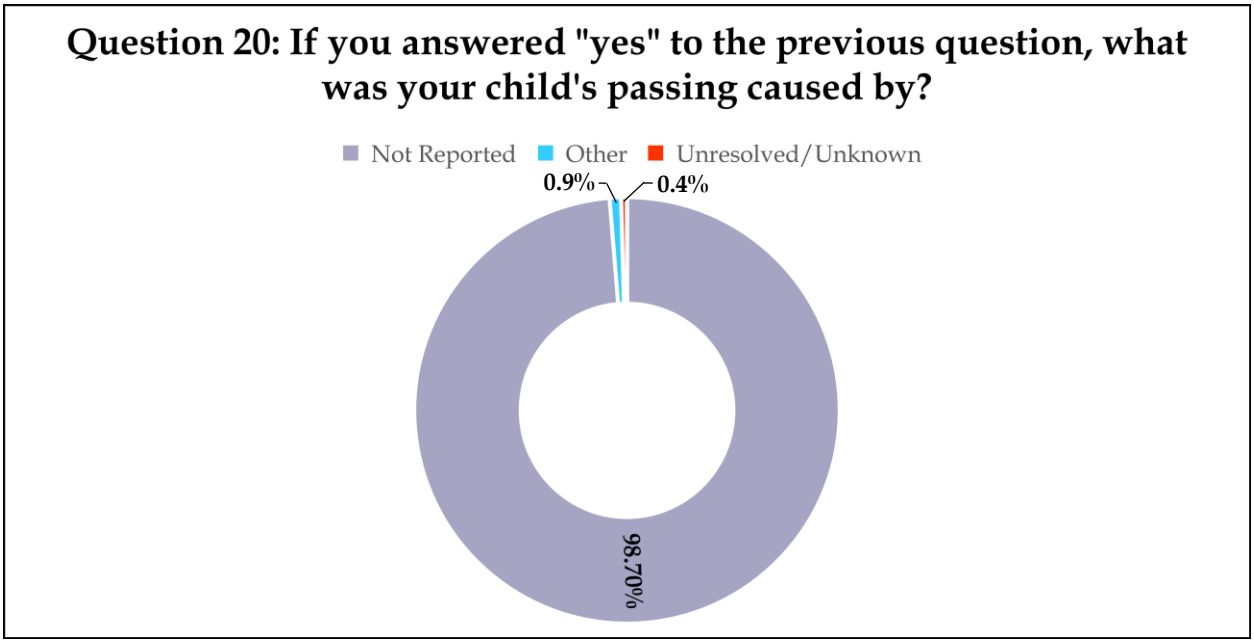


Figure 86. Cause of child loss [n = 231]

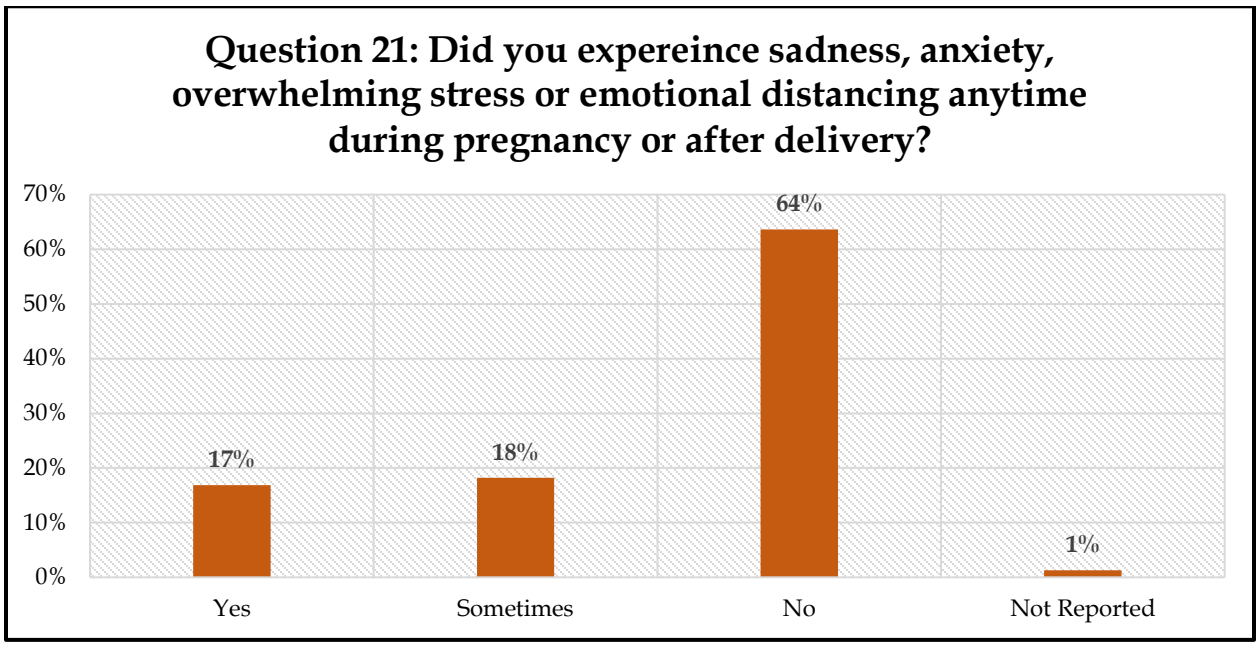


Figure 87. Percent of survey participants based on postpartum mental health diagnosis [n = 231]

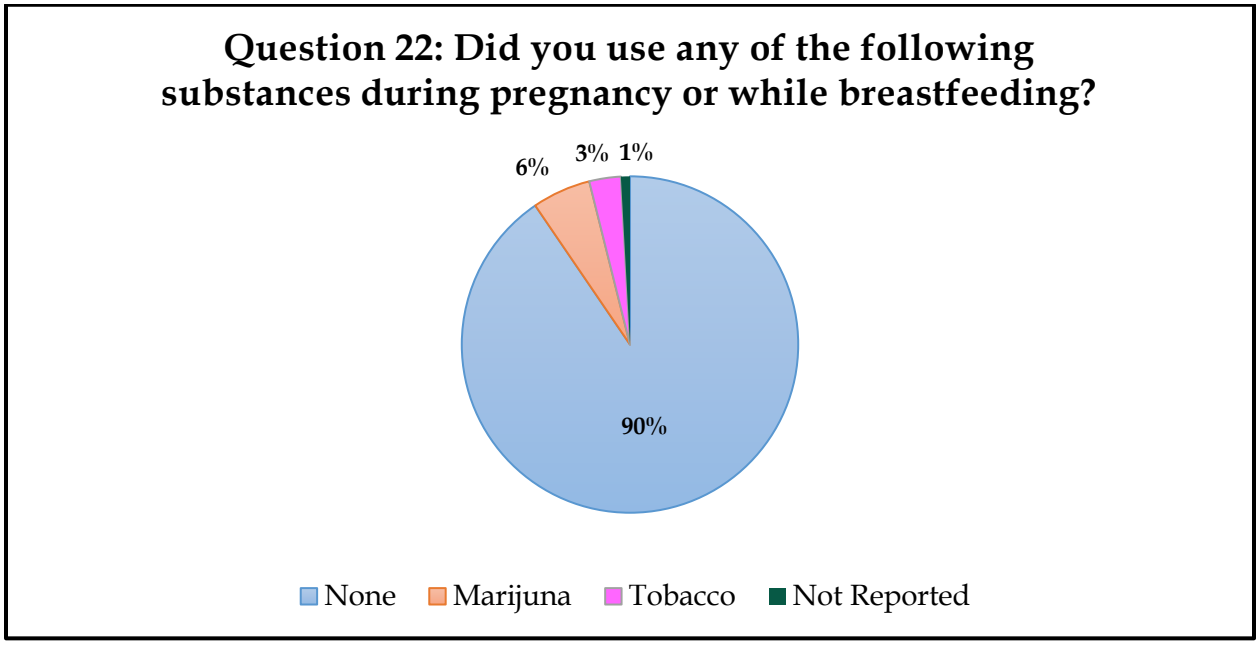


Figure 88. Substances that were used by survey participants during pregnancy [n = 231]

Community Focus Groups

The community focus groups were key in leveraging stakeholders to gather qualitative data and obtain an in-depth understanding of chief health concerns within the community. Facilitated discussions assisted in identifying health priorities and developing a plan to address these urgencies. This process was also significant in its capacity to cultivate partnerships and emphasize the importance of collaboration towards improving quality of life within the ESHD jurisdiction.

A total of five focus groups were conducted with stakeholders from 16 organizations and agencies (see Acknowledgements), as well as six elected township supervisors of the Public Health Board. Since the ESHD jurisdiction has a prominent Hispanic/Latino community, the Latino Round Table Coalition was also invited to represent this population. Focus groups were held at ESHD and/or over Zoom.

Each focus group session was conducted in the same format with a presentation that included an overview of the IPLAN, followed by a set of questions categorized according to the list of topics in Table 4.

In addition to general questions, content was tailored to each focus group based on the organizations and agencies present. A full list of questions can be found in APPENDIX D.

Focus Group Question Topics
Overall Community Health
Health Information Sources
Prevalent Health Concerns
Health Priority Needs
Changes Needed
Barriers & Solutions
Community Assets
Specific Group Questions

Table 4. List of topics addressed during focus group sessions.

Focus Group Results

All focus groups revealed a shared opinion that overall health within the ESHD jurisdiction was poor or fair, which is consistent with what the community profile data illustrates. Discussion of community issues within the ESHD jurisdiction was narrowed down to five high-priority areas, including mental health, chronic diseases, poor nutrition, lack of education, and poor maternal and child health.

Leading chronic diseases that were highlighted across all focus groups included obesity, diabetes, and hypertension – all of which correspond with the community profile data. It was also frequently noted that the food crisis within the jurisdiction plays a significant role in the prevalence of chronic diseases, which is in large part due to a lack of access to healthy foods. Poor air quality was another concern voiced throughout all focus group sessions. Other community resource gaps that were discussed include lack of surveillance, fewer transit options, and weak infrastructure – all of which contribute to the high poverty and unemployment rates, as exhibited by the research data. Other health concerns among focus group participants include maternal and child health inequities, and a high prevalence of STIs within the community.

When asked about potential strategies to mitigate the issues within the jurisdiction, participants suggested a remodeling of services that cater specifically to the ESHD district. Proposals included an increase in social mobility, education on the value of nutrition, and more one-on-one conversation with residents.

PHASE III: HEALTH PRIORITY AREAS

Introduction

The ESHD IPLAN Committee convened on two occasions to review primary and secondary data, as well as the results of the community surveys. Active discussions took place among the participants, with each contributing their insights and expertise to the conversation. The committee considered past IPLAN priorities, with the following points taken into account while establishing current health priority areas (HPA) to be addressed:

- Level of urgency of each issue in regards to the health and wellness of the community
- Impact of each issue on jurisdiction residents
- Statistical findings

The committee reviewed and debated several health concerns that were considered to be significant. After categorizing each issue by health areas, the committee determined the following priority needs addressed in the 2022-2027 IPLAN for ESHD:

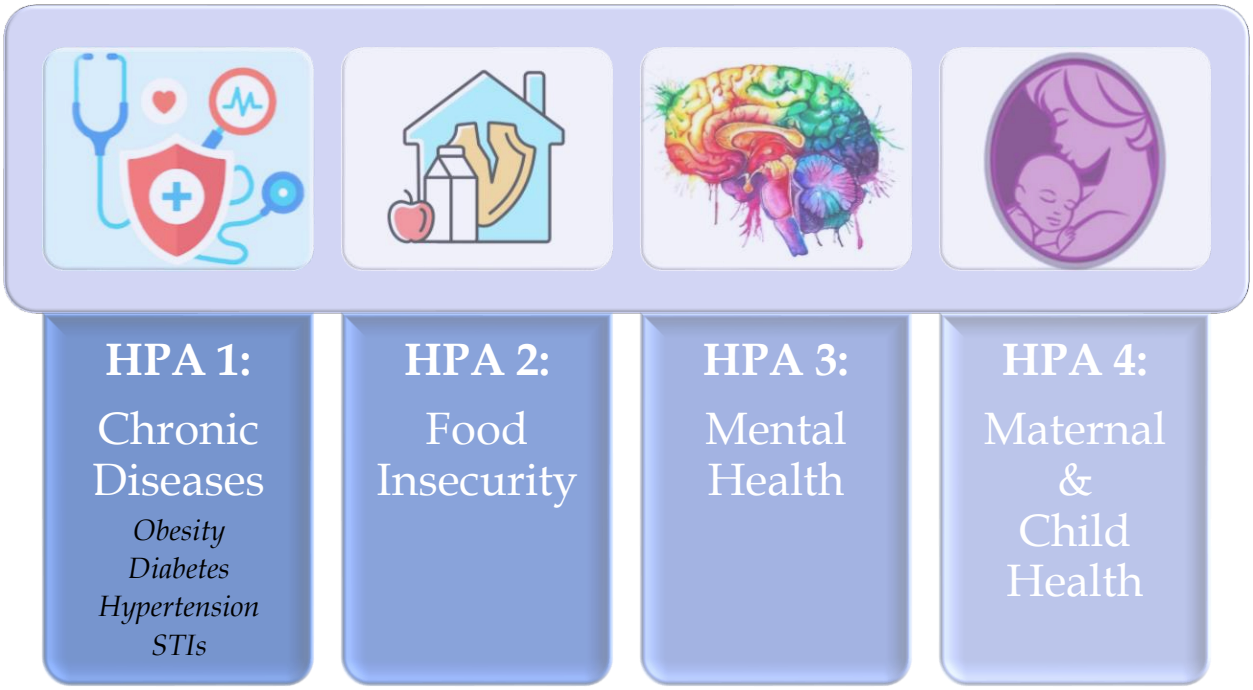


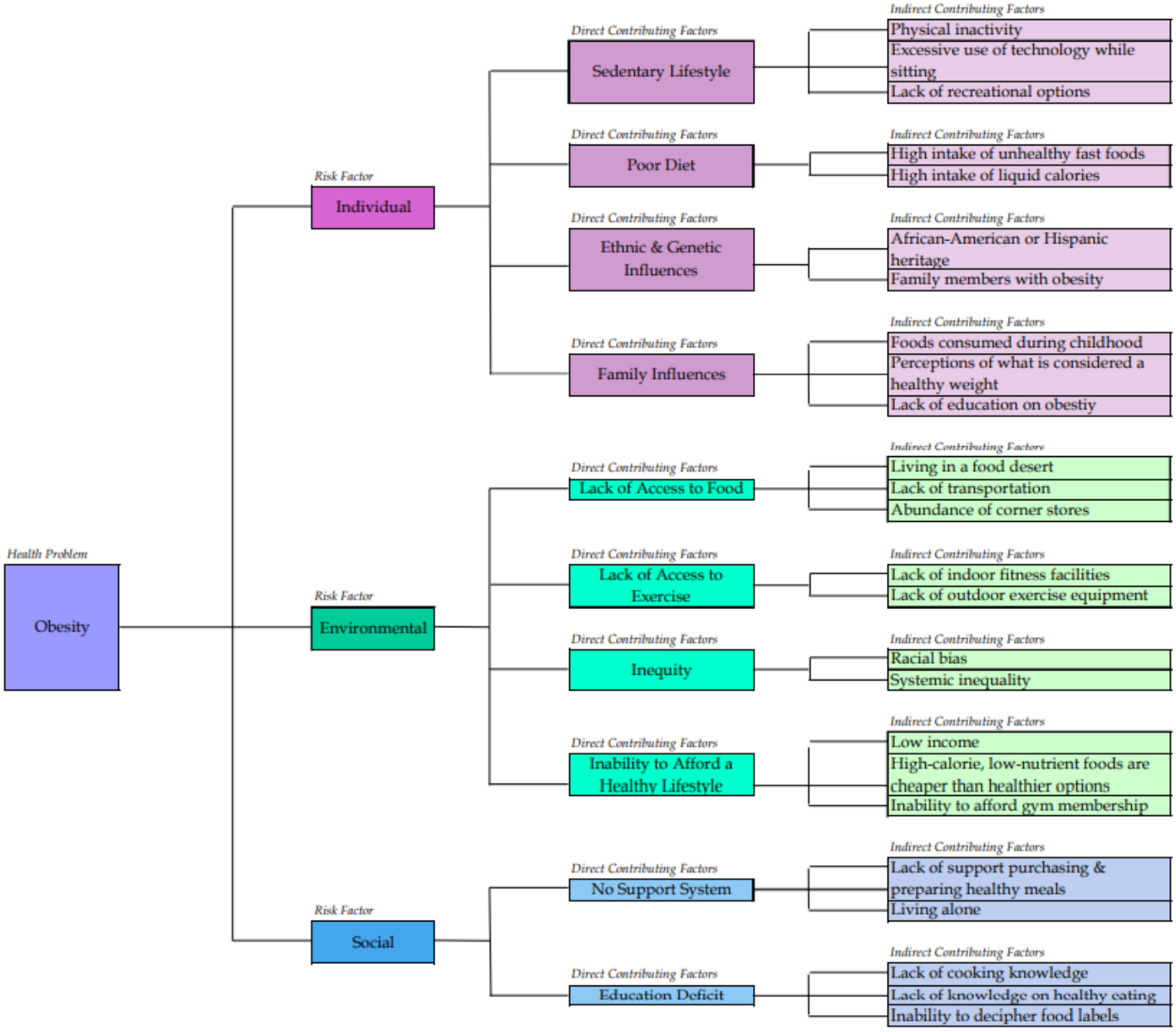
Figure 89. Health Priority Areas

PHASE III: HEALTH PRIORITY AREAS

A health priority plan was developed for each area of focus, and these plans will be utilized by respective community organizations and committees over the next five years to enhance the quality of life within the ESHD jurisdiction.

