Illinois Public Health Institute

IDPH
Illinois Department of Public Health

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IPLAN Training Session 3: Prioritization and Alignment with SHIP

Presenters: Laurie Call and Samantha Lasky

May 27, 2026

This session is being recorded.

IPHI and Peer Presenters

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DuPage County Health Department
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Boone County Health Department

Agenda

- Welcome and Introductions
- Introduction to the Prioritization Process
- Prioritization Methods
- Alignment with SHIP
- Closing

Learning Objectives

Participants will be able to...

1

Apply a community-engaged prioritization method for the IPLAN

2

Define alignment with SHIP in the IPLAN process

Group Agreements

- Actively participate
- Take space/ Make space
- Seek to understand different perspectives.
- Allow facilitator to move conversation along
- Ask questions in the chat or raise hand
- We can "park" items we cannot address today and get back to you
- What else?

IPLAN Requirements

- Certification Application via LHD Certification Application
- Electronic version of IPLAN (Community Health Needs Assessment and Community Health Improvement Plan)
  - IPLAN must include page numbers and table of contents
  - Board of Health (BOH) approval letter:
    - The IPLAN approval
    - BOH - Organizational Self-Assessment Plan
- **IPLAN substantial compliance evaluation**
  - **LHD completes**
    - **LHD Name (on first page)**
    - **Health Priorities (on first and as applicable for pages 3-6)**
    - **Page numbers for substantial compliance review (if there is something missing, LHD will provide comments to explain, for example, data is not available)**
- Applicable new Personnel Information Form (PIF)

Visit: https://app.idph.state.il.us/

6

Introduction to the Prioritization Process

Prioritization Requirements

Admin Code Requirements	Admin Code Compliance
a.1.D. Community health needs shall be identified during the Community Health Needs Assessment process based on the analysis of data describing the health of the population and on the judgment of the community participants concerning the seriousness of the health problems and needs. Prioritization shall result in the establishment of at least three priority health needs.	Three Priority Health Needs are identified.
a.2.D. A description of the process and outcomes of setting priorities.	

Prioritization Best Practices/Tips

- Utilize the same stakeholder group/CHC or another to do prioritization
- Do ALL of the data collection before prioritization
- Document the community members engaged in prioritization and meeting minutes for the CHNA report
- Begin to think about the prioritization process at the beginning of the CHNA

Before Prioritization Begins

Step 1

Analyze the data

- Both the qualitative and quantitative data.

Step 2

Summarize and present the data

- Themes
- Set of health problems from the data

Step 3

Choose at least three health priorities

- Prioritization criteria
- Prioritization method

Prioritization Criteria

- Potential severity of consequences for not addressing the issue
- Complexity of the issue
- Potential impact
- Alignment with SHIP
- Importance to the community
- Community strengths and assets to leverage

In chat: List any additional criteria you use to conduct prioritization. What do you consider when selecting priorities?

Prioritization Methods

Poll Question

What prioritization method(s) have you or are you using in the IPLAN? (Select all that apply)

- Multi-voting
- Strategy grid
- Nominal group technique
- Hanlon method
- Prioritization matrix
- None
- Not sure
- Other (add info)

Prioritization Methods

APEX-PH describes the Hanlon Method

MAPP 2.0 uses Data Triangulation and Prioritization

Multi-voting

01 **List of health problems**

02 **Round 1 Vote**

03 **Narrow list**

04 **Round 2 Vote**

05 **Repeat step 3**

[NACCHO: Guide to Prioritization Techniques]

Health problem	Round 1	Round 2	Round 3
Mental health and SUD	✓✓✓	✓✓✓	✓✓
Maternal and child health	✓✓✓	✓✓✓	✓
~~Diabetes~~	✓		
~~Health and housing~~	✓✓	✓	
~~Physical activity~~	✓		
~~STIs, HIV/AIDs~~	✓		
Access to care	✓✓✓	✓✓✓	✓✓
~~Lead~~	✓		
~~Cancer~~	✓✓	✓	
~~Food access~~	✓✓	✓	
~~Vaccines and immunizations~~	✓✓	✓✓	
~~Heart disease~~	✓		

01 Group structure

02 Brainstorming

03 List in round-robin fashion

04 Simplify and clarify

05 Group discussion

06 Anonymous ranking

07 Repeat as needed

Nominal Group Technique

Health Problems	1st Choice Score = 3	2nd Choice Score = 2	3rd Choice Score = 1	Total Score
Mental health and SUD	4	6	6	30
Maternal and child health	1	6	3	18
Diabetes	3	1	6	17
Health and housing	2	4	6	20
Physical activity	4	5	5	27

