

**Hamilton County
Community Needs Assessment and Community
Health Plan**

2020

Hamilton County Health Department

Priorities:

- 1. Obesity**
- 2. Cardiovascular Disease**
- 3. Substance Use/Abuse**
- 4. Behavioral Health**

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EXECUTIVE SUMMARY

Hamilton County, under leadership of the Hamilton County Health Department, initiated the fourth IPLAN cycle in April 2021 with the Organizational Capacity Assessment. The purpose of this assessment was to identify the strengths and weaknesses of Hamilton County in carrying out its public health functions.

The Hamilton County Coalition was formed in January of 2009 and began to identify public health problems affecting the community as a whole and to formulate a plan on how to address these public health problems. The Health Department provided the coalition with a comprehensive health data analysis of the county. The analysis included comparisons to state and national health data in key areas. A group process was utilized by the coalition to prioritize the numerous health issues. Survey Monkey was used to formulate and distribute to community members regarding local priority health issues. The coalition identified the following areas as top priorities:

Obesity

Cardiovascular Disease

Substance Use/Abuse

Behavioral Health

In order to address these issues, the coalition worked diligently to devise a community health plan on how these issues will be addressed. The coalition identified objectives, resources, and barriers as they relate to the particular health problem, as well as proven intervention (see Community Health Plan, page 16).

Section 1

INTRODUCTION AND APPROACH

Purpose of IPLAN

The Illinois Project for Local Assessment of Needs (IPLAN) process was a key element in a restructuring of public health started in Illinois in 1988 by local public health administrators under the leadership of the Illinois Department of Public Health (IDPH). This restructuring was judged necessary to bring public health in Illinois more in line with the recommendations for improving the public health system that were advanced in the landmark 1988 Institute of Medicine report, *The Future of Public Health*. These recommendations called for local public health agencies to move beyond directly providing a narrow group of stock traditional public health services to become more active in understanding the needs of their communities and then orchestrating action by a variety of local organizations and institutions to meet those needs. This new emphasis was captured by the three core functions of public health which were defined as assessment, assurance, and policy development. IPLAN was developed in 1992 by IDPH in collaboration with local health departments and other Illinois public health systems to meet the requirements of Illinois Administrative Code, Section 600- Certified Local Health Department Code.

Illinois' public health restructuring organized local public health activities around the core functions and delegated the responsibility of leading local efforts in articulating and meeting health needs of each jurisdiction to the local health department. Local health department certification would no longer be based merely on the delivery of ten basic services but would now include a requirement that local health departments routinely assess community needs and develop plans to configure services tailored to those needs. The IPLAN process -- Illinois Project for Local Assessment of Needs -- was developed by IDPH to carry out these assessment and planning activities and the Local Health Department Code was amended to require that each health department periodically conduct a successful IPLAN process in order to receive state certification and become eligible to receive a portion of the Local Health Protection Grant, the state funding intended to build basic local public health capacity needed to protect against environmental hazards, prevent disease, and promote health. Certified local health departments in Illinois have engaged in local planning process every five years since 1994.

IDPH developed a uniform approach for conducting IPLAN statewide and established an administrative capacity to provide technical support and review local health department IPLANs.

IPLAN is based on a national model for local public health planning known as APEXPH (Assessment Protocol for Excellence in Public Health) and is composed of several integrated components. First, a community needs assessment is conducted to comprehensively understand the health status needs of a community. This needs assessment is to be based on the assembly and analysis of a variety of critical data to include:

- demographic and socioeconomic characteristics
- general health and access to care
- maternal and child health
- chronic disease
- infectious disease
- environmental and occupational health

- sentinel events

The use of data reflects a key public health principle that resource allocation and program decisions should be based on the best available information.

With a comprehensive understanding of community health conditions, the needs assessment concludes with an identification of those health conditions which are deemed of highest priority and therefore explored further to determine how they might be effectively addressed. The development of a community health plan for addressing these priority needs is the second IPLAN component. The plan specifies those highest-level goals and more specific objectives that are to be accomplished along with strategies for accomplishing those goals and objectives.

As the local health department is central to a successful IPLAN process and a robust local public health infrastructure, assessing the organizational capacity of the local health department is a third component of IPLAN. The organizational capacity assessment examines several elements critical to a fully functioning local public health department including, legal authority, governance, management systems, planning capability, and community relations.

While health department leadership is an important element, community participation in the IPLAN process is essential not only to the development of the community health plan, but also to the plan's implementation and the building of a community-oriented local public health system. This is in recognition that effective public health depends on more than the actions of even a well-functioning local health department, but requires the resources and commitment of organizations and individuals in the community which contribute in many large and small ways to a healthy community. It is through harnessing and focusing these community-wide efforts that resources beyond those of the health department are leveraged.

