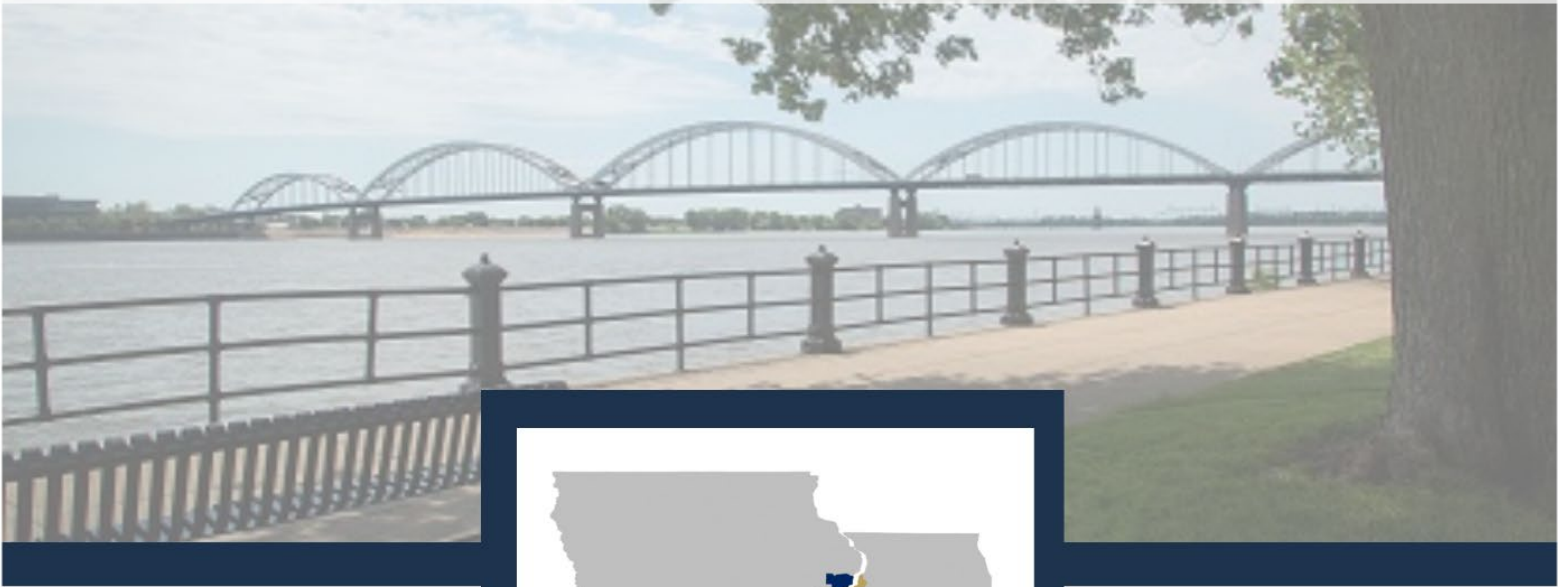


# Community Health Improvement Plan 2019-2022



Scott County, Iowa  
Rock Island County, Illinois

## Community Health Assessment & Community Health Improvement Plan Steering Committee

Community Health Care, Inc.

