Strategic Plan
January 1, 2020 - December 31, 2022
Approved 11/18/2019
Acknowledgements

**Strategic Planning Committee Members: (BOH)** Dr. Naresh Agarwal, Dr. Francesca Armmer, Joyce Harant, Mike Kennedy, Dr. Rahmat Na’allah, Dr. David Trachtenbarg (**Staff**) Renae Ballard, Michelle Compton, Emily Connors, Katy Endress, Brian Gulley, Matt Hartke, Monica Hendrickson, Nicole Ingold, Dr. Leslie McKnight, Carey Panier, Wes Podbielski, Amy Roberts, Tracy Terlinde

*Peoria City/County Health Department Strategic Plan: January 1, 2020 - December 31, 2022*
Executive Summary

The Peoria County Board of Health (BOH) recognizes the challenges public health is tasked with in addressing health outcomes within Peoria County. With changes in funding, emerging health needs, aging infrastructure, and increased disease burden, the BOH embraces the need for a focused plan for the Peoria City/County Health Department. The purpose of the 2020-2022 Peoria City/County Health Department Strategic Plan is to establish a clear roadmap in supporting a healthy community.

The three goals of the Strategic Plan are:

1. Create an efficient, inclusive building to support the functions of public health and the community.
2. Establish targeted Health Equity as a strategy to improve access and reduce barriers in health improvement planning.
3. Support development of community engagement and innovation within Peoria City/County Health Department workforce.

Strategic Planning Process

Peoria City/County Health Department (PCCHD) began internally preparing for the strategic planning process in January 2019. The development of a three-year strategic plan was led by a Strategic Planning Committee (SPC), comprised of staff representatives and members of the Peoria County Board of Health (BOH). Additionally, external consultants were utilized to facilitate a proportion of the strategic planning process.

The first SPC meeting on February 26, 2019 initiated the planning process with setting a timeline (Figure 1) for the project and deciding on hiring a third party consultant (Illinois Public Health Institute) to facilitate a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis, as well as leading the discussion on mission and vision updates.
On May 9, 2019 a consultant from the Illinois Public Health Institute (IPHI) conducted a retreat with the SPC. During the retreat the SPC defined Strategic Planning, Mission, Vision and conducted a SWOT analysis of the Health Department. Based on recommendations and discussions from the SPC, the BOH approved revising the mission and vision statements of the Health Department.

Over the course of several months the SPC met both in person meetings and communicated through email group discussions to develop priorities for the Strategic Plan. IPHI also conducted stakeholder interviews to understand the current and desired stakeholder engagement with the Health Department and to gather stakeholder perspective on organizational and community needs that should be addressed in the Plan (Appendix A). The SPC reviewed and discussed the data collected from the SWOT analysis, stakeholder interviews, employee climate survey, fiscal information, current Strategic Plan and the Community Health Needs Assessment to develop Strategic Plan Goals.

Peoria City/County Health Department Strategic Plan: January 1, 2020 - December 31, 2022
Mission and Vision

The Illinois Public Health Institute facilitated the review and updating of the mission and vision statements. The Strategic Planning Committee along with staff provided input that was incorporated in the process. During the Retreat the SPC developed new vision and mission statements.

DEFINITIONS

VISION STATEMENT
A vision statement is the department’s realistic yet challenging guiding vision of success. It is intended to be inspirational and a picture in the future. A vision statement articulates dreams and hopes for what the department aspires to create or change in a realistic yet challenging statement.

The vision statement is for members of the staff and board of directors to provide inspiration and direction.

MISSION STATEMENT
A mission statement should clarify the department’s purpose and indicate what the department does and why. It should answer the question, “Ultimately, what are we here to do and why?”

A mission statement is intended to be shared with other departments, partners, funders, other stakeholders and the larger community to communicate the purpose and function of your department.

A mission statement usually describes:

- **Impact**: What is to be achieved in the long-run?
- **Audience**: The target group or beneficiaries of the work
- **Methods**: How the organization reaches the audience and achieves the impact
<table>
<thead>
<tr>
<th><strong>PCCHD Revised Mission</strong></th>
<th>We partner to build and improve community health and well-being through prevention, promotion and protection.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PCCHD Revised Vision</strong></td>
<td>Trusted leader in a healthy thriving community.</td>
</tr>
<tr>
<td><strong>PCCHD Values</strong></td>
<td></td>
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<tr>
<td><strong>Trust</strong>: We expect that everyone believes in the organization’s vision and performs in the best interest of the client, the community, and the department.</td>
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<tr>
<td><strong>Mutual Respect</strong>: We believe that everyone should be treated with dignity and courtesy.</td>
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<tr>
<td><strong>Commitment</strong>: We are dedicated to fulfilling our vision while embracing the challenges of the future to assure the public’s health.</td>
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<td><strong>Teamwork</strong>: We believe that people working together toward a common goal can achieve results exceeding those which individuals can achieve independently.</td>
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<td><strong>Learning</strong>: We believe that learning is fundamental to our individual and organizational growth and success.</td>
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<tr>
<td><strong>Open Communication</strong>: We believe that the timely sharing of information is essential to the understanding of our vision and goals.</td>
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<tr>
<td><strong>Collaborative Partnership</strong>: We believe that partnering with other providers is essential to enhancing the public’s health.</td>
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Organizational Assessment

In January 2019 the Peoria City/County Health Department started the planning process for a new 2020 – 2022 Strategic Plan. The newly formed Strategic Planning Committee (SPC) comprised of 13 staff members and 6 Board of Health members. The SPC began meeting in February 2019 and conducted routine meetings throughout the year.

