Aim Statement: To increase identification of resources within the community and improve the sharing and leveraging of these resources to achieve IPLAN priorities. We do this in order to maximize the strengths of the community and reduce duplication of efforts to better achieve IPLAN priorities

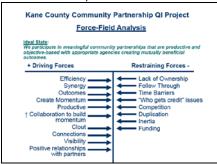| Measures	Results
Inventory 100% of community resources that can contribute to IPLAN priorities *(Short)*	Achieved.
Increase to 90% overall meeting productivity at community health division-sponsored meetings *(Interim)*	Overall effectiveness at 90%, an increase of 24% from baseline
Categorize 100% of identified partnerships in Community Health Division using Himmelman's matrix *(Interim)*	Completed
50% of partners commit to or contribute resources to address target IPLAN priorities *(Long)*	42% of partners currently contribute resources

PLAN

1. Getting Started
Kane County community partners have a history of showing strong support for the health department but were less likely to share resources. Identification of community resources and leveraging them will result in increased productivity and reduce duplication of efforts to achieve IPLAN goals

2. Assemble the Team
The team consisted initially of a core team of the Community Health Director and the IPLAN coordinator. Realizing that a larger team would be beneficial it was expanded to include the entire division of Community Health.

3. Examine The Current Approach
An inventory of community resources/partnerships that contribute to IPLAN priorities was conducted. Identified partnerships were categorized using Himmelman's matrix. The categories were: Networking, coordinating, cooperating and collaborating. Force field analysis was used to identify the driving and restraining forces, which were then prioritized.

The team selected to focus on improving follow-through and meeting productivity.

4. Identify Potential Solutions
- Categorize identified partnerships using Himmelman's matrix
- Improve meeting effectiveness
- Introduce action agenda tool
- Include follow-through items on agenda
- Include list of attendees in minutes
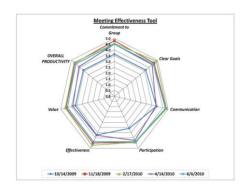- Include meeting objectives on the agenda

5. Develop Improvement Theory
Since meetings are our main point of contact with our IPLAN partners, it was important to improve productivity and follow-through at our meetings. The action agenda was able to put in focus assigned tasks in a non-threatening manner.
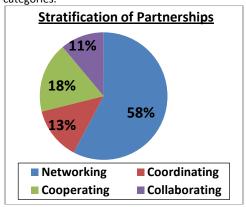
DO

6. Test the Theory
The action agenda was implemented and meeting effectiveness was used to assess productivity at meetings.

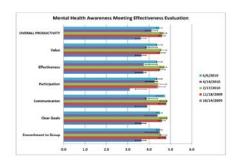Partnerships were also stratified in 4 categories.

Stratification of Partnerships

- Networking
- Coordinating
- Cooperating
- Collaborating

CHECK

7. Check the Results
The meeting effectiveness tool showed that overall productivity increased to 90%, an increase of 24% from baseline. Also, clear goals and commitment to the group increased to 90%, an increase of 24%.
About 42% of partners committed to contributing resources

ACT

8. Standardize the Improvement or Develop New Theory
- Action agenda is now being used at all Community Health Division-sponsored meetings
- Meeting effectiveness is also being used at all Mental Health committees and subcommittees to track effect of using action agenda

9. Establish Future Plans
- Other health department partnerships are being categorized and evaluated for redundancies and effectiveness
- Department-wide training on productive and effective meetings is being planned based on key learnings such as success of the action agenda.