

2025-2027

COMMUNITY HEALTH IMPROVEMENT PLAN



Scott County, Iowa
Rock Island County, Illinois



Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP) Steering Committee

Community Health Care, Inc.

MercyOne Genesis Health System

Quad City Health Initiative

Rock Island County Health Department

Scott County Health Department

UnityPoint Health – Trinity

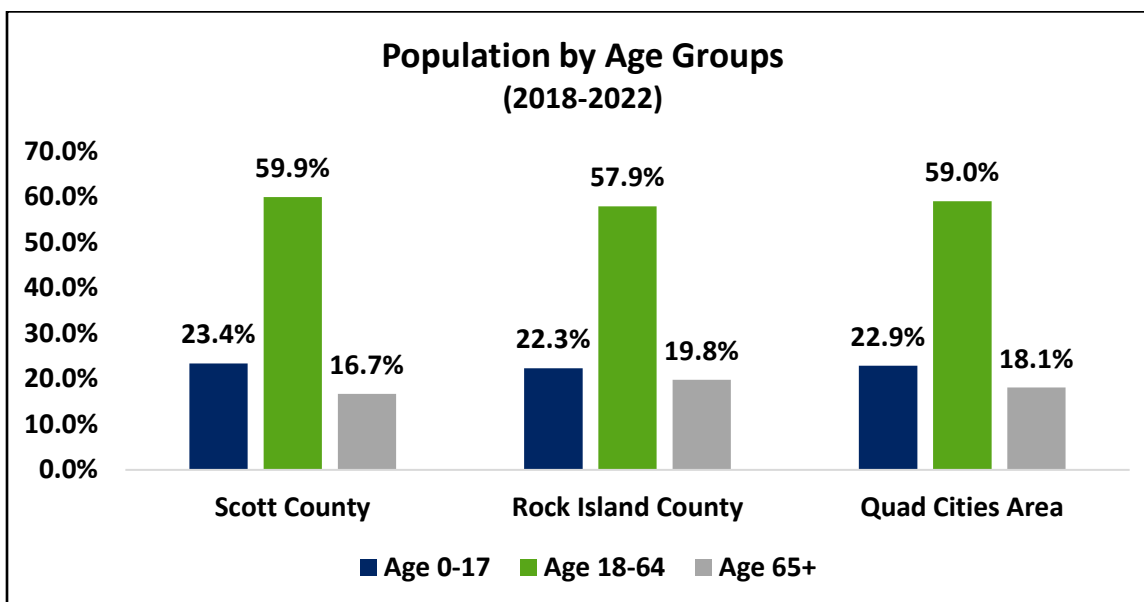
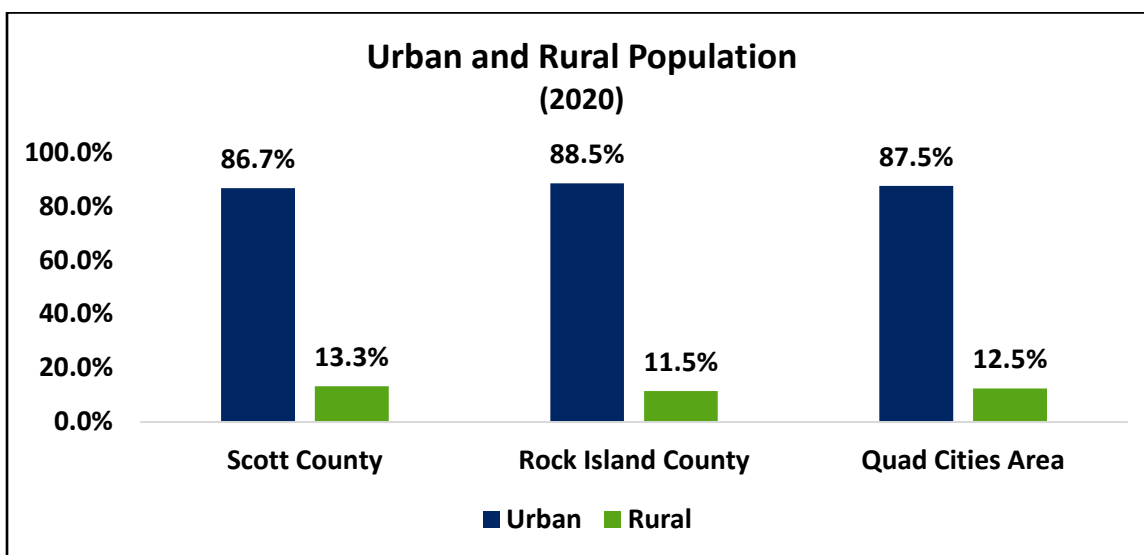