To assist in the organization assessment of PCCHD, the committee reviewed data to provide context in development of the Strategic Plan. Utilizing IPHI, the SPC was able to review SWOT analysis and stakeholder feedback. In addition, internal staff provided information from the annual Employee Climate survey, the Tri-County Community Health Needs Assessment (CHNA), financial data and the current Strategic Plan.

In attendance at the May 9, 2019 strategic planning retreat included: Dr. Naresh Agarwal, Dr. Frances Armmer, Laurie Call, Michelle Compton, Emily Connors, Dr. Jim Davis, Katy Endress, Brian Gulley, Joyce Harant, Matt Hartke, Monica Hendrickson, Nicole Ingold, Mike Kennedy, Dr. Leslie McKnight, Carey Panier, Wes Podbielski, Amy Roberts, Tracy Terlinde, Dr. David Trachtenbarg.

Before the retreat Mission, Vision and SWOT worksheets were sent out to staff and Board of Health members. The worksheets were used to gather information from staff and Board members that could not attend the retreat. At the retreat we discussed the feedback and added to the information already collected. At the end of the retreat we had revised the Mission and Vision of the Health Department and conducted a SWOT analysis.
<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Services</td>
<td>Bureaucracy</td>
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<tr>
<td>Collaboration</td>
<td>Change</td>
</tr>
<tr>
<td>Communication</td>
<td>Collaboration</td>
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<tr>
<td>Education/training</td>
<td>Communication</td>
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<tr>
<td>Governance</td>
<td>Funding</td>
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<tr>
<td>Location</td>
<td>Infrastructure/building</td>
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<tr>
<td>Partnerships</td>
<td>Programs</td>
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<tr>
<td>Resources/finances</td>
<td>Resources/finance</td>
</tr>
<tr>
<td>Staff</td>
<td>Staff</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment/CHIP</td>
<td>Client Services</td>
</tr>
<tr>
<td>Finance</td>
<td>Community Perception</td>
</tr>
<tr>
<td>Funding Opportunities</td>
<td>Competing for Resources</td>
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<tr>
<td>New Building</td>
<td>Economic</td>
</tr>
<tr>
<td>Outreach</td>
<td>Finance</td>
</tr>
<tr>
<td>Partnerships/collaboration</td>
<td>Funding</td>
</tr>
<tr>
<td>Policies/legislative/advocacy</td>
<td>Illinois Department of Public Health</td>
</tr>
<tr>
<td>Promotion/marketing</td>
<td>Outreach</td>
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<td></td>
<td>Politics</td>
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<td></td>
<td>Social</td>
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<tr>
<td></td>
<td>Staff</td>
</tr>
</tbody>
</table>
Stakeholder Survey Findings (Appendix A)

The IPHI developed a strategic planning survey to gather input from external stakeholders representing a variety of sectors. The survey tool was sent to 30 individuals, with a response rate of 67%. Below are a few critical items that were shared through the process.

How would you like your organization to work with PCCHD in the future:

- Deepen relationship with the Health Department
- Community Engagement
- Behavioral Health
- Community Health Assessment/Community Health Improvement Plan
- Environmental Health
- Immunizations
- Social Determinants of Health

What are the 3 most important unmet community needs that PCCHD should be addressing:

- Behavioral Health
- Chronic Disease/health behaviors
- Access to healthy foods
- Sexual Health
- Environmental Health
- Social Determinants of Health
- Violence
- Maternal and Child Health
- Oral Health

The areas PCCHD should begin new work to strengthen the organization or address emerging community needs:

- Behavioral Health
- Access to healthy food
- Collaboration
- Maternal and Child Health
- Unintentional injury/safety
- Access to Health Care
- Community Engagement
The areas PCCHD should continue or increase their current work to strengthen the organization or address community needs:

- Collaboration
- Behavioral Health
- Chronic disease/health behavior
- Health Equity
- Oral Health

If there was one thing that PCCHD could improve:

- Communication
- Collaboration
- Community Engagement
- Expand service area/population
- Oral Health

**Employee Annual Climate Survey Results:**

The PCCHD conducts an annual employee climate survey to assess staff on internal operations, employee satisfaction, as well as external challenges. The 2018/2019 survey was completed by 61 out of 65 staff, with key findings listed below:

- 81.67% responses indicate staff feel that PCCHD values its employees.
- 82.15% responses indicate staff overall morale at average to high.
- 60.71% responses indicate staff feel they are overwhelmed very often or often.
- 94.64% responses agree or strongly agree they understand how job responsibilities contribute to goals, mission and vision.
- 92.86% responses indicate staff agree or strongly agree they are provided training opportunities to improve technical skills.
- 87.50% responses agree or strongly agree that training attended in the last year have increased job related expertise.
- 83.05% of responses indicate staff feel the Be Well Committee has impacted morale slightly or a great deal.
The Peoria City/County Health Department as a certified local health department is required to conduct a community health needs assessment (CHNA) and improvement plan (CHIP) every five years. In 2016, the health department began collaborating with Tazewell County and Woodford County, as well as OSF Saint Francis Medical Center, UnityPoint Health, Hopedale Medical Complex, and Advocate Eureka Hospital to conduct a three-year singular CHNA/CHIP for the tri-county region. In 2019, the Partnership for a Healthy Community, the tri-county collaborative, completed the CHNA and determined four health priorities and goals for the next cycle:

