Henry County Health Department
Illinois Project for Local Assessment of Needs

2017-2022

“To protect and improve the health of the community.”

Submitted, June 2017
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Executive Summary

The Henry County IPLAN (Illinois Project for Local Assessment of Needs) process was conducted throughout 2016 and early 2017. A group of community representatives met with members of the Henry County Health Department staff to form the IPLAN planning committee. Health data and community perceptions were reviewed and three health problems were identified as community priorities.

Following the identification of the priorities, plans were developed to address each priority. Outcome and impact objectives were modeled after Healthy People 2020 goals. Below are the priority health problems with selected interventions.

Mental Health
- Promoting education among employers, schools and general public.
- Promoting and participation in the countywide task force to address mental health issues and challenges.
- Conduct educational campaign to promote public awareness of mental health & suicide prevention issues and reduce stigma associated with mental illness.

Poor Health Behaviors
- Promoting worksite and community wellness programs.
- Promoting chronic disease management educational series.
- Promoting community health promotion events.

Drug/Alcohol/Tobacco Use
- Institute a Narcan education, training, and kit distribution program for first responders and law enforcement officials.
- Provide drug overdose prevention training (including use of naloxone) to potential Henry County responders.
- Promote the importance that drug use is illegal and highly dangerous and that complete abstinence from illegal drug use is the healthiest option.

The Henry County Health Department IPLAN is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the Assessment Protocol for Excellence in Public Health (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are as follows:

- An organizational capacity assessment
- A community health needs assessment
- A community health plan, focusing on a minimum of three priority health problems
Community Health Needs Assessment

Purpose Statement
The purpose of the IPLAN process was for the community, under the guidance of the Henry County Health Department, to examine the health status of the county, select top priority health issues, and develop a plan to address these health issues. Through technical assistance from OSF Healthcare System dba/OSF Saint Luke Medical Center, Henry County; access to multiple data sets were obtained and evaluated. The IPLAN assessment will assist in the forward progression of the health status of Henry County. The data acquired will also be of assistance in pursuing and procuring grant opportunities to benefit Henry County residents by government and non-government organizations. The IPLAN is very much a community process requiring the expertise and commitment of a number of people, both within and outside of the health care community.

Description of Community Participation
Community involvement in the IPLAN process occurred through the formation of the Henry County IPLAN Planning Committee. This committee was comprised of 17 representatives of Henry County agencies and communities. Participants included representatives from the two local Hospitals, School Districts, Mental Health, Community Leaders and staff from Henry County Health Department. Planning Committee members include:

- Lori Christiansen, Western Region Director of Rehabilitation, OSF Healthcare
- Brea Cinnamon, Doctor of Physical Therapy, OSF Saint Luke Medical Center
- Dorothy David, Director of Environmental Health Services, Henry County Health Department
- Kari DeBrock, Education Lead RN, Hammond-Henry Hospital, Geneseo, IL
- Kelli Humphrey, Fiscal Director, Henry County Health Department
- Shane Kazubowski, Superintendent Wethersfield School District #230
- Rebecca Magalhaes, Community Mental Health Advocate
- Ashley Mikenas, Elementary School Counselor, Kewanee School District #229
- Robin O’Connor, Social Worker, Kewanee School District #229
- Rachel Shrum, Program Director, Kewanee YMCA
- Beth Smith, Community Health Educator, Henry County Health Department
- Naomi Stahl, Director of Human Services, Henry County Health Department
- Duane Stevens, Public Health Administrator, Henry County Health Department
- Dr. Chris Sullens, Superintendent, Kewanee School District #229
- Jill Teerlinck, School Nurse, Colona School District #190
- RaeAnn Tucker, Director of Health Promotion, Henry County Health Department
- Michele A. Turner, Housing Authority of Henry County

RaeAnn Tucker of the Henry County Health Department presented a comprehensive Community Overview data analysis of Henry County courtesy of OSF Healthcare System/OSF Saint Luke Medical Center, Henry County on October 25, 2016. Committee members were encouraged to
share data from the needs assessment they found relevant within their personal and professional spheres of influence. A key component of the needs assessment was community perception. Committee members were encouraged to contribute and collect perceived health issues of interest to county residents.

Methods

The procedure used in this process was outlined in the guidelines for IPLAN recertification. The APEX/PH manual was used as a reference. To complete the comprehensive community health-needs assessment, multiple sources were examined. Secondary statistical data were used to assess the community profile, morbidity rates and causes of mortality. Additionally, based on a sample of 786 survey respondents (25 respondents used a version translated into Spanish) from Henry County, a study was completed to examine perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to healthcare.

Secondary Data for the Community Health Needs Assessment

Existing secondary statistical data were used to develop an overall assessment of health-related issues in the community. Within each section of the report, there are definitions, importance of categories, data and interpretations. At the end of each chapter, there is a section on key takeaways.

Based on several retreats, a separate OSF Collaborative Team used COMP data to identify six primary categories of diseases, including: age related, cardiovascular, respiratory, cancer, diabetes and infections. In order to define each disease category, we used modified definitions developed by Sg2. Sg2 specializes in consulting for healthcare organizations. Their team of experts includes MDs, PhDs, RNs and healthcare leaders with extensive strategic, operational, clinical, academic, technological and financial experience.

Primary Data Collection

In addition to existing secondary data sources, primary survey data were also collected. This section describes the research methods used to collect, code, verify and analyze primary survey data. Specifically, we discuss the research design used for this study: survey design, data collection and data integrity.

A. Survey Instrument Design

Initially, all publicly available health-needs assessments in the U.S. were assessed to identify common themes and approaches to collecting community health-needs data. By leveraging best practices from these surveys, we created our own pilot survey in 2012, designed for use with both the general population and the at-risk community. To ensure that all critical areas were being addressed, the entire OSF collaborative team was involved in survey design/approval through several fact-finding sessions. Additionally, several focus groups were used to collect the qualitative information necessary to design survey items. Specifically, for the community health-needs assessment, five specific sets of items were included:
**Ratings of health issues in the community** – to assess the importance of various community health concerns. Survey items included assessments of topics such as cancer, diabetes and obesity. In all, there were 20 choices provided for survey respondents.

**Ratings of unhealthy behaviors in the community** – to assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug abuse and smoking. In all, there were 14 choices provided for survey respondents.

**Ratings of issues concerning well-being** – to assess the importance of various issues relating to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods and effective public transportation. In all, there were 9 choices provided for survey respondents.

**Accessibility to healthcare** – to assess the degree to which residents could access healthcare when needed. Survey items included assessments of topics such as access to medical, dental and mental-healthcare, as well as access to prescription medications.

**Healthy behaviors** – to assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise and healthy eating habits and smoking.

Finally, demographic information was collected to assess background information necessary to segment markets in terms of the five categories discussed above.

**B. Sample Size**

In order to identify our potential population, we first identified the percentage of the Henry County population that was living in poverty. Specifically, we multiplied the population of the county by its respective poverty rate to identify the minimum sample size to study the at-risk population. The poverty rate for Henry County was 10.8 percent in 2014. The population used for the calculation was 49,635, yielding a total of 5,361 residents living in poverty in the Henry County area.

We assumed a normal approximation to the hypergeometric distribution given the targeted sample size.

\[ n = \frac{(Nz^2pq)}{(E^2 (N-1) + z^2 pq)} \]

where:
- \( n \) = the required sample size
- \( N \) = the population size
- \( pq \) = population proportions (set at .05)
- \( z \) = the value that specified the confidence interval (use 90% CI)
- \( E \) = desired accuracy of sample proportions (set at +/- .05)
For the total Henry County area, the minimum sample size for those living in poverty was 258. Note that for aggregated analyses, an additional 270 random surveys were needed from those not living in poverty in order to identify and analyze general perspectives.

In order to satisfy sampling requirements for both those living in poverty as well as aggregate perspectives, the data collection effort for this CHNA yielded a total of 786 usable responses. This met the threshold of the desired 90% confidence interval. Specifically, these numbers actually met the 99% confidence interval threshold for the aggregate population.

To provide a representative profile when assessing the general population for the Henry County region, the aggregate population was combined with a portion of the at-risk population. To represent the at-risk population as a percentage of the general population, a random-number generator was used to select at-risk cases to include in the general sample. This provided a total usable sample of 574 respondents for analyzing the general population.

C. Data Collection

To collect data in this study, two techniques were used. First, an online version of the survey was created. Second, a paper version of the survey was distributed. In order to be sensitive to the needs of respondents, surveys stressed assurance of confidentiality and anonymity. Note that versions of both the online survey and paper survey were translated into Spanish.

To specifically target the at-risk population, surveys were distributed at all homeless shelters, food pantries and soup kitchens. Note that since we specifically targeted the at-risk population as part of the data collection effort, this became a stratified sample, as we did not specifically target other groups based on their socioeconomic status.

D. Data Integrity

Comprehensive analyses were performed to verify the integrity of the data for this research. Without proper validation of the raw data, any interpretation of results could be inaccurate and misleading if used for decision making. Therefore, several tests were performed to ensure that the data were valid. These tests were performed before any analyses were undertaken. Data were checked for coding accuracy, using descriptive frequency statistics to verify that all data items were correct. This was followed by analyses of means and standard deviations and comparison of primary data statistics to existing secondary data. Additionally, for regression models, residual analyses were performed to ensure that the data met assumptions of the underlying models. Specifically, residuals were analyzed to make sure (1) the data were normally distributed, (2) no patterns existed among residuals (i.e., heteroscedasticity) and (3) no significant outliers biased the outputs.

E. Analytic Techniques

In order to ensure statistical validity, we used several different analytic techniques. Specifically, frequencies and descriptive statistics were used for identifying patterns in residents’ ratings of
various health concerns. Additionally, appropriate statistical techniques were used for identification of existing relationships between perceptions, behaviors and demographic data. Specifically, we used Pearson correlations, \(x^2\) tests and tetrachoric correlations when appropriate, given characteristics of the specific data being analyzed. Finally, when appropriate, ordinary-least-square regression models were used to provide a deeper understanding of multiple influences on behaviors, perceptions and access to healthcare.

A data analysis was conducted of secondary sources of information. Topics included population size, race/ethnicity, age, gender, income, employment, crime, births, deaths, health behaviors, morbidity, hospitalization, and health care utilization. Two major sources of information for the Community Overview are the U.S. Census Bureau and Illinois Department of Public Health. Much of the detailed Census information comes from the 2010 actual population counts and the 2005-2009 American Community Survey five-year estimates. Replacing the Census Bureau’s “long form” which had been administered as part of the decennial Census through 2000, the American Community Survey collects detailed demographic, economic, social, and housing data on an annual basis from a sample of local households.

**Demographic & Socioeconomic Characteristics**

**Population**

*Important of the measure:* Population data characterizes the individuals residing within the jurisdictional boundaries of Henry County. Population data provides an overview of population growth and trends and builds a foundation for additional analysis of data.

**Growth Rates**

Data from the last census indicate the population of Henry County has seen near negligible decrease (1.6\%) between 2010 and 2014.

![Population Growth - Henry County 2010-2014](image)

*Source: US Census*
Age, Gender and Race Distribution

*Importance of the measure:* Population data broken down by age, gender, and race groups provides a foundation to analyze the issues and trends that impact demographic factors including economic growth and the distribution of health care services. Understanding the cultural diversity of communities is essential when considering health care infrastructure and service delivery systems.

**Age**

As indicated in the graph below, individuals in Henry County ages 60-64 increased slightly between 2010 and 2014, and individuals ages 35-49 decreased from 9,787 to 9,050, or 7.5%, between 2010 and 2014.