NACCHO: Guide to Prioritization Techniques

Strategy Grids

01 Select criteria

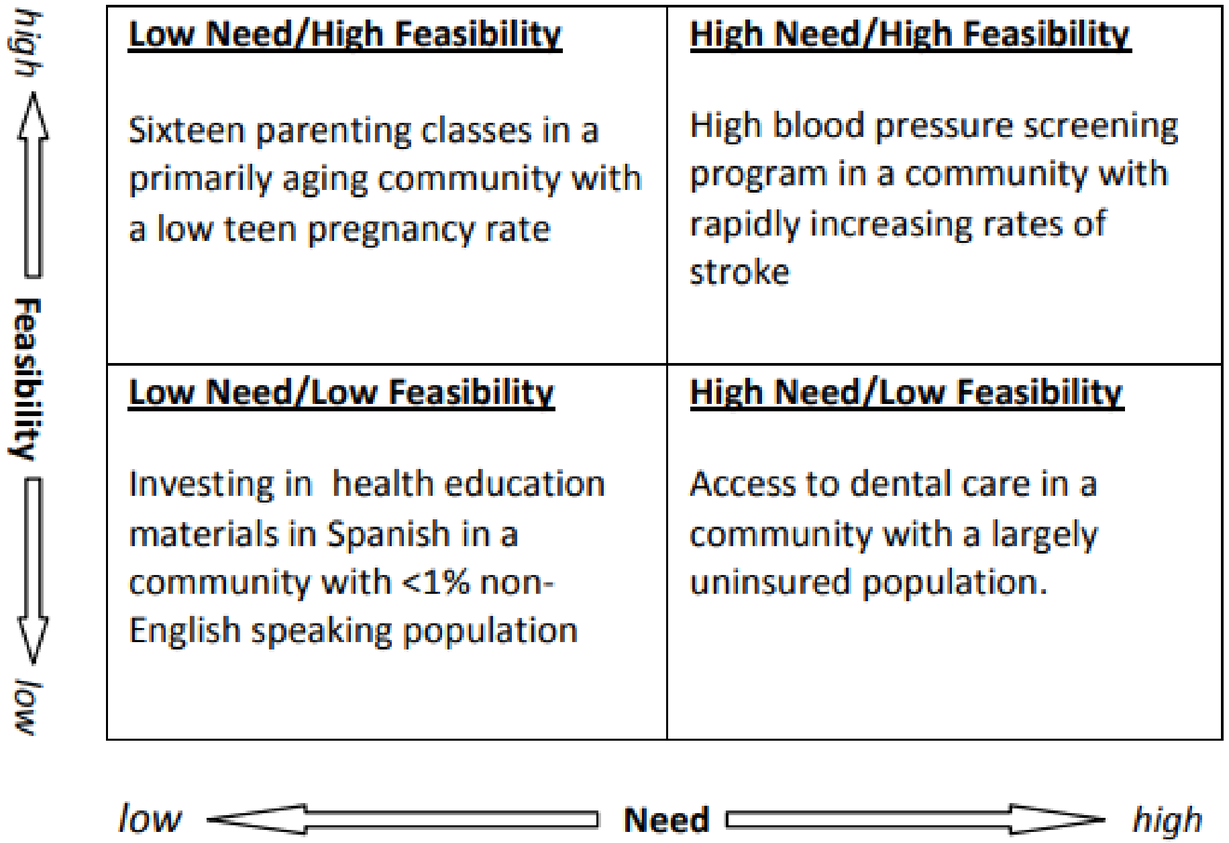
02 Create a grid

03 Label quadrants

04 Categorize and prioritize

[NACCHO: Guide to Prioritization Techniques]

Strategy Grid



In chat: What other criteria would you use here?

Prioritization Matrix

1

Create a matrix

2

Rate against specified criteria

1 = Criteria not met
2 = Criteria met
3 = Criteria met well

3

Weight the criteria

4

Calculate priority scores

[NACCHO: Guide to Prioritization Techniques]

1 = Criteria not met

2 = Criteria met

3 = Criteria met well

Prioritization Matrix

	Importance to the community (Rating X Weight) – 0.5	Feasibility – 0.25	Potential impact (disparities)– 0.75	Score
Maternal Health	2x.5=1	1x.25=.25	3x.25=.75	2
Access to Care	3x.5=1.5	2x.25=.5	2x.25=.5	2.5
Diabetes	1x.5=.5	1x.25=.25	1x.25=.25	1

NACCHO: Guide to Prioritization Techniques

Hanlon Method

1. Rate against specified criteria
2. Apply PEARL test
3. Calculate priority scores
4. Rank the health problems

Propriety	*Is a program for the health problem suitable?*
Economics	*Does it make economic sense to address the problem? Are there economic consequences if a problem is not carried out?*
Acceptability	*Will a community accept the program? Is it wanted?*
Resources	*Is funding available or potentially available for a program?*
Legality	*Do current laws allow program activities to be implemented?*

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VISION AND MISSION

Impact DuPage is a multisector partnership working to create a shared understanding of community needs, priorities, and disparities, then using that knowledge to propel actions that improve the well-being of the DuPage County community.

Data-driven
Collaborative
Equity-focused
Accountable

www.impactdupage.org

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STEERING COMMITTEE

MEMBER ORGANIZATIONS

DuPage County Health Department
DuPage Federation on Human Services Reform
Advocate Good Samaritan Hospital
DuPage Foundation
DuPage County Community Services
DuPage Health Coalition
Endeavor Health
Northwestern Medicine
People's Resource Center
United Way of Metro Chicago
UChicago Advent Health
College of DuPage

Data Committee

2021 Data Committee included members from the following organizations:

- (Formerly) Amita Health
- People's Resource Center
- United Way Metropolitan Chicago
- DuPage Health Coalition
- Advocate Good Samaritan