Each plan outlines risk factors and contributing factors for the health problem, as well as goals, objectives, and strategies to improve health outcomes. The ESHD objectives will work towards supporting the Healthy People 2030 objectives, which have also been included in each priority plan.

HEALTH PRIORITY AREA 1: Chronic Diseases [Obesity]



HEALTH PRIORITY PLAN 1: Obesity

Goal

- Foster and promote healthy eating and active living to reduce the incidence of **obesity** in the ESHD community.

Objectives

- By 2027, reduce the proportion of adults considered to be obese by 5%
- By 2027, reduce the amount of screentime and other sedentary behaviors, as evidenced by an increase in physical activity
- By 2027, increase the number of households making healthy food choices, as evidenced by an increase in sales of fresh produce
- By 2027, increase awareness of obesity as a public health issue that impacts the quality of life in the community

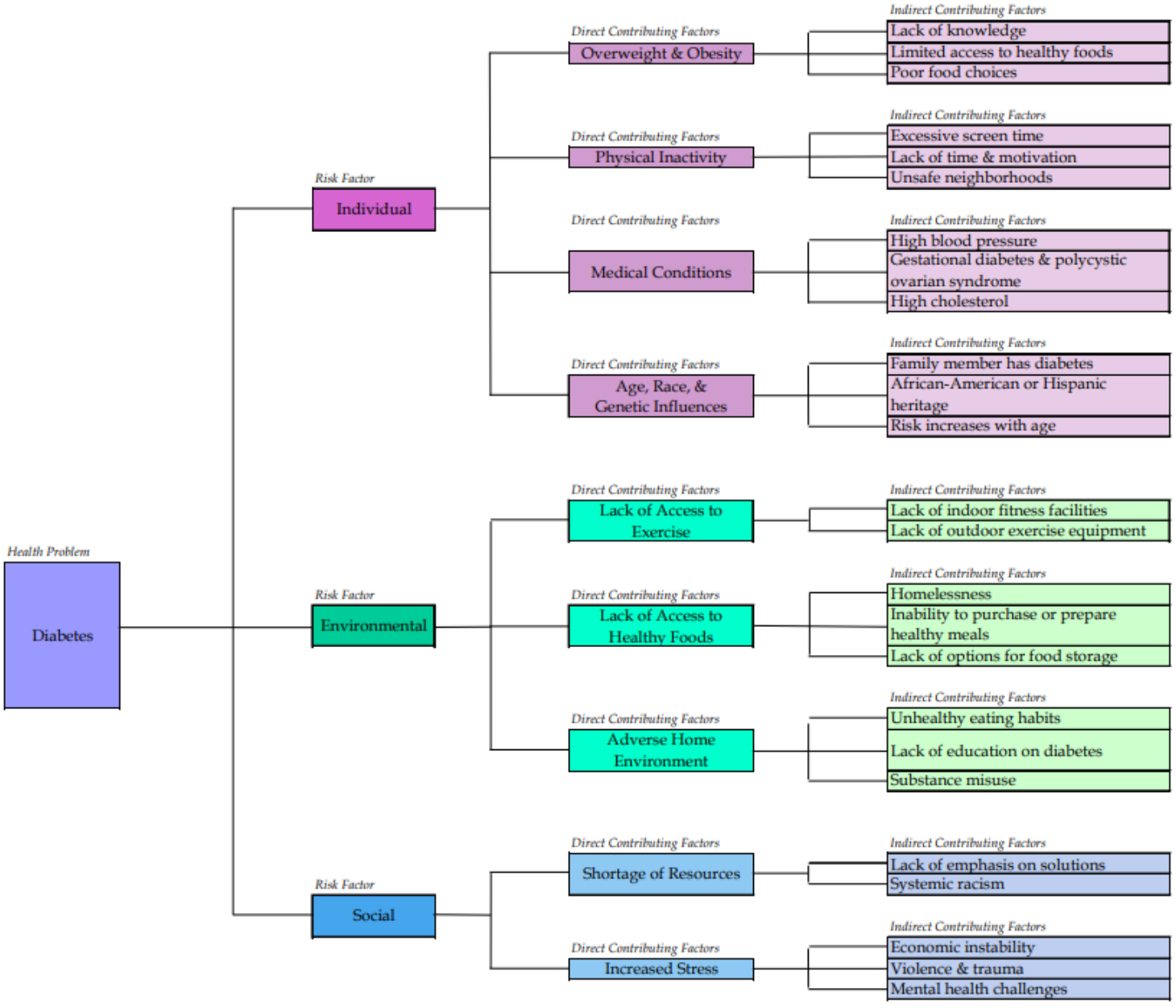
Strategies

- Promote community-based social support for physical activity
- Increase breastfeeding promotion and support to prevent obesity
- Promote family-based physical activity interventions
- Create partnerships and networks to promote healthy behaviors
- Promote screening for food insecurity at all points of services

Healthy People 2030 Objectives

- Reduce the proportion of adults with obesity — NWS-03
- Reduce the proportion of children and adolescents with obesity — NWS-04
- Increase the proportion of health care visits by adults with obesity that include counseling on weight loss, nutrition, or physical activity — NWS-05
- Reduce the proportion of adults who do no physical activity in their free time — PA-01
- Increase the proportion of adults who do enough aerobic physical activity for substantial health benefits — PA-02
- Increase the proportion of adults who walk or bike to get places — PA-10

HEALTH PRIORITY AREA 1: Chronic Diseases [Diabetes]



HEALTH PRIORITY PLAN 1: Diabetes

Goal

- Reduce the disease burden of diabetes, and improve the quality of life of all persons who have diabetes or are at risk for **diabetes** in the ESHD community.

Objectives

- By 2027, increase the proportion of individuals adopting risk-reduction behaviors through lifestyle modifications
- By 2027, increase the proportion of individuals with diabetes and pre-diabetes who receive formal risk-reduction education
- By 2027, decrease the number of newly diagnosed cases of diabetes
- By 2027, decrease the proportion of diabetes-related complications among indiviudals with diabetes

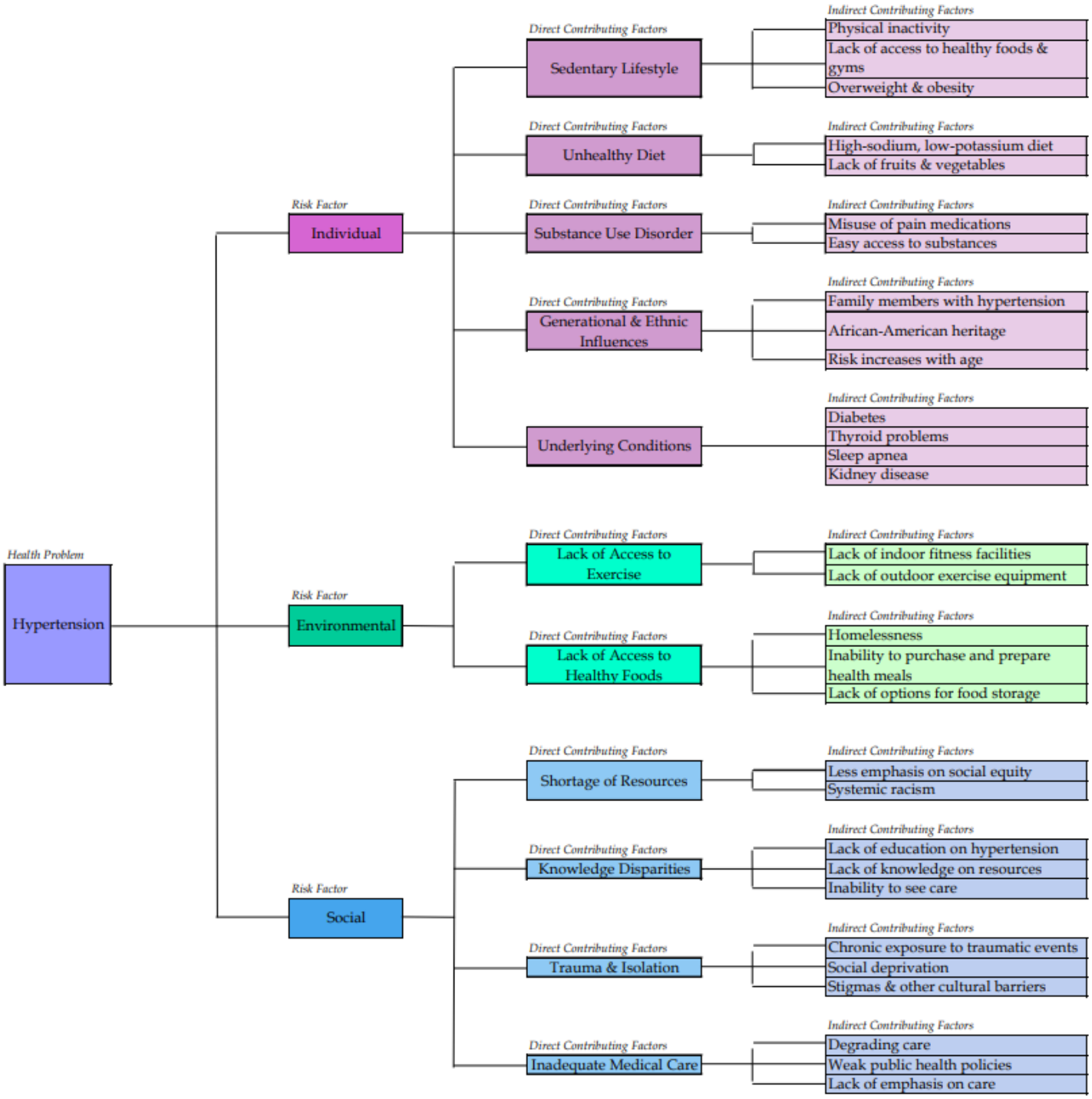
Strategies

- Connect individuals with diabetes to self-management interventions in the community - including education, support, monitoring, and diet and weight management
- Promote use of local farmer's markets and "double bucks" programs with SNAP
- Create communitywide campaigns to raise awareness of prediabetes risks, and to improve organizational and community communications and collaborations
- Promote walking, biking and hiking trails, as wellas other safe routes for physical activity

Healthy People 2030 Objectives

- Reduce the number of diabetes cases diagnosed yearly — D-01
- Reduce the rate of death from any cause in adults with diabetes — D-09
- Reduce the proportion of adults who don't know they have prediabetes — D-02
- Increase the proportion of eligible people completing CDC-recognized type 2 diabetes prevention programs — D-D01
- Increase the proportion of people with diabetes who get formal diabetes education — D-06

HEALTH PRIORITY AREA 1: Chronic Diseases [Hypertension]



HEALTH PRIORITY PLAN 1: Hypertension

Goal

- Foster and promote eating healthy, as well as maintaining a healthy weight and regular physical activity to reduce the incidence of **Hypertension (HTN)** in the ESHD community.

Objectives

- By 2027, increase the proportion of individuals reducing their sodium intake
- By 2027, increase the proportion of individuals eating more fruits and vegetables
- By 2027, increase the proportion of individuals and children engaging in regular physical activity at least 3-5 days/week
- By 2027, decrease the proportion of adults who smoke or consume alcohol on a regular basis

Strategies

- Promote the use of self-measured blood pressure monitoring sites
- Connect people with the services and lifestyle programs available in the community to reduce blood pressure
- Promote healthy lifestyle and behavior messaging at grocery stores, corner stores and restaurants
- Foster partnerships with community groups to promote culturally appropriate prevention and control measures for HTN

Healthy People 2030 Objectives

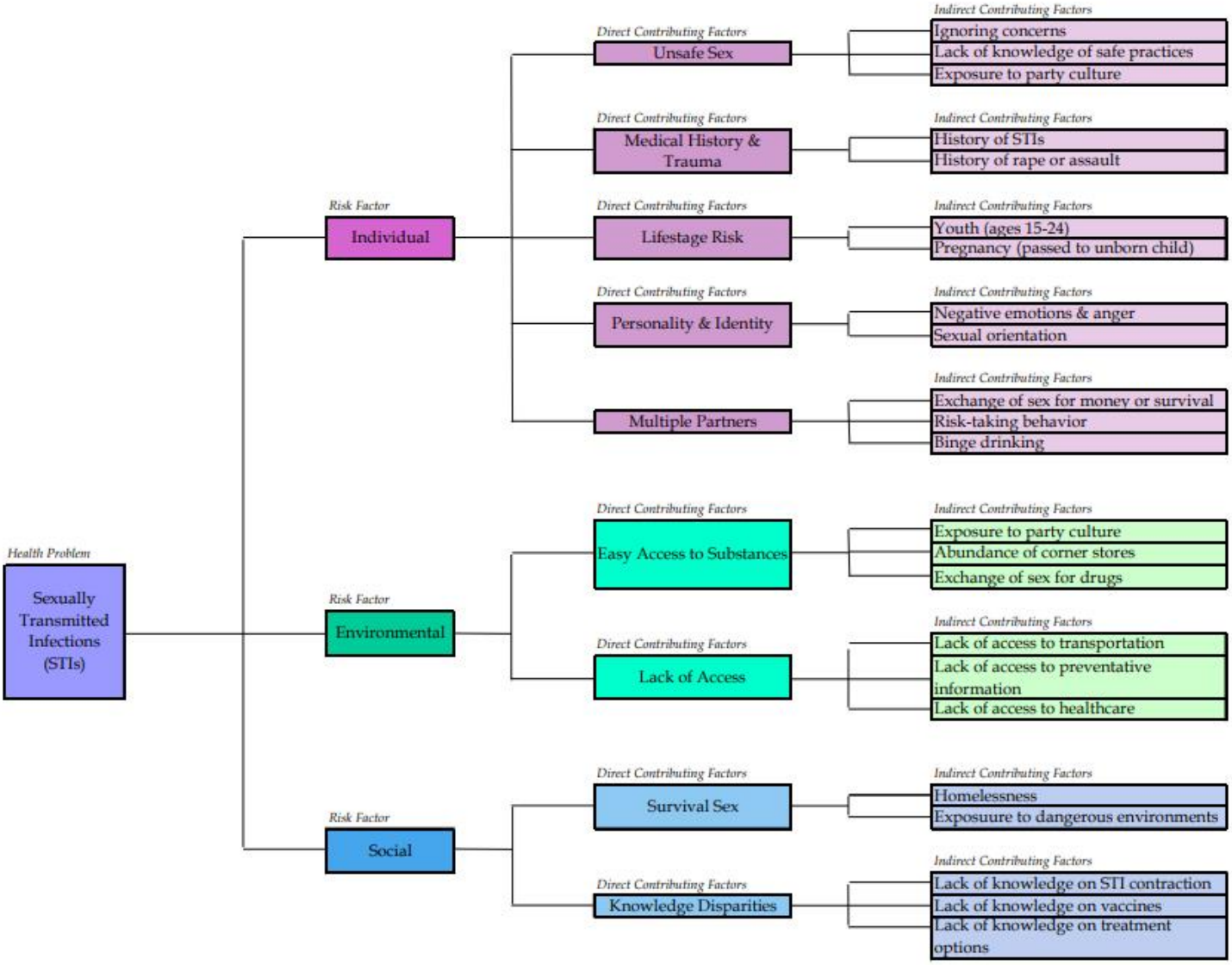
- Reduce the proportion of adults with high blood pressure — HDS-04
- Increase control of high blood pressure in adults — HDS-05
- Reduce the proportion of adults with chronic kidney disease who have elevated blood pressure — CKD-06
- Access to Foods that Support Healthy Eating Patterns is a key issue in the Neighborhood and Built Environment domain

Community Resources & Gaps: Chronic Diseases [Obesity, Diabetes, & HTN]

East Side Health District (ESHD)
Make Health Happen (MHH)
Women, Infants, & Children (WIC) Program
SIUE WeCare Clinic
Health Visions
Southern IL Healthcare

Underutilization of Care
Lack of Public Health Dieticians
Lack of Funding for Wellness Programs
Lack of Healthy Food Options
Lack of Grocery Stores
Lack of Transportation
Lack of Physical Activity Facilities
Cultural Practices & Resistance to Change

HEALTH PRIORITY AREA 1: Chronic Diseases [Sexually Transmitted Infections]



HEALTH PRIORITY PLAN 1: STIs

Goal

- Reduce and prevent the adverse outcomes of **Sexually Transmitted Infections (STIs)** through education and promotion of safe practices.