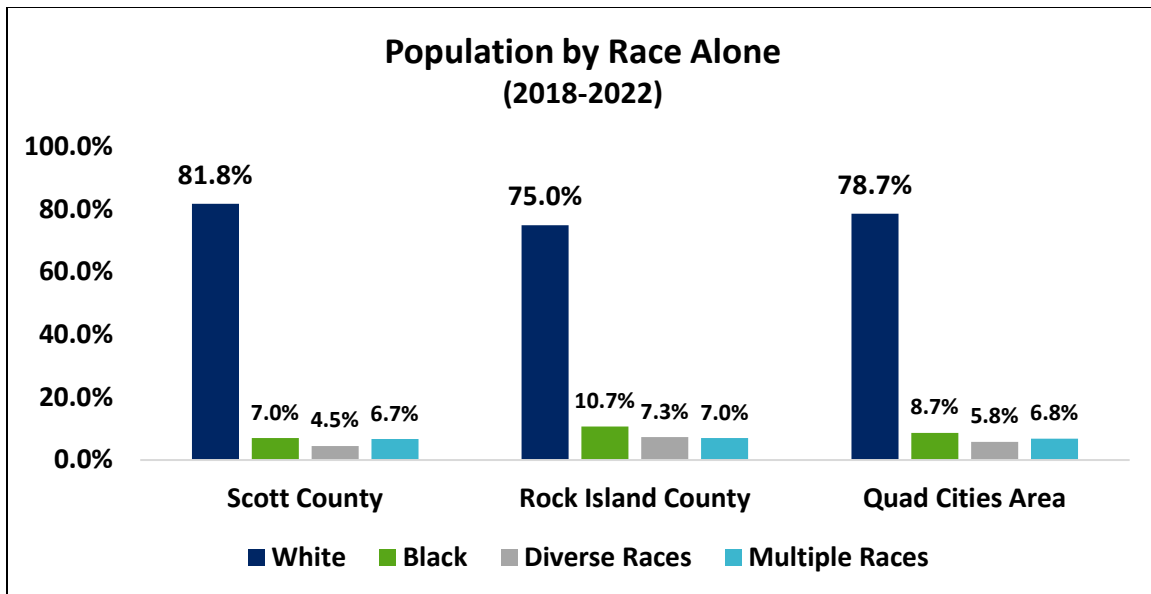
**UnityPoint Health
Trinity**

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Introduction

The Quad Cities area is a bi-state community that consists of Scott County, Iowa and Rock Island County, Illinois. Between the two counties, there are over 318,000 residents, most of whom reside in urban areas. Below are the demographic breakdowns of residents in the Quad Cities (Professional Research Consultants, 2024).





This community health assessment and health improvement planning process was conducted in partnership with representatives from the following organizations, who comprised the Community Health Assessment (CHA) Steering Committee: Community Health Care, Inc., MercyOne Genesis, **Muscatine County Public Health*, Quad City Health Initiative, Rock Island County Health Department, Scott County Health Department, and UnityPoint Health – Trinity. **Muscatine County is reflected in the CHA due to being included in the UnityPoint Health – Trinity service area. However, this report and CHIP reflect Rock Island and Scott Counties.*

Sustained collaboration among these partners helps to ensure a comprehensive and consistent assessment process of the community’s health and wellbeing. The Steering Committee encourages organizations throughout the community to utilize this assessment when working on initiatives that could impact community health.

Mobilizing for Action through Planning and Partnerships (MAPP) 2.0

The two previous community health assessment and health improvement planning processes were guided by the first version of the National Association for County and City Health Officials’ (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) framework. In July 2023, NACCHO released an updated version of this framework, MAPP 2.0. Through collective action, the goal of MAPP 2.0 is to achieve health equity by identifying health issues in a community and aligning resources to address them. MAPP 2.0 defines health equity as the assurance of the conditions for best health for all people (MAPP 2.0 Handbook, NACCHO, 2023). One of the main updates to the MAPP framework is condensing the process from six phases down to three: 1) Build the Community Health Improvement Foundation; 2) Tell the Community Story; and 3) Continuously Improve the Community.

MAPP Phase 1: Build the Community Health Improvement Foundation

Engage Steering and Stakeholder Committees

The seven CHA Steering Committee partner organizations began planning activities for the 2024 CHA-CHIP process in September 2023.