- Healthy Eating/Active Living – To foster and promote healthy eating and active living to reduce chronic disease and food insecurity in the Tri-County Area.
- Cancer (Breast, Lung, Colorectal) – Reduce the illness, disability and death caused by lung, breast and colorectal cancer in the Tri-County Area.
- Mental Health – Improve mental health among Tri-County residents through preventative strategies and increased access to services.
- Substance Abuse – Reduce substance use to protect the health, safety, and quality of life for Tri-County residents.

**Financial Review**

The Peoria City/County Health Department routinely provides the Board of Health and public with a financial review. To provide assistance in the environmental review, the SPC was given unaudited review of Fiscal Year 2018, with ended the year with a budget surplus of $64,045. In addition, the review also provided projections of fund balances in FY2019.
## Financial Review

<table>
<thead>
<tr>
<th></th>
<th>2016 Actual</th>
<th>2017 Actual</th>
<th>2018 Actual</th>
<th>2019 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues</td>
<td>5,597,251</td>
<td>5,911,554</td>
<td>5,895,518</td>
<td>6,017,479</td>
</tr>
<tr>
<td>Expenditures</td>
<td>6,166,071</td>
<td>6,347,657</td>
<td>5,831,473</td>
<td>6,213,623</td>
</tr>
<tr>
<td></td>
<td>(568,820)</td>
<td>(436,103)</td>
<td>64,045</td>
<td>(196,144)</td>
</tr>
</tbody>
</table>

### 2016 Beginning Balance:
- **3,557,099** Beginning 2016 Balance
- **-568,820** This is the *actual* amount of **decrease** to the reserve in 2016
- **2,988,279** Ending 2016 Balance

### 2017 Beginning Balance:
- **2,988,279** Beginning 2017 Balance
- **-436,103** This is the *actual* amount of **decrease** to the reserve in 2017
- **2,552,176** Ending 2017 Balance

### 2018 Beginning Balance:
- **2,552,176** Beginning 2018 Balance
- **64,045** This is the *actual* amount of **increase** to the reserve in 2018
- **2,616,221** Ending 2018 Balance

### 2019 Beginning Balance:
- **2,616,221** Beginning 2019 Balance
- **-196,144** This is the *budgeted* amount of **decrease** to the reserve in 2019
- **2,420,077** Ending 2019 Balance

* Unaudited

### 2016 Required Reserve:
- **1,479,857**
- **3,557,099** 2016 Beginning Balance
- **1,479,857** 2016 **REQUIRED** Reserve (24% of Expenditures)
- **2,077,242** 2016 **REMAINING** Unobligated Funds

### 2017 Required Reserve:
- **1,523,438**
- **2,988,279** 2017 Beginning Balance
- **1,523,438** 2017 **REQUIRED** Reserve (24% of Expenditures)
- **1,464,841** 2017 **REMAINING** Unobligated Funds

### 2018 Required Reserve:
- **1,399,553**
- **2,552,176** 2018 Beginning Balance
- **1,399,553** 2018 **REQUIRED** Reserve (24% of Expenditures)
- **248,529** TB Fund
- **906,094** 2018 **REMAINING** Unobligated Funds

### 2019 Required Reserve:
- **994,180**
- **2,616,221** 2019 **ESTIMATED** Beginning Balance
- **994,180** 2019 **REQUIRED** Reserve (16% of Expenditures)
- **254,213** TB Fund
- **1,367,828** 2019 **REMAINING** Unobligated Funds

Prepared by Brian Gulley, Finance Director 4/9/2019
Current 2017 – 2019 Strategic Plan

The 2020-2022 Strategic Plan is the 3rd plan approved by the BOH. With each additional iteration of the plan, the goals are continually assessed to determine their relevance and need moving forward. The SPC reviewed the 2017-2019 Strategic Plan to evaluate such issues. The goals of the plan included:

- Foster a thriving, competent and empowered workforce.
- Establish financial sustainability.
- Provide an efficient, safe and welcoming environment.
- Enhance PCCHD as a valued public health resource.
- Improve Health Equity.
Our Mission:
We partner to build and improve community health and well-being through prevention, promotion, and protection.

Our Vision: Trusted leader in a healthy thriving community.
Strategic Plan Evaluation and Dashboard

The Health Department will be utilizing a Project Status Report/Dashboard for each of the goals in the Strategic Plan. The Dashboard contains the goals, objectives, tasks, status updates, timelines, accomplishments, planned activities, areas of concern and opportunities for quality improvement projects. The Dashboard will be completed every 2 months by the Project Manager. The Project Manager will be ensuring the tasks are completed and will analyze the overall project for any needed changes at that time. If changes are needed due to emerging trends, staffing needs, etc. the Project Manager will update the Dashboard at that time. Timelines and changing of tasks will be reported at the 6-month update to the Board of Health.