![Age Distribution - Henry County 2010-2014](image)

<table>
<thead>
<tr>
<th>Age</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
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<tbody>
<tr>
<td>0-19 years</td>
<td>13,347</td>
<td>13,063</td>
<td>12,843</td>
<td>12,538</td>
<td>12,384</td>
</tr>
<tr>
<td>20-34 years</td>
<td>7,868</td>
<td>7,910</td>
<td>8,030</td>
<td>7,986</td>
<td>8,039</td>
</tr>
<tr>
<td>35-49 years</td>
<td>9,787</td>
<td>9,478</td>
<td>9,308</td>
<td>9,113</td>
<td>9,050</td>
</tr>
<tr>
<td>50-64 years</td>
<td>10,860</td>
<td>11,115</td>
<td>11,048</td>
<td>11,019</td>
<td>10,968</td>
</tr>
<tr>
<td>65+ years</td>
<td>8,624</td>
<td>8,701</td>
<td>8,842</td>
<td>9,094</td>
<td>9,194</td>
</tr>
</tbody>
</table>

*Source: US Census*
Gender Distribution of Henry County Residents, 2010 to 2014

Race

With regard to race and ethnic background, Henry County is largely homogenous, yet in recent years, the county is becoming more diverse. Data from 2014 suggest that White ethnicity comprises just over 90% of the population in Henry County. However, the non-White population of Henry County has been increasing (from 8.4% to 9.8% in 2014), with Black ethnicity comprising 1.9% of the population, multi-racial ethnicity comprising 1.5% of the population, and Hispanic/Latino ethnicity comprising 5.4% of the population.
Family Composition

In Henry County, data from 2013 suggest the percentage of two-parent families in Henry County is over 50%. One-person households represent 26.7% of the county population. And single-female households represent 9.6%.

Unemployment

For the years 2011 to 2014, the Henry County unemployment rate has been lower than the State of Illinois unemployment rate. In 2015, it is higher. Between 2013 and 2015, unemployment decreased from 7.8% to 6.3%.
High School Graduation Rates

In 2015, Kewanee CUSD school district in Henry County reported high school graduation rates that were below the State average of 86%.

![4-Year High School Graduation Rates - Henry County 2011 vs 2015](source)

General Health and Access to Care

Importance of the measure: Preventative healthcare measures, including scheduling a routine well-visit, getting a flu shot, engaging in a healthy lifestyle, and undertaking screenings for diseases are essential to combating morbidity and mortality while reducing healthcare costs.

Healthy Lifestyle

A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental, and emotional well-being.

Physical Exercise

According to recent data, 82.3% of the residents in Henry County exercise. The percentage of individuals who exercise in Henry County is higher than the State of Illinois.

Importance of the measure: Preventative healthcare measures, including scheduling a routine well-visit, getting a flu shot, engaging in a healthy lifestyle, and undertaking screenings for diseases are essential to combating morbidity and mortality while reducing healthcare costs.
Healthy Eating

Nutrition and diet are critical to preventative care. Over two-thirds (69%) of Henry County residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of Henry County residents who consume five or more servings per day is only 4%.
Health Status

Importance of the measure: Self-perceptions of health can provide important insights to help manage population health. Not only do self-perceptions provide benchmarks regarding health status, but they can also provide insights into how accurately people perceive their own health.

Physical Health

There was a decrease in the percentage of Henry County residents reporting they felt physically unhealthy on 8 or more days per month in 2009 (12.4%) versus 2014 (10.7%).

Mental Health

Over 20% of residents in Henry County reported they had experienced 1-7 days with poor mental health per month in 2007-2009, and 9.4% felt mentally unhealthy on 8 or more days per
month. In 2010-2014, there was a slight increase in the number of people that reported poor mental health for 1-7 days and a slight decrease in people that reported poor mental health 8 or more days per month.

![Days of "not good" Mental Health per Month](image)

*Source: Illinois Behavioral Risk Factor Surveillance System*

**Self Perceptions of Overall Health**

Over half (56%) of Henry County Residents report having good overall physical health, while 4% rated themselves as having poor physical health. In regard to overall mental health, 71% of respondents stated they have good overall mental health and 1% stated it is poor. In regard to overall mental health, 71% of respondents stated they have good overall mental health and 1% stated it is poor.
Accessibility

Importance of the measure: It is critical for healthcare services to be accessible. Therefore, accessibility to healthcare must address both the associated financial costs and the supply and demand of medical services.

Choice of Medical Care

Survey respondents were asked to select the type of healthcare facility used when sick. Six different alternatives were presented, including clinic or doctor’s office, emergency department, urgent-care facility, health department, no medical treatment, and other. The modified sample of 574 respondents was used for general population in order to more accurately reflect the demographic characteristics for Henry County.

The most common response for source of medical care was clinic/doctor’s office, chosen by 83% of survey respondents. This was followed by not seeking medical attention (9%), the emergency department at a hospital (3%), urgent care (3%), and the health department (2%). This distribution of facility choice is quite different from more urban locations in the OSF system, where there has been more significant usage of urgent care facilities. This may be a result of the lack of urgent care facilities in Henry County.
For the at-risk population, the most common response for choice of medical care was also clinic/doctor’s office (76%). This was followed by the emergency department at a hospital (11%), not seeking medical attention (8%), urgent care facilities (4%), and the health department (1%).

Source: CHNA Survey
Insurance Coverage

With regard to medical insurance coverage, data gathered from the Illinois Behavioral Risk Factor Surveillance System show that residents in Henry County possess healthcare coverage at a lower rate (86.1%) compared to the State of Illinois (88.1%).

Access to Care

In the CHNA survey, respondents were asked, “Was there a time when you needed care but were not able to get it?” Access to four types of care were assessed: medical care, prescription medications, dental care and counseling. Survey results show that 17% of the population did not have access to medical care when needed; 12% of the population did not have access to prescription medications when needed; 14% of the population did not have access to dental care when needed; and 6% of the population did not have access to counseling when needed.
Demographic Factors Related to Access to Care

Several demographic characteristics show a significant relationship with an individual’s ability to access care when needed. The following relationships were found using correlational analyses:

**Access to medical care** tends to be higher for older people, White people, and lower for Latino residents and the homeless.

**Access to prescription medications** tends to be higher for White people, and those with higher education and income. Homeless people are less likely to have access to prescription medications.

**Access to dental care** tends to be greater for people with the following characteristics: older people, White people, and those with higher education and higher income. Homeless people are less likely to have access to dental care.

**Access to counseling** tends to be rated higher by White people.

**Reasons for No Access – Medical Care**
Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading causes of the inability to gain access to medical care were too long to wait for an appointment (33%), no insurance (27%), and the inability to afford the copay (22%). Refusal of insurance by physician (7%) was also relatively frequent. Note that total percentages do not equal 100% as respondents could choose more than one answer or did not respond to the question.

![Causes of Inability to Access Medical Care - Henry County 2016](Source: CHNA Survey)
Reasons for No Access – Prescription Medication
Survey respondents who reported they were not able to get prescription medications when needed were asked a follow-up question. In Henry County, the leading causes of the inability to gain access to prescription medicine were the inability to afford copayments or deductibles (47%) and no insurance (29%). Note that total percentages do not equal 100% as respondents could choose more than one answer or did not respond to the question.

Reasons for No Access – Dental Care
Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading causes of inability to gain access to dental care were no insurance (54%), and the inability to afford copayments or deductibles (28%). No way to get to the dentist was also a frequently cited cause, with 13%. Note that total percentages do not equal 100% as respondents could choose more than one answer.
Reasons for No Access – Counseling
Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. In Henry County, the leading causes of the inability to gain access to counseling were the lack of insurance (38%), inability to afford co-pay (32%), no way to get to the counselor (15%), and the inability to find (13%). Note that total percentages do not equal 100% as respondents could choose more than one answer.

Maternal and Child Health

Healthy Babies

Importance of the measure: Regular prenatal care is a vital aspect in producing healthy babies and children. Screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes are important aspects of prenatal care. Research suggests that women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal weight babies. Prenatal care can provide health risk assessments for the mother and fetus, early intervention for medical conditions and education to encourage healthy habits, including nutritional and substance-free health during pregnancy.

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Stark County increased from 2010 (6.3%) to 2014 (6.7%).
Early Sexual Activity Leading to Births from Teenage Mothers

Henry County has experienced an increase in teenage birth rate per 100,000 women. However, teen births are still just below the Illinois average of 36 per 1,000 women.

Initiation of Prenatal Care

Prenatal care is comprehensive medical care provided for the mother and fetus, which includes screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with adverse birth outcomes. Kotelchuck Index Scores are used to determine the quantity of prenatal visits received between initiation of services and delivery. Adequate (80%-109% of expected visits) and Adequate Plus (receiving 110% of recommended services) of received services is compared to the number of expected visits for the period when care began and the delivery date. Of the babies born in 2009 in Henry County, 85.4% were born with “Adequate” or “Adequate Plus” prenatal care. This figure is higher than the State of Illinois
average of 80.2% of babies born with similar prenatal care. These are the most recent data, and have not been updated since 2009.

Chronic Disease, Including Cancer Incidence

Mortality

Importance of the measure: Presenting data that focuses on causes of mortality provides an opportunity to define and quantify which diseases are causing the most deaths. The top two leading causes of death in the State of Illinois and Henry County are similar as a percentage of total deaths in 2013. Cancer is the cause of 27.3% of deaths in Henry County and Diseases of the Heart are the cause of 22% of deaths in Henry County.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Henry County</th>
<th>State of Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Malignant Neoplasm (27.3%)</td>
<td>Diseases of Heart</td>
</tr>
<tr>
<td>2</td>
<td>Diseases of Heart (22%)</td>
<td>Malignant Neoplasm</td>
</tr>
<tr>
<td>3</td>
<td>Chronic Lower Respiratory Disease (5.64%)</td>
<td>Cerebrovascular Disease</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular Disease (5.0%)</td>
<td>Chronic Lower Respiratory Disease</td>
</tr>
<tr>
<td>5</td>
<td>Accidents (1.69%)</td>
<td>Accidents</td>
</tr>
</tbody>
</table>

Overweight and Obesity

Importance of the measure: Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and
within Henry County. The US Surgeon General has characterized obesity as “the fastest-growing, most threatening disease in America today.” According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. The financial burden of overweight and obese individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded $3.4 billion, ranking Illinois 6th in the nation for obesity-attributed medical costs.

With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children.

With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

In Henry County, the number of people diagnosed with obesity and being overweight has increased over the years from 2007-2009 to 2010-2014. Note specifically that the percentage of obese and overweight people has increased from 61.3% to 65.4%. Overweight and obesity rates in Illinois have decreased from 2009 (64.0%) to 2014 (63.7%).

![Overweight and Obese - Henry County 2007-2014](source: Illinois Behavioral Risk Factor Surveillance System)
Predictors of Heart Disease

Residents in Henry County report a higher than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is higher in Henry County (43.6%) than the State of Illinois average of 36.6%.

![High Cholesterol - Henry County 2007-2014](source: Illinois Behavioral Risk Factor Surveillance System)

With regard to high blood pressure, Henry County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Henry County residents reporting they have high blood pressure in 2014 increased from 33.3% to 33.5%.

Morbidity and Mortality

Given the lack of recent disease/morbidity data from existing secondary data sources, much of the data used in this chapter was manually gathered from Henry County hospitals using COMP data. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

Respiratory

Importance of the measure: Disease of the respiratory system includes acute upper respiratory infections such as influenza, pneumonia, bronchitis, asthma, emphysema, and Chronic Obstructive Pulmonary Disease (COPD). These conditions are characterized by breathlessness, wheezing, chronic coughing, frequent respiratory infections, and chest tightness. Many respiratory conditions can be successfully controlled with medical supervision and treatment. However, children and adults who do not have access to adequate medical care are likely to experience repeated serious episodes, trips to the emergency room and absences from school and work. Hospitalization rates illustrate the worst episodes of respiratory diseases and are a proxy measure for inadequate treatment.

Asthma

The percentage of residents that have asthma in Henry County have decreased slightly between 2007-2009 and 2010-2014, while State averages are increasing slightly. According to the Illinois BRFSS, asthma rates in Henry County (10.8%) are lower than the State of Illinois (13.8%).

![Asthma - Henry County 2007-2014](source: Illinois Behavioral Risk Factor Surveillance System)
Treated cases of COPD at Henry County area hospitals have remained stable between FY 2012 and FY 2014, with a significant decline in FY13. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

**Chronic Obstructive Pulmonary Disease - Henry County 2012-2014**

Source: COMPdata 2015

**Cancer**

*Importance of the measure:* Cancer is caused by the abnormal growth of cells in the body and many causes of cancer have been identified. Generally, each type of cancer has its own symptoms, outlook for cure, and methods for treatment. Cancer is one of the leading causes of death in Henry County. The top six cancers by treatment in the State of Illinois for 2008-2012 can be seen below. The most prevalent cancers in the State of Illinois are prostate cancer, breast cancer and lung and bronchus cancer, respectively.