The role of planning in public health as a core competency for local public health departments has expanded over the past 33 years in response to continuing calls for public health restructuring with a shift in focus from planning the internal programs of local health departments to a more strategic orientation aimed at building community wide systems of multiple organizations and agencies of which the local health department is central but only one part. This further reinforced both the role of the local health department as broker and facilitator of action by a network of community agencies, along with the importance of directly involving those agencies in developing community health improvement plans. To carry out this new type of planning, new public health planning tools were developed, most notably MAPP (Mobilizing Action through Planning and Partnerships) which is a community oriented strategic planning process sponsored by the Centers for Disease Control and Prevention's (CDC) and developed by the National Association of County and City Health Officials (NAACHO).

IPLAN has been conducted in five-year planning cycles and Illinois' local health departments are now in their third round of developing community needs assessments and health plans. Illinois local health departments have gained experience and competency in planning throughout the past 33 years both through using IPLAN and with exposure to MAPP. IDPH adopted MAPP as acceptable approach to IPLAN in 1994 and since then an increasing number of LHDs have incorporated elements of MAPP into their IPLAN process.

The Hamilton County Approach to IPLAN

The Hamilton County Health Department (HCHD) has been an active participant in the IPLAN process since the statewide inception of IPLAN and has been among those health departments which have adopted planning as a key part of public health practice. In this iteration of IPLAN, HCHD has expanded the focus of IPLAN beyond health department programs to community-wide action that aims to focus the commitment and resources of a variety of organizations in Hamilton County to address priority needs.

Hamilton's experience in planning and conducting IPLAN has allowed it to adapt the basic IPLAN process to incorporate several elements of more advanced approaches to community health planning developed over the past 33 years. Features of the Hamilton County IPLAN process include:

- A strategic approach to community health planning that incorporates elements of the MAPP process and strategic planning.
- Participation from a variety of community organizations that play a significant role in the local public health system and are essential to the implementation of a community health improvement plan.
- Insightful problem analysis must consider these multiple factors and effective solutions require multifaceted interventions that take this complexity into account.
- Effective planning is a skillful combination of the right data, the right participants, and the right decision-making process which uses data in a transparent and intuitive manner accessible to all participants to inform decisions-making.
- Information for needs assessment and planning must go beyond the routine statistical data normally relied on to include qualitative information provided by participants in the planning process based on their firsthand experience in addressing problems, treating patients, and offering services to community residents.
- A recognition that community health improvement planning must be part of an overall performance improvement process that incorporates implementation of the plan into the management systems of the Hamilton County Health Department and other organizations that are responsible for carrying out implementation.

Community Participation

Local organizations and community leaders participated in the community needs assessment and the development of the community health improvement plan. These participants and their organizational affiliations are presented in Appendix A. Participants were organized as the Hamilton County Health Coalition which was convened for the first time early in 2015. Participants were selected largely as representatives of organizations that made up the Hamilton County public health system and would play a key role in community health improvement efforts. Effort was made to strike a balance between broad community representation and workability recognizing the need to have a workable body that could develop a plan. Coalition membership was expanded to include other participants as it became apparent that additional organizations were needed to develop a workable plan, to tap resources, and ensure that the Hamilton County IPLAN would unite all efforts aimed at community health improvement in Hamilton County.

HCHD senior staff fully participated in the process, as representatives of the Hamilton County Health Department on the Health Coalition, of staffing the coalition, and as respondents in the organizational capacity assessment. The Board of Health members were also involved as respondents in the organizational capacity assessment.

The Hamilton County IPLAN Process contains all the required IPLAN elements organized in an integrated fashion into seven steps which are described below. Steps were largely carried out sequentially to allow full participation of the Committee. How each step was conducted is described in greater detail in the introduction to the sections of the plan that follows.

Hamilton County IPLAN Process Steps:

1. HCHD staff collected and analyzed statistical data concerning demographic and health status conditions in Hamilton County. These data were reported to the Committee in a presentation and report that identified the most serious health status problems.
2. The Committee met to consider the data and using a nominal group process with assistance from staff clustered the data into issue areas. The Coalition identified the issue areas and met to consider the relationships more fully among risk factors, direct and indirect contributing factors in each issue area, and how these factors contributed to the health status problems.
3. Hamilton County Health Coalition met to further consider the issue areas, collect, analyze new data, and complete worksheets that visually portrayed various factors evident in an issue.
4. At the next full coalition meeting, priorities were established within each issue area. These priorities were expressed as strategic issues to focus the planning effort. Staff transferred the issue analysis to ensure that important health status problems would be addressed.
5. The Coalition developed a community health plan component for each of the strategic issues. The IPLAN community health plan worksheets were completed by staff and used by the coalition to ensure that the objectives and actions properly connected to the most important health problems and had the required level of detail.
6. In a separate process, senior HCHD staff and board of health members, considered the organizational capacity of the Hamilton County Health Department using criteria recommended in the APEX/PH process.
7. Staff melded a Community Health Plan template into a single document which the coalition reviewed as the Hamilton County Community Health Plan. This plan was endorsed by the Hamilton County Board of Health.