Below are the Dashboards for each of the 3 Strategic Plan Goals.
## Project Summary

**Project Name:** Goal 1 – Building Improvement  
**Date of Report:**

**Organization:** Peoria City/County Health Dept.  
**Project Start Date:** 1/1/2020

**Executive Sponsor:** Finance and Personnel Committee  
**Target Completion Date:** 12/31/2022

**Project Manager:** Monica Hendrickson

**Goal:** Create an efficient, inclusive building to support the functions of public health and the community.

### Objectives for Plan:
1. Formalize the scope of the agency’s programming and physical needs.
2. Identify the programming and partnerships.
3. Finalize an architectural and financial plan for a new building/campus.

### Project Tasks

<table>
<thead>
<tr>
<th>#</th>
<th>Task</th>
<th>Status</th>
<th>Timeline</th>
<th>Current Forecast</th>
<th>Actual Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>1.1</strong> Expand assessment of current agency program narratives to include physical parameters, innovation/technology needs and flexibility options.</td>
<td></td>
<td>1/1/20-6/30/20</td>
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<tr>
<td></td>
<td><strong>1.2</strong> Engage with staff, stakeholders and the community to assess opportunities to establish public health services points within Peoria County.</td>
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<td>1/1/20-10/31/20</td>
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<td></td>
<td><strong>1.3</strong> Approve a plan defining types of services and considerations for programming.</td>
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<td>1/1/20-12/31/20</td>
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<tr>
<td></td>
<td><strong>2.1</strong> Initiate planning through feedback from staff, community and key stakeholders identified through the scope of agency.</td>
<td></td>
<td>1/1/20-10/31/20</td>
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<tr>
<td></td>
<td><strong>2.2</strong> Establish documentation on agreed upon needs with partner agencies.</td>
<td></td>
<td>1/1/20-10/31/21</td>
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<tr>
<td></td>
<td><strong>3.1</strong> Identify committee members to participate in the development planning, including staff, stakeholders and community members.</td>
<td></td>
<td>1/1/20-10/31/20</td>
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<td></td>
<td>Planned Activities</td>
<td>From</td>
<td>To</td>
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<tr>
<td>3.2</td>
<td>Implement an ad-Hoc committee to lead the building development planning.</td>
<td>11/1/20-4/1/21</td>
<td></td>
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<tr>
<td>3.3</td>
<td>Conduct assessments of client coordination and community accessibility.</td>
<td>4/1/21-4/1/22</td>
<td></td>
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</tr>
<tr>
<td>3.4</td>
<td>Finalize roles of Board of Health and Peoria County Board in development and financing of campus.</td>
<td>4/1/22-12/31/22</td>
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<tr>
<td>3.5</td>
<td>Review and approve options for green initiatives and sustainability.</td>
<td>4/1/22-12/31/22</td>
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<tr>
<td>3.6</td>
<td>Develop financial planning strategies towards a new building/campus.</td>
<td>4/1/22-12/31/22</td>
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</table>

**Accomplishments:**

**Planned Activities:**

**Potential Areas of Concern:**

**Opportunities for Quality Improvement Identified:** (please attach the NIATx form)
# PROJECT SUMMARY

<table>
<thead>
<tr>
<th>Project Name: Goal 2 – Health Equity</th>
<th>Date of Report:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization: Peoria City/County Health Dept.</td>
<td>Project Start Date: 1/1/2020</td>
</tr>
<tr>
<td>Executive Sponsor: Strategic Planning Committee</td>
<td>Target Completion Date: 12/31/2022</td>
</tr>
<tr>
<td>Project Manager: Leslie McKnight</td>
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</tbody>
</table>

**Goal:** Establish targeted Health Equity as a strategy to improve access and reduce barriers in health improvement planning.

**Objectives for Plan:**
1) Develop a strategy process for utilizing Health Equity in community improvement planning.
2) Address and implement community health priorities utilizing Health Equity Strategies.

## Project Tasks

<table>
<thead>
<tr>
<th>#</th>
<th>Task</th>
<th>Status</th>
<th>Timeline</th>
<th>Current Forecast</th>
<th>Actual Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Establish community engagement development and sustainability practices for addressing health issues.</td>
<td>On Time</td>
<td>1/1/20-12/31/22</td>
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<tr>
<td>1.2</td>
<td>Prioritize social and economic determinants of health.</td>
<td>On Time</td>
<td>1/1/20-12/31/20</td>
<td></td>
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</tr>
<tr>
<td>1.3</td>
<td>Support initiatives that impact social determinants of health.</td>
<td>On Time</td>
<td>1/1/20-12/31/22</td>
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<tr>
<td>1.4</td>
<td>Increase coordination between multiple sectors in adoption of Health Equity strategies.</td>
<td>On Time</td>
<td>1/1/20-12/31/22</td>
<td></td>
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<tr>
<td>1.5</td>
<td>Identify Health Equity training opportunities for PCCHD staff and the Board of Health.</td>
<td>On Time</td>
<td>8/1/20-8/31/22</td>
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<tr>
<td>2.1</td>
<td>Determine and implement evidence-based violence reduction strategies in Peoria County through Health Equity model.</td>
<td>On Time</td>
<td>5/1/20-12/31/22</td>
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<td>2.2</td>
<td>Adopt and implement Local Food, Local Places Action Plan objectives.</td>
<td>On Time</td>
<td>1/1/20-12/31/22</td>
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<td>2.3</td>
<td>Prioritize and support mental health and substance abuse strategies in the CHIP.</td>
<td>1/1/20-12/31/22</td>
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<tr>
<td>2.4</td>
<td>Engage and coordinate maternal and reproductive health initiatives within Peoria County.</td>
<td>1/1/20-12/31/22</td>
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(Month Year)