Objectives

- By 2027, reduce the proportion of newly diagnosed syphilis cases among females
- By 2027, reduce the number of newly diagnosed chlamydia cases
- By 2027, reduce the number of newly diagnosed gonorrhea cases
- By 2027, increase awareness of STIs and safe sexual health practices evidenced by decrease in cases

Strategies

- Develop culturally sensitive campaigns to provide education on sexual health
- Integrate STI messaging into existing public health campaigns and strategies
- Increase awareness of STI testing facilities in the community, and ensure that they are easily accessible
- Establish partnerships with both public and private entities to expand and strengthen STI-prevention efforts

Healthy People 2030 Objectives

- Reduce the syphilis rate in females — STI-03
- Increase the proportion of sexually active female adolescents and young women who get screened for chlamydia — STI-01
- Reduce the syphilis rate in men who have sex with men — STI-05
- Reduce gonorrhea rates in male adolescents and young men — STI-02
- Reduce congenital syphilis — STI-04

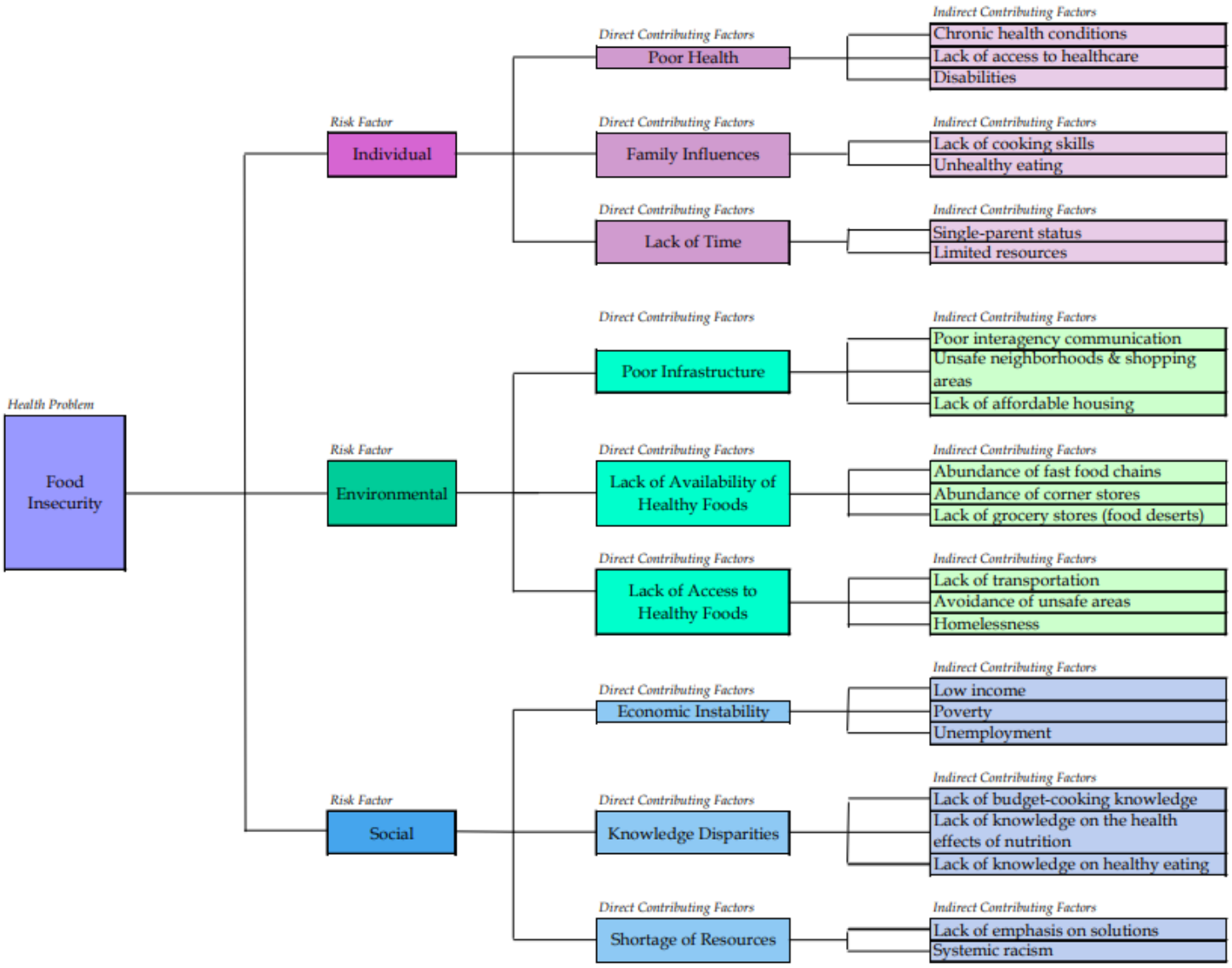
Community Resources & Gaps: Chronic Diseases (STIs)

East Side Health District (ESHD)
WeCare Clinic, SIUE
ESHD School-Based Health Centers
Southern Illinois Healthcare Foundation

Cost

Lack of Funding
Stigma & Fear of Judgement
Denial
Lack of Anonymity
Location of Services
Lack of Transportation

HEALTH PRIORITY AREA 2: Food Insecurity



HEALTH PRIORITY PLAN 2: Food Insecurity

Goal

- Reduce the number of households facing **food insecurity** and hunger by increasing the availability of nutritionally adequate and safe foods.

Objectives

- By 2027, increase the proportion of adults receiving education on nutrition and healthy living
- By 2027, increase the proportion of households eating healthy foods
- By 2027, increase the proportion of individuals who are knowledgeable of community food resources
- By 2027, increase the proportion of individuals who utilize WIC, SNAP and food pantries
- By 2027, increase the number of food pantries offering healthy food options

Strategies

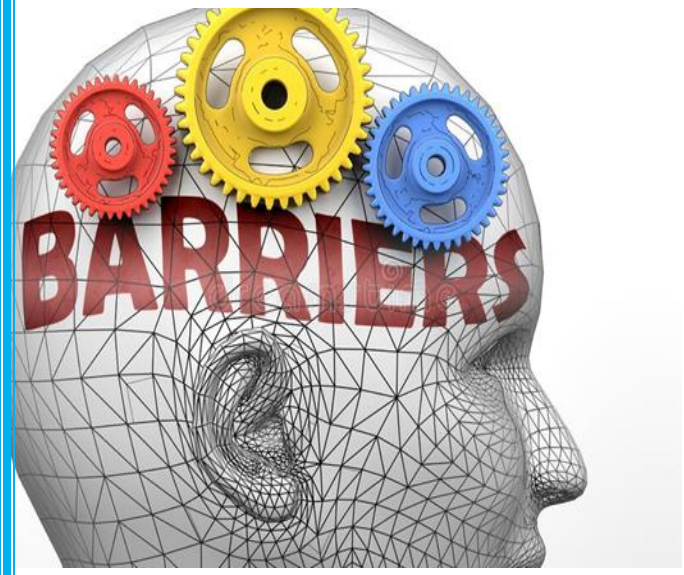
- Assist individuals who participate in public programs such as SNAP or WIC and frequent farmer;s markets and increase availability of food.
- Offer workshops that include cooking techniques, community gardening, and other essential skills to help individuals become food secure
- Integrate food resource information into existing community-wide campaigns

Healthy People 2030 Objectives

- Reduce household food insecurity and hunger — NWS-01
- Eliminate very low food security in children — NWS-02
- Increase fruit consumption by people aged 2 years and over — NWS-06
- Increase vegetable consumption by people aged 2 years and older — NWS-07
- Reduce consumption of added sugars by people aged 2 years and over — NWS-10
- Reduce consumption of saturated fat by people aged 2 years and over — NWS-11
- Reduce consumption of sodium by people aged 2 years and over — NWS-12

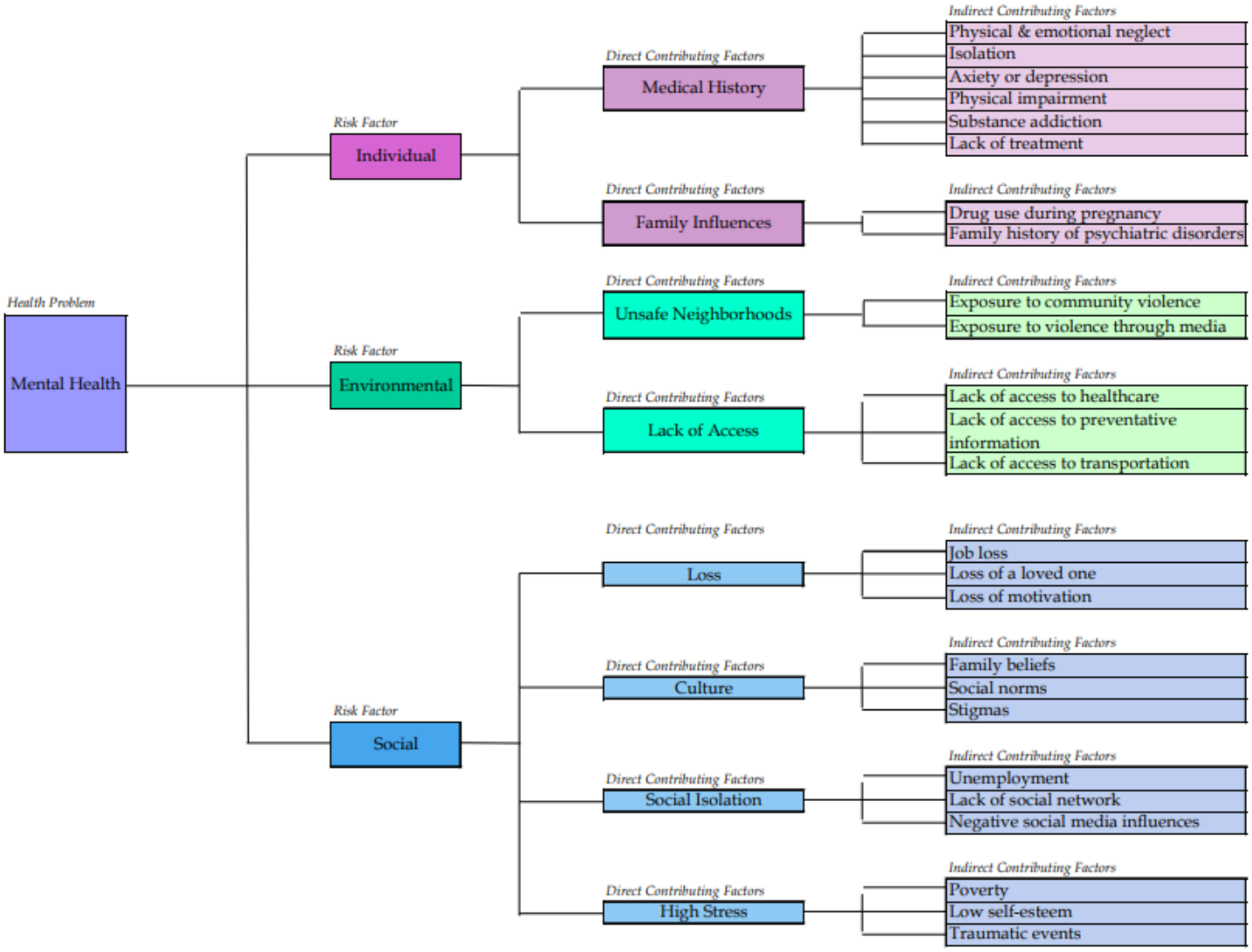
Community Resources & Gaps: Food Insecurity

East Side Health District (ESHD)
Fresh Farmer's Market
Clyde C. Jordan Food Bank
Catholic Urban Program
St. Vincent DePaul
Food on the Move
Food Pantries



Poverty
Unemployment
Lack of Healthy Food Options
Lack of Grocery Stores
Lack of Transportation
Unsafe Shopping Areas

HEALTH PRIORITY AREA 3: Mental Health



HEALTH PRIORITY PLAN 3: Mental Health

Goal

- Foster and promote **mental health** and well-being for everyone in the community.

Objectives

- By 2027, increase the proportion of adults receiving care for mental health issues
- By 2027, reduce the number of individuals reporting poor mental health days by 5%
- By 2027, reduce the proportion of individuals who did not access care due to stigma associated with it
- By 2027, increase the awareness of free and reduced-price mental health care providers in the community

Strategies

- Collaborate with community organizations and comprehensive mental health centers to reduce disorders and promote individual well-being
- Reduce community stigma by highlighting the importance of mental health through education and support
- Promote screening for mental health issues and depression at all points of service and make appropriate referrals

Healthy People 2030 Objectives

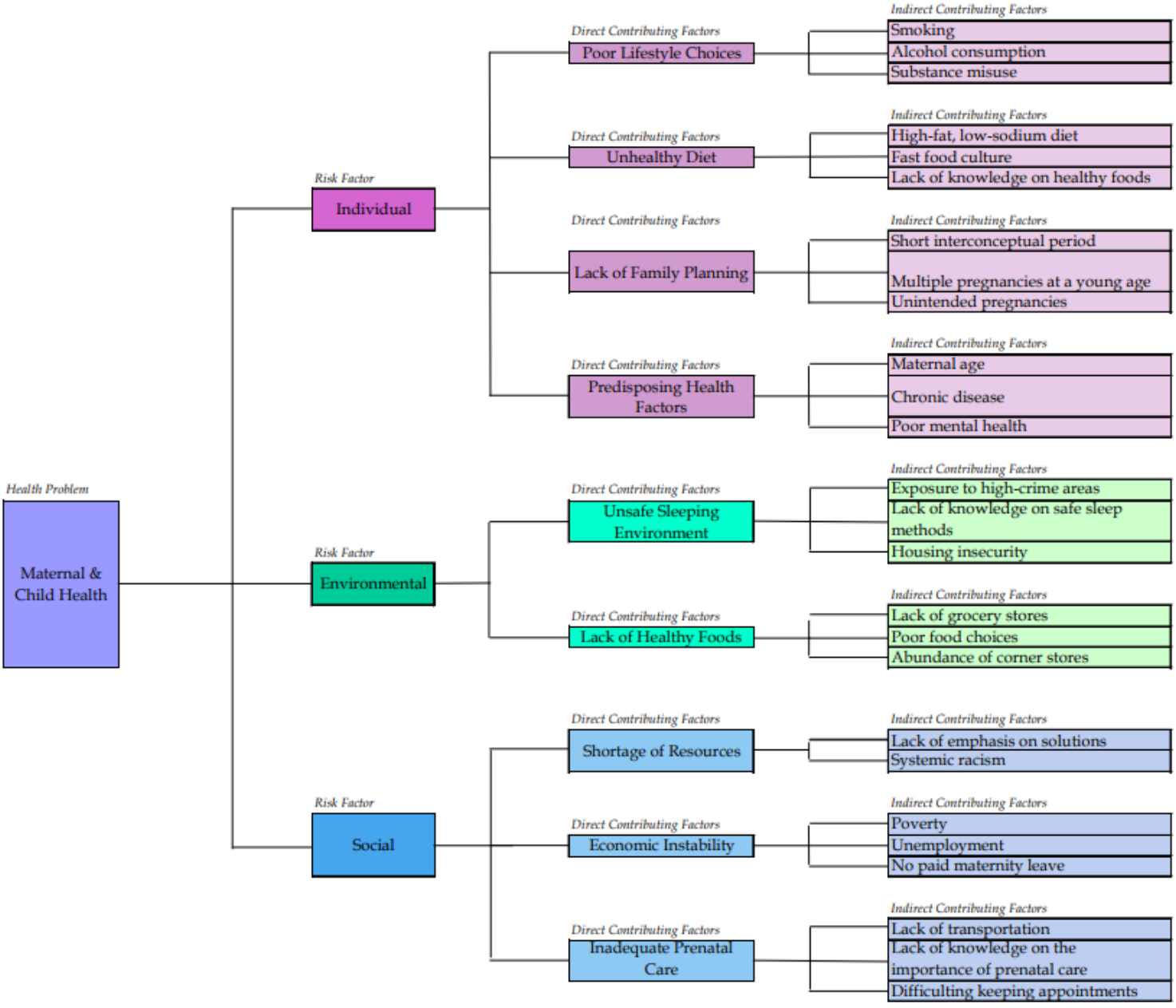
- Increase the proportion of children with mental health problems who get treatment — MHMD-03
- Increase the proportion of adults with serious mental illness who get treatment — MHMD-04
- Increase the number of children and adolescents with serious emotional disturbance who get treatment — MHMD-D01
- Increase the proportion of primary care visits where adolescents and adults are screened for depression — MHMD-08
- Increase the proportion of children and adolescents with symptoms of trauma who get treatment — AH-D02

Community Resources & Gaps: Mental Health

Call for Help
Touchette Regional Hospital
Comprehensive Mental Health Center
National Suicide Prevention Hotline
Mental Health Resources

Stigmatization
Lack of Awareness
Scarcity of Services
Affordability
Lack of Transportation
Mistrust

HEALTH PRIORITY AREA 4: Maternal & Child Health



HEALTH PRIORITY PLAN 4: Maternal & Child Health

Goal

- Prevent pregnancy complications, decrease infant & maternal deaths, and improve **Maternal & Child Health** before, during, and after pregnancy.