Section 2 **NEEDS ASSESSMENT**

Statement of Purpose

The purpose of the IPLAN process was for the community, under the guidance of Hamilton County Health Department, to examine the health status of the County, select the top priority health issues plaguing the County and develop a plan to address these health issues. A major step in this process involved a thorough analysis of available health data compiled by the Health Department from various reliable sources. In advancing to the fifth cycle of IPLAN since its inception in 1994, it was important to reflect on the last IPLAN process and evaluate how much we had achieved, our successes and failures, etc.

Community Participation

The community was organized as the Hamilton County Health Coalition. This was composed of key stakeholders in the Hamilton County public health system. The list of members and their affiliations can be found in Appendix A. The health department staff presented a health profile of Hamilton County. The coalition members were encouraged to also share data that they found relevant to the needs assessment. A key component of the needs assessment was community perception. Community members were encouraged to contribute their perceptions of other health issues of interest.

Method

The procedure used in this process was as outlined in the guidelines for IPLAN recertification. APEXPH manual was used as reference. A data analysis was conducted using mainly secondary data from various data sources. These included the Illinois Center for Health Statistics, a division of the Illinois Department of Public Health; American Cancer Society Facts and Figures; Illinois and Strata Area Prevalence Data; City-Data.com; The Behavioral Risk Factor Surveillance Survey (BRFSS); Community Commons; County Health Rankings and Roadmap; Healthy People 2030; and The US Census Bureau.

The data were organized in the following categories:

- Demographic profile
- Nationality
- Morbidity
- Mortality

Health indicators were analyzed for trends and compared with corresponding state, national data, as well as Robert Wood Johnson Foundation County Health Rankings where available and applicable. Hamilton County is quite homogeneous geographically, racially, and ethnically. Therefore, effort to compare rates among communities and highlight racial/ethnic disparities were not relevant.

Health Status of Hamilton County

Demographic Profile

Hamilton County

Hamilton County, located in the southeastern part of Illinois, is bounded on the north by Wayne County, on the east by White County, on the south by Saline County and on the west by Franklin and Jefferson Counties. It is twenty-four miles from north to south and eighteen miles from east to west, containing 435 square miles. With a 2019 population estimate of 8,116, it ranks 89th in population among the 102 counties in Illinois. The 2019 population estimates indicated a 4% decline in population since 2010. The population is 97.5% White, 0.6% Black, 1.9% Latino, 0.4% Asian, 0.4% American Indian.

Population density ranges from 7 per square mile in remote areas to 1286 per square mile in McLeansboro, with a county average of 18.7 residents per square mile. Approximately 68% of the county's population live in outlying rural Hamilton County and 32% live inside the city limits of either McLeansboro or within the villages of Dahlgren, Broughton, or others.

The 2019 median household income for Hamilton County is \$56,753, up from \$46,419 in 2016, but well below the estimated median income for Illinois in 2019 (\$69,187). The February 2019 unemployment rate for the county was 4.9% with most neighboring counties having slightly higher rates. Residents with income below poverty level in Hamilton County are estimated at 8.5% for 2019. The Hamilton County poverty level is below the Illinois rate of 11.5%.

Management occupations are the predominant occupations in Hamilton County at 10.4%. Other occupations are Production occupations 8.71%, Installation/Maintenance/Repair occupations 8.45%, Office and Administrative Support 7.64%, Education 6.88%, and Healthcare 6.15%. (DataUSA, n.d.)

To understand Hamilton County's geographic location in relation to larger cities nearby we note: that it is located south of I-64, it is 20 miles east of Mt. Vernon, 30 miles south of Fairfield, 81 miles west of Evansville, Indiana, and 110 miles east of St. Louis, Missouri. McLeansboro, the county seat, is located 180 miles from Springfield, 310 miles from Chicago, and 244 miles from Nashville, Tennessee. It is also designated as a medically underserved area. Statistics list the ratio of patient to mental health providers as 4,058:1, patient to dentist ratio 8,116:1, and patient to primary care physician 2,721:1. (DataUSA, n.d.)

Access to care was discussed within the IPLAN meetings, and members reported that the hospital and medical staff have recruited more doctors to the area over the past years. There is one dentist in general dentistry practice.