Accomplishments:

Planned Activities:

Potential Areas of Concern:

Opportunities for Quality Improvement Identified: (please attach the NIATx form)
## Project Summary

**Project Name:** Goal 3 – Workforce Development  
**Date of Report:**

**Organization:** Peoria City/County Health Dept.  
**Project Start Date:** 1/1/2020

**Executive Sponsor:** Finance and Personnel Committee  
**Target Completion Date:** 12/31/2022

**Project Manager:** Emily Connors

**Goal:** Support development of community engagement and innovation within Peoria City/County Health Department workforce.

**Objectives for Plan:**
1) Ensure all PCCHD staff have demonstrated computer literacy skills.
2) Strengthen the workforce competencies related to community engagement and core public health functions.

### Project Tasks

<table>
<thead>
<tr>
<th>#</th>
<th>Task</th>
<th>Status</th>
<th>Timeline</th>
<th>Current Forecast</th>
<th>Actual Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Work with PCCHD management staff to determine computer literacy requirements for each position.</td>
<td>On Time</td>
<td>1/1/20 – 7/1/20</td>
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<tr>
<td>1.2</td>
<td>Gather baseline data on individual’s current level of computer literacy.</td>
<td>On Time</td>
<td>1/1/20 – 12/31/20</td>
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</tr>
<tr>
<td>1.3</td>
<td>Identify/develop required training for each employee that does not currently meet the determined computer literacy skill level.</td>
<td>On Time</td>
<td>1/1/21 – 6/1/21</td>
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<tr>
<td>1.4</td>
<td>Ensure delivery of required trainings for 100% of staff.</td>
<td>On Time</td>
<td>6/1/21 – 12/31/21</td>
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</tr>
<tr>
<td>1.5</td>
<td>Assess new baseline data and review approach for changes.</td>
<td>On Time</td>
<td>1/1/22 – 6/1/22</td>
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</tr>
<tr>
<td>2.1</td>
<td>Utilize the Core Competency Assessment to gather baseline data on the identified top 3 priority Core Competencies for Public Health Professionals.</td>
<td>On Time</td>
<td>1/1/21 – 1/31/22</td>
<td></td>
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</tr>
<tr>
<td>2.2</td>
<td>Develop an assessment tool to measure community engagement skills.</td>
<td>On Time</td>
<td>1/1/21 – 8/1/21</td>
<td></td>
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</tr>
<tr>
<td>2.3</td>
<td>Assess current staff community engagement skill levels.</td>
<td>8/1/21 – 12/31/21</td>
<td></td>
<td></td>
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<tr>
<td>2.4</td>
<td>Conduct position specific trainings on presentation and community meetings.</td>
<td>1/1/22 – 6/1/22</td>
<td></td>
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</tr>
<tr>
<td>2.5</td>
<td>Develop/identify required training for each employee that is not currently at the determined threshold for Core Competencies using various methods (web-based &amp; in-person).</td>
<td>1/1/22 – 6/1/22</td>
<td></td>
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<tr>
<td>2.6</td>
<td>Ensure delivery of required competency training for all staff.</td>
<td>6/1/22 – 10/31/22</td>
<td></td>
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<tr>
<td>2.7</td>
<td>Re-evaluate core competency assessments and implement identified necessary changes.</td>
<td>11/1/22 – 12/31/22</td>
<td></td>
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</tr>
</tbody>
</table>

(Month Year)
Accomplishments:

Planned Activities:

Potential Areas of Concern:

Opportunities for Quality Improvement Identified: (please attach the NIATx form)
Peoria City / County Health Department
2020 Strategic Plan Stakeholder Survey

Summary Report
July 2019

Prepared by Illinois Public Health Institute
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Survey Methodology
In 2019, Peoria City / County Health Department (PCCHD) conducted a strategic planning process to update the department’s strategic priorities for the next 3 years. PCCHD leadership worked with the Illinois Public Health Institute (IPHI) to develop a strategic planning survey to gather input from community stakeholders in the City of Peoria and Peoria County. IPHI and PCCHD leadership selected questions from sample surveys and modified the questions for use in the PCCHD survey. The 2019 PCCHD 2020 Strategic Plan Stakeholder Survey included 4 multiple-choice and 6 open-ended questions to 1) understand current and desired stakeholder engagement with the health department and 2) gather stakeholder perspective on organizational and community needs that should be addressed in the departmental strategic plan.

PCCHD identified 30 stakeholders to participate in the survey, representing various sectors including:

- Behavioral Health
- Business
- Civic
- Community
- Faith Based
- Government
- Health Care
- Homeless
- Law Enforcement
- Media
- School
- Seniors
- Social Service/Dental
- Transportation
- Youth
- Youth serving

The stakeholders received a link via email from IPHI to complete the survey online. The survey was open for 15 days in July 2019 and participation was voluntary and anonymous. IPHI received 20 completed surveys which represented a 67% response rate. IPHI analyzed the data to produce the summary report; PCCHD staff did not receive individual results, only a summary of results. Direct quotes from the open-ended responses are represented in italic text throughout the report. Where necessary, IPHI edited the open-ended responses for clarity. Brackets indicate additions or changes to the original response.