Objectives

- By 2027, increase the proportion of pregnant women who receive early and adequate prenatal care
- By 2027, increase the proportion of pregnant women who abstain from smoking and using harmful substances
- By 2027, reduce the percentage of pregnancies conceived within 18 months of a previous delivery
- By 2027, increase the proportion of women who get screened for postpartum depression

Strategies

- Advocate for policies that promote primary care for all pregnant women
- Provide breastfeeding education to develop positive attitudes toward breastfeeding
- Increase and improve community education programs on safe sleep
- Promote farmer's markets and access to healthy foods
- Improve and enhance smoking-cessation and substance abuse programs

Healthy People 2030 Objectives

- Increase the proportion of women who get screened for postpartum depression — MICH-D01
- Reduce the rate of fetal deaths at 20 or more weeks of gestation — MICH-01
- Reduce preterm births — MICH-07
- Increase the proportion pregnant women who receive early and adequate prenatal care — MICH-08
- Increase abstinence from alcohol among pregnant women — MICH-09
- Increase abstinence from illicit drugs among pregnant women — MICH-11
- Reduce the proportion of pregnancies conceived within 18 months of a previous birth — FP-02
- Reduce the proportion of unintended pregnancies — FP-01

Community Resources & Gaps: Maternal & Child Health

SIHF Healthy Start
ESHD WIC Program
ESHD Family Case Management (FCM)
Child & Family Connection
Parenting for Success
Lessie Bates Davis Center

Lack of Family Support
Low Socioeconomic Status
Underutilization of Services
Lack of Family-Planning Services
Lack of Transportation
Inadequate Knowledge
Substance Misuse

Community Resource Highlight

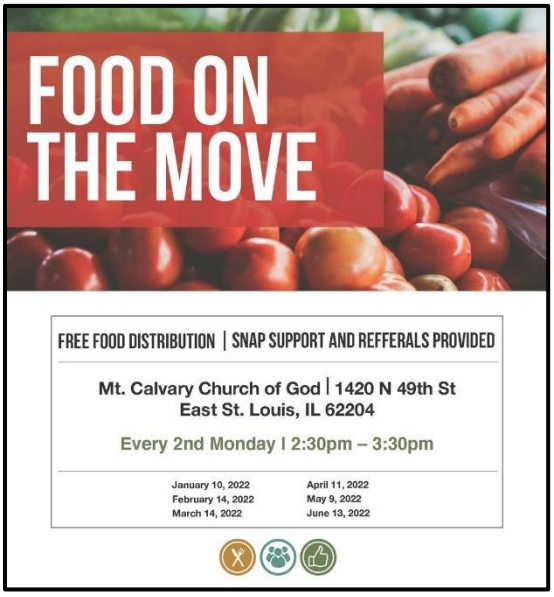
FOOD ON THE MOVE

During the COVID-19 pandemic, children and seniors have faced an increased risk of food insecurity due to social distancing measures and stay-at-home mandates. Due to a rise in unemployment rates and school closures, households with children were three times more likely to experience a food crisis. On the other hand, food insecurity was 60% higher among elderly populations due to concerns about public safety. Seniors were less likely to utilize transportation services, which limited their access to food supplies.

As a result, the St. Louis Area Foodbank piloted a program called Food on the Move, which designated a route through specific ZIP codes every six months. A food trailer was used to deliver food to communities that met the following criteria:

- Food insecurity 30% or greater
- Poverty level 30% or higher
- Unemployment rate 15% or higher
- Limited number of food access points and resources in the area

The ESHD jurisdiction ZIP codes qualified for the pilot program, and residents have since then been receiving provisions from "Food on the Move" on a monthly basis.



Make Health Happen, 2022

St. Louis Area Foodbank, 2022

ESHD EFFORTS

ESHD Efforts to Address Chronic Diseases

Obesity

ESHD farmers markets assist in providing more fruits and vegetables to the community to promote healthy eating and, thereby, lower risks for chronic illnesses (such as Type 2 diabetes, cardiovascular diseases, and obesity).

The ESHD WIC program offers targeted nutrition counseling for mothers and children to promote healthy habits and reduce the burden of chronic disease.

ESHD is involved with the Make Health Happen coalition, which brings together organizations with a vested interest in ensuring the availability of healthy foods for all.

Hypertension

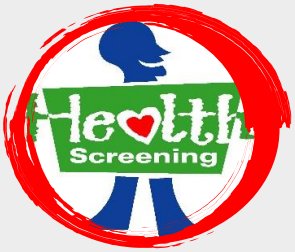
ESHD offers community cooking classes to help with management of chronic diseases through modification of behavioral risk factors, such as dietary and lifestyle habits, to improve disease outcomes.

ESHD breastfeeding peer counselors support WIC mothers and educate them on the benefits of breastfeeding, including chronic disease prevention.

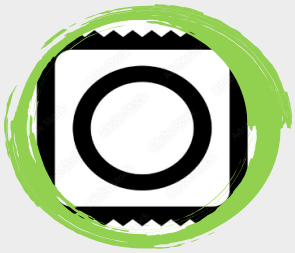
ESHD conducts a variety of screenings, including blood pressure and weight checks, to help prevent and manage chronic diseases.

Diabetes

ESHD Efforts to Address STIs



An STI screening is an effective method to find people in the community who have an STI (with or without symptoms) in order to help them receive the treatment they need.



ESHD is dedicated to helping people in the community avoid contracting STIs by making prevention supplies readily available.

Ensuring treatments for STIs are easily accessible to those in the community allows individuals to regain their health.

STI exams provide another approach to help those in the community with STIs receive targeted treatment for their infection.

ESHD STI counselors spend one-on-one time with participants to educate them on how to prevent STIs and how to treat them, if needed.

Expedited Partner Therapy is provided to assist with control and treatment of STIs in the family.

ESHD Efforts to Address Food Insecurity

ESHD addresses food insecurity by ensuring availability of affordable, locally grown fruits and vegetables through our farmers market and onsite garden.

As a supplemental food program, WIC helps our participants provide nutritious foods for their families and offers referrals to food sources within the community.

ESHD is involved with the Make Health Happen coalition, which brings together organizations with a vested interest in addressing food insecurity in the community.

ESHD provides coupons for the farmers market to both seniors and WIC participants to help increase access to healthy, local foods.

ESHD Efforts to Address Mental Health

ESHD uses the Ryan White program to improve the mental health of individuals undergoing HIV care and treatment. The program also works toward improving the quality and availability of HIV care and treatment.

ESHD Family Case Management staff work closely with our WIC staff to screen mothers for depression and assist with seeking help, if needed.

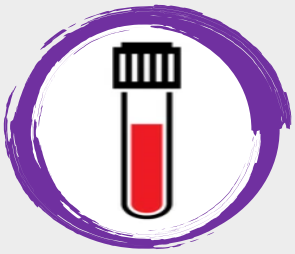
ESHD offers referrals to programs within the community that are able to address mental health issues.

ESHD helps to ensure that its employees can work with clear minds by offering free counseling sessions each month.

ESHD Efforts to Address Maternal & Child Health

ESHD offers pregnancy tests and referrals to help mothers begin early prenatal care, prepare for their coming child, and improve maternal and child health.

ESHD breastfeeding peer counselors support and educate WIC mothers on the benefits of breastfeeding, including its value on maternal and child health.



ESHD regularly screens for anemia and lead poisoning to identify health issues and provide proper guidance for mothers and children.

ESHD WIC and Family Case Management staff provide clients with guidance and the referrals needed to deliver healthy babies.

WIC nutritionists and Family Case Managers provide education and counseling to promote overall wellness to mothers so they can deliver healthy babies.

Safe Sleep Education is provided to all mothers to reduce the risk of SIDS.

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APPENDIX A: Organizational Capacity Assessment Tool

Goal:
The goal of this tool is to assist organizations in assessing the critical elements for effective organizational management and identifying those areas that need strengthening or further development.

Purpose:
The OCA tool was designed to enable organizations to define a capacity-building improvement plan, based on self-assessed need. This OCA tool provides organizations with a set of criteria to assess their current management capacity to implement quality health programs, to identify key areas that need strengthening

The OCA tool assesses technical capacity in seven domains, and each domain has a number of sub-areas.

OCA Domains

I. Governance

1. Vision, Mission, and Values
2. Legal Status
3. Governing or Advisory Board
4. Leadership and Succession Plan

II. Administration

1. Organizational Structure
2. Operational Policies, Procedures, and Systems
3. Filing and Information Systems

III. Human Resources

1. Staffing (levels, hiring, retention)
2. Job Descriptions and Staff Supervision
3. Personnel Policies
4. Compensation (stipends, salaries, and benefits)
5. Volunteers and Interns

IV. Financial Management

1. Financial Policies and Procedures
2. Internal Controls
3. Financial Documentation and Reporting
4. Financial Planning and Sustainability

V. Organizational Management

1. Strategic and Operational Planning
2. Resource Mobilization
3. Communication Strategy: Documentation and Reporting
4. Internal Communication Decision-Making
5. Stakeholder Involvement
6. Knowledge Management

VI. Program Management

1. Community Involvement
2. Project Implementation
3. Service Delivery: Standards and Referrals
4. Monitoring and Evaluation (M&E) and Quality Assurance (QA)

I. GOVERNANCE

The objective of this section is to assess the clarity of the organization's motivation, purpose, and stability by reviewing its guiding principles, structure, and oversight mechanisms.

Resources you may wish to refer to in this section:
Vision, mission, and/or values statements; by-laws or articles of incorporation; terms of reference for board members; board meeting minutes; succession plan; certificate of legal registration.

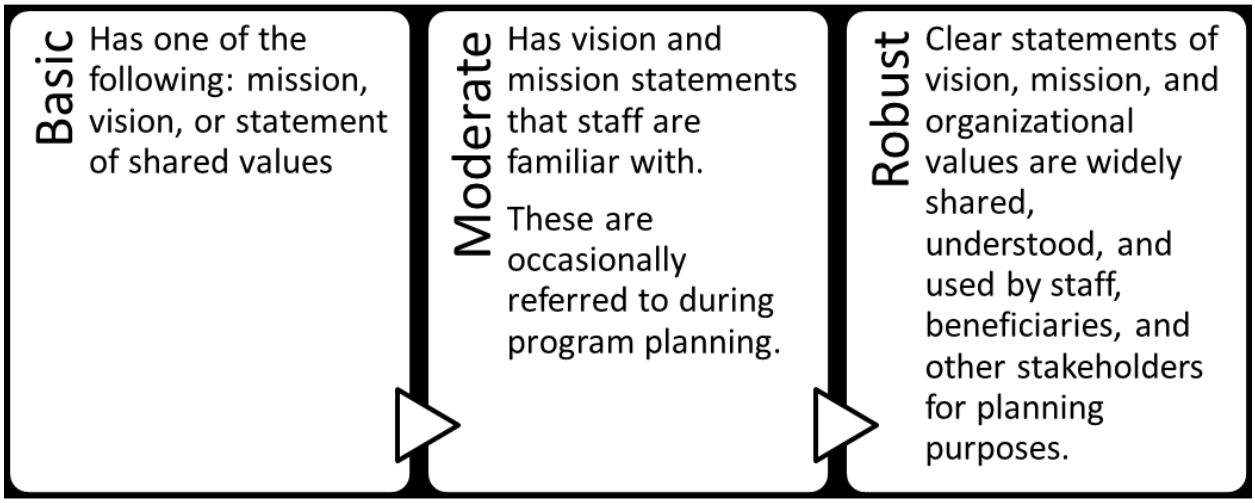
1. Vision, Mission, and Values

Discuss some or all of the following questions:

- Does the organization have a vision statement, mission statement, and statement of values?
- Are the vision and mission used to set priorities? If so, please describe how.
- Are these statements posted openly in the office or somewhere that staff and visitors can see?
- Are the statement(s) used in human resource materials (i.e., staff handbooks, orientation materials, job descriptions, etc.), organizational brochures, reports, and proposals?
- Does the organization regularly review the vision and mission statements (for example, in conjunction with strategic and/or operational planning)?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



2. Legal Status

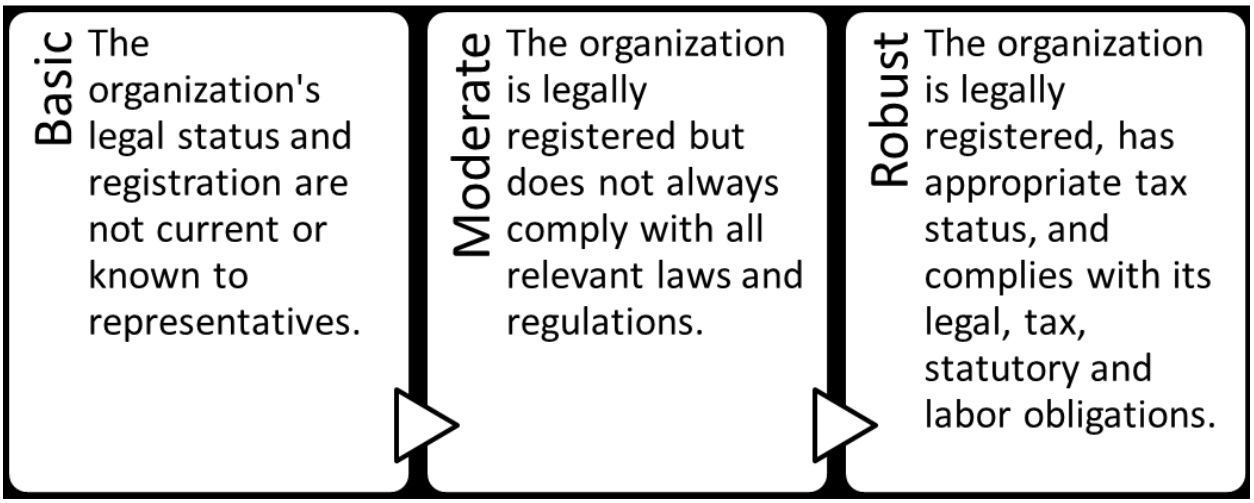
Rationale: Legal registration, according to the laws of the country, as well as careful adherence to relevant tax and labor laws, enable an organization to gain recognition, perform functions like holding a bank account, and implement programs accountably.

Discuss some or all of the following questions:

- Is the organization legally registered and is the documentation of current legal registration readily available (or posted) in the office?
- Are labor laws adhered to? Is this documented in human resource policies?
- Does the organization comply with the tax codes for both itself and the staff?
- Does the organization comply with annual statutory requirements, such as audits and other reporting?
- Does the board review and approve the audit and other statutory reports?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



3. Governing or Advisory Board

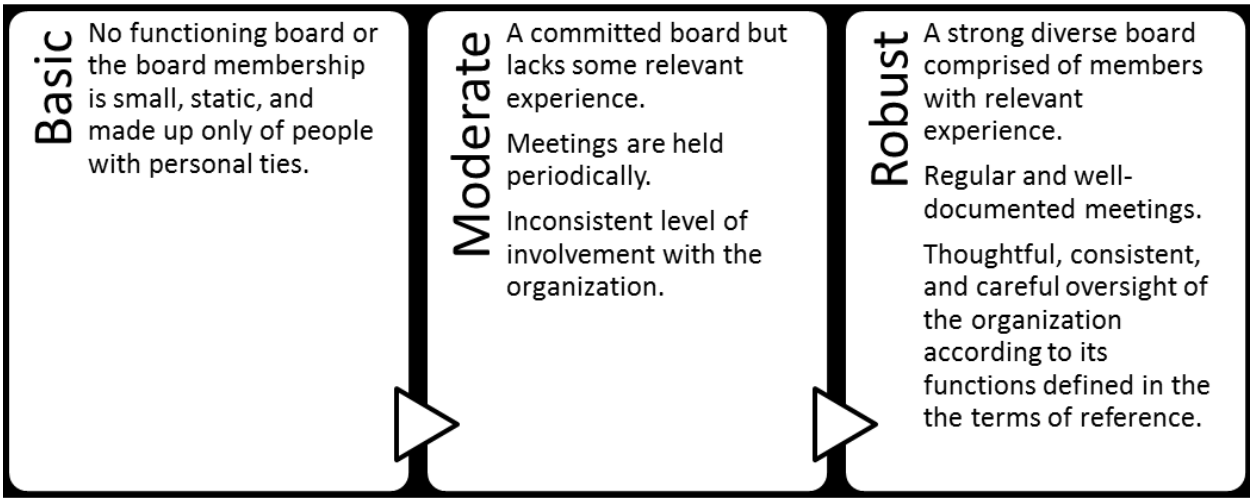
Rationale: Governing or advisory boards whose members are committed to the organization and bring relevant knowledge and experience, provide guidance, support, and oversight to the organization's staff and operations.

Discuss some or all of the following questions:

- Does the board have clearly defined terms of reference (TOR) that detail its primary duties?
- Are board roles clearly differentiated from the executive roles?
- Are there clear and documented criteria for becoming a board member?
- Are there term limits and a system for electing or approving board members?
- Does the board meet regularly and document its decisions with minutes?
- How are board members involved in strategic planning, resource mobilization, and developing and approving organizational policies and budget and annual financial statements?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



4. Leadership and Succession Plan

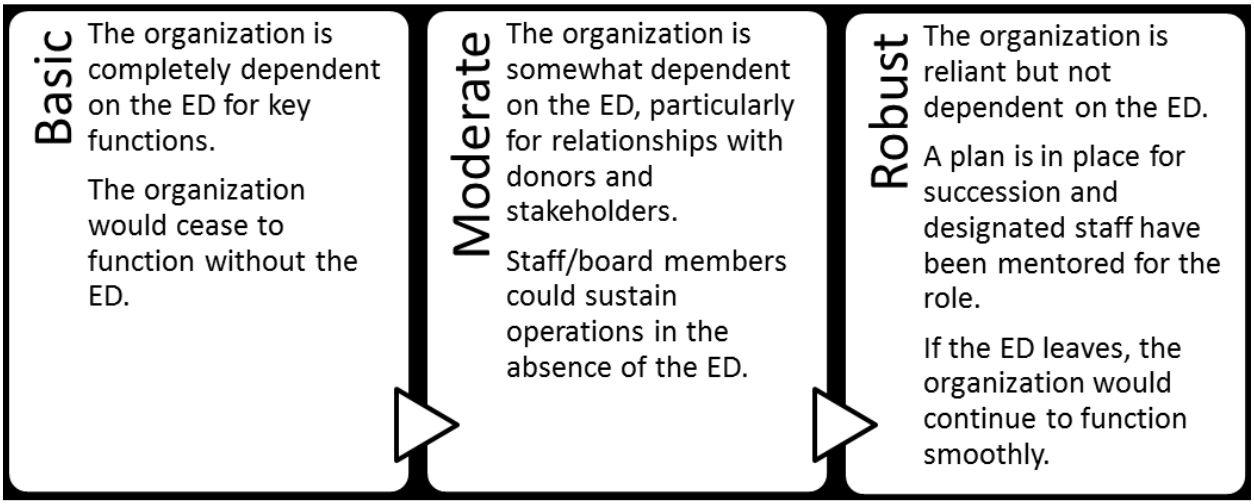
Rationale: Over-reliance on a single person, such as the executive director (ED) or founder puts an organization at risk of failing in the absence of that person.