Hamilton Memorial Hospital is a 25-bed critical access hospital with 24 hours emergency department serving medical and surgical patients (Illinois Hospital Report Card and Consumer Guide to Health Care, n.d.). Currently the Hamilton Memorial Hospital and Family Clinic have seven specialty medicine providers and ten internal medicine/family practice/general surgery providers. Hamilton Memorial Hospital District provides inpatient services, outpatient services, emergency services, behavior health, cardiology, nephrology, podiatry, pulmonology, sleep studies, wound healing, general surgery, diabetes education classes, reduced cost school physicals, community wide screenings for blood pressure, and reduced-cost blood work every year (Hamilton Memorial Hospital District, n.d.). The hospital is an extremely valuable asset to the community and significantly contributes to community health needs.

There is a nursing home adjacent to the hospital which is licensed for 60 beds. The county also has McLeansboro Healthcare Center which is licensed for 43 beds. There is one ambulance company serving Hamilton County area.

Outpatient mental health services are available in the county by one provider. Outpatient mental health services are also available in Mt Vernon, Eldorado, Carmi, and Fairfield.

Other Demographic Profile

EDUCATIONAL ATTAINMENT: In Hamilton County, 87.1% of residents 25 years of age and older hold a high school diploma/GED, and 17% hold a bachelor's degree or higher. (US Census Bureau , n.d.)

Maternal and Child Health

In 2019 there were 85 births to Hamilton County residents. The total number of births in Hamilton County decreased by 8.3% from 2015 to 2019. For the same period, Illinois births decreased by 11.4%. (IQUERY, n.d.)

BIRTHS TO TEENS (17 AND UNDER): A total of 0% of all births to Hamilton County residents in 2019 were to mothers aged 17 and under. This is lower than the Illinois rate of 1.1%. (IQUERY, n.d.)

PRENATAL CARE: In Hamilton County, 89.3% of women that were pregnant in 2016-2019 began receiving prenatal care in their first trimester. The stateside average is 78.1%. Adequacy of prenatal care has been very modestly increasing over the last ten years. (Illinois Hospital Report Card and Consumer Guide to Health Care, n.d.)

SMOKING AND ALCOHOL USE DURING PREGNANCY: In 2017, 22.6% of Hamilton County mothers reported smoking during pregnancy. This is almost 3 times the rate of 7.7% for Illinois in 2017. This rate has remained consistent over the past 15 years. (IQUERY, n.d.) The self-reported rate of alcohol use during pregnancy was below the reportable threshold for Hamilton County. It is worth noting that both indicators are self-reported and have been known to be grossly under-reported.

LOW BIRTHWEIGHT (LBW): The proportion of live born babies who were born with their birth weights lower than 5 pounds 8oz has been stable for the last five years in Hamilton County. As of 2019, the current rate in Hamilton County is <1%. This rate is lower than Illinois low birth weight rates which was 7% in 2019. The risk factors for LBW include: previous history of premature birth, multiple birth, certain abnormalities of uterus or cervix, birth defects, chronic health problems of mother, smoking, drugs, infection, placental problems (abruption), inadequate weight gain, stress, etc. (IQUERY, n.d.)

INFANT MORTALITY (IM): This includes all infants born alive who die before their first birthday. Most infant deaths happen within the first 28 days of life (neonatal infant mortality). Infant mortality in Hamilton County has not exceeded 0-2 annual deaths over the past 10 years. These numbers are significantly lower than Illinois infant mortality rate. (IDPH Vital Statistics , n.d.)

Morbidity

While real morbidity data are hard to come by, an estimate for morbidity is Hospitalization data. It is worthy of note that since Hospitalization data reported by Illinois Department of Public Health are not collected based on "county of residence", county-specific data may not be completely accurate. Trends are more consistent than community-to-community comparison.

DIABETES HOSPITALIZATION: The diabetes hospitalization rate for Hamilton County was 3.4 per 100 in 2013-2014. Hospitalizations for diabetes in Hamilton County are equal to Illinois rate (IQUERY, n.d.).

NON-FATAL INJURY HOSPITALIZATIONS: Hospitalization rate for non-specific injuries in Hamilton County were 36 in 2014. The number of injury hospitalizations has seen a 36% decrease in injuries since 2010 (IQUERY, n.d.).

ER VISIT MENTAL HEALTH: The total number of ER visits for mental disorders in 2014 was 52 (1.7 per 100). For the six year period from 2009 – 2014 the number of mental health ER visit has been fairly consistent 1.2-2.1 per 100). In 2009, it was estimated that 7.7% of Illinois adults had a severe mental illness within the last year. This percentage is likely higher as youth are not taken into account and because mental health disorders are severely underreported or treated by those who have them due to negative stigma, social acceptance, cost of treatment, and homelessness (IQUERY, n.d.).