As part of the planning efforts, CHA Steering Committee members identified and recruited stakeholders from 19 sectors to participate in the CHA Stakeholder Committee. This cross-sector committee assisted with qualitative data collection through focus groups with community members, analyzed assessment data, and prioritized areas of opportunity for the Community Health Improvement Plan (CHIP). Below are the sectors represented by the CHA Stakeholder Committee.

Sectors Represented by CHA-CHIP Community Partners

Business	Civic Groups	Community not-for-profit organizations	Elected Officials	Emergency Management
EMS	Faith-based organizations	Foundations and philanthropists	Human Service Agencies	Immigrant and Refugee Community
Law Enforcement	Local Board of Health	Healthcare Providers	Mental Health	Planning Organizations
	Schools and Academic Institutions	Senior Services	Transportation	

CHIP Community Partners	
Name	Organization
Amy Maxeiner	Black Hawk College
Andy Rowe	The Project of the Quad Cities
Ann Garton	Institute for Person Centered Care (St. Ambrose University)
Bailee Reiter	Support Advocacy and Learning (SAL) Community Services
Bob Gallagher	City of Bettendorf
Brian Payne	Scott County Emergency Management Agency (EMA)
Brooke Barnes	Scott County Health Department
Brycie Kochuyt	Alternatives for the Older Adult

Cecilia Bailey	Quad Cities Open Network
Cheryl True	True Lifestyle Medicine Clinic
Clare Stephenson	World Relief
Denise Beenk	Vera French Community Mental Health Center
Denise Bulat	Bi-State Regional Commission
Ellen Gackle	Scott County Health Department
George Verástegui	Rock Island County Health Department
Gina Ekstrom	Davenport Community School District
Janessa Canny	Greater Quad Cities Hispanic Chamber of Commerce
Jeff Cornelius	Two Rivers YMCA
Joe Lilly	UnityPoint Health – Robert Young Center
Joe Malas	MercyOne Genesis
Kate Konecky	Rock Island County Health Department
Kathleen Hanson	Scott County Board of Health
Katie Resig	Project NOW
Kristin Humphries	East Moline School District
Lydia Amissah-Harris	Scott County Health Department
Nicole Carkner	Quad City Health Initiative
Nicole Hanna	Main at Locust
Pam Samuelson	UnityPoint Health – Trinity
Paul Andorf	MEDIC EMS of Scott County
Rebecca Arnold	MLK Community Center
Richard Whitaker	Vera French Community Mental Health Center
Shawn Roth	Scott County Sheriff's Department
Tammy Pauwels	UnityPoint Health – Trinity
Thanh Nguyen	Sacred Heart
Tiffany Peterson	Scott County Health Department
Tom Bowman	Community Health Care, Inc.
Toni Robertson	League of United Latin American Citizens (LULAC)

Acknowledgement of Conditions that Impact Health

There are a number of conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks, according to Healthy People 2030. These conditions were discussed and acknowledged to have significant impacts on the overall health of Scott County. The conditions include:

Economic Stability: Poverty, housing instability, food insecurity, and employment all factor into an individual's economic stability. Jobs with adequate pay, benefits (e.g., health insurance, paid time off when sick or after having a baby, and retirement savings), and in a safe environment all contribute to a worker's well-being. Access to transportation, employment, and neighborhood

conditions can improve access to healthy foods and reduce food insecurity. Housing instability can be related to multiple components, such as difficulty affording rent, overcrowding, substandard housing, or frequent moves. These can have significant impacts on both physical and mental health, stress levels, relationships, and sleep. Finally, poverty is a major condition that limits access to healthcare, healthy foods, stable housing, safe neighborhoods, and more.

Education Access and Quality: Social, cognitive, emotional, and physical development are all impacted early in life by childhood development and education opportunities. Graduation from high school and enrollment in higher education both have impacts on future employment opportunities, economic stability, and psychosocial resources. Improving language and literacy skills can lead to higher educational attainment and therefore, better health outcomes.

Health Care Access and Quality: Increasing access to affordable, high quality, and convenient healthcare services can improve population health. This can be achieved through various strategies, such as increasing health worker availability to improve access to preventive health services; improving transportation systems or using mobile health units to reach communities; utilizing telehealth to overcome transportation or language barriers; or improving health insurance coverage to reduce the amount people must pay for health services.

Neighborhood and Built Environment: Water quality, air quality, and other environmental conditions, such as noise levels or hazardous waste sites all have an impact on physical and mental health outcomes. Climate factors (extreme cold/heat, high winds, severe weather) are a threat to injury, death, and infrastructure damage. Exposure to crime and violence is more likely in low-income neighborhoods and can have short and long-term impacts on physical and mental health as well.