Genesis Health System

Quad City Health Initiative

Rock Island County Health Department

Scott County Health Department

UnityPoint Health – Trinity



UnityPoint Health  
Trinity



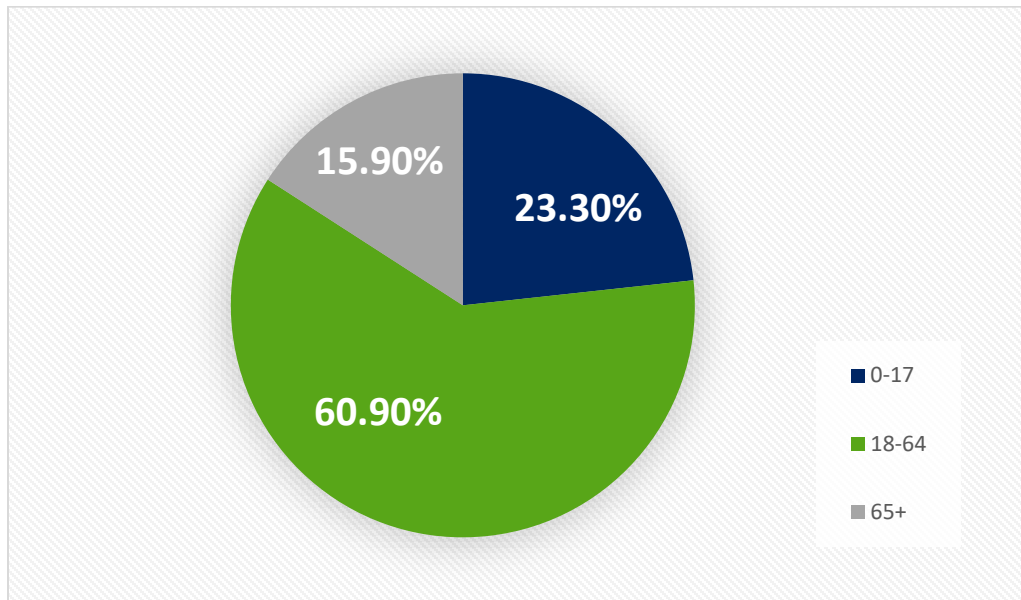
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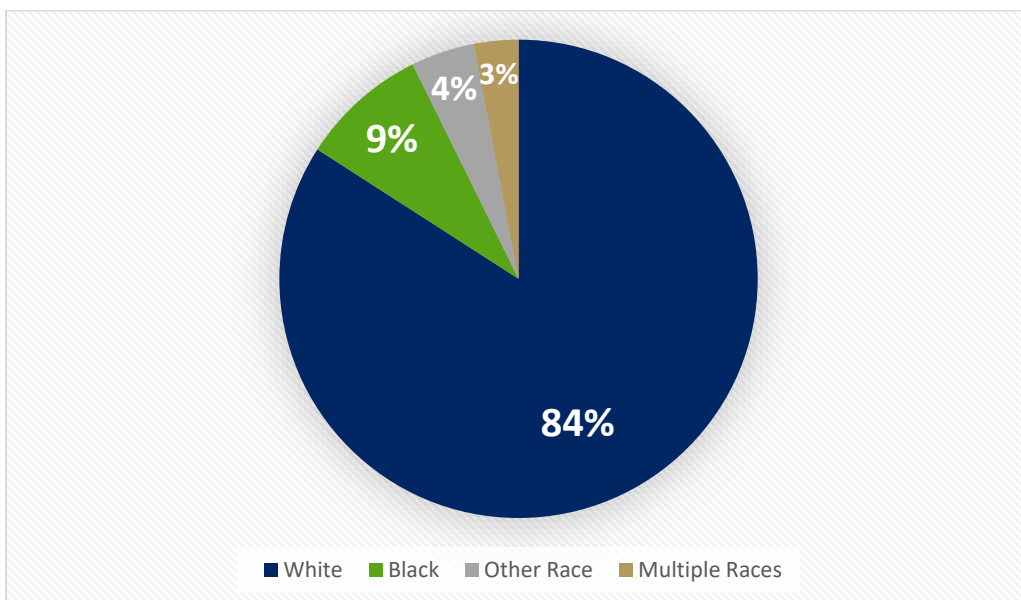
## Introduction

The Quad Cities area is made up of Scott County, IA and Rock Island County, IL. This unique bi-state community is located on the Mississippi River, with agricultural and rural communities in surrounding areas. There are a total of 317,652 residents living in the Quad Cities area between Scott and Rock Island counties; 87.7% of residents live in the urban area, while 12.3% live in surrounding rural regions. Below are the age and racial demographic breakdowns of residents in the Quad Cities (Professional Research Consultants, 2018):

Age



Race



In Rock Island County, 12.4% of residents are Hispanic/Latino versus 6.3% in Scott County. The Hispanic population in the area has increased by 36.8% from 2000 to 2010. Additionally, 2.2% of the population in the Quad Cities is considered linguistically isolated (no persons aged 14 or older is proficient in English) (Professional Research Consultants, 2018).