ALCOHOL ABUSE HOSPITALIZATION: The rate for alcohol related emergency department visits for Hamilton County from 2017-2019 is 20 per 10,000 compared to the statewide rate of 56.75 per 10,000. Inpatient alcohol abuse hospitalization rate for Hamilton County has no available data for 2017-2019. The state rate is 20.9 per 10,000. (Illinois Hospital Report Card and Consumer Guide to Health Care, n.d.)

SENTINEL EVENTS INDICATING LACK OF ACCESS TO CARE

These are conditions that the presence of 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 mean that they are being addressed at primary care clinics, which in turn reduces unnecessary hospitalization.

ESSENTIAL HYPERTENSION HOSPITALIZATION (for adults only): The number of hospitalizations for essential hypertension in 2013-21 was 1 to 10. This gives Hamilton County an essential hypertension hospitalization rate below the Illinois rate of 0.6. The essential hypertension rate is the number of hospitalizations for chronic hypertension as the principal diagnosis (IQUERY, n.d.).

COMMUNICABLE DISEASES

Although there is mandatory reporting for some communicable diseases, the number reported is usually a far cry from the actual burden of the disease. This is very evident in foodborne illnesses since many people who experience food borne illnesses usually self-treat and do not report to a health care provider. Therefore, many foodborne illnesses are underreported. All reported communicable diseases for Hamilton County are well below the reportable threshold with the exception of COVID-19 during the global pandemic.

Cancer Incidence

Illinois cancer rates for 2014 through 2018 was 466.8 per 100,000 populations, the Hamilton County rate was 470.2 per 100,000 populations. The highest rate of cancer in Hamilton County involves the lungs and bronchus. (Illinois State Cancer Registry , n.d.) Illinois cancer mortality rates from 2013 through 2017 are 161.7 per 100,000 populations, while the Hamilton County rate is nearly equal at 158 per 100,000 populations. (American Cancer Society , n.d.) Cancer was the leading cause of death in Hamilton County in 2020. (IQUERY, n.d.)

Childhood Lead: The rate for Hamilton County children with elevated blood lead levels is not relevant due to the low incidence.

Other Factors

Behavioral Risk Factor Surveillance System (BRFSS)

About 8.8% of Hamilton County adults did not have a health plan according to BRFSS survey in 2015-2019. Also, 50.3% of adults did not have dental insurance. The rate of obesity per BMI for Hamilton County was 43.1%. This was 11.3% higher than the Illinois rate of 31.8%. The rate of overweight people in Hamilton County was 30.5%. This indicates that 73.6% of the population in Hamilton County is either overweight or obese. In addition, 47% of Hamilton County adults met the recommended level of physical activity. (Illinois Behavioral Risk Factor Surveillance System, n.d.)

EMERGENCY ROOM DATABASE

The top acute diagnoses in emergency rooms at Hamilton County during 2013-2014 include:

- Urinary Tract Infection – 217 cases
- Abdominal pain – 292 cases
- Chest pain- 371
- Pneumonia- 96
- Skin infections- 148

Emergency Room Chronic Condition Visits (2016)

- Asthma- 103
- Diabetes 456
- Hypertension- 974
- COPD- 186
- Ischemic Heart Disease- 109

Mortality

There were 131 deaths in Hamilton County in 2020. The mortality rate in Hamilton County has increased 28% over the last five years. The current global pandemic was a direct contribution to the increase mortality rate. The leading cause of death in 2020 was malignant neoplasm. The leading causes of death in Hamilton County in 2020 were:

- Heart disease – 19 deaths
- Malignant neoplasms – 22 deaths
- COVID-19 – 11 deaths
- Nephritis (diseases of the kidney and urinary tract) – 2 deaths
- Chronic Lower Respiratory Disease – 10 deaths
- Cerebrovascular disease – 4 deaths
- Diabetes – 8 deaths
- Accidents – 3 deaths
- Alzheimer's – 7 deaths

- Influenza and Pneumonia – 2 deaths
- Septicemia – 5 deaths

HEART DISEASE AND CANCER

Of these leading causes of death in Hamilton County, a majority were chronic diseases. Heart disease has remained a top cause of death in Hamilton County for decades. Cancer is the current leading cause of death in Hamilton County. Cancer has also remained a leading cause of death in Hamilton County throughout the past decade. Leading causes of death remain constant from year to year due mainly to the population trends or lack thereof. Population demographics are unchanged over the past ten (10) years.