Social and Community Context: Relationships, interactions, and social connections can have a major impact on a person's health and wellbeing, positively or negatively. Being actively engaged in the community through formal or informal group memberships, voting, or charitable activities benefits both the individual and the community.

The impacts of these conditions were addressed during various steps in the assessment described in Phase 2 below.

Develop the Community Vision

The Stakeholder Committee met for the first time in this CHA cycle in May 2024 for an orientation to the community health assessment and health improvement plan process. At this meeting, the group was asked to review and reflect on the vision statement utilized since 2021. The group agreed to keep the vision statement as is to demonstrate the community's commitment to achieving this vision.

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

MAPP Phase 2: Tell the Community Story

The Assessment Process

Professional Research Consultants (PRC) conducted the quantitative portion of the CHA by collecting both primary and secondary data. Primary data was collected via a randomized telephone survey to over 1,100 residents in Scott, Rock Island, and Muscatine counties. A variety of existing (secondary) data sources were utilized to complement the primary research from public health, vital statistics, and other data sources.

- Results from the Community Health Assessment, including the community health status PRC survey can be found [here](#).

The CHA Stakeholder Committee assisted the Steering Committee with guiding the qualitative assessment process by brainstorming subpopulations and questions for focus groups, as well as facilitating and analyzing the results from the focus groups. The purpose of the focus groups was to better understand the health of Scott and Rock Island counties and how it can be improved. Questions for the focus groups were developed in collaboration with the Access to Care Workgroup, a group convened as a result of the previous CHA-CHIP process to better understand access to care issues in the community.

Subpopulations who participated in focus groups included the following: African American Community; Elected Officials/Policy makers; Employers/Business; Faith Community; Healthcare Providers; Homebound/Individuals with Disabilities; Homeless Service Providers; Immigrant and Refugee Community; Individuals Experiencing Homelessness; Individuals with Experience Managing a Mental Health Condition; Military/Veterans; Nonprofit Sector; Parents; Public Health Providers; and Youth.

- Results from the Community Health Assessment, including the qualitative data from the focus groups, can be found [here](#).

Share CHA Findings

In early October 2024, the CHA Steering Committee organized and assisted PRC with presenting the initial CHA findings to community stakeholders in Scott, Rock Island, and Muscatine counties. These presentations included an overview of the CHA process, the community health survey and secondary data findings, and the local qualitative findings gathered in focus groups.

The CHA was fully released to the public and media at the end of October 2024 via press release and online at <https://quadcities.healthforecast.net/index.html>.

MAPP Phase 3: Continuously Improve the Community

Prioritize Issues for the CHIP

Areas of Opportunity

From the assessment, PRC identified fifteen (15) areas of opportunity based on various criteria, including the magnitude of the issue, trend, comparison with benchmark data (state and national), and the potential health impact of a given issue.



At the October stakeholder presentations, participants were asked to rank each area of opportunity on two scales – scope and severity of the issue and ability to impact the issue. After these initial prioritization exercises, these were the results:

Priorities	Average Score
Mental Health	7.77
Access to Health Care Services	7.62
Nutrition, Physical Activity, and Weight	7.38
Diabetes	7.30
Heart Disease and Stroke	7.03
Housing	6.79
Infant Health and Family Planning	6.46
Cancer	6.26
Substance Abuse	6.24
Oral Health	5.86

Injury and Violence	5.72
Disabling Conditions	5.59
Sexual Health	5.53
Respiratory Disease	5.36
Tobacco Use	5.36

To further narrow down which areas to prioritize for the CHIP, data for the top six areas from both the Community Health Survey and the focus groups were presented to the CHA Stakeholder Committee.

Access to Healthcare

Availability of and accessibility to timely, quality, and affordable healthcare is essential to maintaining individual and population health. Several factors impact an individual's ability to access care, such as insurance coverage, proximity to providers, establishment of a primary care provider, transportation, paid time off work, appointment availability, cultural barriers, and more.

“If people face a barrier [to accessing care], they don’t have the time or capacity to keep trying, so they give up.” – Focus Group Respondent

A majority of PRC survey respondents reported having healthcare coverage through private insurance or through a government-sponsored program (e.g., Medicaid, Medicare, or military benefits), with only 8.1% reporting a lack of healthcare insurance coverage. Over half (53.4%) of respondents also reported experiencing some type of difficulty or delay in obtaining healthcare services in the past year as well. This is a significant increase from the 2012 baseline of 33.3%. Several disparities exist within this indicator, with difficulties being reported more often among women, adults younger than 65 (especially those 18-39), those with lower incomes, and LGBTQ+ respondents. These difficulties or delays included several different types of barriers, such as getting a doctor's appointment, the cost of prescriptions, inconvenient office hours, finding a doctor, the cost of a doctor's visit, lack of transportation, and language/cultural barriers. Within the QC area, difficulty with all of these barriers, except language/cultural barriers, have increased significantly over time.