2025 Data Committee Members:

Becky Sutton	Database and Reports Specialist	DuPage County Community Services
Fatema Mirza	Director	Worry Free Community
Mimi Doll	Director of Research	DuPage Federation
Meg Thompson	Director of Strategic Initiatives	Access DuPage/DuPage Health Coalition
Tracie Joyce	Manager, Community Impact and Engagement	Endeavor Health
Christina Saenz	Assistant Director of Housing	360 Youth Services
Elizabeth Murphy	Assistant Director of Communicable Disease and Epidemiology	DuPage County Health Department
Emily Murskyj	Epidemiology Supervisor	DuPage County Health Department
Rob Baechle	Clinical Informatics Analyst	DuPage County Health Department

Data Discussion

Impact DuPage 2025 Assessment Summary

Topic	Quantitative Data Sources	Qualitative Data	Populations Experiencing Disparities	Narrative	Resources/Cross-Sector Collabs Addressing Issue
Adult Substance Use-Opioids	Drug overdose deaths Monthly cases of Opioid and Heroin overdoses in Emergency Departments Number of ER visits Annual overdose data by different factors Age-adjusted drug and opioid-involved overdose death rate	Focus groups with Serenity House clients in 23/4 indicated that many people felt left on their own to identify treatment and recovery services, which can be hard to do alone while trying to manage detox. Stepping down and across levels as needed can be difficult, slots are not always available when clients need them, and this can create vulnerability points. Insurance coverage can be an issue. Transportation challenges are common .	Overdose deaths higher among males and Black/African American populations, and young adults 25-34 age range.	Drug overdose deaths have been declining since 2022 from 150 to 76 in 2024. This is the lowest number of deaths since 2016.	**Local**: Prevention Leadership Team (PLT), Community Mental Health Board Funding (708 Boards)/Recipients, DuPage Council on Strengthening the System (DCSS), DuPage Narcan Program, Recovery Oriented Systems of Care (ROSC), DuPage Foundation Health and Human Services funding/recipients, Overdose Fatality Review Team (OFRT), Behavioral Health Collaborative (BHC), Crisis Recovery Center **State**: Opioid Settlement funding (County, State, and funding directly via RCCA), Illinois Helpline, MAR NOW

Steering Committee Members narrowed 23 topics to 10 using Alchemer platform and a ranking methodology

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Issue Briefs

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Issue Brief: Youth Substance Use, Mental Health, and Stigma in DuPage County

Issue Overview

Youth substance use trends in DuPage County are generally moving in a positive direction, with declining use rates and increased awareness of harm. However, focus group findings from 2024–2025 reveal emerging challenges that require attention—particularly the persistent stigma around treatment and the use of substances as a coping mechanism for stress, trauma, and mental health concerns. These issues are especially pronounced among youth with histories of trauma, students in alternative school settings, and LGBTQ+ youth.

Why This Matters

Adolescence is a critical period for prevention and early intervention. While fewer teens are using substances overall, those who do use may engage in higher-risk behaviors, including binge drinking. At the same time, youth mental health concerns, including depression, isolation, and suicidality remain prevalent. Misperceptions about the safety of substances (particularly marijuana), combined with stigma and access barriers to mental health care, can increase risk of more severe outcomes as a result of substance use or mental health challenges. It is important to create and implement interventions that can address both substance use and mental health issues, as they are often co-occurring. It is estimated that 30-45% of adolescents and young adults with mental health disorders have a co-occurring substance use disorder and, and 65% or more of youth with substance use disorders also have a mental health disorder. [1]

Key Findings

Youth Perspectives on Substance Use

Spring 2025 High School Focus Groups revealed:

- Youth perceive **substance use as normalized**, particularly marijuana.
- There remains a **stigma associated with addiction and treatment**, discouraging help-seeking.
- Teens believe youth use substances primarily:
  - To **fit in socially**
  - As an **escape from trauma or personal problems**