Conducting the community health assessment and health improvement planning process is essential to assessing, monitoring, and improving the health of the Quad Cities community. Similar to the last assessment cycle, this effort was conducted collaboratively with four additional community partners: Genesis Health System, UnityPoint Health-Trinity, Community Health Care, Inc., and the Quad City Health Initiative. A novel feature of this cycle was that it was guided by the National Association for County and City Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) approach. MAPP provided a framework for conducting both the community health assessment and health improvement plan in an efficient, evidence-based manner.

The collective effort to complete this health assessment and health improvement plan process has enabled the community partners to collaboratively evaluate and address health needs in the Quad Cities region.

## **Community Health Assessment**

### ***MAPP Phases 1-3***

The 2018 Quad Cities Community Health Assessment was conducted by six community partners: Genesis Health System, UnityPoint Health-Trinity, Community Health Care, Inc., Rock Island County Health Department, Scott County Health Department, and Quad City Health Initiative. Information from this assessment will help these organizations coordinate community health improvement plans for the Quad Cities area.

This process was guided by the Mobilizing for Action through Planning and Partnerships (MAPP) framework. Developed through a partnership between the National Association of County and City Health Officials (NACCHO), Public Health Practice Program Office, and Centers for Disease Control and Prevention (CDC), MAPP is a community strategic planning process that aims to improve the health of communities by forming partnerships, identifying important issues, and formulating strategies to address these issues.

The first stage of the MAPP process is "Organizing for Success and Partnership Development." This was done by identifying representatives from the six partners to comprise a Core Team to lead this assessment process. A Core Team of 12 individuals was finalized in the fall of 2017 and met regularly starting in December 2017.

In addition to the Core Team, leaders from the community were selected to form the Rock Island and Scott Counties Stakeholder Committee to represent various sectors. Core Team members first identified multiple sectors within the community that would provide relevant information to the assessments. From these sectors, organizations and contact individuals were defined for each one. The Core Team evaluated which organization(s) would best represent that sector, as well as which individual from each organization to include on the Rock Island and Scott Counties Stakeholder Committee. Overall, there were 18 sectors represented by 27 stakeholders. The sectors represented were business/industry, community not-for-profit organizations, departments of government, elected officials, Emergency Medical Services (EMS), faith-based organizations, food system stakeholders, foundations and philanthropists, health insurers, human service agencies, law enforcement, local health care providers, local schools and academic institutions, members of the general public, mental health, planning organizations, senior services, and transportation.

The second phase is creating a community vision, which is the focus of the overall MAPP process. This was completed by Core Team members with input from the Rock Island and Scott Counties Stakeholder Committee at a meeting in May 2018. The vision for the 2018 Quad Cities Community Health Assessment is: “The Quad Cities region is united as one vibrant, collaborative community with engaged citizens, safe, thriving neighborhoods, and equitable access and opportunities for overall health and social wellbeing.”

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*“The Quad Cities region is united as one vibrant, collaborative community with engaged citizens, safe, thriving neighborhoods, and equitable access and opportunities for overall health and social wellbeing.”*

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Phase three of MAPP is conducting four assessments to gather both quantitative and qualitative data to create a comprehensive view of health in the community. The “Community Health Status” assessment was conducted by Professional Research Consultants through a telephone and internet survey of residents from Scott, Rock Island, and Muscatine counties. The other three assessments, which were conducted by the Core Team and the Rock Island and Scott Counties Stakeholder Committee from April to July 2018, include Community Themes and Strengths, Forces of Change, and the Local Public Health System. Core Team members divided stakeholders into three subcommittees based on the needs of each assessment structure and where they would provide the most valuable insight. Based on analysis of the qualitative and quantitative assessments, PRC developed a Summary of Findings that detailed Areas of Opportunity that exist in the community. For more information on the Community Health Assessment, data, methodology, and findings, visit <http://quadcities.healthforecast.net/>.