To gauge utilization of services, the PRC survey included questions related to visiting a physician and dentist within the past year. Seven in 10 adults (73.6%) visited a physician for a routine checkup in the past year. This is a significant increase from the 2002 baseline of 66.7%. However, this was reported less often among adults younger than 65 (especially those 18-39), those living at or below the federal poverty level, and Hispanic residents. For oral health, 59.6% of QC area adults reported visiting a dentist or dental clinic in the past year. This has decreased significantly over time and was reported less often among adults younger than 65 (especially those 18-39), those with lower incomes, LGBTQ+ respondents, and those without dental

insurance. This is despite rising rates of adults who report having dental insurance that covers all or part of their dental care costs.

Throughout the CHA, there are a series of questions that ask about the ease of obtaining specific services on the following scale: poor, fair, good, very good, or excellent. While most respondents gave positive ratings for the ease of obtaining most services, the percentage of those who gave “fair” or “poor” ratings has increased for all types of services since these questions were first asked in the 2018 cycle: local social services (34.6%), mental health services (38.3%), substance use services (33.6%), dental care (26.3%), and general health care (21%). Ratings for mental health, substance use, and general health care improved slightly in 2021, but have risen above their baseline 2018 measures. Ratings for local social services and dental care have gotten increasingly worse since 2018.

Diabetes

Diabetes is a chronic health condition that can lead to leg or foot amputations, vision loss, and kidney damage if not properly controlled or treated. Approximately 1 in every 10 people have diabetes and one in every five do not even know they have it. Diabetes is the 7th leading cause of death in the United States and some racial/ethnic minorities are at higher risk of having diabetes.

Between 2018-2020, there were 23.1 deaths per 100,000 population due to diabetes. This rate is higher than Iowa, Illinois, and national rates. There is also a significant disparity between Rock Island County (30.5 deaths) and Scott County (16.4 deaths). In terms of prevalence, 14.7% of QC area adults have diabetes, and disparities exist among Black and Hispanic populations.

Heart Disease and Stroke

Both heart disease and stroke are leading causes of death and disability in the United States. Though common, they can be prevented by controlling risk factors, such as high blood pressure and high blood cholesterol.

“Churches could have a big impact on health. [They] could have food pantries, food drives, get your blood pressure and sugar checked by the church nurse, bring experts into church to talk about blood pressure, diabetes...” – Focus Group Respondent

In 2020, heart disease was the leading cause of death in the QC area, accounting for one out of every five deaths (20.5%). Approximately 12% of QC area adults report suffering from or having been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack. This is two times the rate for Iowa and Illinois and has been increasing significantly over time. Heart disease was reported more often among adults over the age of 40 and especially those over the age of 65. Stroke prevalence has remained steady over time in the QC, with 3.5% reporting they suffer from or have been diagnosed with cerebrovascular disease.

PRC also collected data on indicators that put a person at increased risk for cardiovascular disease, including high blood pressure, high blood cholesterol, cigarette smoking, physical inactivity, and overweight/obesity. Almost 9 in 10 (88.9%) adults in the QC report one or more of these cardiovascular risk factors.

Cardiovascular disease was noted as a top health concern among focus group participants within the healthcare provider sector, immigrant and refugee community, homebound/individuals with disabilities, and the military/veteran's community. Overall, focus group participants agreed that staying active, having access to affordable and nutritious food, and access to quality, local healthcare services were important for overall health.

Housing

Safe and healthy home environments are essential to health and wellbeing, both physically and mentally. Exposures, such as lead paint, mold, or secondhand smoke, can lead to serious physical health issues. Being able to afford safe and healthy housing is a potential stressor that can impact a person's mental health status.

"If we could solve housing, or one other thing, it would have benefits beyond that." – Focus Group Respondent

PRC asked survey respondents, "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"; 18.8% of respondents said yes, which is a significant increase from the baseline measure of 15.3% in 2018. This was reported more often among those with lower incomes, younger ages, Hispanic residents, Black residents, and LGBTQ+ respondents.