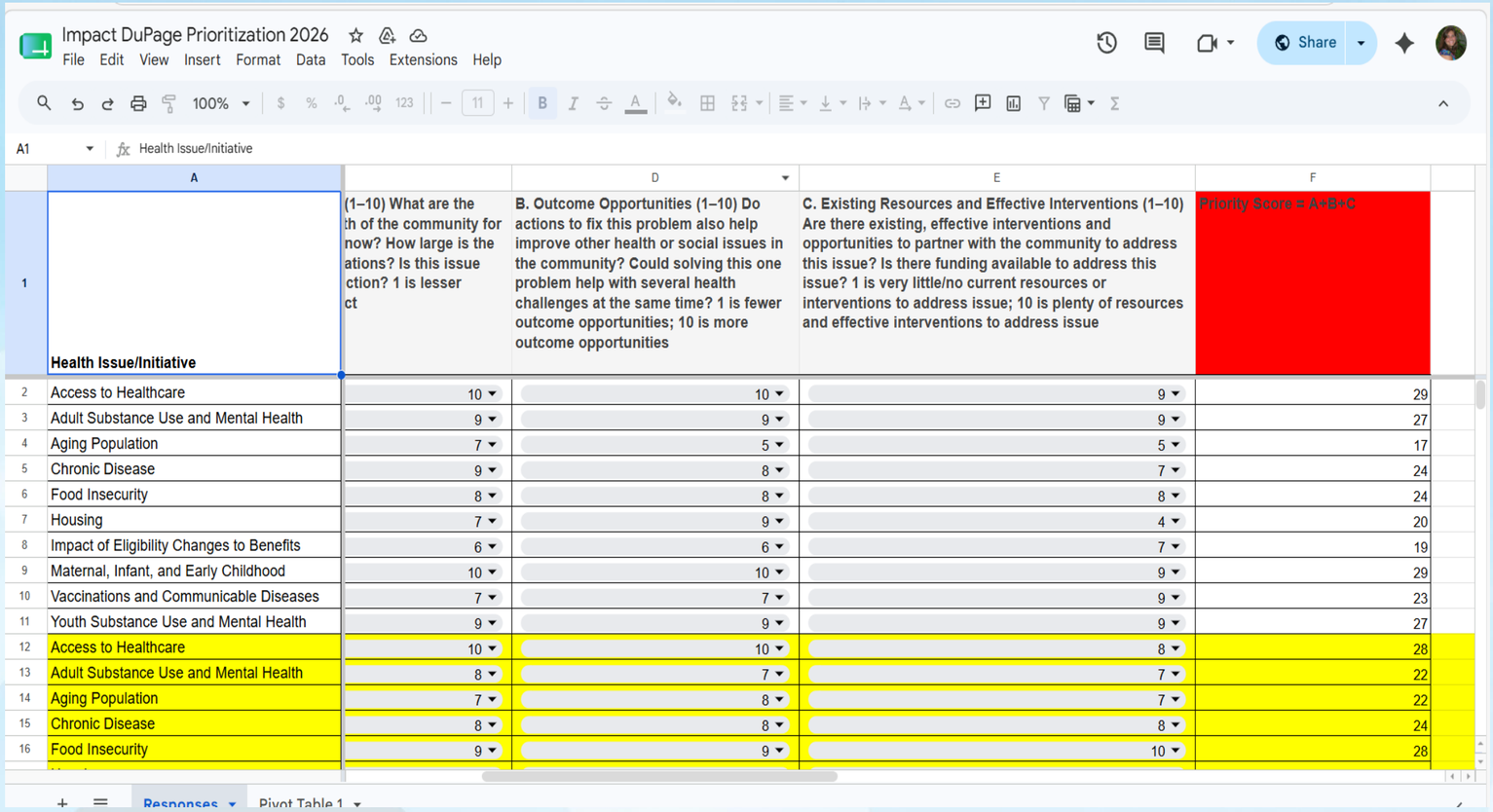
Topics:

- Access to healthcare
- Adult substance use and mental health
- Aging population
- Chronic disease
- Food insecurity
- Housing
- Impact of eligibility changes to benefits
- Maternal and child health
- Vaccinations and communicable diseases
- Youth substance use and mental health

Contents:

- Issue overview
- Why this matters
- Key findings
- Disparities
- Strengths and opportunities
- Current resources
- Considerations for action

Hanlon Method


Impact DuPage Prioritization 2026

File Edit View Insert Format Data Tools Extensions Help

Share

100%

A1 Health Issue/Initiative

	A		D	E	F
1	Health Issue/Initiative	(1–10) What are the th of the community for now? How large is the ations? Is this issue ction? 1 is lesser ct	B. Outcome Opportunities (1–10) Do actions to fix this problem also help improve other health or social issues in the community? Could solving this one problem help with several health challenges at the same time? 1 is fewer outcome opportunities; 10 is more outcome opportunities	C. Existing Resources and Effective Interventions (1–10) Are there existing, effective interventions and opportunities to partner with the community to address this issue? Is there funding available to address this issue? 1 is very little/no current resources or interventions to address issue; 10 is plenty of resources and effective interventions to address issue	Priority Score = A+B+C
2	Access to Healthcare	10	10	9	29
3	Adult Substance Use and Mental Health	9	9	9	27
4	Aging Population	7	5	5	17
5	Chronic Disease	9	8	7	24
6	Food Insecurity	8	8	8	24
7	Housing	7	9	4	20
8	Impact of Eligibility Changes to Benefits	6	6	7	19
9	Maternal, Infant, and Early Childhood	10	10	9	29
10	Vaccinations and Communicable Diseases	7	7	9	23
11	Youth Substance Use and Mental Health	9	9	9	27
12	Access to Healthcare	10	10	8	28
13	Adult Substance Use and Mental Health	8	7	7	22
14	Aging Population	7	8	7	22
15	Chronic Disease	8	8	8	24
16	Food Insecurity	9	9	10	28

Responses Pivot Table 1

Selection Criteria

Impact on Community: What are the consequences to the health of the community for not addressing this issue now? How large is the disparity for certain populations? Is this issue trending in a negative direction?

Outcome Opportunities: Do actions to fix this problem also help improve other health or social issues in the community? Could solving this one problem help with several health challenges at the same time?

Resources: Are there existing, effective interventions and opportunities to partner with the community to address this issue? Is there funding available to address this issue?