The survey summary report provides critical community stakeholder input for the strategic process and will be considered by the PCCHD strategic planning committee as they conduct an environmental scan, SWOT analysis, and identification and prioritization of issues for the department’s 2020 strategic plan.
Survey Findings

Type of Organization
The most common organization type among respondents was non-profit (55%), followed by government agency (35%), and health care partner (20%).

Which of these describe your organization type? Check all that apply.

<table>
<thead>
<tr>
<th>Type of Organization</th>
<th>Percent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-profit agency</td>
<td>55%</td>
</tr>
<tr>
<td>Government agency</td>
<td>35%</td>
</tr>
<tr>
<td>Health care partner</td>
<td>20%</td>
</tr>
<tr>
<td>For-profit agency</td>
<td>5%</td>
</tr>
<tr>
<td>Other - Please specify*</td>
<td>5%</td>
</tr>
</tbody>
</table>

Current Collaboration with PCCHD
Respondents reported that their organizations work most frequently with the health department in collaborative service provision (60%), followed closely by community development strategies (55%), Community Health Improvement Planning (55%), and data collection (50%).

Please select the projects or initiatives for which your organization currently interacts with PCCHD most frequently. Check all that apply.

<table>
<thead>
<tr>
<th>Type of Collaboration</th>
<th>Percent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative service provision</td>
<td>60%</td>
</tr>
<tr>
<td>Community development strategies</td>
<td>55%</td>
</tr>
<tr>
<td>Community Health Improvement Plan</td>
<td>55%</td>
</tr>
<tr>
<td>Data collection</td>
<td>50%</td>
</tr>
<tr>
<td>Other - Please specify*</td>
<td>25%</td>
</tr>
</tbody>
</table>

1 Note: The percentages do not sum up to 100 percent because respondents could select multiple options.
* “Other” responses included: “FQHC”

2 Note: The percentages do not sum up to 100 percent because respondents could select multiple options.
* “Other” responses included: “STI Testing,” “Provide free bus advertising space for PSAs,” “Food service,” “Health education & advocacy,” and “Licensing”.

*
Future Collaboration with PCCHD

Respondents were asked to describe how they would like their organization to work with PCCHD in the future. The most common topics were behavioral health needs, CHA / CHIP / CHNA, community engagement, deepening their relationship with the health department, environmental health needs, and immunization. These areas are explored in more detail below, with the number of responses for each topic indicated in parentheses.

How would you like your organization to work with PCCHD in the future?

Deepen relationship with the health department (8x)

- **Continue our close collaborative working relationship.**
- **Continued work between the PCCHD and the County Board.**
- **I would like to work more collaboratively as we have started to do. I hope it continues in the future as Peoria services more than just the city.**
- **Continue collaboration to improve impact.**
- **More contact besides the occasional inspection.**
- **The relationship between the PCCHD and City of Peoria is a good one. We should continue to collaborate on services and strategies to improve our community.**
- **Continue collaboration on addressing healthcare gaps for the community.**
- **In-person [is how we would like to work with PCCHD in the future]**

Community engagement (7x)

- **Community outreach**
- **Community health improvement in stakeholder engagement**
- **Neighborhood activism**
- **Cross promotion of services**
- **Connecting schools with community service providers**
- **Education**
- **Health education & advocacy**

Behavioral health (3x)

- **Work on behavioral health and addiction treatment needs**
- **Trauma**
- **Mental health**

CHA / CHIP / CHNA (2x)

- **Continue work on CHIP and joint grant initiatives**

Environmental health (2x)

- **We are open to working with PCCHD in any capacity that is mutually beneficial. I think there is a great opportunity for us to partner on environmental health/air quality initiatives.**
- **PCCEO would like to partner with PCCHD on the Healthy Homes Lead Mitigation Project.**

Immunization (2x)

- **Immunization and testing events**

Social Determinants of Health (2x)

- **Collaborate on economic development initiatives**

---

3 Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and Community Health Needs Assessment (CHNA).
Other (2x)
- I would like discussions about how we can better serve the homeless and at-risk children that we [work] with
- Portability

**Addressing Community Needs**
Respondents were asked to rate on a scale of 1 to 3 how well PCCHD addresses nine identified community needs, listed below. Food safety was ranked the highest, at 2.3 out of 3.0, while mental health ranked the lowest, at 1.6 out of 3.0. 75% or more of respondents said the health department meets or exceeds expectations in food safety, nutrition, oral health, and tobacco. 60% of respondents selected “unsure / not applicable” for addressing air quality.

On a scale of 1-3, how well does PCCHD address the following community needs?