There has been a significant increase the number of unhoused or housing insecure individuals within the QC area over time, with 7.4% of respondents reporting there was a time in the past two years when they lived on the street, in a car, or in a temporary shelter. The baseline measure for this indicator in 2007 was 0.4%. Experiencing a time of being unhoused or housing insecure was reported more often among those with lower incomes and younger ages.

Since housing is closely related to financial stability, the following indicators were presented alongside the housing data. While most surveyed adults considered their financial situation to be positive in terms of being able to afford adequate food, housing, and paying current bills, 42.6% gave "fair" or "poor" ratings of their current financial situation. This is a significant increase from the previous cycle in 2021 (32.6%) and was reported more often among women, adults younger than 65, those with lower incomes, and LGBTQ+ respondents. In this cycle, the CHA Steering Committee added a question to the survey related to financial resilience. Respondents were asked, "Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card

that you could pay in full at the next statement?” The response to the question indicated that 34.4% of QC area adults would not be able to afford an unexpected \$400 expense without going into debt. This correlated with age and income, and was also higher among women, Hispanic residents, and LGBTQ+ respondents.

Mental Health

While so many in the United States struggle with mental health issues, only about half of all people with mental disorders receive needed treatment. Maintaining good mental health makes it possible to cope with daily stressors, learn and work well, and engage with friends and family members. Access to employment, housing, and education; strong social connections; positive coping skills; and living in safe communities are all examples of protective factors for mental health.

“Loneliness has gotten worse...social connection and wellness need to be a part of holistic wellness.” – Focus Group Respondent

While most adults in the survey rated their overall mental health favorably, 28.9% of QC area adults reported their overall mental health is “fair” or “poor”. This has increased significantly from the 2007 baseline of 8.9%. Similarly, the rate of those who have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression) has also risen significantly from 20.5% in 2015 to 33.5% in 2024.

With more adults reporting issues with their mental health status, there are more individuals seeking and receiving treatment. Among QC area adults, 28.2% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem. In 2018, this percentage was 17.6%. For those adults who have needed mental health services, most gave positive ratings of the ease with which they obtained those services locally. However, 38.5% of respondents gave “fair” or “poor” ratings, which is a significant increase over time. Women, adults younger than 65, those with lower incomes, White residents, and LGBTQ+ respondents were more likely to give low ratings.

Mental health was a common theme amongst the focus group participants when discussing top health concerns and needs within the community. Respondents emphasized that mental health needs to be prioritized just as much as physical health. The affordability of mental health services is impacting accessibility when certain services are too expensive or not covered by insurance. Stigma was mentioned as preventing community members from seeking help for mental health issues. Focus group participants would like to see resources in the community promoted and available to community members when they need them. Providers in the focus groups noted that loneliness and a lack of social connection are impacting community members and their mental health status as well.

Nutrition, Physical Activity, and Weight

Healthy eating and regular physical activity can help with managing weight and preventing the development of poor health outcomes, such as chronic diseases or conditions. Monitoring daily calorie needs, limiting foods with added sugars, sodium, and saturated fats, and including protein, fruits, and vegetables are all components of a nutritious diet. The amount of physical activity a person needs can depend on age and whether the goal is to lose or maintain weight.

“You can’t be the parent you want to be if you’re stressing about where your next meal is going to come from.” – Focus Group Respondent

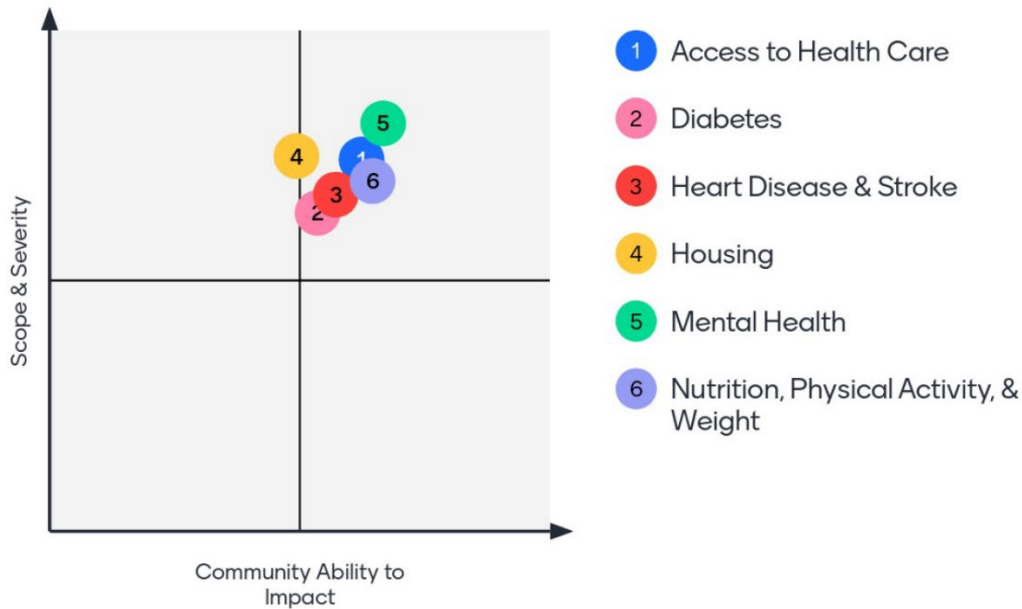
In the community health status survey, food insecurity was defined as having run out of food in the past year and/or been worried about running out of food. Over a third (38.7%) of QC area adults were determined to be food insecure, which is a significant increase from the 2018 baseline measure of 24%. Food insecurity was reported more often among women, adults younger than 65, those with lower incomes, Hispanic residents, Black residents, Rock Island County residents, and LGBTQ+ respondents.