Discuss some or all of the following questions:

- Is there a deputy or other staff/board member who can fulfill the duties of the ED if he or she is absent for short or long periods?
- Does the organization support capacity-building to ensure that others are able to take on or assist with the key functions of the organization's leadership (fund-raising, operations, and program quality)?
- Is there a documented succession plan for the ED?
- Do people other than the ED have contacts and relationships with key donors and stakeholders?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



II. ADMINISTRATION

The objective of this section is to assess the organization's capacity to *develop* and *use* key policies, procedures, and systems to manage its general operations and functions.

Resources you may wish to refer to in this section:
Policy and procedures manuals; samples of administrative forms.

1. Organizational Structure

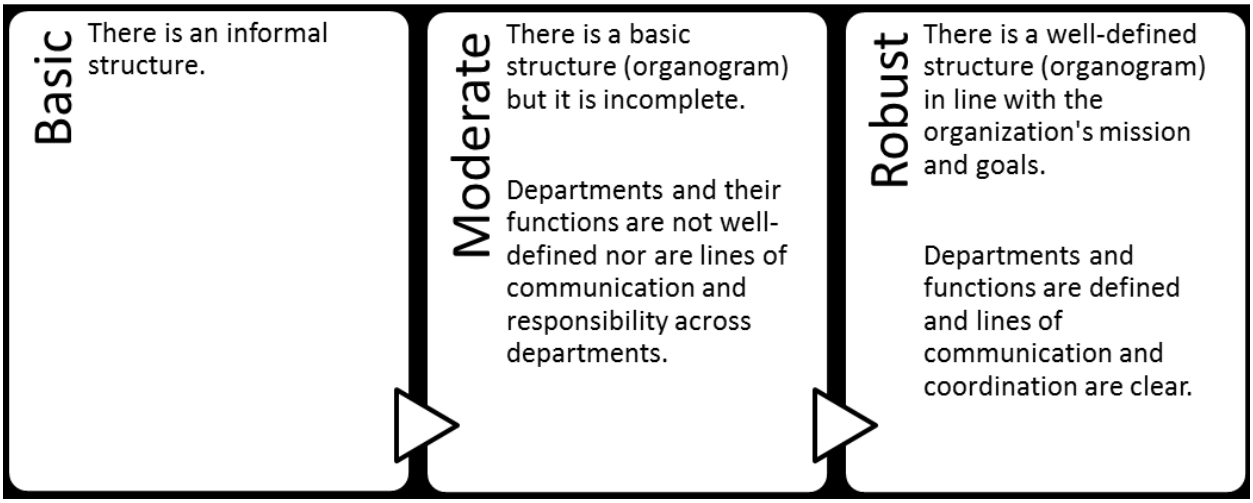
Rationale: An organization whose structure is in line with its mission, goals, and programs and has systems in place to ensure coordination among departments and functions can improve its efficiency and effectiveness

Discuss some or all of the following questions:

- Is the organizational and reporting structure clearly documented and disseminated?
- Is there an organogram or other document outlining supervisory and staff responsibilities?
- How do departments communicate with each other and what are their functions?
- Does the current structure adequately support the departments/functions?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



2. Operational Policies, Procedures, and Systems

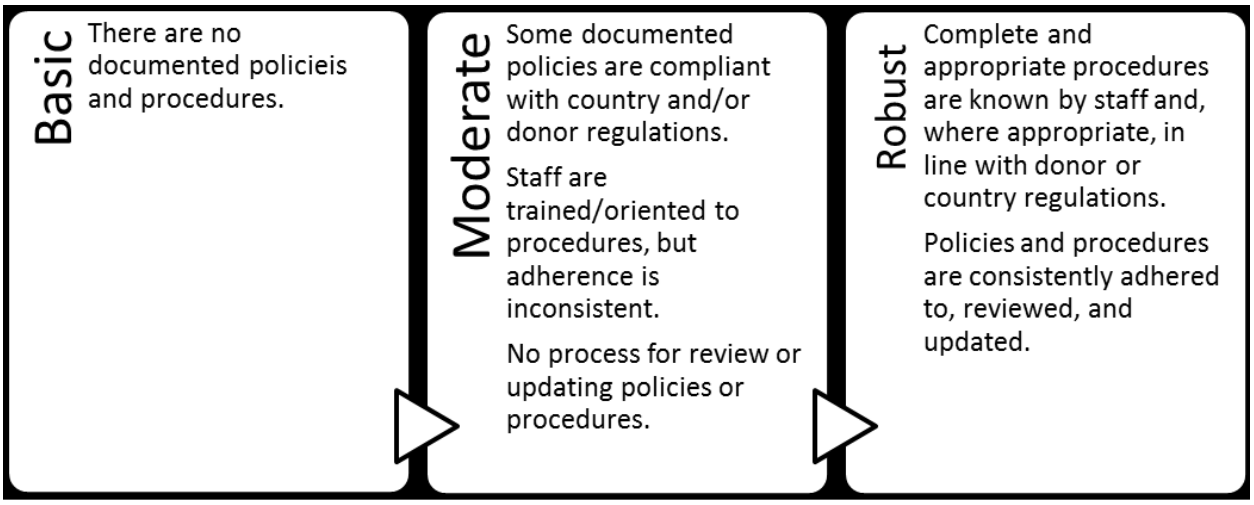
Rationale: Clear guidance for organizational operational procedures enables better adherence to an organization's rules and regulations.

Discuss some or all of the following questions:

- Are there written organization policies and procedures that support operational needs (e.g., travel, procurement, fixed assets, security, etc.)?
- Are they presented so financial and non-financial staff can benefit from the guidance?
- Are staff trained on the details and purpose of the policies and procedures?
- How is compliance with the systems monitored?
- Are the existing procedures/policies reviewed? Are procedures in line with external regulations?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to beat the end of 12 months.



3. Filing and Information Systems

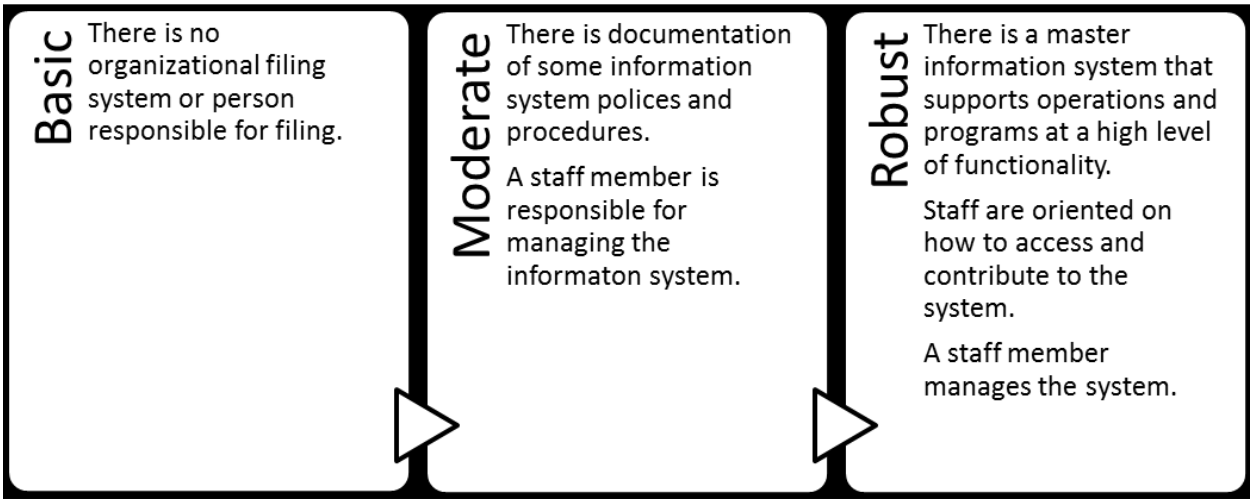
Rationale: An organization with a functional information system can provide efficient support to operations and programs.

Discuss some or all of the following questions:

- Is there a general filing system that documents how and where information is stored?
- Is someone responsible for the system?
- Is the information adequate to support operations and programs?
- Does the system include guidance to allow the organization to manage information on best practices and other program support?
- Is the system structure communicated to all staff?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



III. HUMAN RESOURCES

The objective of this section is to assess the organization's ability to maintain a satisfied and skilled staff/volunteer workforce and to manage operations and staff time in order to implement quality programs.

Resources you may wish to refer to in this section:
Staffing plan, recruitment policy and guidelines, personnel manual, job descriptions, volunteer/intern policy and compensation policy, vacancy and turnover data, retention policies, performance appraisals.

1. Staffing (levels, hiring, & retention)

Rationale: Organizations with equitable and consistently applied human resources policies that address salary, recruitment, and retention can more effectively maintain appropriately skilled personnel, including both paid staff and volunteers.

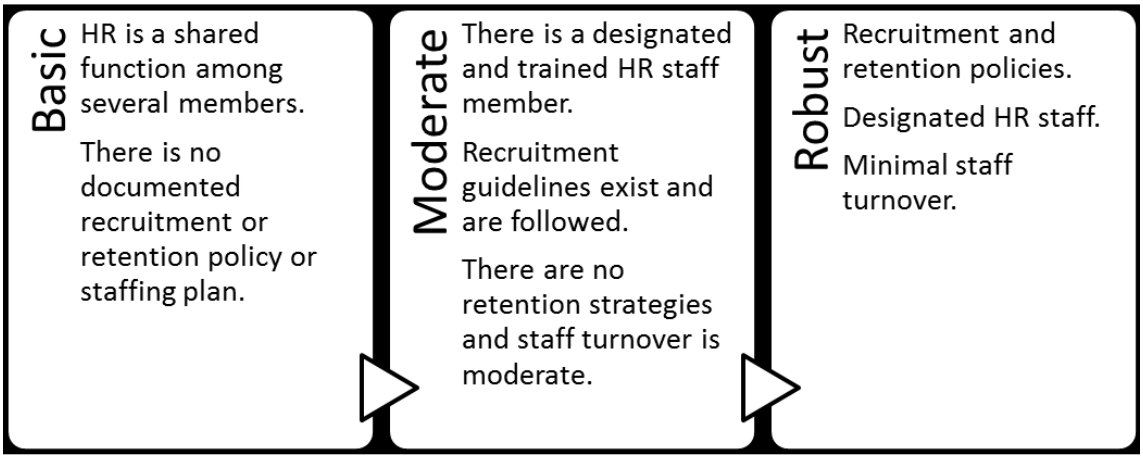
Discuss some or all of the following questions:

- Are there written and transparent recruitment guidelines that include job descriptions and qualifications, announcements, short-listing, interviewing, reference and salary history review, and employee agreements?
- Is there designated HR staff and are they trained in how to use the guidelines?

- Are there approaches for retaining staff, including benefits, recognition, career advancement, and exit interviews?
- Is there a documented staffing plan and active review of staffing status?
- Are positions filled with the people with the right qualifications, skills, and experience?
- Are current positions filled? Is data on vacancy and turnovers kept and reviewed?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



2. Job Descriptions and Staff Supervision

Rationale: Appropriate job descriptions (JDs) ensure that staff roles and responsibilities are clearly defined and understood and help supervisors review and improve performance against expectations

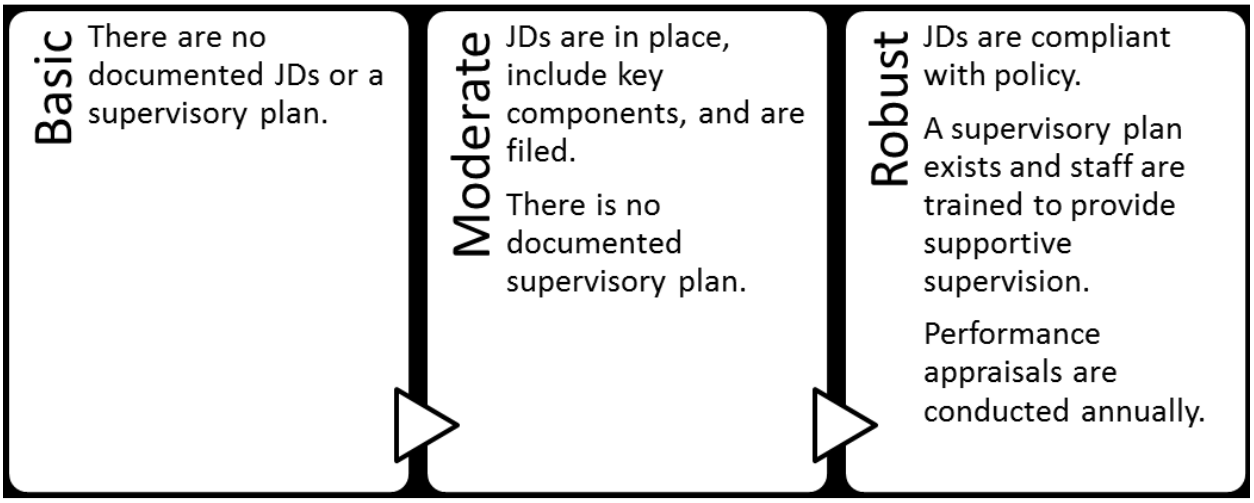
Discuss some or all of the following questions:

- Are there templates for job descriptions that list title, job duties, reporting requirements, qualifications, and skills?
- Are JDs filed and updated as needed?
- Is there a documented supervisory plan? Is staff aware of the structure?
- Are supervisors aware of their responsibilities and trained to be supportive?

- Are supervisor findings documented and discussed?
- Are performance appraisals conducted? How often?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



3. Personnel Policies

Rationale: Personnel policies understood by all staff members provide clear rules and regulations that govern how staff, volunteers, and other organizational representatives are expected to act and what they can expect from the organization.

Discuss some or all of the following questions:

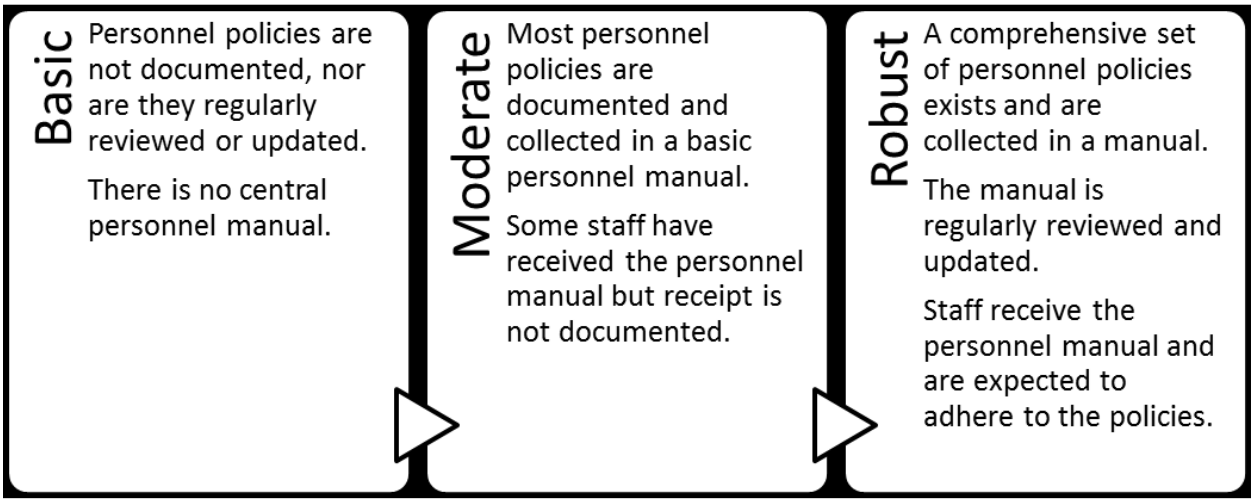
- Do we have documented policies that address the following areas?
  - Work schedule and time management
  - Employee compensation (salary) and benefits
  - Employee conduct
  - Types of leave and how to request them
  - Performance reviews
  - Grievances and disciplinary procedures
  - Ending employment (resignation/termination)

- Various administrative procedures
- HIV in the workplace

- Are these policies collected in a personnel manual that all staff receives? Do staff sign to confirm that they have received the personnel manual?
- How and how often is the personnel manual updated?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



4. Compensation (stipends, salaries, and benefits)

Rationale: Fair and equitable distribution of stipends, salaries, and benefits can improve staff retention and morale.