**Cancer Incidence (per 100,000) - State of Illinois 2008-2012**

Source: http://www.idph.state.il.us/cancer/15/county_rpt/County_Section_I_Site_Specific_Cancer_Incidence.pdf

For the top three prevalent cancers in Henry County, comparisons can be seen below. Specifically, prostate cancer and breast cancer are lower than the State, while lung and bronchus cancer rates are higher than the State of Illinois.
Diabetes

**Importance of the measure:** Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes). Only 5-10% of individuals with diabetes have Type I diabetes (previously known as juvenile diabetes).

Inpatient cases of Type II diabetes from Henry County have slightly decreased between FY 2012 (25 cases) and FY 2014 (20 cases). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Data from the Illinois BRFSS indicate that 9.6% of Henry County residents have diabetes. Trends are concerning, as the prevalence of diabetes is increasing dramatically in Henry County and is approaching the State of Illinois average.

*Source: Illinois Behavioral Risk Factor Surveillance System*
Infectious Diseases

*Importance of the measure:* Infectious diseases, including sexually transmitted infections and hepatitis, are related to high-risk sexual behavior, drug and alcohol abuse, limited access to healthcare, and poverty. It would be highly cost-effective for both individuals and society if more programs focused on prevention rather than treatment of infectious diseases.

**Chlamydia and Gonorrhea Cases**

The data for the number of infections of chlamydia in Henry County from 2013-2014 indicate a significant decrease. There is a slight increase of incidence of chlamydia across the State of Illinois. Rates of chlamydia in Henry County are lower than State averages.

![Chlamydia Incidence Chart](image1.png)

*Source: Illinois Department of Public Health*

The data for the number of infections of gonorrhea in Henry County indicate a decrease from 2013-2014, similar to the State of Illinois from 2013-2014.

![Gonorrhea Incidence Chart](image2.png)

*Source: Illinois Department of Public Health*
Vaccine Preventable Diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. If a person acquires a vaccine-preventable disease and dies, the death is considered a vaccine-preventable death. According to the Illinois Public Health Department, the most common and serious vaccine preventable diseases are: Varicella (chickenpox), Tetanus (lockjaw), Pertussis (whooping cough), Poliomyelitis (Polio), Measles (Rubella), Mumps, Rubella (German measles), Diphtheria, Hepatitis B, and Hemophilic Influenza Type B (HIB) Infections. These diseases used to strike thousands of children each year. Today there are relatively few cases, but outbreaks still occur each year because some babies are not immunized. Henry County has shown no significant outbreaks compared to state statistics, but there are limited data available.2

Vaccine Preventable Diseases 2011-2014 Henry County Region

<table>
<thead>
<tr>
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<th>2011</th>
<th>2012</th>
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Tuberculosis 2011-2014 Henry County Region

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<td>Henry County</td>
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<tr>
<td>State of Illinois</td>
<td>358</td>
<td>347</td>
<td>327</td>
<td>320</td>
</tr>
</tbody>
</table>

Source: Illinois Electronic Disease Surveillance System (1-NEDSS)

Environmental, Occupational and Injury Control

Tobacco Use

Importance of the measure: In order to appropriately allocate healthcare resources, a thorough analysis of the leading indicators regarding morbidity and disease must be conducted. In this way, healthcare organizations can target affected populations more effectively. Research suggests tobacco use facilitates a wide variety of adverse medical conditions. Smoking rates in Henry County are above the State of Illinois averages. There was a slight increase in the percentage of Henry County residents reporting they were current smokers between 2007-2009
(19%) and 2010-2014 (19.6%). There was also an increase in the percentage of Henry County residents reporting they were current non-smokers between 2007-2009 (54.4%) and 2010-2014 (57.8%).

![Smoking Status - Henry County 2007-2014](chart)

Source: Illinois Behavioral Risk Factor Surveillance System

CHNA survey data show 82% of Henry County Respondents do not smoke and only 7% state they smoke more than 12 cigarettes (or vape) per day.

**Drug and Alcohol Abuse**

*Importance of the measure*: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors of high school students is a leading indicator of adult substance abuse in later years.

Data from the 2014 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Henry County is at or below State averages in all categories among 8th graders. Among 12th graders, Henry County is at or below State averages in all categories except for alcohol. Note that data are not available for Illinois in 2014; therefore, 2012 benchmarks are used.

![Substance Abuse in 8th Grade - Henry County 2014](chart)

Source: [https://yys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2014/cnty14_Henry.pdf](https://yys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2014/cnty14_Henry.pdf)
Injuries

**Importance of the measure:** Unintentional injuries are injuries or accidents resulting from car accidents, falls and unintentional poisonings. In many cases, these types of injuries—and the deaths resulting from them—are preventable. Suicide is intentional self-harm resulting in death. These injuries are often indicative of serious mental health problems requiring the treatment of other trauma-inducing issues.

**Intentional – Suicide**
According to 2016 data from the CDC, the death/suicide rate per 100,000 in Henry County indicates higher incidence than the State of Illinois, as the Henry County rate was 11.24 per 100,000 and the State rate was 10.46.

**Unintentional – Motor Vehicle**
Research suggests that car accidents are a leading cause of unintentional injuries. In Henry County, the number of incidents between 2012 and 2014 for several types of motor vehicle collisions including vehicle overturn, railroad train, sideswipe, angle, parked motor vehicle, turning, and rear-end accidents has increased slightly but is significantly lower than State of Illinois averages.
Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. Violent crime is represented as an annual rate per 100,000 people. The number of violent crimes has decreased significantly for 2010-2014 in Henry County.

![Violent Crimes Rate (per 100,000)- Henry County 2011-2014](image)

*Source: Illinois County Health Rankings and Roadmaps*

Sentinel Events

*Suicide:* In 2012, 6 suicides were reported. In 2011, 9 suicides were also reported. Of the 9 deaths, 7 were under at 65. *Healthy People 2020* identified the target of 10.2 suicides per 100,000. Based on 2016 data from the CDC, the Henry County’s suicide rate was 11.24. This was over the rate in Illinois which stands at 10.46.

*Sentinel Events Indicating Lack of Access to Care:* These are conditions that the presence of which will indicate that the community lacks access to primary care. A reduction in hospitalization for these conditions does not necessarily mean a reduction in incidence of those diseases, but may infer they are being addressed at primary care clinics, which, in turn, reduces unnecessary hospitalization.

*Sentinel Events Indicating Cancer:* This includes cancers in their late stages, the presence of which indicate lack of access to care in the community. Henry County’s cancer death rate per 100,000 is 188.4. This outpaces the rate for the State of Illinois at 161.22.
PRIORITIZATION OF HEALTH RELATED ISSUES

In this section, we identify the most critical health-related needs in the community. To accomplish this, we first consider community perceptions of health issues, unhealthy behaviors and issues related to well-being. Using key takeaways from each chapter, we then identify important health-related issues in the community. Next, we complete a comprehensive inventory of community resources; and finally, we prioritize the most significant health needs in the community.

Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

Perceptions of Health Issues

The CHNA survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 15 different options.

The health issue that rated highest was cancer. It was identified 59% of the time and was significantly higher than other categories based on t-tests between sample means. This was followed by aging issues, and several specific concerns such as heart disease, diabetes, mental health, and obesity.

Note that perceptions of the community were accurate in some cases. For example, cancer is the leading cause of mortality in Henry County. Also, obesity is an important concern and the survey respondents accurately identified these as an important concern and the survey respondents accurately identified these as an important health issues.

Source: CHNA Survey
Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 12 choices. The two unhealthy behaviors that rated highest were drug abuse and alcohol abuse.

![Perception of Unhealthy Behaviors - Henry County 2016](image)

*Source: CHNA Survey*

Results

Health indicators were analyzed for trends and also compared with corresponding state, national, as well as *Healthy People 2020* goals where available and applicable. Henry County is very heterogeneous geographically, racially, and ethnically. Therefore, effort was made to compare rates among communities and also highlight racial/ethnic disparities where available and relevant.

Priorities

The committee reviewed the results of the prioritization process and determined the following priorities:

- Mental Health
- Poor Health Behaviors
- Drug/Alcohol/Tobacco Use

Henry County narrowed focus to three health priorities. Three sub-groups were formed from the larger committee to deliberate the community health plan for each of these priorities.
Prioritization Method and Prioritization Results

Following the presentation of data located in the Appendices to the committee on October 25, 2016, a modified version of the Hanlon method of problem prioritization was utilized. The committee was guided through a facilitated discussion of areas of concern following the presentation of the data. Ten areas emerged as areas of concern:

- Use of ED as primary source of medical care
- Not seeking healthcare when needed
- Poor healthy behaviors – nutrition & exercise
- Diabetes
- Mental health
- Obesity
- Low birth weights
- Substance abuse
- Heart disease
- Cancer-lung

Community Resources

After summarizing potential categories for prioritization in the Community Health Needs Assessment, a comprehensive analysis of existing community resources was performed to identify the efficacy to which these 10 health-related areas were being addressed. Justifications for these areas of concern were presented to the committee. The committee members were asked for input on public perception of what health problems were most prevalent in Henry County. In order to prioritize the previously identified dimensions, the committee considered health needs based on: (1) magnitude of the issues (e.g., what percentage of the population was impacted by the issue); (2) severity of the issues in terms of their relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method (as seen in Appendix 7), the collaborative team identified three significant health needs and considered all priorities: This method, which has been called both the Hanlon Method and the Basic Priority Rating System (BPRS), is described in Public Health: Administration and Practice (Hanlon and Pickett, Times Mirror/Mosby College Publishing) and Basic Health Planning (Spiegel and Hyman, Aspen Publishers).

The method has three major objectives:

- to allow decision-makers to identify explicit factors to be considered in setting priorities
- to organize the factors into groups that are weighted relative to each other
- to allow the factors to be modified as needed and scored individually.

The committee deliberated and individually ranked the size of the problems, seriousness, and known interventions for each problem and submitted their top three health concerns. Committee members were encouraged to share the data among their family and friends and share their thoughts of the most prevalent and serious health problems in Henry County.
Community Health Plan

Purpose Statement

The purpose of the Henry County Community Health Plan was to develop a strategic approach to community health improvement that would leverage resources countywide to address priority health problems through the development of a local public health system composed of all agencies and organizations whose efforts contribute to the health and wellness of the community.

Community Participation

Key community stakeholders of the Henry County public health system were invited to participate in the development of a community health plan that would address the priority health issues. These participants included local hospitals, members of the medical profession, mental health service providers, social service agencies, educational institutions, community health centers, advocacy organizations, and the Henry County Health Department.

Community Health Plan Process

Committee members met on December 13, 2016 at the Health Department to complete the Health Problem Analysis Worksheets organized around the three strategic issues. Committee members shared community perception and reviewed direct and indirect contributing factors for each issue. The results of the Health Problem Analysis Worksheets were compiled and shared with committee members for comment and revision. The revisions were made and a final version of each Health Problem Analysis Worksheet is included within each community health priority.

Description of Priorities

Mental Health

According to 2016 data from the CDC, the death/suicide rate per 100,000 in Henry County indicates higher incidence than the State of Illinois, as the Henry County rate was 11.24 per 100,000 and the State rate was 10.46. Of the Henry County residents participating in the 2010-2014 BRFSS, 8.6% indicated eight or more days they were not in good mental health in the past month. One of the most common non birth-related diagnoses for hospitalization was psychoses. Psychoses and behavioral and developmental disorders were the leading causes of hospitalization for ages 5-17 and psychoses were the leading cause of hospitalization among ages 18-44. With a growing Medicaid population and the limited availability of behavioral health providers accepting Medicaid, appropriate access to services to identify, diagnose, and treat individuals with depression were of great concern to Planning Committee members. Healthy People 2020 objectives identify the target of 10.2 suicides per 100,000. Based on the latest data from the CDC, the Henry County suicide rate is 11.24.
Poor Health Behaviors

Cardiovascular (heart and stroke) comprised 22% of deaths in Henry County in 2013. Cardiovascular disease, diabetes, and many forms of cancer share common risk factors such as aging, high blood pressure, high blood cholesterol, inactivity, poor nutrition, and obesity. Residents in Henry County report a higher than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is higher in Henry County (43.6%) than the State of Illinois average of 36.6%. With regard to high blood pressure, Henry County has a lower percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Henry County residents reporting they have high blood pressure in 2014 decreased from 33.3% to 29%. In Henry County, the number of people diagnosed with obesity and being overweight has increased over the years from 2007-2009 to 2010-2014. Note specifically that the percentage of obese and overweight people has increased from 61.3% to 65.4%. The data does resemble state trends, yet it was an area of great concern among the Planning Committee members.