## Identifying Strategic Issues

### *MAPP Phase 4*

In September of 2018, a community stakeholder meeting was held to identify the top priority areas for the Community Health Improvement Plan (CHIP). Participants were provided an overview of the information gathered from the Community Health Assessment. This included

an overview of the following assessment results: Community Health Status Assessment, Community Themes and Strengths Assessment, Forces of Change Assessment, and the Local Public Health System Assessment. Results of the community’s health status on various health issues, health behaviors noted, forces that may impede the community from being healthy, community assets and resources available to assist the community in achieving better health, and the top health needs as identified by assessment participants were identified. The Core Group presented the stakeholders with data for each Area of Opportunity.

To assist the stakeholders in comparing and contrasting the health needs in order to prioritize those of utmost importance, the Core Team established prioritization criteria. The criteria included the scope of the problem (size/number affected), recent trends (increasing/decreasing, positive/negative), and equity factors (race, age, income, and gender). Participants utilized this data to begin prioritizing the needs. Data was provided to show the impact of each criteria on the 13 health needs (Attachment 1). Stakeholders then were asked to begin making decisions on the health needs of highest priority to address in the next CHIP. Two rounds of voting took place after presentation of the data. Six top needs were identified after the first round, including: Nutrition/Physical Activity/Weight, Mental Health, Substance Abuse, Access to Healthcare Services, and Heart Disease and Stroke.

<b>13 Areas of Opportunity</b>	
Access to Health Services	Cancer
Diabetes	Heart Disease & Stroke
Housing	Infant Health & Family Planning
Injury & Violence	Kidney Disease
Mental Health	Nutrition, Physical Activity, & Weight
Oral Health	Substance Abuse
Tobacco Use	

Following in-depth discussion, stakeholders were asked to vote again – this time to narrow the list to three top priority issues. The top three areas identified included: Mental Health, Nutrition/Physical Activity/Weight, and Access to Healthcare Services.

<b>Top 3 Priority Issues in Scott and Rock Island Counties</b>		
1. Mental Health	2. Nutrition, Physical Activity, & Weight	3. Access to Health Services

Upon final prioritization of the top health needs based on the data from the community health assessment, the Core Team began brainstorming the steps needed to highlight the top goals within each of the identified health needs. The team identified the need for separate workgroups to address each health need. Workgroup members were identified and invited to

participate based on the sector they represent within the community as well as their knowledge of the health need. The following tables outline the sectors identified and individuals that participated in one or more of the Community Health Improvement Plan Workgroups.

<b>Sectors Represented by CHIP Workgroup Participants</b>	
Business/Industry	Human Service Agencies
Civic Groups	Judicial System
Community Not-For-Profit Organizations	Law Enforcement
Departments of Government	Local Board of Health
Elected Officials	Local Health Care Providers
Emergency Management	Local Schools and Academic Institutions
Emergency Medical Services (EMS)	Media
Faith-Based Organizations	Members of General Public
Fire Department	Other Public Health System Agencies
Food System Stakeholders	Planning Organizations
Mental Health	Senior Services
Transportation	Health Insurers

<b>CHIP Workgroup Participants</b>				
<b>Name</b>	<b>Organization</b>	<b>Mental Health Workgroup</b>	<b>Nutrition, Physical Activity, &amp; Weight Workgroup</b>	<b>Access to Healthcare Services Workgroup</b>
Adam Meuser	Community Health Care, Inc.	<b>X</b>		
Angela Spurgetis	Diabetes Educator		<b>X</b>	
Anne McNelis	Transitions Mental Health	<b>X</b>		
Anthony Williams	Rock Island Arsenal		<b>X</b>	<b>X</b>
Brian Strusz	Pleasant Valley School District	<b>X</b>		
Brooke Barnes	Scott County Health Department	<b>X</b>	<b>X</b>	<b>X</b>
Brittnie Phillips	Transitions Mental Health	<b>X</b>		
Bryan Schmid	Bi-State Regional Commission		<b>X</b>	
Carole Ferch	Scott County Health Department			<b>X</b>
Cecilia Bailey	Quad City Open Network			<b>X</b>
Charles Harris	Robert Young Center	<b>X</b>		
Chelsie Howe	UnityPoint-Trinity		<b>X</b>	