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Final Voting

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
(3 priorities) Substance Use and Mental Health, Access to Healthcare, Maternal and Child Health	1		61	12
(3 priorities) Substance Use and Mental Health, Access to Healthcare, Chronic Disease	2		59	12
(3 priorities) Substance Use and Mental Health, Access to Healthcare, Food Insecurity	3		54	12
(4 priorities) Substance Use and Mental Health, Access to Healthcare, Maternal and Child Health, Chronic Disease	4		47	12
(4 priorities) Substance Use and Mental Health, Access to Healthcare, Food Insecurity, Chronic Disease	5		45	12
(4 priorities) Substance Use and Mental Health, Access to Healthcare, Maternal and Child Health, Food Insecurity	6		41	12
(5 priorities) Substance Use and Mental Health, Access to Healthcare, Maternal and Child Health, Food Insecurity, Chronic Disease	7		29	12

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2026-2030 Priorities

- Substance Use and Mental Health
- Access to Healthcare
- Maternal and Child Health

CONTACT INFORMATION

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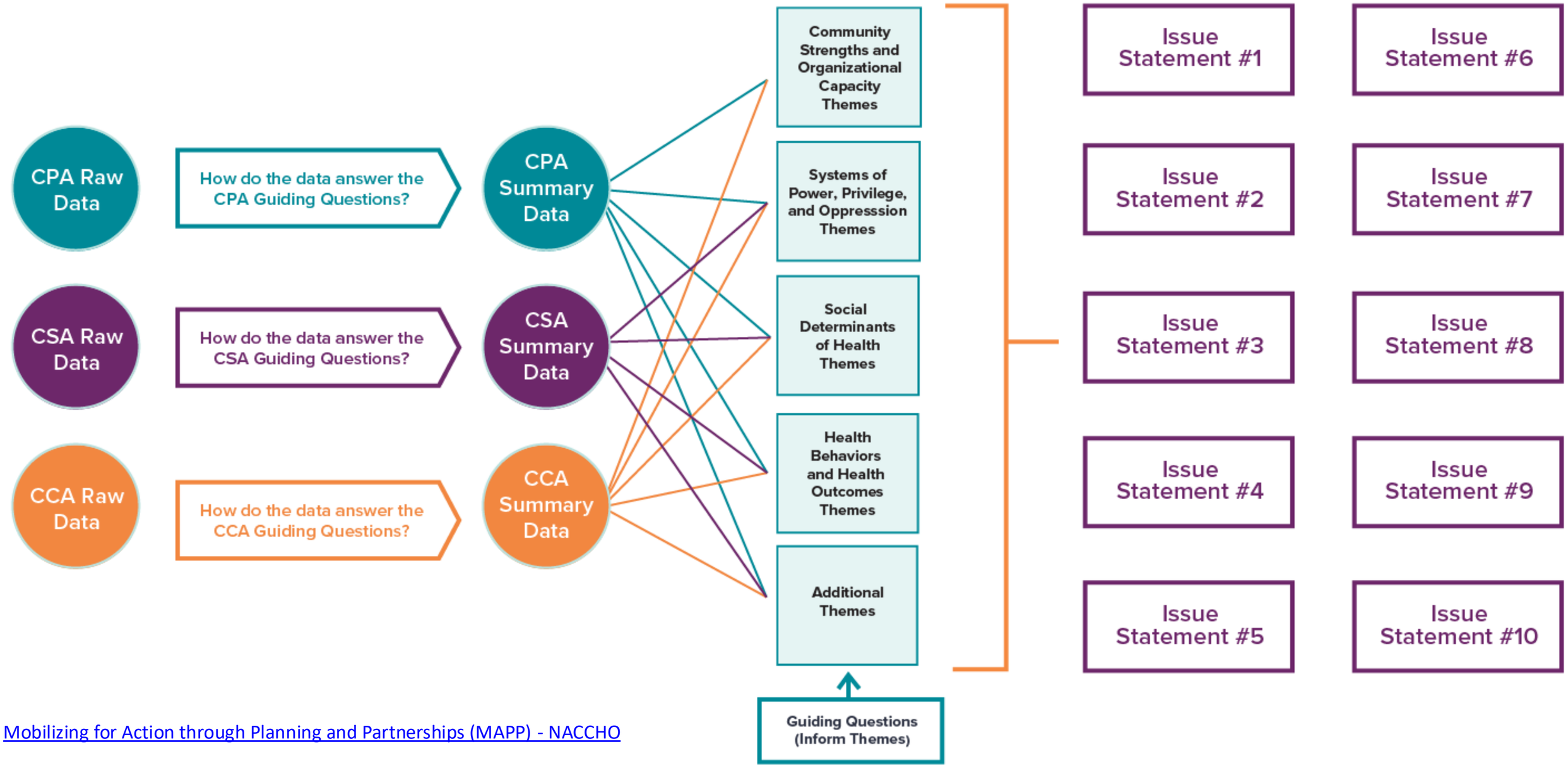
MAPP 2.0

1. LHD work with team to identify how to engage with community
2. Answer guiding questions to summarize data
3. Identify cross-cutting themes using MAPP 2.0 categories
4. Issue statements to summarize why and how the issue occurs, the severity, and it’s impacts
5. Share CHNA findings and develop issue profiles through root cause analysis

Mobilizing for Action through Planning and Partnerships (MAPP) - NACCHO

Triangulate Data, Identify Themes, and Develop Issue Statements



[Mobilizing for Action through Planning and Partnerships (MAPP) - NACCHO]

Boone County Health Department IPLAN Prioritization

AMANDA MEHL, RN, MPH

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Process Used to Select Priorities

- **Community Engagement**
- Officials, partners, and residents ranked 6 health themes:
  - Behavioral Health
  - Access to Care
  - Food Security
  - Maternal Child Health
  - Health Equity
  - Resiliency