The Prioritization Process

After presenting the data as in Appendix B to the committee, relevant indicators were identified and grouped into categories. These were referred to as areas of concern. The purpose of this was to help the committee wade through the maze of such a large and extensive data presentation. These areas of concern were:

DISEASE STATES AND CONDITIONS

- Cardiovascular Disease
- Cancer
- Chronic Respiratory Disease
- Diabetes
- Mental Health
- Obesity
- Oral Health
- Substance Use/Abuse

HEALTH AND COMMUNITY SYSTEMS

- Access to Specialty Care
- Dental Care/Coverage
- Mental Health Resources
- Transportation
- Fitness/Recreation Centers

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 there were in Hamilton County. The prioritization method used was nominal group process. The committee deliberated and came up with the following priorities:

- Obesity
- Cardiovascular disease
- Substance Use/Abuse
- Behavioral Health

The Hamilton County Health Coalition came up with four health priorities. The coalition then began deliberating on the community health plan for each of these priorities.

Hanlon Method
Health Problem Priority Setting Worksheet
Hamilton County
Hamilton County Health Coalition
11/15/2021

Health Problem	A Size	B Seriousness	C Effectiveness of intervention	D Priority Score (A+2B) C	E Rank
Cardiovascular Disease	9	10	7	203	3
Obesity	8	9	7	182	4
Behavioral Health	8	10	9	252	1
Cancer	9	9	6	162	6
Diabetes	8	8	7	168	5
Oral Health	7	7	7	147	8
Chronic Respiratory Disease	7	8	7	161	7
Substance Use/Abuse	8	10	8	224	2

Section 3

COMMUNITY HEALTH PLAN

Statement of Purpose:

The purpose of the Hamilton County Health Coalition was to develop a strategic approach to community health improvement that would leverage resources county-wide to address priority health problems through the development of a local public health system composed of all agencies and organizations whose efforts can contribute to the health of the community.

Community Participation:

All members of the Local Emergency Planning Committee were invited to participate as the Hamilton County Health Coalition in the development of a community health plan that would address the priority health issues. These participants included the local hospitals, members of the medical profession, social service agencies, educational institutions, community health centers, advocacy organizations, and the Hamilton County Health Department. Participants worked as a group coalition in developing this plan. Specific representatives and their affiliation are presented in the tables below. The process is interactive drawing upon the knowledge and expertise of participants as members of the coalition, whose commitment will be essential to implementation.

Hamilton County Health Coalition	
Name	Agency
LaDonna Lasater	Hamilton County Health Department
Tara Gorden	Hamilton Memorial Hospital
Dr. Alex Hood	Hamilton County Board of Health
Nathan Taylor	Hamilton County EMA/McLeansboro Police/HCHD Board of Health
Jody Gray	Hamilton County Health Department
Mike Kearns	Hamilton Memorial Hospital
Alesha Storey	Ham. Co. School Nurse/HCHD BOH
Nicole Schoenborn	Hamilton County Health Department
Jeff Jake	Wayne County Health Department
Karen Lappington	Hamilton County Board of Health

Community Health Plan Process

The community health plan identifies the county’s top health problem priorities, the risk factors that contribute to them, and the effective intervention strategies that will be used to reduce their negative impact on the health status of the community.

After conducting a needs assessment and analyzing the available data, thirteen health and community problems in Hamilton County were identified. After further discussion with the committee members some of the health problems were combined into categories and others were set aside. The final list of eight health problems included: cancer, mental health, obesity, oral health, diabetes, substance use/abuse, chronic respiratory disease, and cardiovascular disease. This list of eight health problems were then used to apply the Hanlon Method to determine the county’s top priority health problems. This method, modified by APEX-PH from the process developed by J. J. Hanlon, has been used to prioritize the list of county health problems. It establishes priorities based on the size and seriousness of the problem as well as the effectiveness of the available interventions. Prioritization of the multiple health problems identified is necessary so that community resources can be directed appropriately. The Hanlon Method includes these considerations:

- 1) Size of the problem with consideration given to the number of community residents with the problem, but with emphasis on the proportion of the population at risk for the disease or condition; and,
- 2) The seriousness of the problem or the degree to which the problem causes death, hospitalization, disability, and economic loss; and the degree to which this is an emergent problem or one where there is an urgency for intervention; and,
- 3) The effectiveness of the intervention to address the health problem, or the degree to which an intervention is available to prevent the health problem.

The “PEARL Test” was then applied to the interventions for each health problem, evaluating the factors of **P**ropriety, **E**conomics, **A**ceptability, **R**esources, and **L**egality. All eight health problems passed the PEARL Test, and all interventions were judged to be proper, economical, acceptable, legal and, to some degree, feasible if given adequate resources.