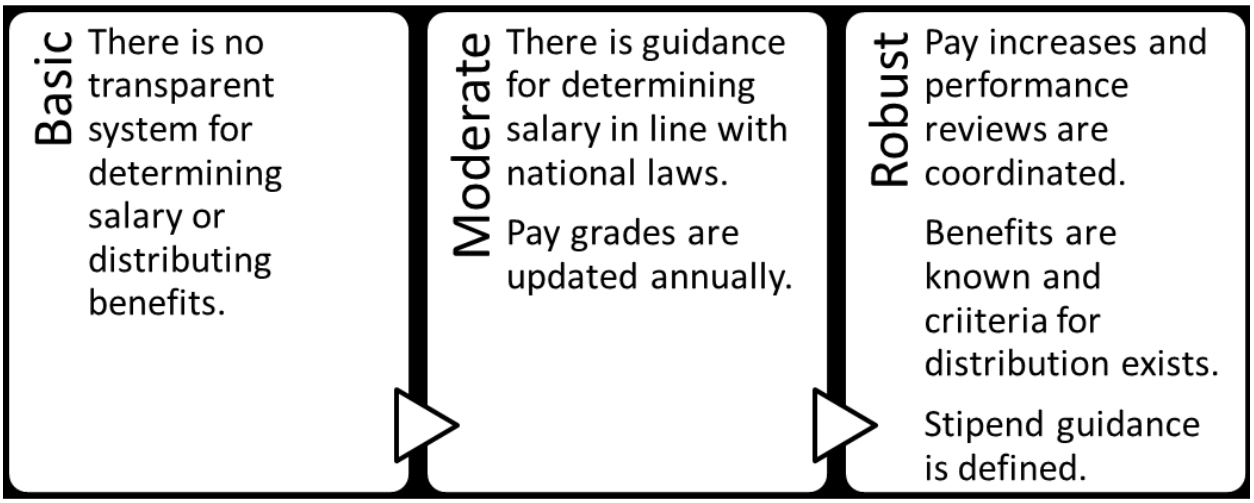
Discuss some or all of the following questions:

- How are salaries determined? Is salary history, salary scale, or an alternative system used and understood by staff?
- Is salary history verified and determination of salary documented and filed?
- If pay grades and ranges are used, are they documented and applied to all staff?
- Are pay grades and ranges updated annually?
- Are pay increases and performance reviews coordinated?

- Are employee benefits equitably applied? Are benefits documented and are staff aware of them?
- Do staff salaries and employee benefits conform to national labor laws?
- If stipends are provided are they consistent and timely?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



5. Volunteers and Interns

Rationale: Organizations that provide field and office-based volunteers and interns with clear tasks, training, supervision, and recognition tend to have less turnover and receive significant contributions to the organization.

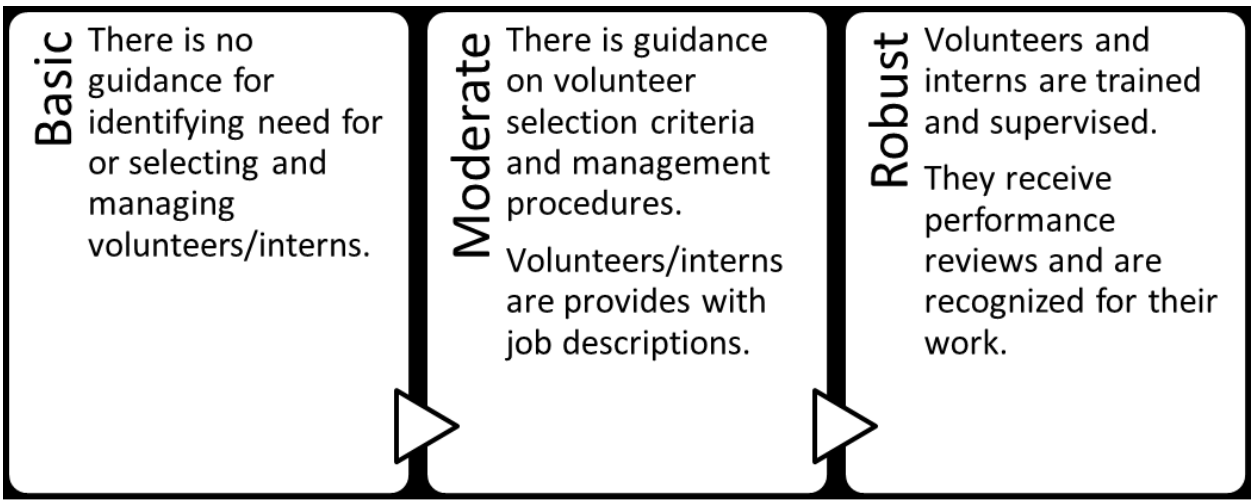
Discuss some or all of the following questions:

- Is there a documented policy for recruiting, selecting, engaging, and managing/supervising volunteers and interns?
- Is training and orientation provided regularly?
- Are volunteers given job descriptions?
- Are they provided with performance standards? Are these used to assess performance?

- How is supervision provided?
- Do they receive financial or non-financial recognition/compensation?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



IV. FINANCIAL MANAGEMENT

The objective of this section is to assess the quality of the organization's financial system and policies and procedures and the staff's knowledge of the system**.**

Resources you may wish to refer to in this section:
Financial manual, accounting journals, chart of accounts, payment vouchers, staff training plan, signatory policy/authority matrix, budget, budget tracking sheet, financial reports, strategic plan.

1. Financial Policies and Procedures

Rationale: Having clear, well-documented policies and procedures for financial management that are understood and used by staff members allows an organization to function transparently and promotes integrity and accountability.

Discuss some or all of the following questions:

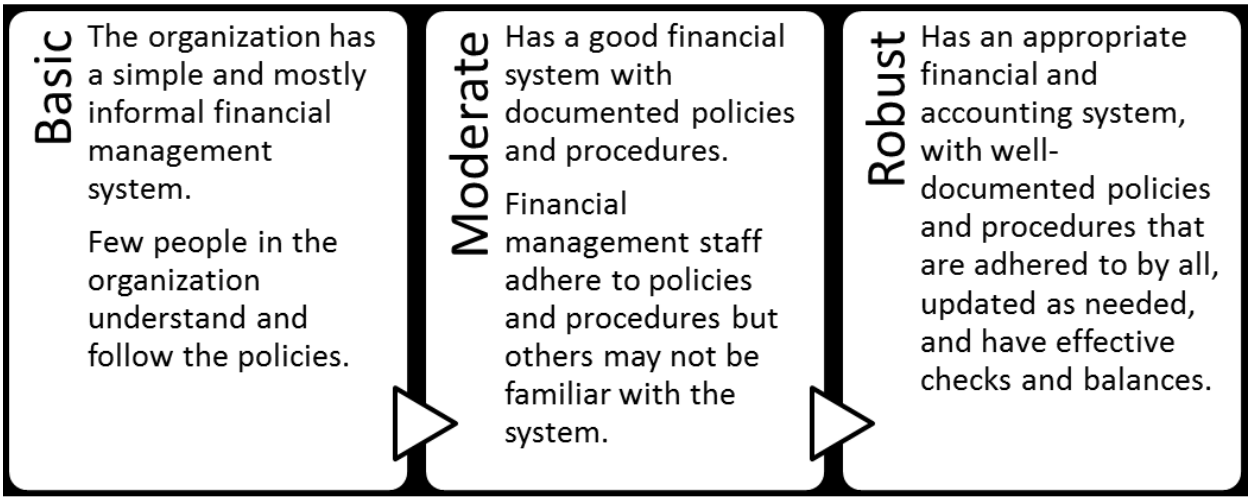
- What type of accounting system does the organization use? How is the system implemented? Is the organization using accounting software?

- Which financial procedures are documented? How are financial procedures developed and approved? How often are the financial procedures formally reviewed/updated? What is included in the financial policies and procedures? Do they include: o A signatory/authority matrix (who can do what)? Does it include authorization limits?
    - Who are the organization's check signatories?
    - Budgeting and reporting requirements?
    - Policies regarding receipts (definition, recording)?
    - Requirements for documenting expenses/payments and income/receipts (supporting documentation and retention period)?
    - Managing bank accounts in the organization's name?
    - Managing petty cash (who can spend, types of items, limit)?
    - Monthly reconciliation of all cash accounts?
    - Policies and procedures for handling potential fraud?

- How are staff members oriented/trained in the procedures? How often?
- Does the organization have separate accounts for separate programs? Does the organization use codes to assign transactions to a specific project/donor?
- Is there cashbook (or bank journal) completed in ink used for each bank account?
- How are account balances kept? Are all payments and receipts recorded in the organization's bookkeeping system? How are transactions in the accounting system linked to supporting documentation?
- What systems ensure compliance with financial procedures? At the end of the fiscal year how are accruals recorded?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



2. Internal Controls

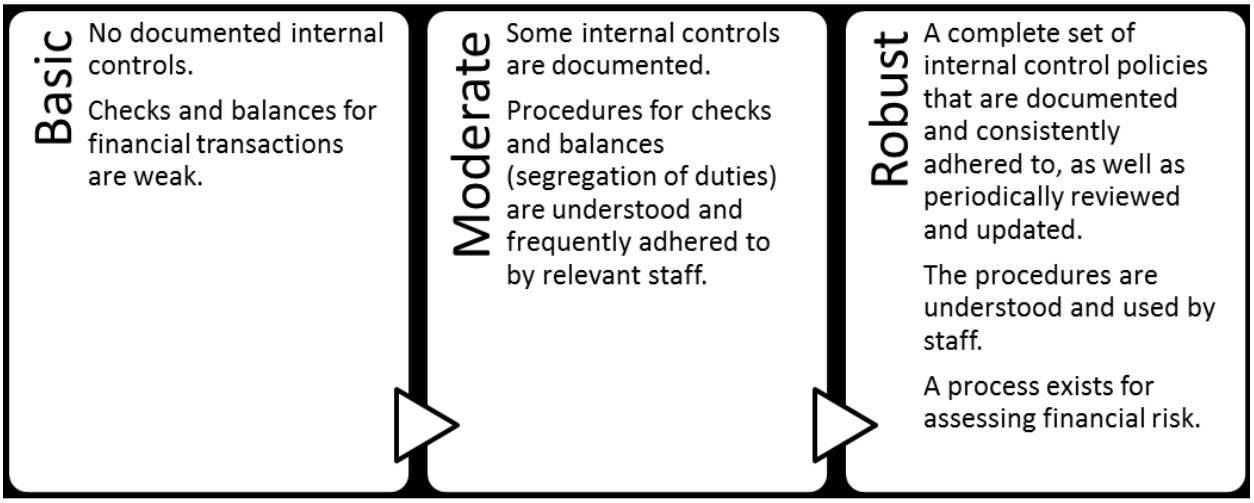
Rationale: Strong internal controls help an organization safeguard its assets, manage internal risks, and ensure accurate and reliable financial accounting and reporting.

Discuss some or all of the following questions:

- Are there written policies on internal controls that are regularly reviewed and updated, and staff are trained on?
- Do the controls guide the segregation of duties among staff involved in financial management?
- Do multiple people review and approve payments and financial reports?
- How is petty cash managed?
- Is there a safe or other secure location for storing cash and checkbooks? Are there a limited and known set of people who can access the contents?
- How does the organization periodically assess its financial risks?
- Is there a documented procedure for handling possible instances of fraud or theft?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



3. Financial Documentation and Reporting

Rationale: Keeping accurate and up-to-date financial records enables an organization to track resources, monitor its financial status, and prepare accurate financial reports for donors, stakeholders, and auditors in a timely fashion.

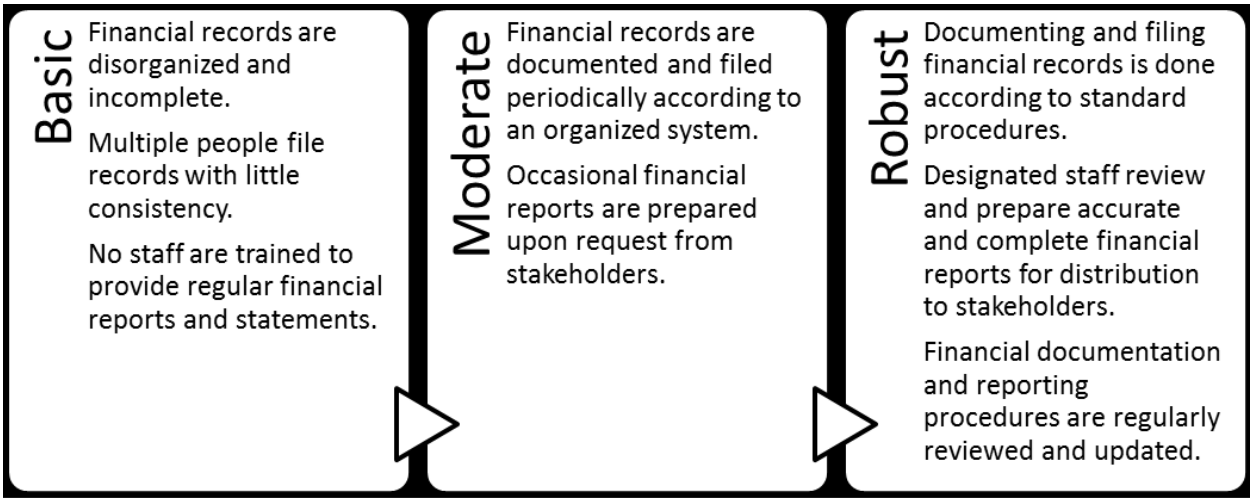
Discuss some or all of the following questions:

- Are there written guidelines and procedures for documenting all types of financial transactions?
- How often are these guidelines reviewed and updated? What is the process for this?
- Is the organization's financial documentation up-to-date?
- Are financial files kept neatly, organized, and secure?
- Are there procedures for preparing and disseminating financial reports?
- Does the organization adhere to relevant legal requirements on financial reporting, such as audits?

- Who in the organization prepares, reviews, and approves financial reports that are shared with donors and other stakeholders?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



4. Financial Planning and Sustainability

Rationale: Financial planning and monitoring that aligns with program planning and monitoring enables an organization to implement planned activities and demonstrate accountability to resource providers, which builds their confidence in the organization and makes them more likely to continue supporting the organization.

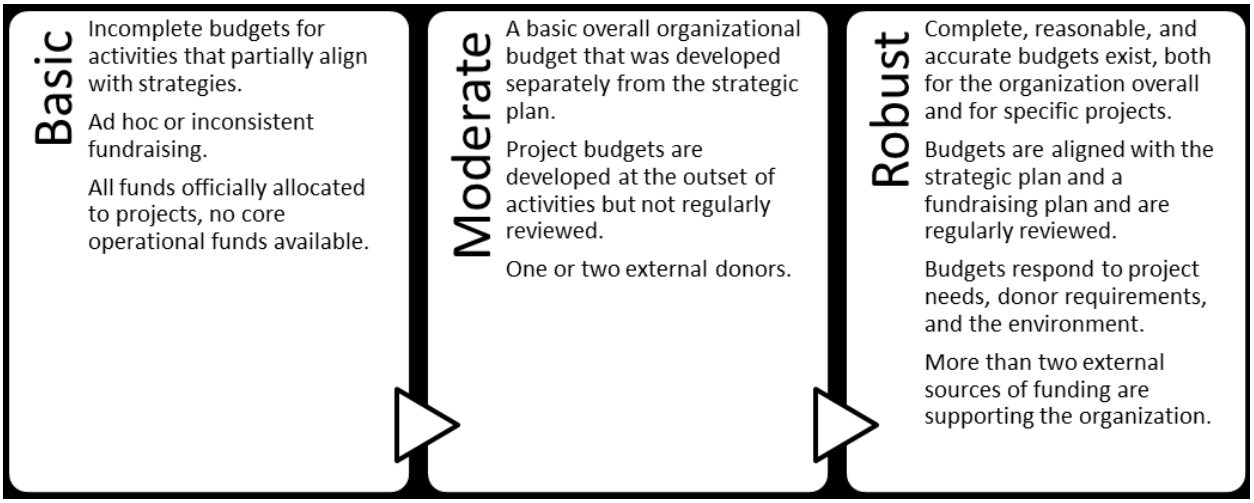
Discuss some or all of the following questions:

- Does the organization have a master budget that includes operating and overhead costs as well as project activities? How is it developed? How are budgets reviewed and approved? Are they frequently updated?
- Are project budgets developed during activity planning?
- Does the organization have a documented resource mobilization strategy? How does it relate to the strategic plan?

- Does the organization have income-generating activities or other sources of unrestricted funding?
- Does the organization have a cash flow that allows it to meet its financial obligations? Is the organization in debt?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



V. ORGANIZATIONAL MANAGEMENT

The objective of this section is to assess the organization's planning, management of external relations, means of identifying and capitalizing on new resources, and decision-making policies.

Resources you may wish to refer to in this section:

Strategic plan, operational plan, stakeholder list and analysis, resource mobilization plan.