- **Outreach Methods**
  - Focus groups
  - Surveys
  - Social media & Facebook Live events
  - WIC and community meal participation
- **Methodology**
  - Used the **Full Analytical Criteria Method**
  - A **Lean Six Sigma** prioritization tool
  - Compared each issue against another using data-driven decision making

Link:
https://qualityamerica.com/LSS-Knowledge-Center/qualityimprovementtools/full_analytical_method.php

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Focus Groups

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Lean Six Sigma Prioritization Results

- **Full Analytical Criteria Method**
  - Participants compared health issues as:
  - More Important
  - Equally Important
  - Less Important

- **Key Findings**
  - ~90% of responses were marked “equally important”
  - Demonstrated that all issues are interconnected
  - Standard deviation measured consistency and confidence in rankings
- **Top Ranked Priorities**
  - Behavioral Health — 11.5%
  - Access to Care — 10.5%
  - Food Security — 10.1%
  - Maternal Child Health — 9.2%

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Final IPLAN Priorities (2024–2027)

- **Selected Priorities**
  - Behavioral Health
  - Maternal Child Health
  - Food Security
- **Priority Lenses Applied**
  - Health Equity
  - Resiliency
  - Access to Care

- **Existing Coalitions Supporting the Work**
  - Hunger Coalition
  - Behavioral Health Taskforce
  - Drug Prevention Coalition
  - Maternal Child Health Advisory Council

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Key Insight: Health priorities are interconnected, so Boone County will leverage existing partnerships and coalitions to maximize limited resources.

QUESTIONS?

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Health Department

Poll Question

Based on what you have heard, which prioritization process are you most interested in exploring or trying?

- Multi-voting
- Strategy grid
- Nominal group technique
- Hanlon method
- Prioritization matrix
- None
- Not sure
- Other (add info)

41

Root Cause Analysis and Factors that Influence the Problem

Root Cause Analysis

- 5 Why's Worksheet
- Fishbone Diagram
- Health Problem Analysis Worksheet

Factors that Influence the Problem

- Risk Factors
- Direct Contributing Factors
- Indirect Contributing Factors

Alignment with SHIP

Healthy Illinois

Alignment with SHIP Requirements

Admin Code Requirements	Admin Code Compliance
600.400.2.e. A statement that the SHIP was reviewed, including a description of the alignment or nonalignment between the priority health needs of the applicable local public health jurisdiction, as identified by the local health department, and the priorities to improve the public health system, as set forth by the SHIP.	The Community Needs Assessment describes how the priorities are similar to and different from the SHIP.
600.410.a.4 The process shall include a review of the SHIP by the local health department and a description of the alignment or nonalignment between the priority health needs for the applicable local public health jurisdiction, as identified by the local health department, and the priorities to improve the public health system set forth by the SHIP.	

SHIP Alignment Requirements

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- Reviews LHD’s priorities
- Incorporates information as key data inputs

LHDs

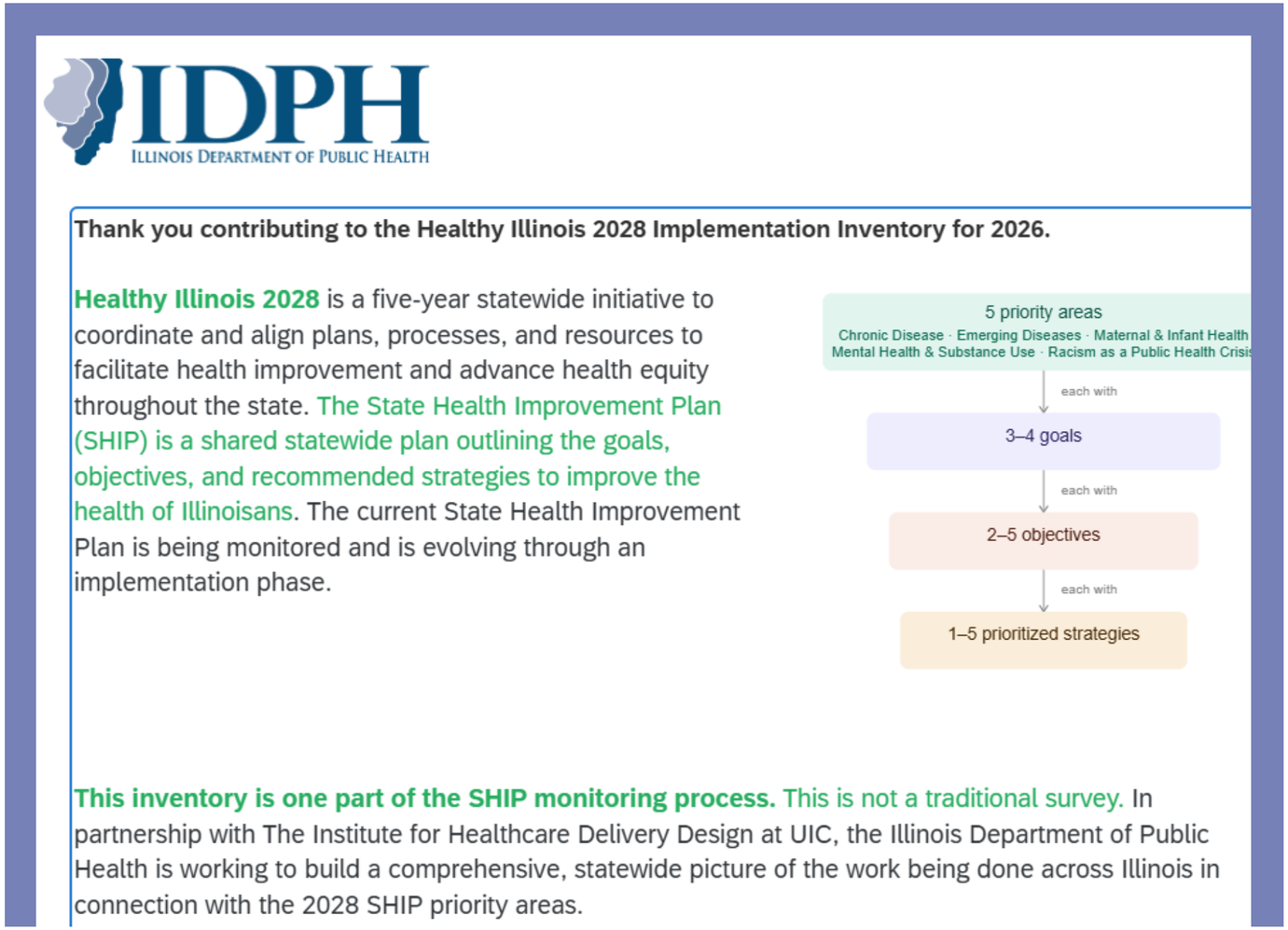
- Review the current SHIP
- Note areas of alignment
- Note areas of divergence
- Note the rationale for differences in the IPLAN report