Drug/Alcohol/Tobacco Use

Smoking rates in Henry County are above the State of Illinois averages. There was a slight increase in the percentage of Henry County residents reporting they were current smokers between 2007-2009 (19%) and 2010-2014 (19.6%). There was also an increase in the percentage of Henry County residents reporting they were current non-smokers between 2007-2009 (54.4%) and 2010-2014 (57.8%). Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors of high school students is a leading indicator of adult substance abuse in later years. Data from the 2014 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Henry County is at or below State averages in all categories among 8th graders. Among 12th graders, Henry County is at or below State averages in all categories except for alcohol.
Analysis of Priorities

Mental Health

*Mental health* is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders and mental illness are not homogeneous terms. Mental disorders are health conditions characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of challenges that may include disability, pain or even death. Mental illness is the term referring collectively to all diagnosable mental disorders.

Mental disorders generate an immense volume of public health burden of disability. According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25 percent of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Accessing mental health care is difficult for some individuals. Barriers include lack of knowledge about available mental health services, skepticism about the effectiveness of treatment, lack of a usual source of primary care, which is frequently the first line in diagnosing mental disease, transportation, and lack of mental health insurance or funds to pay for treatment. System barriers may include lack of resources or attention devoted to mental health diagnosis and treatment.

Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

Demographic Study

According to 2016 data from the CDC, the death/suicide rate per 100,000 in Henry County indicates higher incidence than the State of Illinois, as the Henry County rate was 11.24 per 100,000 and the State rate was 10.46. Of the Henry County residents participating in the 2010-2014 BRFSS, 8.6% indicated eight or more days they were not in good mental health in the past month. One of the most common non birth-related diagnoses for hospitalization was psychoses. Psychoses and behavioral and developmental disorders were the leading causes of hospitalization for ages 5-17 and psychoses was the leading cause of hospitalization among ages 18-44. One barrier to receiving mental health services is the inability to afford appropriate care. According
to U.S. Census 2005-2009 American Community Survey and decennial Censuses, 18.7% of children under age 18 live in poverty.

*Healthy People 2020* identified the target of 10.2 suicides per 100,000. Based on the latest data from the CDC, the Henry County suicide rate is 11.24.

**Health Problem**
Beyond access challenges with the mental health system, there is a lack of awareness of the need for and appropriate utilization of mental health services among those in need, and awareness of providers in the larger health care system is believed to be low. Marketing and promotion of mental health issues and services to both public and primary care providers is inadequate. Barriers such as stigma, transportation, and language reduce demand and utilization of services. As a result, the number of current consumers of mental health services may seriously undercount aggregate community need as those on waiting lists and those yet to be identified are not properly accounted.

The major mental health issues facing Henry County revolve around reducing the prevalence of untreated mental illness by increasing the capacity for mental health service delivery primarily through reducing fragmentation and increasing system-level coordination and collaboration. Increasing awareness of the mental health service availability among potential system users and non-mental health providers are also important, especially in school and primary care settings. These strategies will expand treatment options for a variety of at-risk population groups, including adolescents; this is consistent with the objectives reported in *Healthy People 2020*.

**Risk Factors**
For many, lifelong mental disorders may start in childhood or adolescence. For many other children, normal development is disrupted by biological, environmental, and psychosocial factors, which impair their mental health, interfere with education and social interactions, and prevent them from achieving their full potential as adults. Over a period of time, these undiagnosed and untreated mental illnesses compound as thoughts of suicide prevail.

**Contributing Factors**

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<tr>
<td>Lack of affordable and early assessment services and screenings</td>
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<td>Moderate willingness to address mental health issues</td>
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<td>Lack of knowledge of mental health resources</td>
<td>Primary care practices</td>
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<td>Lack of available specialists/psychiatrists</td>
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<td>Barriers</td>
<td>Resources for Programming</td>
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<tr>
<td>Cost, inability to afford care or medication</td>
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<td>Lack of coordination among service providers</td>
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<td>Lack of available specialists/psychiatrists</td>
<td>Existing mental health organizations and service providers in the region</td>
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<td>Illinois Department of Public Health</td>
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<td>National Council for Behavioral Health Care</td>
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</table>

**Community Health Improvement Goal(s)**

Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

**Outcome Objective**

By 2022, reduce the suicide rate to 10.2 suicides per 100,000. Currently, Henry County is at 11.24 per 100,000 population. (The Healthy People 2020 goal is 10.2 per 100,000 population.)

**Impact Objectives**

- By 2018, new community programming partnerships will be established as a result of planning and educational campaigns.
- By 2019, suicide education programs will be promoted among all Henry County communities.

**Intervention Strategies**

- Establish partnerships among service agencies, professional associations, and families and caregivers to facilitate the transfer of knowledge, research, practice, and policy related to mental health.
- Engage professional organizations in educating new frontline providers in various systems (e.g., teachers, physicians, nurses, hospital emergency personnel, daycare providers, probation officers, and other healthcare providers) in mental health; equip them with skills to address and enhance mental health; and train them to recognize early symptoms of emotional and behavioral problems for proactive intervention.
- Conduct educational campaign to promote public awareness of mental health issues and reduce stigma associated with mental illness, working in partnerships with the media,
youth, public health systems, communities, health professionals, employers, and advocacy groups. Target Human Resource directors and office managers.

- Identify a comprehensive and quality suicide education program (and funding) which will appropriately raise awareness of suicide and direct employees in need of mental health services.

Evaluation
- Establish baseline information on current utilization of mental health services in Henry County.
- Document educational program participation, monitoring the knowledge gained through programming and the diversity of frontline providers who participate.
- Conduct process evaluation, document program implementation strategies for the comprehensive suicide education program to ensure consistency of program delivery and quality assurance.
- Henry County death certificates.

Potential Funding Resources
- The Substance Abuse and Mental Health Services Administration (SAMHSA)
- Private foundations
- Employers and school districts
- Illinois Behavioral Risk Factor Surveillance Systems
Poor Health Behaviors

Issues
Heart disease is the leading cause of death in the United States and Henry County. Together, heart disease and stroke are among the most widespread and costly health problems, but also they are among the most preventable. The leading controllable risk factors for heart disease and stroke are:

- high blood pressure
- high cholesterol
- cigarette smoking
- diabetes
- poor diet and physical inactivity
- overweight and obesity

The earlier the intervention, the greater chances in preventing potentially devastating complications. Cardiovascular (heart and stroke) comprised 22% of deaths in Henry County in 2013. In addition to cardiovascular disease, diabetes, and many forms of cancer share common risk factors such as aging, high blood pressure, high blood cholesterol, inactivity, poor nutrition, and obesity.

Lifestyle changes can help prevent high blood pressure and reduce cholesterol levels. High blood pressure interventions include increasing the level of aerobic physical activity; maintaining a healthy weight; limiting the consumption of alcohol to moderate levels for those who drink; reducing salt and sodium intake; and eating a reduced-fat diet high in fruits, vegetables, and low-fat dairy products. A diet low in saturated fat, cholesterol, and total fat, combined with physical activity and weight control can lower blood cholesterol levels. Healthy People 2020 calls for successfully reaching the goal of “improving cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; and prevention of repeat cardiovascular events.”

The Healthy People 2020 objectives for cardiovascular disease include the following:

- An increase in the proportion of adults who have had their blood pressure measured with the preceding 2 years and can state whether their blood pressure was normal or high to 92.6% per 100,000 (baseline 90.6 per 100,000 population)
- An increase in the proportion of adults who have had their blood cholesterol checked within the preceding five years to 82.1% per 100,000 population (baseline 74.6% per 100,000 population).

Demographic Study
Residents in Henry County report a higher than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is higher in Henry County (43.6%) than the State of Illinois average of 36.6%. With regard to high blood pressure, Henry County has a lower percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Henry County residents reporting they have high blood pressure
from 33.3% in 2009 to 33.5% in 2014. In Henry County, the number of people diagnosed with obesity and being overweight has increased over the years from 2007-2009 to 2010-2014. Note specifically that the percentage of obese and overweight people has increased from 61.3% to 64%.

**Health Problem**
Modifying risk factors, such as high blood pressure, high cholesterol, tobacco use, excessive body weight, and physical inactivity, offers the greatest potential for reducing Cardiovascular disease (CVD) morbidity, disability, and mortality. These measures will also decreased individual risk for diabetes and many forms of cancer. Prevention programs have been set up in states with high rates of CVD to implement policy and environmental strategies to increase levels of physical activity and the availability of heart-healthy foods, and to decrease rates of tobacco use among minority populations. Changes have been advocated in schools, worksites, and other community based organizations, and they have been publicized by the Federal and State government and the media.

**Risk Factors**
- Overweight or obese
- Physical inactivity
- Cigarette smoking
- Excessive alcohol consumption
- Very high-carbohydrate diet (>60% of total energy)
- Other diseases (type 2 diabetes, chronic renal failure, chronic nephrotic syndrome)
- Certain drugs (corticosteroids, protease inhibitors for HIV, beta-adrenergic blocking agents, estrogens)
- Genetics

**Contributing Factors**

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<th>Indirect</th>
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<td>Obesity</td>
<td>Limited availability of tobacco cessation programs</td>
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<tr>
<td>Dietary choices</td>
<td>Tobacco-related marketing and peer pressure</td>
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<td>Heredity</td>
<td>Inadequate financial resources</td>
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<td>Sedentary Lifestyle</td>
<td>Stress</td>
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<td>Socioeconomic</td>
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<td>Media</td>
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<tr>
<td>Other disease conditions</td>
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<td>Smoking (nicotine addiction)</td>
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**Barriers**

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<td>Financial resources</td>
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Lack of motivation and/or willingness | Schools and colleges
---|---
Lack of understanding of long-term benefits | Faith community
Lack of transportation | YMCA & Geneseo Community Center
Lack of time/resources | American Heart Association
Public perceptions about risks/benefits | Centers for Disease Control & National Heart, Lung, and Blood Institute
Access to primary and preventative health care | Illinois Department of Public Health
Accepted social norms | University of Illinois Extension
Lack of food preparation skills | Civic and business groups
Lack of walkable/bikeable communities | Business and labor organizations
| Human Service Organizations
| Local media outlets
| Illinois Institute for Rural Affairs

**Poor Health Behaviors**

**Community Health Improvement Goal:** Reduce the incidence and impact of heart disease, diabetes, and cancer forms among Henry County residents.

**Outcome Objective**
By 2022, increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years to 97%. Currently, Henry County is at 95.3% based on the 2014 Illinois BRFSS. (The Healthy People 2020 goal is 82.1%).

**Impact Objectives**
1. By 2020, increase to at least 75% the number of worksite wellness program participants being screened (blood cholesterol)
2. By 2018, cholesterol education and lab screening services will be promoted among all Henry County residents.

**Intervention Strategies**
- Survey employers regarding existing cardiovascular disease prevention programs.
- Initiate worksite cardiovascular related screening and education programs.
  - Convene an advisory committee to recruit businesses to participate in the program.
  - Utilize Health Department staff to conduct blood pressure and cholesterol screenings at employer worksites, as well as teach cardiovascular related education programs on topics such as lowering blood pressure and cholesterol, diet, nutrition, and smoking cessation programs.
  - Utilize American Heart Association’s My Life Check online assessment to collect participant data and assist participants in establishing health related goals.
- Implement Chronic Disease Management education program in at least two communities.
Evaluation
- Complete survey of current employee cardiovascular disease prevention programs.
- Advisory committee convened.
- Implement at least six new screening and educational programs at worksites.
- Chronic Disease Management program participant evaluations.
- Illinois Behavioral Risk Factor Surveillance System

Potential Funding
Program costs will be shared among participants and organizations. Outside funding support will be sought from private foundations, state agencies, and local businesses.
Drug/Alcohol/Tobacco Use

Issue
In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders. Alcohol and tobacco are the substances of highest prevalence and use in rural America. Emerging trends related to adolescent substance use include the rise in abuse of prescription drugs over the past 5 years. The 2007 National Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey found high rates of nonmedical use of the prescription pain relievers Vicodin and OxyContin. It is believed two factors have led to the increase in abuse. First, the availability of prescription drugs is increasing from many sources, including the family medicine cabinet, the Internet, and doctors. Second, many adolescents believe that prescription drugs are safer to take than street drugs.