Cheryl True	True Lifestyle Medicine Clinic / Quad City Medical Society	<b>X</b>	<b>X</b>	<b>X</b>
Chrissy Watters	Hy-Vee		<b>X</b>	

Name	Organization	Mental Health Workgroup	Nutrition, Physical Activity, & Weight Workgroup	Access to Healthcare Services Workgroup
Christina McDonough	Scott County Health Department		X	
Courtney Connor	WIC		X	
Courtney Stenzel	Transitions Mental Health	X		
Daniel Joiner	UnityPoint-Trinity	X	X	X
Denise Beenk	Quad City Mental Health Consortium / Vera French Community Mental Health Center	X		
Ellen Gackle	Scott County Health Department	X	X	X
Gary Weinstein	Transitions Mental Health	X		
Hal Wagher	Genesis Health System	X	X	X
Henry Marquard	Genesis Health System	X		
Jeff Cornelius	YMCA		X	
Jane Wilson	North Scott Community School District		X	
Janet Hill	Rock Island County Health Department	X	X	X
Jennifer Hildebrand	Parish Nurses			X
Joan McGovern	Family Resources			X
Joseph Lilly	Robert Young Center	X		
Kay Ingham	Bettendorf Community School District		X	
Kristin Bogdonas	Illinois State Extension		X	
Larry Pollard	Rock Island County 708 Board	X		
Leslee Cook	United Way of the Quad Cities	X	X	
Linda Frederiksen	Medic EMS			X
Linda Guebert	Trinity Parish Nurses			X
Linnea Berg	United Healthcare of the River Valley		X	X
Lori Elam	Community Services	X		
Mariah Benson	Rock Island County Health Department		X	

Marisa Bloom	Iowa State University Extension			<b>X</b>
<b>Name</b>	<b>Organization</b>	<b>Mental Health Workgroup</b>	<b>Nutrition, Physical Activity, &amp; Weight Workgroup</b>	<b>Access to Healthcare Services Workgroup</b>
Michaela Krumholz	St. Ambrose University		<b>X</b>	<b>X</b>
Michele Cullen	Genesis Visiting Nurses Association			<b>X</b>
Mike Miller	River Bend Foodbank		<b>X</b>	
Mike Terry	Child Abuse Council	<b>X</b>		
Nicole Carkner	Quad City Health Initiative	<b>X</b>	<b>X</b>	<b>X</b>
Nita Ludwig	Rock Island County Health Department	<b>X</b>	<b>X</b>	<b>X</b>
Randy Zobrist	River Bend Transit			<b>X</b>
Raschel Biagoli	Two Rivers YMCA		<b>X</b>	
Rich Whitaker	Quad City Mental Health Consortium / Vera French Community Mental Health Center	<b>X</b>		
Sarah Sirna	Transitions Mental Health	<b>X</b>		
Shayna Kaha	Child Abuse Council		<b>X</b>	
Stacia Carroll	Genesis Health System		<b>X</b>	
Tiffany Tjepkes	Scott County Health Department	<b>X</b>	<b>X</b>	<b>X</b>
Tom Bowman	Community Health Care, Inc.		<b>X</b>	<b>X</b>
Telly Papnikolaou	Alternatives for the Older Adult			<b>X</b>

## Formulating Goals and Strategies

### *MAPP Phase 5*

Six workgroup meetings, two for each priority issue area, were held with community stakeholders throughout January – March 2019 to gather input for the Community Health Improvement Plan (CHIP). Many of the individuals present at these meetings were also involved throughout the process for the Community Health Assessment in 2018.

