



KENDALL COUNTY HEALTH DEPARTMENT

MAPP/IPLAN COMMITTEE
APRIL 27, 2010 - WIC CLASSROOM

I. WELCOME & INTRODUCTIONS

Ms. Johnson welcomed everyone attending and thanked everyone for taking time out of their busy schedules. Everyone introduced themselves.

II. OPENING REMARKS – CHERYL JOHNSON

Ms. Johnson reviewed the material distributed tonight and asked everyone to fill out the information form and leave on the table at the end of the meeting.

- MAPP (Mobilizing Action Planning Partnerships) is the tool that will be used for the next five year plan. The MAPP process will allow for better assessments and more “players” around the table.
- Public Health Systems are not just local health departments – area doctors, hospitals, churches, schools, etc. are all a part of the system.
- In the past the IPLAN chose priorities for KCHD to carry out – the three priorities currently in place are:
 - Obesity/Overweight
 - Groundwater Vulnerable to Depletion & Contamination
 - Accessibility to Mental Health/Substance Abuse Services
- Need to look at how KCHD can better serve the residents of Kendall County.

III. MAPP OVERVIEW PRESENTATION – DONNA SPERLAKIS

Copies of the power point presentation were distributed – Ms. Sperlakis reviewed the MAPP process.

- Key concept – everyone attending tonight is part of the Local Public Health System
- Three keys to MAPP – Strategic Thinking; Community Driven Process; Focus on the Local Public Health System
- MAPP was designed for public health to leverage assets and develop plans for health improvement
- MAPP identifies resources and allows communities to prioritize and take action on health issues
- Paradigm shift to – Strategic planning; focus on community and entire public health system; emphasis on assets and resources; broad definition of health; everyone knows something.
- Six phases to the process
- The assessments can be done in any order – at the end the group will identify strategic issues/health priorities
- Everyone will be moving toward the same goal – the process can provide benefits to other organizations participating – i.e. data, improve community partnerships, etc.
- Timeline – we realize everyone might not be able to attend each meeting – but please try to be consistent. Information will be sent out before each meeting and will also be posted on the department web page www.kendallhealth.org

IV. DISCUSSION

Questions:

- Who does the assessments?
 - KCHD Staff, assessments from Rush-Copley or other agencies, anyone who has data they feel would be relevant to the process

–How will new census help?

When census results are received this group would be called together to discuss the information.

–What tool will be used for quality of life?

Community needs and strengths, education, employment, transportation, etc.

–To what extent will present IPLAN work into the process?

There will be a final review of the current IPLAN and parts may be used for the new. The new priorities may not be something KCHD can do but something the community could achieve.

–What has changed since 2005?

The population growth, unemployment, income, housing, community safety, homelessness – positive changes business development, health care availability, road improvement, the new Kendall Area Transit

V. INTRODUCTION TO COMMUNITY HEALTH STATUS ASSESSMENT – CHERYL JOHNSON & DONNA SPERLAKIS

Copies of the MAPP project plan were distributed. Page six describes the process. Will be using to conduct the assessment:

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| -Data Rush-Copley has available | -Health Department Data |
| -IPLAN | -Behavioral Risk Factor Survey |
| -County Health Rankings | -Vital Statistics from the State |

Members of the Committee are encouraged to bring any data they feel is relevant to the process such as:

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| -Domestic violence/crime rates | -Information from MD offices on health issues |
| -Assessments from schools | -Surveys your agency has done |

The second assessment will be on the *10 Essential Public Health Services* – a survey tool will be used to assess the Local Public Health System. This assessment will be the longest up to eight hours. The assessment can be done in one day or split up. Committee members discussed and felt for continuity a one day session would be best for this assessment.

VI. NEXT MEETING DATE

Ms. Johnson thanked everyone for attending tonight. The next meeting is Thursday, July 15, 2010 from 6:00 p.m. to 8:00 p.m. The meeting was adjourned at 7:15 p.m.

Submitted by:

Becki Rudolph