The Healthy People 2020 objectives for substance abuse include the following:
- Reduce the death rate per 100,000 to 11.3 (Baseline 12.6)
- Increase the proportion of high school seniors never using substances – alcoholic beverages to 30.5% per 100,000 (Baseline: 27.7%)
- Increase the proportion of high school seniors never using substances – illicit drugs to 60.3% per 100,000 (Baseline: 54.8%)

Demographic Study
Between the years 2013-2014, the number of patients who suffer from opiate overdose deaths in Illinois was 3,284. Of all heroin deaths reported, 17% were suffered by new users. And in 2010, drug overdose deaths outnumbered motor vehicle deaths in 31 states include Illinois.

A new data set from the 2012 IYS, a self reported survey completed in even years by 6th, 8th, 10th, and 12th grade students at participating schools yielded countywide data related to youth behaviors.

Among Henry County youth, use of alcohol, cigarettes, marijuana, and illicit drugs increases with age. Marijuana and cigarette use is lower than Illinois, but steadily increases with age. Alcohol and inhalant use is higher than Illinois, but again steadily increases with age.

Health Problem
The effects of substance abuse are cumulative, contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Unplanned pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
• Other sexually transmitted diseases (STDs)
• Domestic violence
• Child abuse
• Motor vehicle crashes
• Physical fights
• Crime
• Homicide
• Suicide

The abuse of substances, legal and illegal increases the risk for criminal behavior. Individuals who are convicted of a felony crime limit their employment options as many employers do not hire applicants who are convicted felons. In addition, failure to pass a drug screening also eliminates an applicant from a candidate pool of potential employees. In 2015, Henry County unemployment stood at 6.3%, above the State level of 5.4%, it is simple to infer the rate is related not to economic factors, but failure to comply with employment hiring standards.

**Risk Factors**
- Economic
- Family history
- Peer pressure
- Social acceptance
- Accessibility
- Lower self-esteem
- Stress
- Societal norm

**Contributing Factors**

<table>
<thead>
<tr>
<th>Direct</th>
<th>Indirect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undeveloped coping skills</td>
<td>Poor self-esteem</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>Limited family/parenting skills</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Rural lifestyle</td>
</tr>
<tr>
<td>Easy Access</td>
<td>Limited employment opportunities for convicted felons</td>
</tr>
<tr>
<td>Accepted Behavior</td>
<td>Family dynamics</td>
</tr>
<tr>
<td>Lack of Treatment providers</td>
<td>Depression, Bi-Polar, Anxiety</td>
</tr>
<tr>
<td></td>
<td>Understaffed law enforcement</td>
</tr>
<tr>
<td></td>
<td>Stigma</td>
</tr>
</tbody>
</table>

**Barriers**

| Cost, inability to afford treatment         | Healthcare providers                                        |
| Lack of available treatment providers       | Schools and colleges                                        |
| Transportation                              | Youth serving organizations                                  |
| Public stigmas and perceptions              | Faith community                                             |
| Socioeconomic status and cultural differences| Civic and business organizations                            |

**Resources for Programming**

<p>| existing treatment providers in the region  | Civic and business organizations                            |</p>
<table>
<thead>
<tr>
<th>Submitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local media</td>
</tr>
<tr>
<td>Henry County Health Department</td>
</tr>
<tr>
<td>Illinois Department of Public Health</td>
</tr>
</tbody>
</table>

**Substance Abuse Objectives and Strategies**

**Community Health Improvement Goal:** Reduce substance abuse to protect the health, safety, and quality of life for all Henry County residents.

**Outcome Objective(s)**

By 2022, reduce the drug induced death rate to 18.0 deaths per 100,000 population. Currently, Henry County is at 20.04 per 100,000 population. (This is an improvement of 10 percent. The Healthy People 2020 goal is 11.3 deaths per 100,000 population)

**Impact Objectives**


**Intervention Strategies**

- 2018: Provide drug overdose prevention training (including use of naloxone) to potential Henry County responders.
- 2018: Prescribe to all duration, frequency, and oversight requirements of drug prevention overdose training.
- 2018: Promote the importance that drug use is illegal and high dangerous and that complete abstinence from illegal drug use is the healthiest choice.

**Evaluation**

- Henry County MRC (Medical Reserve Corps.) Grant Deliverables and Compliance Reports
- Involvement on Kewanee Community Drug and Alcohol Task Force
- Involvement on the Henry County Mental Health Alliance
- Evaluations of “First Responder & Law Enforcement” participants
- Henry County Death Certificates
- State of Illinois Death Data

**Potential Funding**

- Henry County MRC (Medical Reserve Corps.) Grant
- Private Donors
- Henry County Mental Health Alliance
Appendices
This letter is to certify that the Henry County Health Board reviewed and approved the Henry County Health Department Organizational Capacity Assessment on March 8, 2017.

Jan Berghult, President

Date

3-8-17
This letter is to certify that the Henry County Health Board reviewed and approved the Henry County Health Department Illinois Project for Local Assessment of Need (IPLAN) on June 7, 2017.

Jan Berghult, President

Date

6-7-17
Henry County IPLAN Planning Committee Participants

Lori Christiansen, Western Region Director of Rehabilitation, OSF Healthcare
Lori Christiansen is the Western Region Director of Rehabilitation Services at OSF Healthcare and also serves in a leadership role with the OSF wellness program. She received a Bachelor of Science Degree in Speech and Hearing Sciences and a Master of Science Degree in Speech/Language Pathology from Bradley University. She is a licensed Speech/Language Pathologist, certified Early Interventionist, and holds Wellness Council of America Faculty Status and Wellness Certification Level IV. Lori is currently a member of the Board of Directors for the Kewanee Schools Foundation and the Kewanee Kiwanis Club. She also serves on the Kewanee Community Drug and Alcohol Task Force as a member of the Governing Board and Chair of the Data and Education Team. Lori is involved with community early intervention initiatives as a member of the Local Interagency Council for Early Intervention and as the Chair for the Abilities Plus Prevention Initiative Advisory Board.

Brea Cinnamon, Doctor of Physical Therapy, OSF Saint Luke Medical Center
Brea lives in Kewanee, IL with her husband, Bill. She is a Doctor of Physical Therapy at OSF Saint Luke Medical Center and is involved in employee and community outreach wellness projects. She coaches girls volleyball and basketball at Galva High School. She is currently pursuing a Masters of Public Health and Masters of Business Administration. Along with serving on the IPLAN Committee, Brea is the Vice President of the YMCA of Kewanee Board of Directors.

Dorothy David, Director of Environmental Health Services, Henry County Health Department
Dorothy was first introduced into the IPLAN process in 1992 when it was first developed and introduced in Illinois. Since then, working in McDonough County Health Department, she continues to participate representing the Environmental Health group. Since McDonough County has a very high Radon level and high in lung cancer rate, they managed to implement Radon awareness to include inspection and mitigation through the Health Department together with smoke free restaurant program. Later, Dorothy joined Peoria County Health Department in 2005. There, they approached the assessment in a similar process known as Mobilizing for Action through Planning and Partnership (MAPP). In 2010, when she joined Henry County Health Department, even though she was not part of the planning process, attending meetings, she was part of the review team in finalizing the outcome before it is submitted to the Board of Health and Illinois Department of Public Health.

Kari DeBrock, Education Lead RN, Hammond-Henry Hospital, Geneseo, IL
Kari DeBrock is the Education Lead RN at Hammond Henry Hospital. She brings 27 years of nursing and healthcare experience with her. She returned to Geneseo, IL her hometown, after experiencing Health Care Administration in a variety of patient care settings. Long Term Care, Critical Access Hospitals and Designated Trauma Hospitals contribute to her resume. Kari also brings experience as a Healthcare Consultant specializing in federal regulatory compliance, development of hospital infrastructure for physician investors, and process improvement projects across the healthcare spectrum. At Hammond Henry Hospital, her responsibilities include: Management of professional competency, promoting best professional practice and adherence to government regulations throughout the healthcare setting. Kari, and her husband, Brian, live near Atkinson, IL and have 3 grown daughters.

Kelli Humphrey, Stark County Health Department
Kelli serves as the Financial Services Coordinator for the Henry and Stark County Health Department. Kelli has been with the Health Department for years. Kelli currently resides in Cambridge, IL.

Shane Kazubowski, Superintendent Wethersfield School District #230
As the Superintendent of the Wethersfield School District, Shane sees first-hand how the health and well-being of our students and are staff play a direct correlation with student academic success. If students and staff are
suffering from physical health issues, mental health issues, or drug/alcohol dependence our students and staff are not going to be able to perform at their highest level. Being a part of the Henry County IPLAN planning team has allowed him to have input in improving the physical and mental health of members of our community. Shane feels it takes an entire village to raise a child, and if we have weak links in our village due to health or mental related issues, we will not be able to educate our youth to the fullest extent possible.

Rebecca Magalhaes, Community Mental Health Advocate
Rebecca, as an advocate for mental health awareness, was a member of the NAMI Family Support Group while living in Schaumburg, IL. After returning to her family home outside of Neponset, IL, she became active in local mental health activities. She is a co-Founder of the Family Support Group, started in 2013, co-Founder of the Henry County Mental Health Alliance, and active member of the Stark County Citizens Mental Health Task Force. She was the Director of the La Leche League International External Relations and Advocacy Department from 1993-2009 and a facilitator of LLL Mother Support Groups in the USA and Brazil for 20 years.

Ashley Mikenas, Elementary School Counselor, Kewanee School District #229
Ashley was born and raised in Kewanee, Illinois. She has a Bachelor Degree-Science-Illinois State University and a Master of Science in Education- School Counseling-Western Illinois University. Ashley is a Nationally Certified Counselor and is employed by Kewanee School District as Elementary School Counselor. She works at both Belle Alexander Elementary and Irving Elementary with students Kindergarten through 3rd Grade. In addition, she is employed with the 21st Century Community Learning Center before/after school programs.

Robin O'Connor, Social Worker, Kewanee School District #229
Robin has been a School Social Worker, in the Kewanee School District for 20 years. Previously she worked at Kewanee Hospital for 10 years. She has practiced Social Work in the Kewanee area for over 30 years. Over the years, Robin has formed partnerships with local resources/agencies to assist with the challenges of meeting the needs of our community’s most vulnerable populations.

Rachel Shrum, Program Director, Kewanee YMCA
Rachel Shrum is currently the Program Director for the YMCA of Kewanee. She has been with the YMCA for 18 years in many roles interacting with youth, families and older active adults in the community.

Beth Smith, Community Health Educator, Henry County Health Department
Beth is a graduate of Northern Illinois University. She is the proud mom of four beautiful children and one darling grandson. Beth was the Community Health Educator with the Henry County Health Department. She also serves on Stark County Citizen’s MH Task Force; is a founding member of Henry County Mental Health Alliance; and member of the Kewanee Community Drug and Alcohol Task Force. In addition, Beth is a Co-founder, along with her children, of Up With Life Suicide Prevention Initiative. As a suicide loss survivor, she has a passion for mental health outreach and building competencies through education.

Naomi Stahl, Director of Human Resources, Henry County Health Department
Naomi is a resident of Cambridge, IL. She has a Business Management degree with minor in Marketing from SIU Carbondale. Naomi has worked for Health Department in Human Resources since March 2012. Prior to the Health Dept., she worked in Accounting and Administration Departments at the Henry County Courthouse for 6 years as well as in Event Coordination and Fundraising for Quad City Arts for 8 years. In addition, she currently serves as Ambassador for Valley View Rally for the Cure for the past 6 years. (volunteer-driven golf event fundraiser benefiting local Susan G. Komen Foundation efforts)

Duane Stevens, Stark County Health Department
Duane serves as the Public Health Administrator of the Henry and Stark County Health Departments. Duane has been with the Health Department since 2005. Previous to assuming the duties as the Health Department’s Administrator, Duane serves for 9 years as the Department’s Director of Financial Services. Duane currently resides in Kewanee, IL.
**Chris Sullens, School Superintendent, Kewanee School District #229**
Dr. Chris Sullens has been the Superintendent of Kewanee School District #229 since 2006. Prior to this position, Dr. Sullens served as Neponset High School’s Principal from 1998-99. 1999-2006 Dr. Sullens held the position of Neponset Grade School Principal. In addition to these duties, he served as Neponset’s Superintendent from 2001-2006. Doctor Sullens earned both his Bachelor’s and Master’s Degrees through Northern Illinois University. He received his Doctorate from Nova Southeastern University. In addition, Dr. Sullens is a current member and present and past officer of several civic organizations including: Kewanee Rotary Club; Kewanee Kiwanis Club; Kewanee Economic Development Corporation; and the OSF-St. Luke’s Medical Center Community Advisory Board.