For adults, physical activity recommendations include participating in adequate levels of both aerobic and strengthening activities. Just under a quarter (24.5%) of QC area adults reported meeting these recommendations for physical activity. This percentage is slightly higher than the rates for Iowa and Illinois but fails to satisfy the Healthy People 2030 objective (29.7%). For children and adolescents, the recommendation is 60 minutes or more of physical activity each day. According to surveyed parents of children aged 2-17, 44.8% of children are meeting this recommended level of activity. This is a significant decrease from the 2015 baseline when 57.5% of children were meeting the requirement.

Weight status was assessed utilizing Body Mass Index (BMI), which describes relative weight for height. In the QC, 7 in 10 adults (72.4%) are considered overweight and/or obese. This is considered a significant increase from 64.1% in 2002. The prevalence of overweight/obesity has also risen in children, with 40.9% of children aged 5-17 considered overweight in the QC.

Final Prioritization

After analyzing the data from both the community health status assessment and focus groups for each of the six top areas of opportunity, the CHA Stakeholder Committee participated in a final prioritization exercise to determine the top priority areas for the Community Health Improvement Plan. Using the same parameters, participants ranked each area on scales of scope and severity of the issue and ability to impact the issue. The top two areas in the final vote were mental health and access to healthcare.



Formulate Goals and Strategies

Mental Health

In December 2024, SCHD staff met with members of the Quad Cities Behavioral Health Coalition Steering Committee to review progress on the strategies and activities assigned to the coalition under the mental health priority area of the previous CHIP. These conversations informed the development of strategies for this priority area.

Strategic Goal: Promote an infrastructure of support for mental health in the community.	
First Year Strategies (2025)	
Strategy	Lead
Support growth of the Quad Cities Behavioral Health Coalition's membership.	Quad Cities Behavioral Health Coalition Steering Committee
Coordinate ongoing community conversations around a referral system for access to care, including mental health services.	Quad Cities Behavioral Health Coalition Steering Committee and Member Organizations; Quad Cities Open Network
Actively monitor the development and implementation of the District 7 prevention, inpatient, outpatient, and crisis services plan through Iowa's Behavioral Health Service System Alignment.	Scott County Health Department; Quad Cities Behavioral Health Coalition Member Organizations
Promote mental health training and supports for the public, mental health providers, and non-clinical community partners.	Quad Cities Behavioral Health Coalition; Quad Cities Trauma Informed Consortium, Vera French Community Mental Health Center

Long-Term Strategies (2025-2027)				
Improve and enhance mental health education within the Quad Cities region.				
Promote timely and comprehensive access by addressing physical, social, and financial barriers to mental health care.				
Indicators				
Source	Indicator	Baseline	Target	National Standard
Quad Cities Behavioral Health Coalition Outcomes Team	Number of hospital crisis encounters	7,611 (2023)*	7,000	N/A
Quad Cities Behavioral Health Coalition Outcomes Team	Number of days for prescriber appointment (adult referral)	22 (2023)*	17	Less than 10 business days
Quad Cities Behavioral Health Coalition Outcomes Team	Number of days for therapist appointment (adult referral)	3 (2023)*	3	Less than 10 business days
Quad Cities Behavioral Health Coalition	Number of member organizations	115 member organizations and affiliates	2 or 3 new	N/A

*Quad Cities

Access to Healthcare

In September 2024, the Access to Care Workgroup for Scott and Rock Island counties reviewed and analyzed themes related to access to care from the focus groups conducted over the summer. SCHD staff led the group through an interactive process of grouping themes into categories for potential action steps. The categories are summarized in the graphic below.