During the first meeting for each priority issue, stakeholders were asked to brainstorm what areas would be most important to address within the topic area (mental health, nutrition/physical activity/weight, or access to healthcare services). Participants worked individually at first to generate ideas and then shared with their small groups. The groups were

then asked to place their top priorities on a large wall for the entire group to see. Once all relevant priorities were posted, the group held discussion to cluster similar priorities into categories. After clusters were named, stakeholders voted on which top three goal areas would be the most important to address for that topic.

Priority Issues with Top Goals Identified		
Mental Health	Nutrition, Physical Activity, & Weight	Access to Health Services
Understanding Root Causes	Healthy Food Access & Redistribution	**Healthcare Consumer 101
**Challenges of Access and Accessibility	**Education, Empowerment, & Application of Healthy Living	Healthcare Provider 101
Workforce Development & Retention	**Policies, Systems, & Environments	Community Networking
Systems of Support	**Regional Investment in Health	**Innovation of Care
**Funding & Policy Challenges	Promoting Physical Activity	Eliminating Policy Barriers
**Prevention, Education, & Outreach		**Wraparound Service Model

\*\*=Top Goals

The second round of meetings for each topic focused on formulating goals, strategies, and activities. Stakeholders self-selected the goal area they would like to work on or felt they could provide the most input for. Next, each group created a concise goal statement to define what needs to be accomplished under each goal area. The majority of the meeting then allowed stakeholders to brainstorm and draft strategies and activities under their goal area. Groups were encouraged to create 1-3 strategies that explain how the goal statement will be achieved. Under each strategy, groups drafted 1-4 activities that explain the responsible party, the activity that will take place, and a timeline for when each activity will be achieved.

## 2022 CHIP Update

The ongoing COVID-19 pandemic has hindered the implementation of a large number of health improvement strategies identified in the 2019 CHIP. The Scott and Rock Island County Health Departments, Genesis Health System, UnityPoint Health – Trinity, Community Health Care, Inc. and many other community partners had to transition resources to the pandemic response. In 2022, representatives of the CHA Steering Committee hosted a series of focus groups with CHIP implementation partners to gather data and updates on the current status of strategy implementation. Updates to the CHIP strategies and activities are denoted in the updated CHIP workplan at the end of this document. It is anticipated that many of the strategies will be transitioned into the 2022 CHIP currently being drafted by CHA partners and the CHA Stakeholder Committee.

## **CHIP Priority Issues**

## CHIP Priority Issue: Mental Health

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*Mental and emotional well-being is essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Early childhood experiences have lasting, measurable consequences later in life; therefore, fostering emotional well-being from the earliest stages of life helps build a foundation for overall health and well-being. Anxiety, mood (e.g., depression) and impulse control disorders are associated with a higher probability of risk behaviors (e.g., tobacco, alcohol and other drug use, risky sexual behavior), intimate partner and family violence, many other chronic and acute conditions (e.g., obesity, diabetes, cardiovascular disease, HIV/STIs), and premature death.*

**– National Prevention Strategy**

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**Mental health** consistently has been prioritized as a top area of need in the Quad Cities as a result of the community health assessment process. The four MAPP assessments led to the collection of both quantitative and qualitative data regarding mental health indicators. The Community Health Status assessment included quantitative data gathered by Professional Research Consultants (PRC). The assessment showed that the percentage of individuals experiencing “fair” or “poor” mental health status has been increasing steadily since 2007, from 8.9% to 17.6%. Of those reporting “fair” or “poor” mental health status, rates were highest among women, younger adults (18-39 years old), and low-income residents. Additionally, 34.6% of adults in the Quad Cities report experiencing symptoms of chronic depression. This is another significant increase from previous health assessments. In conjunction with those numbers, an increasing percentage of residents report difficulty obtaining local mental health services; 35.1% report the ease of obtaining these services as “fair/poor” and it is a statistically significant increase from 12.6% in 2002. Similarly, women, young adults, and low-income residents reported the most difficulty accessing mental health services.