**Jill Teerlinck, RN, BSN, School Nurse Colona School District #190**
Jill graduated from St. Francis Peoria Nursing School in 1996. She started her nursing career in the Pediatric ICU at St. Francis, Peoria. She then continued in the Pediatric unit in Illini Hospital. Since January of 2001 Jill has been the School Nurse for the Colona School District #190.

**RaeAnn Tucker, Director of Health Promotion, Henry County Health Department**
RaeAnn is the Director of Health Promotion with the Henry and Stark County Health Department. She has over 27 years of experience in the field of Public Health. RaeAnn serves as one of only 6 Regional Public Information Officers in the Illinois Department of Public Health’s Information Distribution infrastructure. She is a current or past officer or board member for the following organizations/associations/etc. Kewanee United Way, Henry County Human Services Council, and the ABCD After-School Program. Her position with the Health Department has afforded her a vast knowledge and experience in health education, marketing, media relations, public relations, event planning and coordination, and graphic design.

**Michele A. Turner-Scott, Housing Authority of Henry County**
Michele is currently employed with the Housing Authority of Henry County; where she coordinates the Housing Choice Voucher (formerly Section 8) Family Self-Sufficiency program. The program is a work incentive program that works with families in developing life-skills so that they may succeed in the workforce. Michele majored in psychology at Black Hawk College; East Campus, Kewanee, Illinois, and later transferred to Bradley University in Peoria, Illinois. In addition she has completed a second Bachelor’s degree in Special Education; Learning Behavior Specialist Michele was employed with the Kewanee School systems for approximately 10 years before her current position with the Housing Authority.
Orientation Session - August 30, 2016

Introduction to the IPLAN Process
IPLAN Kick-Off Meeting
Henry County Committee
August 20, 2016
Stark County Committee
August 25, 2016

I. Welcome
II. Introductions
III. IPLAN Overview
IV. Questions & Discussion
V. Lunch

WELCOME!
“Real, sustainable community change requires the initiative and engagement of community members.” Helen D. Gayle

“Don’t underestimate the power of your vision to change the world. Whether that world is your office, your community, an industry or a global movement, you need to have a core belief that what you contribute can fundamentally change the paradigm or way of thinking about problems.” Lyny Reed

INTRODUCTIONS
Rachael Tucker, Director of Health Promotion
Henry & Stark County Health Department
Beth Smith, Community Health Educator
Henry & Stark County Health Department
Duane Stevans, Public Health Administrator
Henry and Stark County Health Department

Illinois Project for Local Assessment of Need
Henry & Stark County Health Departments
August 20, 2016-Henry
August 25, 2016-Stark

What is IPLAN?
- A community health assessment and planning process -
  - Conducted every 5 years by local health jurisdictions in Illinois as part of the certification process
  - Grounded in the core functions of public health
  - Addresses public health practice standards

3 Essential Elements
- Organizational capacity assessment
- Community health needs assessment
- Community health plan, focusing on a minimum of three priority health problems
The IPLAN Community Process

- Step 1: Prepare for The Community Process
- Step 2: Collect and Analyze Health Data
- Step 3: Form a Community Health Committee
- Step 4: Identify Community Health Problems
- Step 5: Prioritize Community Health Problems
- Step 6: Analyze Community Health Problems
- Step 7: Inventory Community Health Resources
- Step 8: Develop a Community Health Plan

Community Team

- Conducts a community health needs assessment
- Identified priority health problems from the findings of the health needs assessment
- Analyzes health risk factors and community resources available to address problems.

Community Team

- Establishes measurable health objectives and intervention strategies to correct problems
- Submits the plan for adoption by the local board of health
- Approved plan submitted to Department of Public Health as part of recertification requirement

Community Participation

- Involvement by representatives of various community interest and groups such as:
  - Medical Community
  - Mental Health & Social Service Agencies
  - Schools
  - Law Enforcement
  - Volunteer Organizations
  - Farm Bureau
  - Education
  - Business Community
  - Clergy
  - Economic Development Agencies

2012-2017

Henry County
IPLAN
Priority
Health
Problems

- Reduce Heart Disease
- Reduce Obesity
- Reduce Substance Abuse
- Reduce Suicide Rate

2012-2017

Stark County
IPLAN
Priority
Health
Problems

- Reduce Alcohol/Substance Abuse Among High School Students
- Reduce Diabetes
- Reduce Obesity
Identification of Community Health Problems

➤ Health Problem
➤ Contributing Factors (Direct/Indirect: may be many)
➤ Barriers

IPLAN COMMUNITY HEALTH COMMITTEE

Meeting 1: August 30, 2016 (Henry)
August 31, 2016 (Stark)

Meeting 2: October 25, 2016 (Henry)
October 26, 2016 (Stark)

Meeting 3: TBD
Meeting 4: TBD (if needed)

QUESTIONS & DISCUSSION?

Contact:
Kasey Tucker,
ktucker@health.henrycounty.gov
(205) 425-7346

Dale Smith,
dsmith@health.henrycounty.gov
(205) 420-7332

www.henrycountyhealth.com

Celebrating 59 years
1955-2014
Henry County Health Department
Flowchart of Steps
In The IPLAN Community Process

Step 1
Prepare for The Community Process

Step 2
Collect and Analyze Health Data

Step 3
Form a Community Health Committee

Step 4
Identify Community Health Problems

Step 5
Prioritize Community Health Problems

Step 6
Analyze Community Health Problems

Step 7
Inventory Community Health Resources

Step 8
Develop a Community Health Plan
Session II – October 25, 2016

Community Health Needs Assessment

The Henry County Health Department, through technical assistance from OSF Healthcare System OSF Saint Luke Medical Center, Henry County; had access to multiple data sets that were obtained and evaluated. This data will assist in the forward progression of the health status of Henry County. The data acquired will also be of assistance in pursuing and procuring grant opportunities to benefit Henry County residents by government and non-government organizations. The IPLAN is very much a community process requiring the expertise and commitment of a number of people, both within and outside of the health care community.

The study was designed to assess issues and trends impacting the communities served by the collaborative, as well as perceptions of targeted stakeholder groups. In order to perform these analyses, information was collected from numerous secondary sources, including publically available sources as well as private sources of data. Additionally, survey data from 786 respondents in the community were assessed with a special focus on the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors, and access to medical care, dental care, prescription medications and mental-health counseling. Additionally, demographic characteristics of respondents were utilized to provide insights into why certain segments of the population responded differently.
IPLAN Meeting II
Henry County Committee
October 25, 2016
Stark County Committee
October 26, 2016

I. Welcome, Thanks & Introductions
II. Community Health Needs Assessment
III. Identify Community Health Problems
IV. Initiate Prioritization of Health Problems
V. Questions & Discussion
VI. Lunch

Thanks for Coming Back!

“Change will not come if we wait for some other person or some other time. We are the ones we’ve been waiting for. We are the change that we seek.” — Barack Obama

“To improve is to change; to be perfect is to change often.” — Winston Churchill
INTRODUCTIONS

RaeAnn Tucker, Director of Health Promotion
Henry & Stark County Health Department

Beth Smith, Community Health Educator
Henry & Stark County Health Department

Duane Stevens, Public Health Administrator
Henry and Stark County Health Department

Community Health Needs Assessment Review

“Thanks, again, go out to Lynn Fulton and the entire Administrative Staff and Board of OSF St. Luke’s Medical Center, Kewanee for sharing this vital and important Health Needs Assessment data with us.”
Chapter 1. Demographic Profile

Population Growth
Data from the last census indicate the population of Henry County has slightly decreased (1.6%) between 2010 and 2014.

Age Distribution - Henry County 2010-2014

As indicated in the graph below, the percentage of individuals in Henry County aged 50-64 held steady between 2010 and 2014, and the percentage of individuals aged 65 and older increased from 8,624 to 9,194 between 2010 and 2014.

Age Distribution - Henry County 2010-2014

<table>
<thead>
<tr>
<th>Age</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 19 years</td>
<td>13,347</td>
<td>13,063</td>
<td>12,843</td>
<td>12,536</td>
<td>12,384</td>
</tr>
<tr>
<td>20-34 years</td>
<td>7,868</td>
<td>7,910</td>
<td>8,090</td>
<td>7,986</td>
<td>8,039</td>
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<tr>
<td>35-49 years</td>
<td>9,787</td>
<td>9,476</td>
<td>9,306</td>
<td>9,113</td>
<td>9,050</td>
</tr>
<tr>
<td>50-64 years</td>
<td>10,860</td>
<td>11,115</td>
<td>11,048</td>
<td>11,019</td>
<td>10,968</td>
</tr>
<tr>
<td>65 + years</td>
<td>8,624</td>
<td>8,701</td>
<td>8,842</td>
<td>9,094</td>
<td>9,194</td>
</tr>
</tbody>
</table>

Source: US Census
Race

With regard to race and ethnic background, Henry County is largely homogenous, yet in recent years, the county is becoming more diverse. Data from 2014 suggest that White ethnicity comprises just over 90% of the population in Henry County. However, the non-White population of Henry County has been increasing (from 8.4% to 9.8% in 2014), with Black ethnicity comprising 1.9% of the population, multi-racial ethnicity comprising 1.5% of the population, and Hispanic/Latino ethnicity comprising 5.4% of the population.

![Racial Distribution - Henry County 2010-2014](image)

Source: US Census

Family Composition

In Henry County, data from 2013 suggest the percentage of two-parent families in Henry County is over 50%. One-person households represent 26.7% of the county population. And single-female households represent 9.6%.

![Household Types - Henry County 2013](image)

Source: 2013 Statisticalatlas.com
Early Sexual Activity Leading to Births from Teenage Mothers

Henry County has experienced an increase in teenage birth rate per 100,000 women. However, teen births are still just below the Illinois average of 36 per 1,000 women.

Teen Births Rate - Henry County 2010-2014

Source: Illinois Department of Public Health

Unemployment

For the years 2011 to 2014, the Henry County unemployment rate has been lower than the State of Illinois unemployment rate. In 2015, it is higher. Between 2013 and 2015, unemployment decreased from 7.8% to 6.3%.

Unemployment Rates - Henry County 2011-2015

Source: Bureau of Labor Statistics
High School Graduation Rates

In 2015, Kewanee CUSD school district in Henry County reported high school graduation rates that were below the State average of 86%.

4-Year High School Graduation Rates - Henry County
2011 vs 2015


Chapter 1 Key Takeaways

- Population decreased over the last 5 years.
- Population is aging
- Decreasing white population, increasing latino and black population
- Teen births per 1,000 female population, ages 15-19 have increased over the last three years but are below the average across the State of Illinois
- Single female head-of-household represents 9.6% of the population. Historically, this demographic increases the likelihood of families living in poverty
- Unemployment has decreased slightly but is higher than the State of Illinois
- Most Henry County school districts have comparable graduation rates to the State average
Chapter 2. Prevention Behaviors

Choice of Medical Care General Population - Henry County
2016

Source: CHNA Survey

Choice of Medical Care At-Risk Population - Henry County
2016

Source: CHNA Survey
Insurance Coverage

With regard to medical insurance coverage, data gathered from the Illinois Behavioral Risk Factor Surveillance System show that residents in Henry County possess healthcare coverage at a lower rate (86.1%) compared to the State of Illinois (88.1%).

Health Care Coverage - Henry County 2007-2014

Source: Illinois Behavioral Risk Factor Surveillance System

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medications, dental care and counseling. Survey results show that 17% of the population did not have access to medical care when needed; 12% of the population did not have access to prescription medications when needed; 14% of the population did not have access to dental care when needed; and 6% of the population did not have access to counseling when needed.

Access to Care - Henry County 2016

Source: CHNA Survey
Causes of Inability to Access Medical Care - Henry County 2016

Source: CHNA Survey

Causes of Inability to Access Prescription Medication - Henry County 2016

Source: CHNA Survey
Causes of Inability to Access Dental Care - Henry County 2016

Source: CHNA Survey

Causes of Inability to Access Counseling - Henry County 2016

Source: CHNA Survey
Chapter 2 Key Takeaways

- ED is chosen by 11% of the at-risk population as the primary source of healthcare.
- For all residents, 9% choose not to seek medical care.
- The majority of the population exercises two or fewer times per week.
- The majority of Henry County residents eat 2 or fewer servings of fruits and vegetables per day.
- Most residents have high self-perceptions of both physical and mental health.