Strategic Goal: Promote a robust support infrastructure for access to health care in the community.				
First Year Strategies (2025)				
Strategy		Lead		
Coordinate ongoing community conversations to develop a community agenda to address access to health care.		Quad City Health Initiative Executive Committee; Community Health Assessment Steering Committee		
Determine the role of the Access to Care Workgroup in addressing access to health care.		Quad City Health Initiative Executive Committee; Community Health Assessment Steering Committee		
Long-Term Strategies (2025-2027)				
Develop a community strategy that increases funding, resources, and coverage that supports access to health care.				
Implement formal strategies to address health care access.				
Indicators				
Source	Indicator	Baseline	Target	National Standard
Behavioral Risk Factor Surveillance System	Percentage without health care coverage	4.3% (2023)	4%	N/A
Behavioral Risk Factor Surveillance System	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	Yes: 8.5% No: 91.5% (2023)	6%	N/A
Access to Care Workgroup	Number of member organizations	30 (2025)	2 or 3 new	N/A

Monitor and Evaluate

The strategies and activities formulated for mental health and access to care will be monitored over the following three years until the next community health assessment process takes place. CHA Steering Committee partners will be in regular communication with implementation partners to monitor progress and adjust strategies as needed.

Alignment with National & State Health Improvement Plans

Healthy Illinois 2028 State Health Improvement Plan

Mental Health & Substance Use

- **Goal 1:** Improve the mental health and substance use disorder (SUD) system's infrastructure to support and strengthen prevention and treatment.

- *Objective 2:* Equip the public health workforce to better address behavioral health needs and to provide care more effectively across the lifespan.
- **Goal 2:** Reduce mortality due to mental health conditions and SUD through harm reduction and preventative care strategies.
 - *Objective 3:* Reduce the number of children, adolescents (age 13-17), and young adults (age 18-24) who report experiencing poor mental health for more than one week per month.
 - *Objective 5:* Increase community interventions to improve prevention and linkage to care.
- **Goal 4:** Improve the resilience and recovery capital of communities experiencing violence.
 - *Objective 2:* Increase efforts to prevent and address adverse childhood experiences (ACEs), which can have a tremendous impact on future violence victimization and perpetration and lifelong health and opportunity.

Healthy Iowans 2023-2027 State Health Improvement Plan

Access to Care: Behavioral Health

- **Goal 1:** Improve access to inclusive behavioral health services in Iowa.
 - *Focus Area 1.1: Awareness of Resources*
 - Encourage employers to adopt behavioral health policies and practices for employees.
 - Collaborate with employers to raise awareness of behavioral health services in the community.
 - *Focus Area 1.2: Factors Influencing the System*
 - Support the use of therapists in schools.
 - Investigate barriers to accessing behavioral health services.
- **Goal 2:** Strengthen Iowa's behavioral health system by increasing available resources and capacity.
 - *Focus Area 2.1: Children and Youth*
 - Increase prevention programming for youth ages 0-18.
 - *Focus Area 2.2: Training and Support Services*
 - Increase access to training and continuing education on behavioral health issues.
 - Encourage behavioral health screening at primary care level.
 - Encourage the use of many types of behavioral health professionals in different sectors.
 - *Focus Area 2.3: Collaboration*
 - Develop connections among behavioral health initiatives.

Healthy People 2030

Mental Health and Mental Disorders

- **MHMD-05:** Increase the proportion of adults with depression who get treatment.

- **MHMD-08:** Increase the proportion of primary care visits where adolescents and adults are screened for depression.
- **EMC-D04:** Increase the proportion of children and adolescents who get appropriate treatment for anxiety or depression.

Health Care Access and Quality

- **AHS-04:** Reduce the proportion of people who can't get medical care when they need it.
- **AHS-07:** Increase the proportion of people with a usual primary care provider.
- **AHS-08:** Increase the proportion of adults who get recommended evidence-based preventive health care.
- **AHS-R01:** Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it.

Conclusion

Thank you to all community stakeholders, partners, and members of the public for participating in this essential process to improving our community's health.

References

1. Healthy People 2030: <https://odphp.health.gov/healthypeople>
2. Mobilizing for Action through Planning and Partnerships, NACCHO, 2023: <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>
3. Diabetes, Centers for Disease Control and Prevention: <https://www.cdc.gov/diabetes/>

Contact Information

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