1. Strategic and Operational Plan

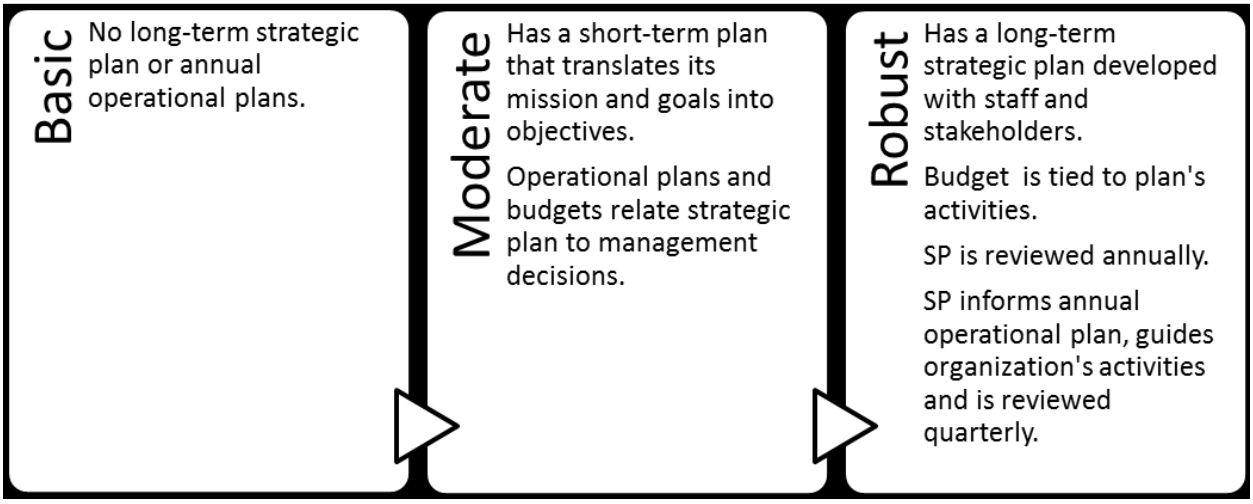
Rationale: Having a strategic plan helps an organization realize its mission and goals with a shared vision, long-term and costed plan, and annual operational plans.

Discuss some or all of the following questions:

- Does the organization have a current strategic plan?
- Did staff and stakeholders participate in its development?
- How long a period of time does it cover?
- Does it include measurable objectives, resource needs, and costs? How will it be funded?
- Is the strategic plan used to guide annual operational planning?
- Is the operational plan linked to the budget?
- How are the plans reviewed and monitored?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



2. Resource Mobilization

Rationale: A resource mobilization plan that ties to the strategic plan's budget enables the organization to prioritize strategies for identifying and approaching appropriate donors

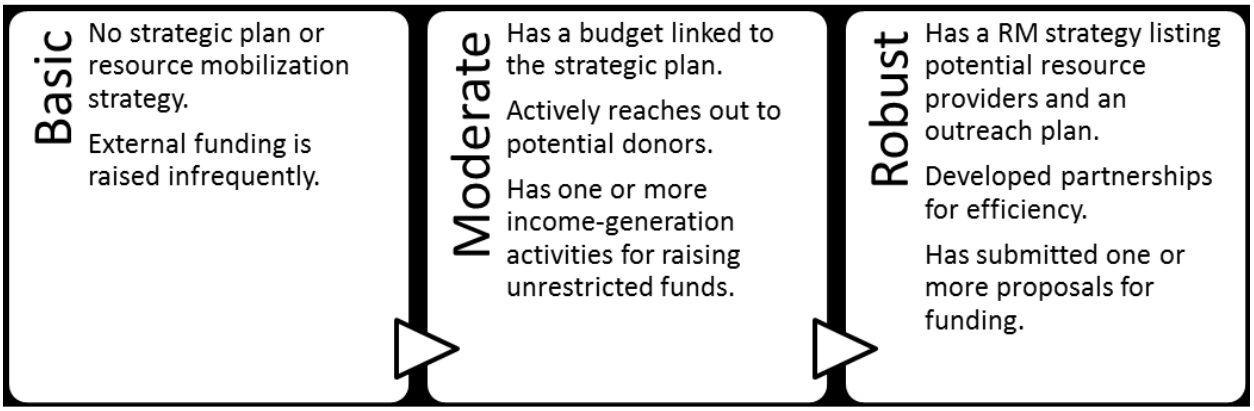
Discuss some or all of the following questions:

- Does the organization have a strategic plan that identifies resource needs?
  - Have potential funders or donors been identified?
- Is there a strategy for obtaining funds and resources to support program priorities?

- Do staff or board members in the organization have the skills needed for proposal writing and communication strategy implementation?
- Does the organization have income-generating activities or other sources of funds that are not tied to a single program but can support general operations?
- Does the organization partner with other organizations to maximize input and minimize cost?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



3. Communication Strategy: Documentation and Reporting

Rationale: Having policies on documentation and reporting enables the organization to build institutional memory. Disseminating factual and analytical reporting contributes to building a reputation that can attract donors and partners, especially when recognized branding is used.

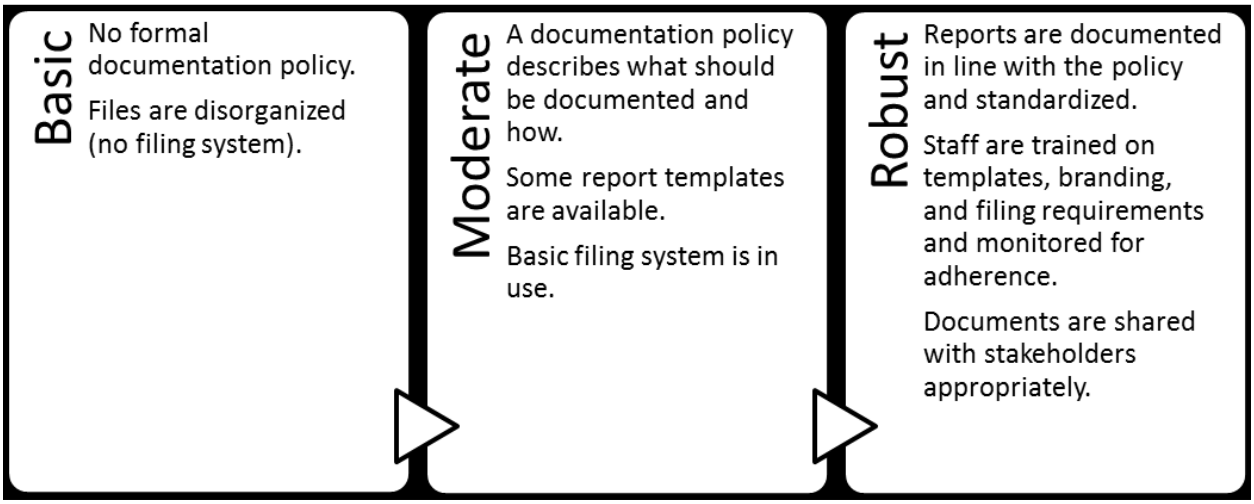
Discuss some or all of the following questions:

- Is there a policy that describes what should be documented and how? Are there templates to enable uniformity?
- Is there a filing system (soft (electronic) and/or hard) to ensure easy access to documentation?
- Are reports tagged for sharing? For example, is relevant M&E data shared with organization, community, stakeholders, success stories, board reports, donor reports?
- Is there a plan for promoting successes, etc. to donors, other organizations, stakeholders and/or beneficiaries?

- Does the organization have an up-to-date website or brochure to provide information and promote its efforts?
- Does the organization have a branding or tag line and a policy for how and when to use it? Is it linked to your mission? Has it been tested for recognition?
- Are staff trained on how to follow the branding policy?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months



4. Internal Communication and Decision-Making

Rationale: How an organization sets up processes and structures for open communication and decision-making impacts motivation, innovation, and ownership.

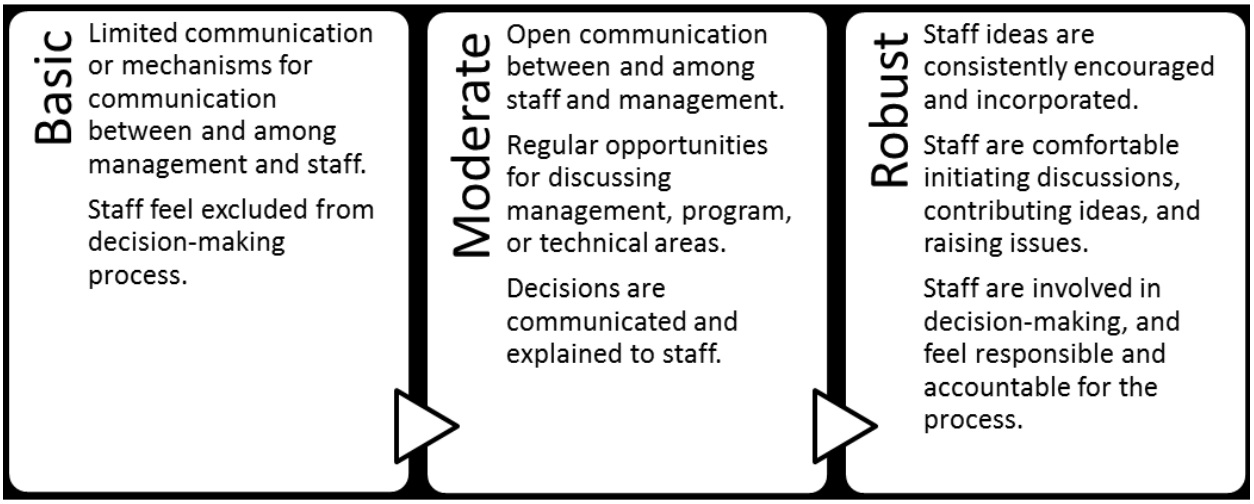
Discuss some or all of the following questions:

- Are current management and staff accepting of different communication styles and flows (formal, information, face-to-face, and confidential)?
- How often are staff meetings held? What other mechanisms are there for assisting internal communication (e.g. internal newsletters, memos, social events)? Are they adequate?
- Does management encourage and incorporate staff ideas and input?
- Are staff comfortable raising challenging issues using the existing communication mechanisms?

- Do staff feel they are involved in the decision-making? Are new decisions communicated to staff?
- Are staff ideas sought and incorporated into decision-making?
- Is there a strategy for dealing with conflicts should they emerge?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months



5. Stakeholder Involvement

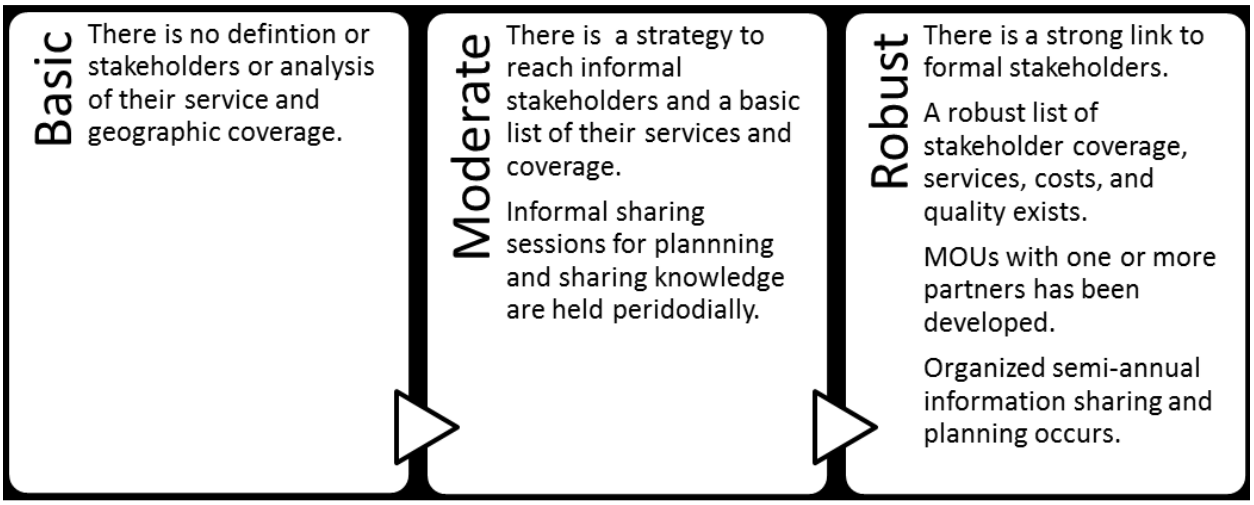
Rationale: Identifying and nurturing relationships with relevant stakeholders can facilitate program coordination, partnering, and resource sharing.

Discuss some or all of the following questions:

- Does the organization have a clear definition of stakeholders?
- Does the organization have complete and up-to-date information about all stakeholders working in the same geographic and/or technical areas?
- Does the organization have collaborative agreements with relevant stakeholders?
- the organization know stakeholder's approaches for addressing gender and culture issues?
- Does the organization plan with and update relevant stakeholders (community, donors, districts, etc.) on progress?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



6. Knowledge Management

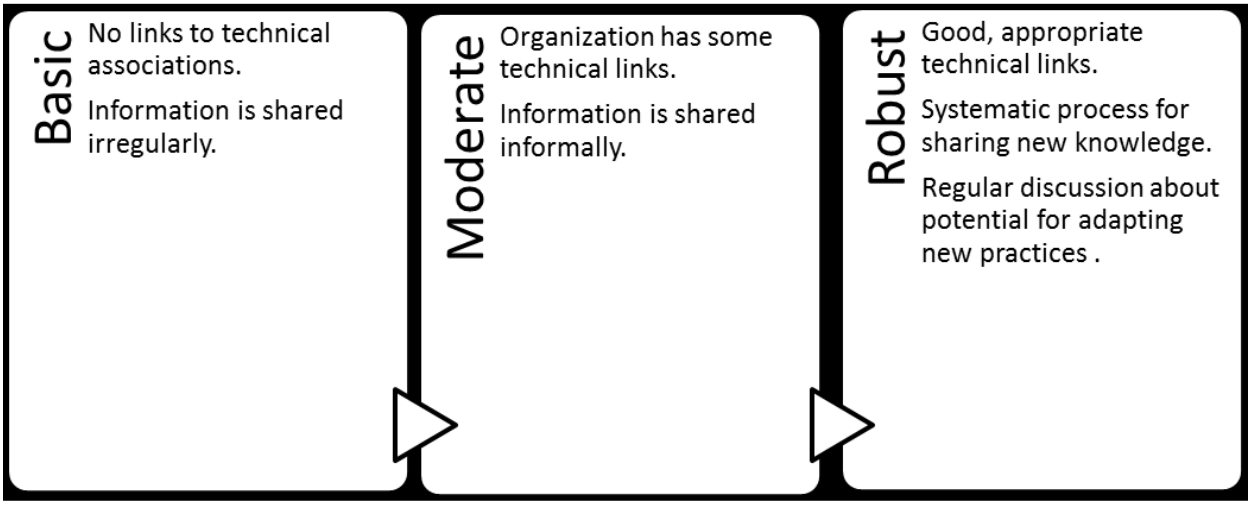
Rationale: Systems for sharing knowledge, technical expertise, and best practices among staff leads to efficient adaptation of new practices, stronger programs, and more competent staff.

Discuss some or all of the following questions:

- Do you have relationships with appropriate/relevant technical organizations (government, academic, or public) to build your knowledge base?
- Do you have a process for sharing new information/practices among staff?
- Do you have process for analyzing and identifying new information in order to adapt it for your projects?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



VI. PROGRAM MANAGEMENT

The objective of this section is to assess the organization's ability to provide comprehensive programs that meet beneficiaries' needs, involve the community in design and implementation, define and use standards, and monitor performance.

Resources you may wish to refer to in this section:
M&E plans, community involvement strategy, service delivery standards, project or annual plans, referral strategy, MOUs with partner/referral organizations.

1. Community Involvement

Rationale: Involving the community in designing, monitoring, and implementing activities fosters buy-in and makes programs more relevant, effective, and sustainable.

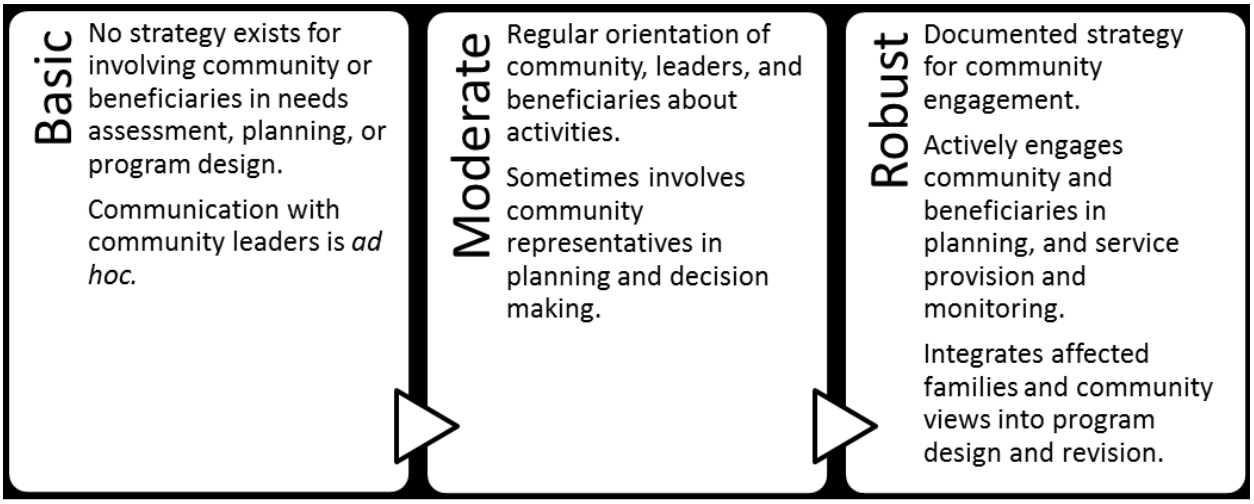
Discuss some or all of the following questions:

- Are the community, beneficiaries, and leaders involved in identifying needs and designing strategies? How?
- Does the community and/or beneficiaries assist in program activities or provide feedback? How?
- Does the organization provide regular updates on program results and solicit feedback from the community?