Qualitative data from the Community Themes and Strengths assessment corroborated these findings of mental health being a primary concern of the community. Focus groups were conducted with several sub-populations in the Quad Cities area, including food distribution organizations; immigrant and refugee communities; the lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) community; senior populations; college-aged populations; and homeless/social services organizations. Residents were asked what they saw as the biggest health concern in the community and mental health issues and accessing mental health services were among the top responses. The strategies and activities (Attachment 1) adopted by stakeholders to address mental health support the following goals:

- Goal 1:** To overcome physical, social, and financial barriers that limit timely and comprehensive access to mental health care.
- Goal 2:** Advocate for public policy that increases funding, resources, and coverage to allow flexibility and integrated care.
- Goal 3:** Improve and enhance mental health education within the Quad Cities region.

## **CHIP Priority Issue: Nutrition, Physical Activity, & Weight**

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*As described in the Dietary Guidelines for Americans, eating healthy means consuming a variety of nutritious foods and beverages, especially vegetables, fruits, low and fat-free dairy products, and whole grains; limiting intake of saturated fats, added sugars, and sodium; keeping trans-fat intake as low as possible; and balancing caloric intake with calories burned to manage body weight.*

**– National Prevention Strategy**

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The three areas of **nutrition, physical activity, and weight** are interconnected health issues. Maintaining a healthy weight status, being physically active, and eating a balanced, nutritious diet can all contribute to improved overall health status and quality of life.

Nutrition and access to healthy foods was a common theme discussed during the assessments. The quantitative data collected by PRC illustrated that consumption of fruits and vegetables has decreased significantly in both children and adults. Only about half (49.5%) of children and a quarter (27.6%) of adults are eating five or more servings of fruits/vegetables per day. Related to nutrition, food access was another indicator examined by PRC; 41,165 individuals in the Quad Cities are considered to be living in low food access areas. These areas are defined as living more than one mile away from a grocery store in urban areas and more than 10 miles away in rural areas. Low food access also was highlighted in two of the qualitative assessments. Participants in the Community Themes and Strengths assessment believed that hunger was a symptom of poverty and food deserts were a significant issue in the community. Similarly, participants in the Forces of Change assessment determined that two of the top “forces” impacting health status were access to healthy foods being a challenge in food deserts, which is correlated with food insecurity, and the relationship between food and health, particularly in students, which is correlated with difficulties with learning.

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*Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death, coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls, and depression.*

**– Healthy People 2020**

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Physical activity is important for both children and adults and can be impacted significantly by the built environment, as well as other personal, social, and economic factors. About 24% of adults in the Quad Cities are currently meeting physical activity recommendations, which is similar to the national average (22.8%). Among children, there has been a statistically significant drop in the percentage of children being physically active for one or more hours of



the day, from 57.5% in 2015 to 45.9% in 2018. Access to recreational and fitness facilities is higher in Scott County than Rock Island County. Residents in the Quad Cities also benefit from an extensive network of walking, hiking, and biking trails throughout the community. Almost 40% of adults report using these trails at least weekly during good weather.

Weight status was a particularly concerning topic according to data gathered by PRC for the Community Health Status assessment. Almost 3 out of 4 (72.3%) adults in the Quad Cities are considered overweight or obese. This statistic is worse than Iowa, Illinois, and national percentages, and has been increasing significantly since 2002. The percentage of children who are overweight or obese is around 26% and is statistically unchanged from recent years. Obesity rates among adults and children also were recognized as a top “force” in the Forces of Change assessment.