<table>
<thead>
<tr>
<th>Community Need</th>
<th>1 = Does not fully meet expectations</th>
<th>2 = Meets expectations</th>
<th>3 = Exceeds expectations</th>
<th>Unsure / Not applicable</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air quality</td>
<td>5%</td>
<td>35%</td>
<td>0%</td>
<td>60%</td>
<td>1.9</td>
</tr>
<tr>
<td>Environmental health</td>
<td>15%</td>
<td>60%</td>
<td>0%</td>
<td>25%</td>
<td>1.8</td>
</tr>
<tr>
<td>Food safety</td>
<td>0%</td>
<td>75%</td>
<td>25%</td>
<td>0%</td>
<td>2.3</td>
</tr>
<tr>
<td>Health equity</td>
<td>30%</td>
<td>35%</td>
<td>15%</td>
<td>20%</td>
<td>1.8</td>
</tr>
<tr>
<td>Maternal child health</td>
<td>20%</td>
<td>25%</td>
<td>35%</td>
<td>20%</td>
<td>2.2</td>
</tr>
<tr>
<td>Mental health</td>
<td>35%</td>
<td>40%</td>
<td>5%</td>
<td>20%</td>
<td>1.6</td>
</tr>
<tr>
<td>Nutrition</td>
<td>20%</td>
<td>45%</td>
<td>30%</td>
<td>5%</td>
<td>2.1</td>
</tr>
<tr>
<td>Oral health</td>
<td>5%</td>
<td>60%</td>
<td>20%</td>
<td>15%</td>
<td>2.2</td>
</tr>
<tr>
<td>Tobacco</td>
<td>10%</td>
<td>55%</td>
<td>20%</td>
<td>15%</td>
<td>2.1</td>
</tr>
</tbody>
</table>

**Unmet Community Needs**
Respondents were asked to name up to 3 unmet community needs that should be addressed by PCCHD. The most common needs were related to healthy foods, behavioral health, chronic disease, environmental health, health behaviors, maternal and child health, oral health, social determinants of health, sexual health, and violence. These needs are explored in more detail below, with the number of responses for each topic indicated in parentheses.

**What are the 3 most important unmet community needs that PCCHD should be addressing? Enter up to 3.**

**Behavioral health (14x)**
- Alcohol addiction
- Childhood mental health
- Childhood trauma
- Drug addiction/overdosing
- Drug use
- Mental health
- Substance use/opioid

**Chronic disease / health behaviors (7x)**
- Cancer
- Obesity
- Healthy eating, active lifestyle
• Healthy eating in the 61605 & 61603 zip codes
• Nutritional training

Access to healthy foods (4x)
• Food Insecurity
• Food service for the homeless

Sexual health (4x)
• STDs / STIs
• STDs among the teen population city-wide
• Teenage pregnancy

Environmental health (3x)
• Air quality
• Lead mitigation in the 61605 & 61603 zip codes
• Radon pumps (costs are high)

Social determinants of health (3x)
• Educational attainment
• Housing / community development

Violence (3x)
• Analyzing community violence like a public health issue

Maternal and child health (2x)

Oral health (2x)
• Expand dental care and capacity for those that may miss qualifying

Unintentional injury / safety (2x)
• Distracted driving
• Fall prevention

Other (4x)
• Access to health care
• Health equity
• Collaboration
• Rural health

New Work for PCCHD
Respondents were asked to identify new areas of work for PCCHD in order to strengthen the organization or address emerging community needs. The most common areas identified were access to health care, access to healthy food, behavioral health, collaboration, community engagement, and sexual health. These areas are explored in more detail below, with the number of responses for each topic indicated in parentheses.

Thinking about the next 3 years, please provide the areas that PCCHD should begin new work to strengthen the organization or address emerging community needs.

Behavioral health (8x)
• Look at mental health and integration for prevention services.
• Childhood mental health data collection, stakeholder discussion groups, awareness campaigns, and increasing access to providers.
• New work on the impact of legalized recreational marijuana use. Get some baseline stats now.
• The opioid addiction/overdosing epidemic is on the rise and we have experienced individuals [overdosing] on [public transportation] or at the Transit Center. More information on how to get help would be beneficial to the entire community.
• Incorporate more mental health, as that is the direction the community is going. Weave mental health into already existing efforts and ensure referrals can be made for those who need additional care. [Consider] health equity.
• Mental health and counseling access for [low income individuals] or those without health insurance to cover therapy.
• Recreational drug use.

Access to healthy food (3x)
• Access for healthy foods, [address] food desert.
• Food insecurity.
• Possibly easing restrictions on food handling in homeless shelter.

Collaboration (3x)
• [...] There is a great deal of work that is going on, I would say we need to collaborate differently, creating accountability to spread the work. 
• Continued cross collaborative partnerships. 
• Improved collaboration with stakeholders.

Maternal and child health (3x)
• Work with providers in the community whose work is in maternal and child health and [the Department of Child and Family Services] DCFS. 
• Pre-natal care for teen moms in the 61605 & 61603 zip codes. 
• Teen pregnancy in the 61605 & 61603 zip codes.

Unintentional injury / safety (3x)
• Falls in the elderly. 
• Distracted driving. 
• It would be interesting to have PCCHD get involved in crime as a public health issue.

Access to health care (3x)
• Help lower barriers to other health organizations by providing stigma fighting seminars. 
• Health care navigation. 
• Lessen the time it takes for dental services and create an inviting front desk.

Community engagement (2x)
• Provide data more often to community. Understand the needs based on percentage of targeted populations (not just race).