Healthy Illinois 2028 Implementation

Collects progress updates, barriers to implementation, and success stories

Builds a comprehensive inventory of aligned efforts

Monitors implementation progress toward SHIP goals and objectives



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Thank you contributing to the Healthy Illinois 2028 Implementation Inventory for 2026.

Healthy Illinois 2028 is a five-year statewide initiative to coordinate and align plans, processes, and resources to facilitate health improvement and advance health equity throughout the state. The State Health Improvement Plan (SHIP) is a shared statewide plan outlining the goals, objectives, and recommended strategies to improve the health of Illinoisans. The current State Health Improvement Plan is being monitored and is evolving through an implementation phase.

5 priority areas
Chronic Disease · Emerging Diseases · Maternal & Infant Health
Mental Health & Substance Use · Racism as a Public Health Crisis
each with
3–4 goals
each with
2–5 objectives
each with
1–5 prioritized strategies

This inventory is one part of the SHIP monitoring process. This is not a traditional survey. In partnership with The Institute for Healthcare Delivery Design at UIC, the Illinois Department of Public Health is working to build a comprehensive, statewide picture of the work being done across Illinois in connection with the 2028 SHIP priority areas.

Healthy Illinois 2028 Implementation

Who We're Reaching & What Comes Next

Audience

- State agencies
- Local health departments
- Community and NPOs

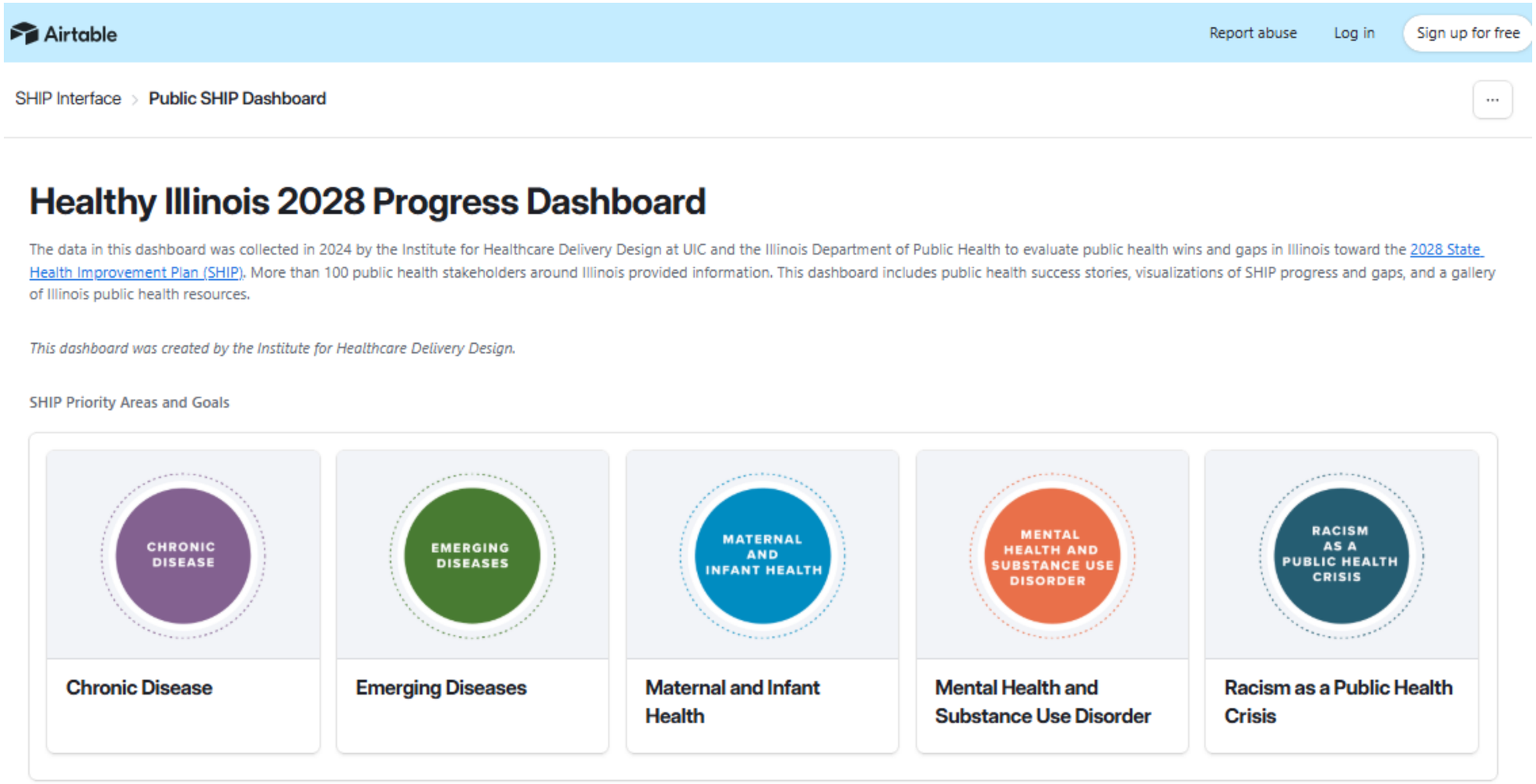
When and How?