Chapter 3. Symptoms & Predictors

Smoking rates in Henry County are above the State of Illinois averages. There was a slight increase in the percentage of Henry County residents reporting they were current smokers between 2007-2009 (19%) and 2010-2014 (19.6%). There was also an increase in the percentage of Henry County residents reporting they were current non-smokers between 2007-2009 (54.4%) and 2010-2014 (57.8%).

Smoking Status - Henry County 2007-2014


CHNA survey data show 82% of Henry County Respondents do not smoke and only 7% state they smoke more than 12 cigarettes (or vape) per day.
In Henry County, the number of people diagnosed with obesity and being overweight has increased over the years from 2007-2009 to 2010-2014. Note specifically that the percentage of obese and overweight people has increased from 61.3% to 65.4%. Overweight and obesity rates in Illinois have decreased from 2009 (64.0%) to 2014 (63.7%).

Source: Illinois Behavioral Risk Factor Surveillance System
Chapter 3 Key Takeaways

- Tobacco usage has increased slightly in Henry County.
- Substance use among 12th graders for inhalants and illicit drugs are slightly higher than state averages.
- The percentage of people who are overweight and obese has increased in Henry County.
- Risk factors for heart disease (obesity and cholesterol) are increasing.
Chapter 4. Morbidity & Mortality

Low Birth Weight - Henry County 2010-2014

Source: http://www.countyhealthrankings.org

Asthma - Henry County 2007-2014

Chronic Obstructive Pulmonary Disease - Henry County 2012-2014
The top six cancers by treatment in the State of Illinois for 2008-2012 can be seen below. The most prevalent cancers in the State of Illinois are prostate cancer, breast cancer and lung and bronchus cancer, respectively.

Cancer Incidence (per 100,000) - State of Illinois 2008-2012

Source: http://www.idph.state.il.us/cancer/15/county_rpt/County_Section_1_Site_Specific_Cancer_Incidence.pdf

Top 3 Cancer Incidence (per 100,000) - Henry County 2008-2012

Source: http://www.idph.state.il.us/cancer/15/county_rpt/County_Section_1_Site_Specific_Cancer_Incidence.pdf
Diabetes - Henry County  
2007-2014

Source: Illinois Behavioral Risk Factor Surveillance System

Leading Causes of Death in Henry County & State of Illinois

The top two leading causes of death in the State of Illinois and Henry County are similar as a percentage of total deaths in 2013. Cancer is the cause of 27.3% of deaths in Henry County and Diseases of the Heart are the cause of 22% of deaths in Henry County.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Henry County</th>
<th>State of Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Malignant Neoplasm (27.3%)</td>
<td>Diseases of Heart</td>
</tr>
<tr>
<td>2</td>
<td>Diseases of Heart (22%)</td>
<td>Malignant Neoplasm</td>
</tr>
<tr>
<td>3</td>
<td>Chronic Lower Respiratory Disease (5.64%)</td>
<td>Cerebrovascular Disease</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular Disease (5.0%)</td>
<td>Chronic Lower Respiratory Disease</td>
</tr>
<tr>
<td>5</td>
<td>Accidents (1.69%)</td>
<td>Accidents</td>
</tr>
</tbody>
</table>

Source: Illinois Department of Public Health
Chapter 4 Key Takeaways

- Low birth weights have been increasing slightly in Henry County
- Most variations of cardiac disease have seen a decrease since 2012
- Lung cancer rates in Henry County are slightly higher than state averages
- Asthma has seen a significant reduction in Henry County and is lower than state averages
- While state averages have only seen a slight increase, diabetes is trending upward significantly in Henry County and is approaching state averages
- Cancer and heart disease are the leading causes of mortality in Henry County

Chapter 5. Prioritization of Health Related Issues

Perception of Health Issues - Henry County 2016

- Cancer
- Aging Issues
- Heart Disease
- Diabetes
- Mental Health
- Obesity/Overweight
- Early Sexual Activity
- Chronic Pain
- Dental Health
- Infectious Diseases
- Lung Disease
- Injuries
- Stroke
- HIV/AIDS
Summary of Community Health Issues

Based on findings from the previous analyses, a chapter-by-chapter summary of key takeaways is used to provide a foundation for identification of the most important health-related issues in the community. Considerations for identifying key takeaways include magnitude in the community, strategic importance to the community, existing community resources, and potential for impact and trends and future forecasts.

Demographics (Chapter 1) - Four factors were identified as the most important areas of impact from the demographic analyses:

- Total population is decreasing
- Aging population
- Early sexual activity - teen births
- Changing population - increasing Black and Latino ethnicities

Prevention Behaviors (Chapter 2) - Five factors were identified as the most important areas of impact from the chapter on prevention behaviors:

- ED usage, particularly among the low-income population
- Low income population that does not seek medical attention
- Lack of exercise
- Mental health
- Lack of healthy eating
Summary of Community Health Issues Cont.

Symptoms and Predictors (Chapter 3) – Five factors were identified as the most important areas of impact from the chapter on symptoms and predictors:

- Tobacco usage
- Drug abuse
- Alcohol abuse
- Obesity
- Risk factors for heart disease

Morbidity and Mortality (Chapter 4) – Four factors were identified as the most important areas of impact from the chapter on morbidity/mortality behaviors:

- Low birth weights
- Cancer – lung
- Diabetes
- Heart Disease

Indentify Health-Related Community Issues.

Before the prioritization of significant community health-related needs was performed, results were aggregated into 10 potential categories. Based on similarities and duplication, the 10 potential areas considered are:

- Use of ED as primary source of medical care
- Not seeking healthcare when needed
- Poor healthy behaviors – nutrition & exercise
- Diabetes
- Mental health
- Obesity
- Low birth weights
- Substance abuse
- Heart disease
- Cancer-lung
Community Team Assignment:
Top 3 Community Health Issues

- Review data & today's discussion
- In 2 weeks we will send out an email requesting top 3 community health issues
- We will tabulate results and share the results at our final meeting.

IPLAN Community Health Committee

Meeting 1:  August 30, 2016 (Henry)
            August 31, 2016 (Stark)

Meeting 2:  October 25, 2016 (Henry)
            October 26, 2016 (Stark)

Meeting 3:  December 13, 2016 (Henry)
            December 14, 2016 (Stark)
QUESTIONS & DISCUSSION?

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COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS
We want to know how you view our community, so we are inviting you to participate in a research study for community health-needs. Your opinions are important. This questionnaire will take approximately 10 minutes to complete. All of your individual responses are confidential. We will use results of the surveys to improve our understanding of health needs in the community.

Please read each question and mark the response that best represents your views of community needs.

I. IMPORTANT HEALTH ISSUES IN OUR COMMUNITY
Please identify the three (3) most important health issues in our community.

☐ Aging issues, such as Alzheimer’s disease, hearing loss, memory loss or arthritis
☐ Cancer
☐ Chronic pain
☐ Dental health (including tooth pain)
☐ Diabetes
☐ Early sexual activity
☐ Heart disease/heart attack
☐ HIV/AIDS
☐ Infectious/contagious diseases such as flu, pneumonia, food poisoning
☐ Injuries
☐ Lung disease (asthma, COPD)
☐ Mental health issues such as depression, hopelessness, anger, etc
☐ Obesity/overweight
☐ Sexually transmitted infections
☐ Stroke
☐ Other ____________________

II. UNHEALTHY BEHAVIORS
Please identify the three (3) most important unhealthy behaviors in our community.

☐ Angry behavior/violence
☐ Alcohol abuse
☐ Child abuse
☐ Domestic violence
☐ Drug abuse
☐ Elder abuse (physical, emotional, financial, sexual)
☐ Lack of exercise
☐ Not able to get a routine checkup
☐ Poor eating habits
☐ Reckless driving
☐ Risky sexual behavior
☐ Smoking
☐ Other ____________________

III. ISSUES WITH YOUR WELL BEING
Please identify the three (3) most important factors that impact your well being in our community.

☐ Access to health services
☐ Affordable clean housing
☐ Availability of child care
☐ Better school attendance
☐ Job opportunities
☐ Good public transportation
☐ Healthy food choices
☐ Less hatred & more social acceptance
☐ Less poverty
☐ Less violence
☐ Safer neighborhoods/schools
☐ Other ____________________
IV. ACCESS TO HEALTH CARE
The following questions ask about your own personal health and health choices. Remember, this survey will not be linked to you in any way.

1. When you get sick, where do you go? Please choose only one.
   - Clinic/Doctor's office
   - Emergency Department
   - I don't seek medical attention
   - Urgent Care Center
   - Health Department
   - Other ________________

2. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?
   - Within the last year
   - 1-2 years ago
   - 3-5 years ago
   - 5 or more years ago
   - I have never been to a doctor for a checkup.

3. In the last year, was there a time when you needed medical care but were not able to get it?
   - No (please go to question 5)
   - Yes (please go to the next question)

4. If you just answered "yes" to question 3, why weren't you able to get medical care? Choose all that apply.
   - I didn't have health insurance.
   - I couldn't afford to pay my co-pay or deductible.
   - I didn't have any way to get to the doctor.
   - Fear
   - Other ________________

5. In the last year, was there a time when you needed prescription medicine but were not able to get it?
   - No (please go to question 7)
   - Yes (please go to the next question)

6. If you just answered "yes" to question 5, why weren't you able to get prescription medication? Choose all that apply.
   - I didn't have health insurance.
   - I couldn't afford to pay my co-pay or deductible.
   - I didn't know how to find a pharmacy.
   - The pharmacy refused to take my insurance or Medicaid.
   - I didn't have any way to get to the pharmacy.
   - Other ________________

7. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?
   - Within the last year
   - 1-2 years ago
   - 3-5 years ago
   - 5 or more years ago
   - I have never been to a dentist for a checkup.

8. In the last year, was there a time when you needed dental care but could not get it?
   - No (please go to question 10)
   - Yes (please go to the next question)

9. If you just answered "yes" to question 8, why weren't you able to get dental care? Choose all that apply.
   - I didn't have dental insurance.
   - I couldn't afford to pay my co-pay or deductible.
   - Fear
   - Other ________________

10. The dentist refused to take my insurance or Medicaid.
    - I didn't know how to find a dentist.
    - Too long to wait for appointment.
10. In the last year, was there a time when you needed mental-health counseling but could not get it?  □ No (please go to question 12) □ Yes (please go to the next question)

11. If you just answered "yes" to question 10, why weren't you able to get mental-health counseling? Choose all that apply.
□ I didn't have insurance. □ The counselor refused to take my insurance or Medicaid.
□ I couldn't afford to pay my co-pay or deductible. □ I didn't know how to find a counselor.
□ I didn't have any way to get to a counselor. □ Too long to wait for appointment.
□ Fear. □ Other ________________________

12. In the last week how many times did you participate in deliberate exercise, (such as jogging, walking, golf, weight-lifting, fitness classes) that lasted for at least 30 minutes or more?
□ None (please go to next question) □ 1 - 2 □ 3 - 5 □ More than 5

13. If you answered "none" to the last question, why didn't you exercise in the past week? Choose all that apply.
□ I don't have any time to exercise. □ I don't like to exercise.
□ It is not important to me. □ I can't afford the fees to exercise.
□ I don't have access to an exercise facility. □ I am too tired.
□ I don't have child care while I exercise. □ I have a physical disability.
□ Other ________________________

14. On a typical day, how many servings of fruits and/or vegetables do you have?
□ None (please go to next question) □ 1 - 2 □ 3 - 5 □ More than 5

15. If you answered "none" to the last question, why didn't you eat fruits/vegetables? Choose all that apply.
□ It is difficult to buy fruits and/or vegetables □ I don't like fruits/vegetables
□ It is not important to me. □ I can't afford fruits/vegetables.
□ Other ________________________

16. On a typical day, how many cigarettes do you smoke (either actual or electronic/vapor)?
□ None □ 1 - 4 □ 5 - 8 □ 9 - 12 □ More than 12

17. Where do you get most of your medical information (check only one)
□ Doctor □ Friends/family □ Internet □ Pharmacy □ Nurse at my church

18. Do you have a personal physician? □ No □ Yes

19. Overall, my physical health is: □ Good □ Average □ Poor

20. Overall, my mental health is: □ Good □ Average □ Poor

21. How long has it been since you have had a flu shot?
□ Within the last year □ 1-2 years ago □ 3-5 years ago
□ 5 or more years ago □ I have never had a flu shot
V. BACKGROUND INFORMATION
What county do you live in?
☐ Henry        ☐ Other

What type of insurance do you have?
☐ Medicare      ☐ Medicaid       ☐ Private/commercial  ☐ None

If you answered "none" to the last question, why don't you have insurance? Choose all that apply.
☐ I cannot afford insurance  ☐ I don't need insurance
☐ I don't know how to get insurance  ☐ Other ________________________

What is your gender? ☐ Male        ☐ Female

What is your age?
☐ Under 20      ☐ 21-30       ☐ 31-40       ☐ 41-50       ☐ 51-60       ☐ 61-70       ☐ 71 or older

What is your race?
☐ White        ☐ Black/African American
☐ Hispanic/Latino ☐ Native American/American Indian/Alaska Native
☐ Asian (Indian, Pakistani, Japanese, Chinese, Korean, Vietnamese, Filipino)
☐ Pacific Islander (Native Hawaiian, Samoan, Guamanian/Chamorro)
☐ Other race not listed here: ________________________

What is your highest level of education?
☐ Less than high school  ☐ Some high school  ☐ High school degree (or GED/equivalent)
☐ Some college (no degree)  ☐ Associate's degree  ☐ Bachelor's degree
☐ Graduate or professional degree  ☐ Other: ________________________

What was your total income last year, before taxes?
☐ Less than $20,000  ☐ $20,001 to $40,000  ☐ $40,001 to $60,000
☐ $40,001 to $80,000  ☐ $80,001 to $100,000  ☐ over $100,000

Do you: ☐ Rent  ☐ Own  ☐ Other

How many people live in your home? ____________

What is your job status?
☐ Full-time  ☐ Part-time  ☐ Unemployed  ☐ Homemaker
☐ Retired  ☐ Disabled  ☐ Student  ☐ Armed Forces

Is there anything else you would like to tell us about community concerns, health problems or services in the community?