- Does the organization have tools to assess the gender and cultural issues facing its communities? Does it incorporate the assessment findings into program design?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



2. Project Implementation

Rationale: Creating a detailed plan with objectives, targets, indicators, activities, and a timeline as well as appropriate staffing, budgeting, and continual monitoring makes it easier to implement, monitor, and revise projects.

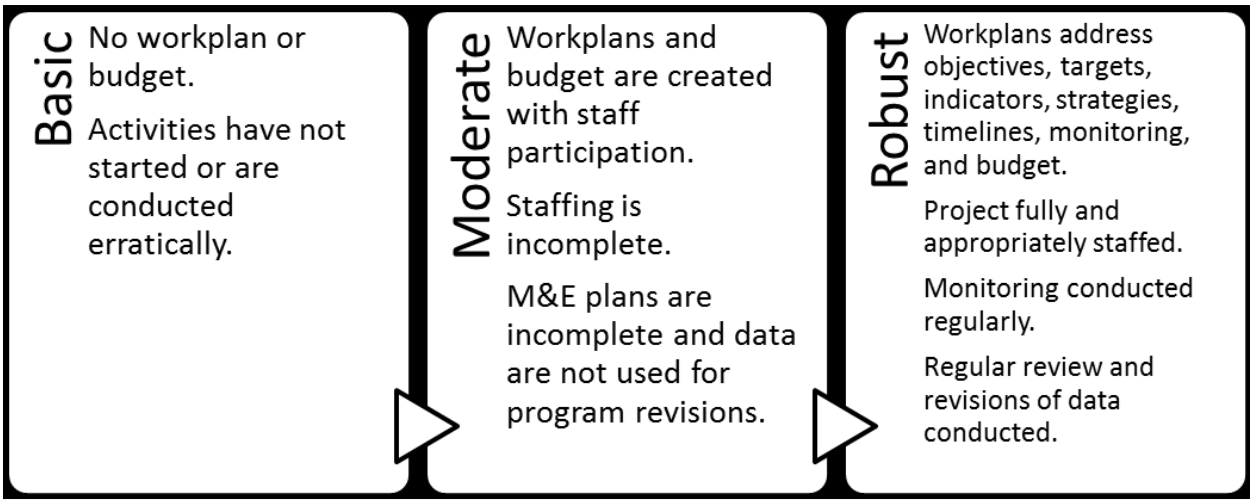
Discuss some or all of the following questions:

- Is there a budgeted workplan for key project activities?
- Was it developed with input from staff?
- Are activities taking place according to the workplan timeline?
- Are there people (staff/volunteers) in place with the required skills to implement the activities?
- Is there a monitoring plan? Are the data reviewed regularly?

- Are revisions to the project made based on the data?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



3. Service Delivery: Standards and Referrals

Rationale: Holding the organization and its referral partners accountable for meeting clear quality standards for services ensures a continuum of care and empowers clients.

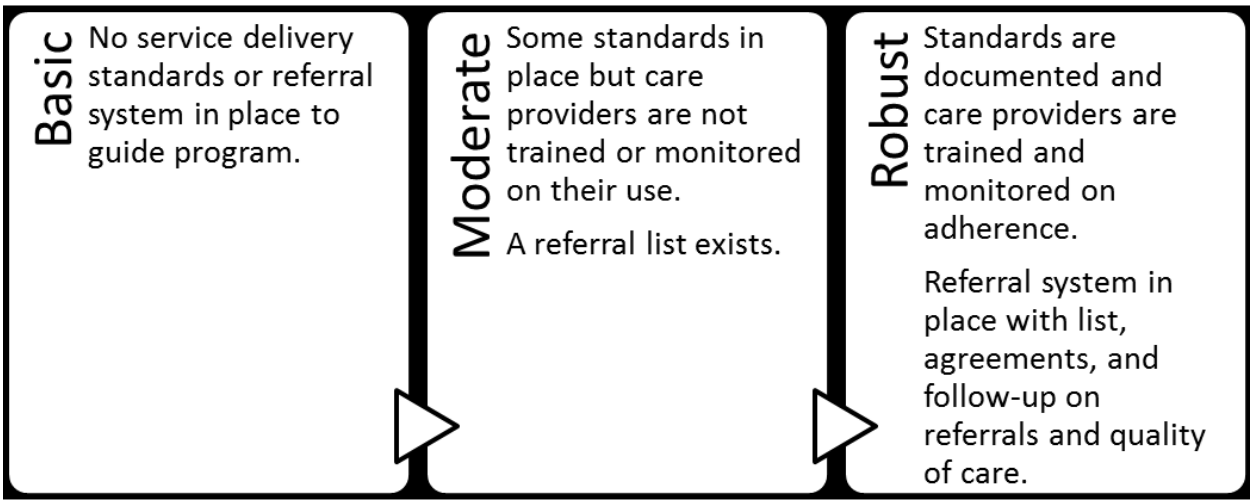
Discuss some or all of the following questions:

- Is there a document that outlines service delivery standards?
- Do key service providers have copies and are they trained on the standards?
- Are personnel monitored on adherence to standards?
- Are beneficiaries informed about service expectations?
- Is there a referral system that includes a map and list of appropriate sites?
- Are MOU's used to create partnerships with referral sites in order to clearly to define responsibilities and quality criteria?

- Does the organization have a system for following up to find out whether referrals have been completed? Does the organization monitor referrals site's quality of care?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



4. Monitoring and Evaluation (M&E) and Quality Assurance (QA)

Rationale: Collecting, analyzing, and reviewing data on project activities and beneficiaries helps organizations identify strengths and gaps and review whether they are achieving targets. Setting up a quality assurance process allows activities to design and test strategies for achieving performance standards.

Discuss some or all of the following questions:

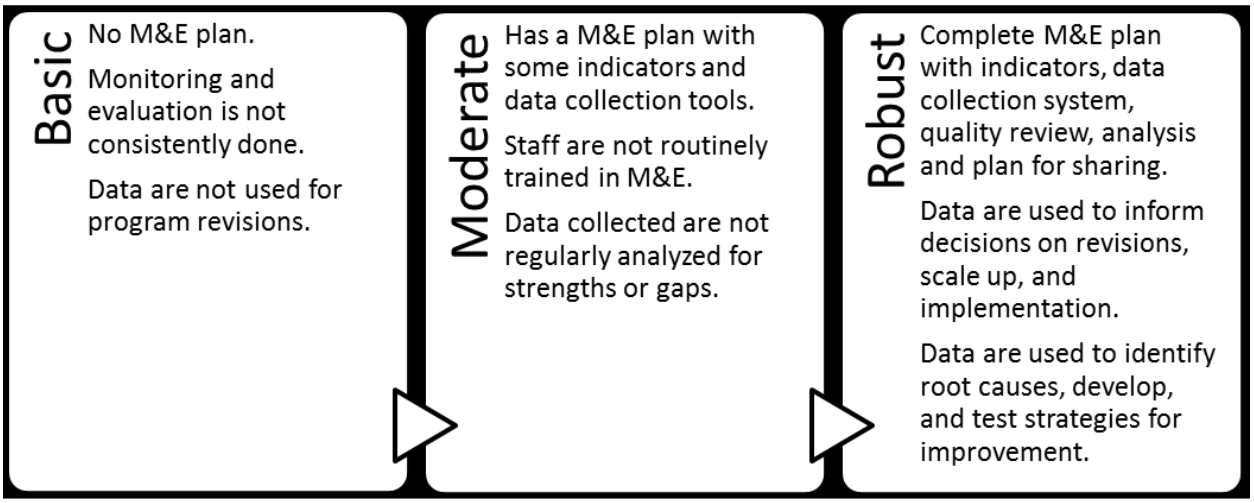
- Is there an M&E plan? Does it include output and outcome indicators, data collection tools, quality review, and plans for sharing and using data?
- Is M&E training provided to relevant staff including providers, data collectors, and supervisors?
- Are M&E data routinely collected, analyzed and discussed with management, staff, stakeholders, and the community?
- Are the data used to improve performance?

- Are the data used to identify quality challenges and root causes?

- Does the organization develop plans to address the challenges, test results, and implement effective practices?

Come to consensus: Where does the organization fall on this spectrum?

Indicate with an 'O' where you are now and with an 'X' where you want to be at the end of 12 months.



APPENDIX B: Community Health Needs Survey

EAST SIDE HEALTH DISTRICT **Community Health Needs Survey**

Thank you very much for taking time to complete this survey. The data gathered will help ESHD to identify and address health & quality-of-life issues in our community.

City you live in: _____ ZIP Code: _____

How would you describe **your overall health**?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

How would you rate the health of the **Community** you live in?

☐ Not Very Healthy ☐ Somewhat Healthy
☐ Healthy ☐ Very Healthy ☐ Not Sure

What **Health Problems** do you or your family have?

☐ Cancer ☐ Diabetes ☐ Obesity ☐ Lung Disease/Asthma
☐ High Blood Pressure ☐ Heart Disease ☐ Mental Health ☐ Joint Pains
☐ Alcohol Addiction ☐ Drug Addiction ☐ Domestic Abuse ☐ No health issues
☐ Sexually Transmitted Diseases ☐ Dental ☐ COVID-19 ☐ Others _____

Do you have health insurance? ☐ Yes ☐ No

Where do you normally go for **routine healthcare**?

☐ Doctor's office ☐ Emergency Room ☐ Urgent Care Clinic
☐ Health Department ☐ No Routine Healthcare ☐ Other: _____

Where do you get most of your **health information**?

☐ Doctor's office ☐ Facebook/Social Media ☐ Family /Friends
☐ Health Department ☐ Internet ☐ Newspaper ☐ Radio
☐ TV ☐ Worksite ☐ Other: _____

What **Problems** are you seeing in your community? (Check all that apply)

☐ Alcohol Abuse ☐ Lack of Exercise ☐ Poor Eating Habits
☐ Dropping Out of School ☐ Not Getting Vaccinated ☐ Not Using Seat Belts/Child Seats
☐ Unsafe Sex ☐ Gun Violence ☐ Not Seeing a Doctor
☐ Drug Abuse ☐ Tobacco/Marijuana Use ☐ Other: _____

What **services** are needed to **improve** the health of your community? (Check all that apply)

☐ Healthier Food/Grocery Stores ☐ Transportation ☐ Free Health Screenings
☐ Job Opportunities ☐ Wellness Services ☐ Safe place to Walk/Play
☐ Mental Health Services ☐ Substance Abuse Services ☐ Recreational Facilities
☐ Domestic Violence Support/Shelters ☐ Dental Services ☐ Other: _____

In the past 12 months my family **skipped meals** because we did not have money to buy food.

☐ Very Often ☐ Sometimes ☐ Never

Please turn over →

How many times have you visited a **food pantry or received free food** in the past 12 months?

☐ 3-5 times per month ☐ 1-2 times per month ☐ Once every 2 months ☐ Never

Please choose all the **statements** that apply to you:

☐ I exercise at least 3 times a week
☐ I eat at least 5 servings of fruits & vegetables each day
☐ I eat fast food more than once a week
☐ I do not know how to cook
☐ I smoke cigarettes/E-Cigarettes/Marijuana
☐ I chew tobacco
☐ I use illegal/street drugs

Do you **regularly drink** any of the following? (2 or more servings per day)

☐ Beer, wine or drinks with alcohol
☐ Coffee or tea
☐ Water
☐ 100% fruit juice
☐ Soda, fruit drinks/sports drinks
☐ Energy Drinks
☐ Sweetened teas

What is your **employment** status?

☐ Full Time ☐ Part Time ☐ Retired
☐ Student ☐ Unemployed-looking for work ☐ Unemployed-not looking for work
☐ Disabled/Not able to work ☐ Stay at home parent

What is your **Educational** Level?

☐ Less than High School ☐ High School Diploma/GED ☐ Some College/Associates
☐ Bachelor's Degree ☐ Graduate level or higher ☐ Did not go to school

What is your **Annual Household Income**?

☐ Less than $10,000 ☐ $10,000 to $20,000 ☐ $20,000 to $40,000
☐ $40,000 to $60,000 ☐ $ 60,000 to $80,000 ☐ $80,000 +

How do you identify yourself?

☐ African-American/Black ☐ American Indian ☐ Asian
☐ Caucasian/White ☐ Hispanic/Latino ☐ More than one race

What is your **gender**?

☐ Male ☐ Female
☐ Other: Please Specify: _____ ☐ Prefer not to say

My **Age:**

☐ Less than 18 ☐ 18-24 ☐ 25-34
☐ 35-49 ☐ 50-64 ☐ 65+

Do you believe **wearing a mask** in public will prevent spread of COVID-19 infections?

☐ YES ☐ NO

Have you been **fully vaccinated** for COVID-19?

☐ YES ☐ NO If not, why? _____

APPENDIX C: Maternal Child Health Needs Survey

Complete this survey for all the families you make contact with!! You're responsible for 25 surveys! Turn all 25 into Sydney/Nelson together. Thanks!

What age group do you fall in?

☐ less than 17 ☐ 18-24 ☐ 25-39 ☐ 40+

What is your race?

☐ White ☐ Black ☐ Hispanic/Latino ☐ Middle-Eastern ☐ 2 or more ☐ Other _____

What is your highest level of education completed?

☐ less than high school ☐ high school diploma/GED
☐ some college or associate's degree
☐ bachelor's degree ☐ postgraduate or higher

Do you have health insurance?

☐ Yes, State Insurance ☐ Yes, Private Insurance
☐No ☐ Working on obtaining

Are you using or have you used a family planning method?

☐ Yes ☐ No

Were any of your pregnancies unplanned?

☐ Yes ☐ No

Did you take your multivitamin while pregnant?

☐ Yes ☐ No ☐ Sometimes

When did you first seek prenatal care during pregnancy?

☐ 1st trimester ☐ 2nd trimester ☐ 3rd trimester ☐ never

How many times have you been pregnant?

_____

How many live births have you had?

_____

How did you deliver your child(ren)?

☐ all vaginal ☐ all c-section ☐ mix of both

How long did you breastfeed your child(ren)?

☐ <1 month ☐ 1-3mo ☐ 3-6mo ☐ 6+mo ☐ none

Did you receive breastfeeding counseling and education during your pregnancy?

☐ Yes ☐ No

Did you have difficulty finding and accessing breastfeeding help?

☐ Yes ☐ No

Mother Infant Survey 2021

Did you deliver one or more of your children in…

☐ 33 weeks or less ☐ 34-36 weeks
☐ 37+ weeks

One or more of my children were born at…

☐ 5lbs and below ☐ 6-7lbs ☐ 8-9lbs ☐ 10+lbs

Did you put your child on his/her back in his/her own sleep space when he/she slept?

☐ Yes ☐ No ☐ Sometimes

Did you have one or more of these pregnancy complications?

☐ Stillbirth (loss after 20 weeks)
☐ Miscarriage (loss before 20 weeks)
☐ High blood pressure
☐ Preeclampsia
☐ Gestational diabetes

Did one or more of your children pass away within…

☐ the first 28 days of life?
☐ 28 days to 1 year of life?
☐ 1 year of life to 5 years of life?

If you answered 'yes' to the last question, was your child's passing caused by…

☐ Sudden Infant Death Syndrome
☐ Sleep-related Sudden Unexpected Infant Death
☐ Birth defects
☐ Unresolved/unknown
☐ Other

Did you experience sadness, anxiety, overwhelming stress or emotional distancing anytime during pregnancy or after delivery?

☐ Yes ☐ No ☐ Sometimes

Did you use any of these substances during pregnancy or while breastfeeding?

☐ alcohol/wine/beer ☐ tobacco ☐ marijuana
☐ crack/cocaine ☐ methamphetamines
☐ LSD/hallucinogenic ☐ prescription pain killers

APPENDIX D: Focus Group Questions

Community Health Status & Knowledge	1) How would you describe the overall health of your community? a) Do your perceptions reflect what the survey data indicates? 2) Where do you believe patients receive most of their health information? 3) What kind of education should be provided since many individuals rely on media to obtain health information? 4) What programs are available for each major health problem?
Education System	1) What are your perceptions of the education system in your community? 2) What opportunities exist outside the classroom for students to utilize their academic proficiences? 3) How are youth challenged academically & personally? What leadership opportunities are offered?
Healthcare System	1) What are your perceptions of the healthcare system and other health programs in your community? 2) What can be done to improve hospital structures and, ultimatley, access to care? 3) Which healthcare professionals are needed in the community?

Health Needs	1) What do you believe are the major health problems in your community? 2) What are the top 3 concerns related to maternal & child health? a) What lifestyle patterns are a concern for pregnant women? 3) What do you believe are the top 3 most important unmet needs of your community? a) Does the survey data reflect your perceptions on the needs of the community? 4) For each need specified: a) What are the risk factors and resource gaps? b) What are some strategies and solutions to address this need? c) Which assets in the community can work towards implementing the above strategies and solutions? 5) What are some barriers to improving quality of life & health of the community? a) What are some solutions to address these barriers? b) What steps should be taken to acquire these resources & implement change? c) Where is the most appropriate/feasible place for us to begin implementing change? d) What obstacles might we encounter when trying to implement change?
Resources & Funding	1) What additional services do you believe are needed in the community? 2) Are there any current programs that you would recommend changes to in order to better meet the needs of the community? 3) Do you believe there is adequate funding to cater to the unmet needs of the

	community? Where can we obtain additional funds?
Next Steps	1) What changes would you like to see in your own sector? 2) What changes would you like to see in other sectors? 3) What policy changes or developments would you like to see in your community?