Among the eight health problems, Hanlon priority scores ranged from a low of 147 to a high of 252. After some discussions consensus was reached to include four of the health problems in the new Community Health Plan (CHP): obesity, cardiovascular disease, behavioral health, and substance use/abuse. Priority scores for the chosen health concerns were:

Cardiovascular Disease

(Priority Score = 203)

Obesity

(Priority Score = 182)

Behavioral Health

(Priority Score = 252)

Substance Use/Abuse

(Priority Score = 224)

The Priority Health Problems

Many of the CHP outcome and impact objectives have been taken from the national Healthy People 2030 document and will be used to assist in the evaluation of CHP progress over the next five years. Evaluation to assess the effectiveness and implementation of the intervention strategies, as well as progress towards meeting or exceeding the Healthy People 2030 targets, will occur on an annual basis.

The following pages provide additional information about the CHP by taking each of the health priorities and providing:

1. A description of the problem.
2. The rationale for choosing the health problem as a health priority.
3. A review of the direct and indirect risk factors impacting the problem.
4. Outcome and impact objectives
5. Interventions
6. Resources to implement the interventions.
7. Barriers to achieving health improvements.
8. Funding options

<p>Health Problem: Obesity</p> <p>Obesity is one of the most challenging health crises the country has ever faced. Over the past 20 years physical inactivity and unhealthy eating have contributed to an epidemic of obesity and chronic disease across the United States. Two-thirds of U.S. adults and nearly one-third of children and teens are currently obese or overweight, putting them at increased risk for more than 20 major diseases: including type 2 diabetes, heart disease, asthma, sleep disorders, and orthopedic problems. It is not just our health that is suffering; obesity-related medical costs and a less productive workforce are hampering America’s ability to compete in the global economy (Centers for Disease Control and Prevention, Robert Wood Johnson Foundation).</p>	<p>Outcome Objective:</p> <p>By 2025, increase the proportion of children and adults in Hamilton County who are at a healthy weight.</p> <p><i>HP2030 NWS–03:</i></p> <p>Reduce the proportion of adults with obesity. (Target: 36%. Baseline 38.6%, Most Recent Data 38.6%)</p> <p><i>HP2030 NWS–04:</i></p> <p>Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese. (Target: 15.5 percent, Baseline 17.8%, Most Recent Data 17.8%)</p>
<p>Risk Factor(s):</p> <ol style="list-style-type: none"> 1. Sedentary lifestyle 2. Poor nutrition 3. Mental health 4. Parenting norms & practices 	<p>Impact Objective(s):</p> <ol style="list-style-type: none"> 1. By 2025, increase the rate of adults and children in Hamilton County who engage in regular physical activity. <ul style="list-style-type: none"> <i>HP2030</i> • PA–01: Reduce the proportion of adults who do no physical activity in their free time. (Target: 21.2%, Baseline 25.4%, Most Recent Data 25.4%) • PA–08: Increase the proportion of adolescents who do enough aerobic and muscle-strengthening activity. (Target 24.1%, Baseline 20%, Most Recent Data 16.5%) 2. By 2025, reduce the proportion of children and adolescents with obesity. (Target 15.5%, Baseline 17.8%, Most Recent Data 17.8%)- NWS-04 <ul style="list-style-type: none"> <i>HP2030</i> • NWS–05: Increase the proportion of health care visits by adults with obesity that include counseling on weight loss, nutrition, or physical activity. (Target 32.6%, Baseline 24.8%, Most Recent Data 24.8%) • PA-R02: Increase the proportion of parents who follow AAP recommendations on limiting screen time for children aged 6 to 17 years (Research Status. No Baseline.) 3. By 2025, Increase the proportion of adults who talk to friends or family about their health. (Target 92.3%, Baseline 86.9%, Most Recent Data 86.9%)- HC/HIT-04