Thank you very much for sharing your views with us!

This survey instrument was reviewed by the Committee on the Use of Human Subjects and Research (CUSUR), Bradley University Institutional Review Board (IRB) in May, 2015.

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Session II – October 25, 2016

Continued…

Participants were provided with an overview of key findings from the Henry County Community Health Assessment, obtained, through technical assistance from OSF Healthcare System – OSF Saint Luke Medical Center, Kewanee, Henry County.

The following list is a summary of the 10 main health issues that were distilled through the analysis of the Community Health Needs Assessment data study.

- Use of the ED as primary source of medical care
- Not seeking healthcare when needed
- Poor healthy behaviors – nutrition & exercise
- Diabetes
- Mental health
- Obesity
- Low birth weights
- Substance abuse
- Heart disease
- Cancer-lung
Session III – December 13, 2016

In this session, participants reviewed the ranking of health issues identified through an electronically mailed survey to community health planning committee members. Utilizing local knowledge of the community and information provided by Healthy People 2020 reports on specific health issues, participants created the following hypothesis about why a particular health problem exists.

The following terms were explained and utilized in this practice exercise:

Risk Factors – Scientifically established factors (determinants) that relate directly to the level of a health problem. A health problem may have any number of risk factors identified for it. For example, low birth weight is a risk factor for the health problem of infant mortality. It is a scientific fact that a higher percentage of babies who weigh less than 2,500 grams at birth die in the first year than babies who weigh 2,500 grams or more at birth.

Direct Contributing Factors – Scientifically established factors that directly affect the level of a risk factor. For example, teen pregnancy is one factor that contributes directly to the birth of low birth weight babies.

Indirect Contributing Factors – Community-specific factors that directly affect the level of the direct contributing factors. For example, low self-esteem may be one indirect contributing factor promoting teen pregnancy, thus generating low birth weight babies, and ultimately elevating infant mortality rates. These factors can vary considerably from community to community. During our final session, we discussed programming intervention strategies for each of the three health priorities identified for the county.
IPLAN Meeting III
Henry County Committee
December 13, 2016
Stark County Committee
December 14, 2016

I. Welcome, Thanks & Introductions
II. Top Community Health Problems Ranking
III. Health Problem Analysis
IV. Community Resources & Intervention Strategies
V. Questions & Discussion
VI. Lunch

With Gratitude...

“At times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us.”
Albert Schweitzer

“Gratitude makes sense of our past, brings peace for today, and creates a vision for tomorrow.”
Melody Beattie
INTRODUCTIONS

RaeAnn Tucker, Director of Health Promotion
Henry & Stark County Health Department

Beth Smith, Community Health Educator
Henry & Stark County Health Department

Duane Stevens, Public Health Administrator
Henry and Stark County Health Department

Top Community Health Problems!

“Thank you all for your input and insight. The results are in and our Community Health Committee’s suggestions for the Top Community Health Programs are...”
TOP 3 COMMUNITY HEALTH PROBLEMS

- MENTAL HEALTH
- POOR HEALTH BEHAVIORS
- DRUG/ALCOHOL/TOBACCO USE

Health Problem Analysis
Terminology & Definitions

Risk Factors:
Scientifically established factors that relate directly to a health problem. A health problem may have any number of risk factors identified for it.
Direct Contributing Factors: Scientifically established factors that directly affect the level of a risk factor. For example, teen pregnancy is one factor that contributes directly to the birth of low birth weight babies.

Indirect Contributing Factors: Community-specific factors that directly affect the level of the direct contributing factors. For example, low self-esteem may be an indirect contributing factor promoting teen pregnancy, thus generating low birth weight babies, and ultimately elevating infant mortality rates.
Health Problem Analysis

Terminology & Definitions

- Possible intervention strategies, goals, or efforts to address a chosen community health problem. Consider existing community resources, programs, and services that could be utilized to supplement the achievement of the chosen community health goal.
MENTAL HEALTH

- Risk Factors
- Direct Contributing Factors
- Interventions strategies

POOR HEALTH BEHAVIORS

- Risk Factors
- Direct Contributing Factors
- Interventions strategies
DRUG/ALCOHOL/TOBACCO USE

- Risk Factors
- Direct Contributing Factors
- Interventions strategies

COMMITTEE MEMBER FINAL ASSIGNMENT:

SHORT BIOGRAPHY: PLEASE EMAIL US A SHORT, 1 PARAGRAPH BIOGRAPHY OF YOURSELF.
QUESTIONS & DISCUSSION?

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DESCRIPTION OF COMMUNITY RESOURCES

Recreational Facilities (3)

YMCA of Kewanee
YMCA of Kewanee strives to be a safe place where all people feel welcomed regardless of background. They bring people of all ages and ethnicities together to help them make meaningful connections, improve health and well-being, to teach and reinforce positive values and find a sense of respect, belonging and engagement. The Y will strengthen our entire community through youth development, healthy living and social responsibility.

Kewanee Park District
The Kewanee Park District exists to provide care for public lands and opportunities for personal growth. They work with citizens of Kewanee to provide a broad spectrum of opportunities to renew, restore and recreate, balancing often stressful lifestyle. The Park District encourages participation of individuals and families to develop the highest possible level of physical and mental well-being with the intent of creating a well-balanced and healthy community.

Geneseo Park District
The Geneseo Park District provides recreation opportunities that contribute to the Geneseo well-being of all citizens, by establishing and maintaining a comprehensive public park and recreation system.

Health Departments (1)

Henry County Health Department
The Henry County Health Department offers clinic services, Women’s Health, Family Planning, Physicals, Well-child, Immunization, STD, WIC/Breastfeeding, Community and Group Presentations, Home Health skilled nursing and homecare services, and Environmental Health Services in the Henry County area.

Community Agencies/Private Practices (8)

Alcoholics Anonymous
Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. Alcoholic’s Anonymous meetings are offered in the Henry County area.

Bridgeway
Bridgeway is a not-for-profit community based employer with decades of experience in providing Solutions to Businesses. Bridgeway businesses produce needed products and services in addition to providing a wide range of contracted services. Bridgeway’s primary focus is on the needs and desires of the consumer; the development of innovative ways to achieve consumer goals, the removal of barriers that hinder access to services, and the continuous enhancement of the quality of services and the quality of life of the people they serve.

Henry County Youth Services Bureau
The mission of the Henry County Youth Services Bureau is to empower youth to succeed by serving them in their home, school and community. Founded in 1972, they are dedicated to providing free counseling services to youth ages 3 to 21. YSB Counselors provide a wide array of services, including: Individual counseling, Diversion Program for youth involved with Henry County Court Services, Assessments, Referral Services, and Group Counseling. YSB Staff provide counseling services at a location that is convenient to the client and their
family. Counseling sessions are offered year round, and can be held at a client’s school, home, community center, or the YSB office. Kewanee Community Drug & Alcohol Task Force

**Kewanee Drug and Alcohol Task Force**
The Kewanee Community Drug and Alcohol Task Force was established in 1984. A Drug Free Community Grant was awarded to the KCDATF in 2011. The DFC grant provides $125,000 per year for 5 years with an opportunity to apply for another 5 years! The Mission of the Kewanee Community Drug and Alcohol Task Force is to decrease the use and abuse of alcohol and other drugs among youth in the Kewanee area. The vision that unites our efforts is: to decrease the use and abuse of alcohol and other drugs among youth in the Kewanee area so that the entire community will work toward common goals to change the culture of alcohol and drug use.

**Kewanee Food Pantry**
The Kewanee Food Pantry is dedicated to providing for the needs of hungry people by collecting and distributing food and grocery products and educating the community about Nutrition.

**Bureau-Henry and Stark Regional Office of Education**
The mission of the Bureau, Henry and Stark County Regional Office of Education is to support and enhance educational growth through advocacy and leadership. The vision of the Bureau, Henry and Stark County Regional Office of Education is to be a proactive intermediate educational agency serving the learning community through innovative and collaborative leadership.

**University of Illinois Extension**
University of Illinois Extension is the flagship outreach effort of the University of Illinois at Urbana-Champaign, offering educational programs to residents of all of Illinois' 102 counties — and far beyond. Extension provides practical education you can trust to help people, businesses, and communities solve problems, develop skills, and build a better future. U of I Extension offers educational programs in five broad areas: Energy and environmental stewardship, Food safety and security, Economic development and workforce preparedness, Family health, financial security, and wellness, and Youth development.

**Housing Authority of Henry County**
The Housing Authority of Henry County provides qualified individuals with affordable housing and resources to assist in their personal growth. There are 176 families in Henry County who are recipients of a Section 8 Housing Certificate, issued by the Housing Authority of Henry County, enabling them to receive rental assistance in private housing in Henry County. The Housing Authority of Henry County was an early Housing Organization, meeting the needs of a largely rural area. This foresight and

**Hospitals/Clinics (8)**

**OSF Saint Luke Medical Center**
OSF Saint Luke Medical Center, a 25-bed Critical Access Hospital located in Kewanee, Illinois and provides Inpatient services, a broad range of Outpatient services, Emergency services and primary care services. For over 95 years, OSF Saint Luke has kept pace with many innovations in health care, including a new hospital that opened in 2008. OSF Saint Luke Medical Center has a long history of "friends and neighbors taking care of friends and neighbors" while providing an excellent patient experience.

**OSF Multi-Specialty Group**
OSF Multi-Specialty Group offers a wide range of medical and surgical care, as well as other specialty services, through provider offices located at OSF Saint Luke Medical Center.
**OSF Home Care and Hospice**
OSF Home Care and Hospice offer health care and services to home bound individuals as well as services at end of life through Hospice.

**Hammond-Henry Hospital**
Hammond-Henry Hospital is a 25-bed Critical Access Hospital located in Geneseo, Illinois and provides Inpatient services, a broad range of Outpatient services, Emergency services and primary care services.

**Kewanee Medical Clinic**
The Kewanee Medical Clinic is a medical practice providing a wide range of medical services.

**Ahearn & Associates Medical Center, Inc.**
Ahearn & Associates Medical Center, Inc. provides office care for acute and chronic illnesses as well as wellness exams and preventive healthcare services.

**Regional Family Health Center**
Regional Family Health Center is a medical practice providing a wide range of medical services.

**Preferred Home Healthcare & Hospice**
Preferred Home Health Care offers a full range of health care services including home health, hospice, private duty nursing, medical equipment and supplies, seating and mobility products, a retail show floor, and retail and compounding pharmacy services.
Resources for Planning

Illinois Department of Public Health – IPLAN
http://app.idph.state.il.us/

Healthy People 2020 Information Access Project
http://phpartners.org/hp2020/index.html

Henry County Health Needs Assessment
http://www.osfhealthcare.org/about/community-health/