Other (3x)
• Obesity in the 61605 & 61603 zip codes. 
• Communication of service value - shape perceptions. 
• Community Health Workers.
Continued Work for PCCHD

Respondents were asked to identify current areas of work for PCCHD to continue or expand in order to strengthen the organization or address emerging community needs. The most common areas identified were behavioral health, chronic disease, collaboration, health behavior, health equity, and oral health. These areas are explored in more detail below, with the number of responses for each topic indicated in parentheses.

Thinking about the next 3 years, please provide the areas that PCCHD should continue or increase their current work to strengthen the organization or address community needs.

Collaboration (6x)
- Continue collaboration outside of the city of Peoria.
- Continue collaborative partnerships.
- Improve / increase partnerships with other health / social service agencies.
- Increase / strengthen PCCHD partnerships with community organizations.

Behavioral health (5x)
- Substance abuse
- Mental health
- Mental health access/addiction
- All aspects of harm reduction

Chronic disease / health behavior (5x)
- Cancer
- Increase prevention efforts towards chronic disease.
- HEAL [healthy eating active living]
- Healthy restaurants, increased emphasis on walking / biking
- Healthy behavior promotion

Health equity (2x)
- Health equity and how it will impact entire population not just specific zip codes.
- Stronger focus on health equity, drilling into the social determinants of health and how we can partner on improving health outcomes in the community.

Oral health (2x)
- Continue dental health because there are not enough good resources for low-income [populations].
- Oral/dental care and hygiene.

Other (9x)
- Involvement in addressing food deserts.
- Continue work on data collection.
- I would like to see more work on environmental health and air quality initiatives. We pride ourselves on being an environmentally friendly transportation agency, and I think there could be ways PCCHD and CityLink could partner to spread awareness on these topics.
- Continue maternal health.
- Transparency.
- Community health initiatives.
- Have more openness to the homeless population.
- Immunizations and health clinics in schools.
Perception of PCCHD
Respondents were asked to indicate their level of agreement with statements about the value, visibility, expertise, messaging, and health equity work of PCCHD. On a scale of 1 to 5, they agreed the most with the value of PCCHD services (3.90) and they agreed the least with the effectiveness of PCCHD visibility and messaging (3.35). 85% of respondents agreed or strongly agreed with the statement “PCCHD provides effective, high-quality services,” and 70% agreed or strongly agreed with the statement “PCCHD information is viewed as a resource and is generally shared.”

Thinking about the way PCCHD engages the community, please indicate your level of agreement with the following statements.

- **Value**: PCCHD provides effective, high-quality services.
  - Strongly Disagree: 5%
  - Disagree: 10%
  - Neither Agree Nor Disagree: 75%
  - Agree: 10%

- **Expertise**: PCCHD information is viewed as a resource and is generally shared.
  - Strongly Disagree: 5%
  - Disagree: 10%
  - Neither Agree Nor Disagree: 55%
  - Agree: 15%

- **Health Equity**: PCCHD incorporates Health Equity into services and programs on a regular basis.
  - Strongly Disagree: 5%
  - Disagree: 10%
  - Neither Agree Nor Disagree: 30%
  - Agree: 45%
  - Strongly Agree: 10%

- **Visibility**: PCCHD communicates its services/methods in an effective manner.
  - Strongly Disagree: 20%
  - Disagree: 30%
  - Neither Agree Nor Disagree: 45%
  - Agree: 5%

- **Messaging**: PCCHD communicates well externally and provides clear, timely and consistent messaging.
  - Strongly Disagree: 20%
  - Disagree: 30%
  - Neither Agree Nor Disagree: 45%
  - Agree: 5%

Improving PCCHD
Participants identified areas of improvement for PCCHD, including communication, collaboration, community engagement, expanding the service area or population served, and oral health services. These areas are explored in more detail below, with the number of responses for each topic indicated in parentheses.

If there was one thing you could improve at PCCHD, what would it be?

Communication (6x)
- **Clarity**
- **Clear, concise communication that is easily shared on social media platforms or forwarding to email groups.**
- **We have been part of the City’s initiatives to provide better access to healthy food options. If there was a way more information could get out about healthy food and where to buy them in places that are accessible via CityLink, I think that would be beneficial for those struggling.**
- **Promote their services more; broadly display all of their services; not sure people are aware of this great resource and all that they provide.**
- **Better community understanding of their resources.**
• Community outreach and visibility.

Collaboration (2x)
• True collaboration
• Continue to partner with the City on restaurant inspections and new developments.

Community engagement (2x)
• More open community involvement.
• Create community champions to advocate for health issues.

Expand service area / population (2x)
• More services offered outside of the City of Peoria.
• Serving more children, especially students in at-risk households, by being strategic.

Oral health (2x)
• Lessen the time it takes for dental services and create an inviting front desk.
• Dental care capacity.

Other (3x)
• Help lower barriers to other health organizations by providing stigma fighting seminars.
• More efficient facilities.
• Ensure measurable goals, consistent over time so that we can tell if we’ve made progress.

Additional Comments
If you have any additional comments or information that you think is important for PCCHD to consider as we engage in strategic planning, please comment here. (Optional question)

• Strengthen partnerships with community agencies who already do great work. Grants are becoming fewer and farther between and we must work together.
• What are you doing for the most distressed community in the city?