- Collecting in Spring 2026
- Sent via email from Jenny Epstein/Ted Pollari
- Annual collection through 2028

Dashboard

- Public-facing implementation dashboard
- Track and visualizes progress

Healthy Illinois 2028 Implementation



LHD Example Iroquois County Health Department

“Cancer and other chronic diseases ranked 4th in Iroquois Counties Community Themes and Strengths Assessment. Combating chronic disease with education, community clinical-linkages, and the promotion of healthy lifestyle choices is a main priority for Iroquois County.”

WHAT THEY DID

- Reviewed SHIP priorities (5)
- Connected them to local needs
- Used local data for support

KEY FOCUS

Chronic Disease

- Ranked high in community concerns (#4)
- Includes cancer and other chronic diseases

Actions:

- Education
- community clinical-linkages
- Promotion of healthy lifestyles

LHD Example

Skokie Health Department

“Specifically, both plans share a focus on addressing behavioral health as a key area of concern, and their respective goals complement each other in this regard. Additionally, maternal and child health emerges as another priority where the two plans align. The SHIP aims to support healthy pregnancies and improve birth and infant outcomes, which nicely complements Skokie's goal of reducing the percentage of pregnant women who do not receive timely prenatal care. Furthermore, while Skokie's plan emphasizes enhancing access to healthcare services, the SHIP's other priority revolves around tackling chronic diseases. Overall, the congruence between Skokie's Health and Human Services CHIP and the State Health Improvement Plan signifies a concerted effort to address critical health needs in the region, fostering a more comprehensive and effective approach to improving the well-being of the community.”

WHAT THEY DID

- Skokie aligns with Illinois SHIP

Shared priorities:

- Behavioral health
- Maternal & child health
- Plans complement each other

KEY FOCUS

Behavioral Health

- Common priority in both plans

Maternal & Child Health

- Healthy pregnancies
- Better birth & infant outcomes
- Improved prenatal care access

Additional focus

- Better access to healthcare services
- Chronic disease prevention

Question and Answers

Apply for IPLAN Technical Assistance!

IPHI is offering first come, first serve technical assistance on all topics related to IPLAN requirements and needs!

Topics:

- Community Health Needs Assessments
- Community Health Improvement Plan
- Organizational Capacity Assessment/Strategic Plan
- IPLAN Report Writing

TA Options:

- One on one coaching sessions
- Document review and feedback
- Group coaching or support

Upcoming Training Sessions

COMMUNITY HEALTH IMPROVEMENT PLAN

24 JUNE

Session 4

CHIP Report Introduction and Description of the Community Participation Process (CHIP)

1:00-2:00 PM CT

Session 5

Risk Factors, Direct and Indirect Contributing Factors Analysis / Impact vs. Outcome Objectives

1:00-2:00 PM CT

JULY 22

26 AUG

Session 6

Proven Intervention Strategies, Process Measures, Anticipated Community Resources

1:00-2:00 PM CT

ORGANIZATIONAL CAPACITY ASSESSMENT VS STRATEGIC PLANNING

Session 7

APEX PH Organizational Capacity Assessment vs. Strategic Planning

1:00-2:00 PM CT

OCT 28

WRITING THE IPLAN REPORT

18 NOV

Session 8

Putting it All Together - Writing Your IPLAN Report

1:00-2:00 PM CT

Register now!

Adapting MAPP 2.0 for the IPLAN Training

September 22nd and 23rd (9am-4pm)

Springfield, IL

Registration is limited to 30 people.
IPHI is unable to provide food, travel or accommodation reimbursement.

Illinois Public Health Institute

Thank you!

IPHIonline.org

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- Faviola Gaviola - Faviola.Gaviola@iphionline.org