The strategies and activities (Attachment 2) adopted by stakeholders to address nutrition, physical activity, and weight support the following goals:

- Goal 1:** Promote policy, systems, and environment changes to improve nutrition, physical activity, and weight in the Quad Cities Region.
- Goal 2:** Engage cross-sector community partners and individuals in developing and implementing a comprehensive strategy toward regional health.
- Goal 3:** Maximize awareness and connect individuals with nutrition and physical activity resources in the Quad Cities region

## **CHIP Priority Issue: Access to Health Services**

The ability to **access health services** can be impacted by personal, social, economic, and environmental factors. Encountering barriers to accessing services can have a negative effect on overall quality of life by delaying the detection and treatment of health conditions. One potential barrier is the lack of healthcare insurance coverage. In the Quad Cities, 7.0% of adults reported lacking health insurance coverage, which is lower than the national average (13.7%). To achieve health equity, the target goal defined by Healthy People 2020 is 0% without health insurance coverage. The number of adults reporting difficulties or delays in receiving needed healthcare in the past year has increased significantly since 2012, from 33.3% to 43.8%. Certain demographic groups report experiencing difficulties more often, including women, adults under the age of 65, and low-income residents. Respondents in the quantitative assessment were asked if they had encountered specific barriers to accessing healthcare services, including getting a doctor's appointment, inconvenient office hours, the cost of the doctor's visit, the cost of prescriptions, finding a doctor, lack of transportation, and language/culture. With the exception of prescription costs and language/culture barriers, each access barrier has significantly increased over time. Additionally, the percentage of adults who report the ease of obtaining local healthcare services as "fair/poor" has been increasing significantly since 2002, from 10.6% to 14.6%. Demographic groups more likely to report difficulties include young adults, low- and very low-income residents, and blacks. Participants also were asked about the ease of accessing different types of services in the area. The highest prevalence of "fair/poor" responses were for mental health services (34.3%) and substance abuse services (26.1%). When asked how difficult it was for adults to obtain health services for their child, 17.6% reported it was "fair/poor" ease and this represents a statistically significant increase from 2012 (6.6%). This was especially difficult for adults living at or near the federal poverty level.

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*Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans. Access to health care impacts one's overall physical, social, and mental health status and quality of life. Access to care often varies based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location. – Healthy People 2020*

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Issues with accessing healthcare services were also discussed in the qualitative assessments. Accessing healthcare services, lack of preventative services, and lack of understanding with healthcare coverage were all top concerns in the focus groups conducted for the Community Themes and Strengths assessment. Participants in these focus groups also were asked how they thought these issues could be addressed. Some common ideas included education on how the healthcare system and insurance plans work, improved communication between patients and providers, integration of services between specialties and primary care (especially behavioral

health services), assistance with navigation of the healthcare system (use of language translators), and improved transportation routes across the region.

The strategies and activities (Attachment 3) adopted by stakeholders to healthcare access support the following goals:

**Goal 1:** Improve and enhance education and outreach to healthcare consumers in the Quad Cities region.

**Goal 2:** Promote the use of the right care at the right time at the right place at the right cost.

**Goal 3:** Improve coordination of wraparound service and education for providers.

## **Action Cycle**

### ***MAPP Phase 6***

The final phase of the MAPP process is called the Action Cycle, which consists of three activities: planning, implementation, and evaluation. During this phase, the Health Improvement Plan is implemented and evaluated for how well the community is meeting the goals and strategies developed in Phase 5. Communication with stakeholders who participated in the workgroup meetings will be essential for tracking and monitoring progress on the goals, strategies, and activities they helped to develop. In order to do this, workgroup participants will be engaged on the CHIP topic areas through existing community meetings or by scheduling update meetings throughout the year.

## **Conclusion**

Extensive collaboration with community partners and stakeholders helped to ensure this planning effort was truly community-based. Input from participants across several sectors in the community highlighted various viewpoints that led to productive discussion and informed decision making. This Community Health Improvement Plan will serve as a guide to addressing mental health, nutrition/physical activity/weight, and access to healthcare services in the Quad Cities area.

Thank you to all the community partners, stakeholders, members of the general public, and others for participating in this process. The time, commitment, and knowledge of all participants for helping to create this Community Health Improvement Plan to benefit the well-being of Quad Cities' residents is truly valued.

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