	<p><i>HP2030</i></p> <ul style="list-style-type: none"> • HC/HIT-R01: Increase the health literacy of the population (Research Status. No Baseline) • HC/HIT-D01: Increase the number of state health departments that use social marketing in health promotion programs (Developmental- No Baseline)
<p>Contributing Factor(s):</p> <ul style="list-style-type: none"> • Television, smart phones, and computer/video game usage • Built environments that discourages or are unsafe for walking, biking, etc • Lack of available outdoor play space • Cultural norms • Increasing use and availability of fast-food restaurants and convenience stores • Marketing of sugary and fat-laden foods to children • Schools that offer high calorie, fat, and sugar snacks and drinks • Lack of grocery stores, affordable fresh fruits and vegetables, contributing to food deserts • Lack of nutrition knowledge • Financial constraints to buy healthy foods • Lack of knowledge • Stress • Lack of motivation • Lack of support systems • Working parents who are unable to find the time or energy to cook a nutritious meal or supervise outdoor playtime • Adverse childhood experiences • Genetics/biology • Environmental agents/toxins • Mental health 	<p>Intervention(s):</p> <ol style="list-style-type: none"> 1. Develop and strengthen data surveillance for overweight, obesity, physical activity, and nutrition. Work with local partners such as hospitals, schools, and other social service agencies to coordinate and develop local surveillance of health status of Hamilton County. 2. Support and promote thru social media and physical activity events, current activities and initiatives that are working to meet common objectives; such as local parks & recreation and school wellness committees. 3. Promote campaign for Rethink Your Drink to consider alternatives to sugar sweetened beverages. Promote thru social media/radio and support school/workplace policies that limit consumption or portion sizes of sugar sweetened beverages. (statewide sugar sweetened beverage tax for prevention funding; limiting availability in vending machines in workplaces, schools) 4. Support and enforce “Serve Kids Better” law in restaurants within the county 5. Support policies that make affordable, healthy food (specifically fruits and vegetables) available in communities, especially in areas with food deserts. 6. Promote food systems to make local/fresh produce and protein foods available through farmer’s market, co-ops, and food retailing. Promote by educating local food retailers and local chamber of commerce. 7. Work to establish policies and environmental changes that support and promote physical activity. 8. Develop a safe, attractive, and comfortable environment for active transportation that connects communities, parks, and other destinations.
<p>Resources Available:</p> <ul style="list-style-type: none"> • Hamilton County Health Coalition – community partner agencies • HCHD – Women, Infants, and Children program focused on nutrition, breastfeeding peer counselor, and use of farmer’s markets. • Illinois Alliance to Prevent Obesity • Hospital community wellness initiatives include weight and diabetes management. • Many more workplaces are recognizing the importance of worksite wellness programs. • School health and wellness initiatives include student and faculty/staff wellness. • Local gyms and fitness centers • City and State Parks departments • Farmer’s Markets 	<p>Barriers:</p> <ul style="list-style-type: none"> • Fast-paced lifestyle • Lack of knowledge– nutrition, weight management, physical activity • Lack of motivation • Built environment– neighborhood safety concerns, no sidewalks, no bike lanes • Focus on travel by car versus walking or biking (built environment) • Access to healthy options in regard to healthy food, parks, and play areas • Financial barriers– healthier food may cost more • Abundance of unhealthy food options such as fast food, convenience stores, and vending machines • Many sedentary focused activities such as TV, video games, smart phones, and computer

	<ul style="list-style-type: none">• Lack of time to be physically active• Cultural norms or beliefs• Primary provider’s understanding and willingness to address weight issues; screening for BMI• Lack of support system; single parenting• Lack of consistent local data• Lack of public health resources
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<p>Health Problem: Cardiovascular Disease</p> <p>Heart disease is the leading cause of death in the United States.¹ Stroke is the fifth leading cause of death in the United States. Together, heart disease and stroke are among the most widespread and costly health problems. Fortunately, they are preventable by controlling risk factors. (Healthy People 2030)</p>	<p>Outcome Objective:</p> <p>By 2025, improve cardiovascular health in adults of Hamilton County. HDS-01</p> <p><i>HP2030</i></p> <ul style="list-style-type: none"> • HDS-06: Reduce cholesterol in adults. (Target 186.4 mg/dl, Baseline 190.9 mg/dl, Most Recent Data 190.9 mg/dl) • HDS-04: Reduce the proportion of adults with hypertension. (Target 27.7%, Baseline 29.5%, Most Recent Data 29.5%)
<p>Risk Factor(s):</p> <ol style="list-style-type: none"> 1. Hypertension 2. Tobacco Use 3. Elevated Cholesterol 4. Obesity 5. Substance use/abuse 	<p>Impact Objective(s):</p> <p>By 2025, increase the number of adults in Hamilton County having their blood cholesterol checked.</p> <ul style="list-style-type: none"> • HDS-07: Increase cholesterol treatment in adults. (Target 54.9%, Baseline 44.9%, Most Recent Data 44.9%) <p>By 2025, increase the number of adults in Hamilton County having their blood pressure checked and monitored.</p> <ul style="list-style-type: none"> • HDS-05: Increase control of high blood pressure in adults. (Target 60.8%, Baseline 47.8%, Most Recent Data 47.8%) <p>By 2025, decrease the rate of smoking by adults in Hamilton County.</p> <ul style="list-style-type: none"> • TU-0.1: Reduce cigarette smoking by adults (Target 16.2%, Baseline 20.1%. Most Recent Data 20.1%)
<p>Contributing Factor(s):</p> <ul style="list-style-type: none"> • Improper Diet • Obesity • Physical Inactivity • Availability of tobacco • Habitual use of tobacco • Cultural acceptance of tobacco • Lack of interest in screening and follow-up 	<p>Intervention(s):</p> <ul style="list-style-type: none"> • Establish free blood pressure monitoring events at health fairs and HCHD flu clinics. • Promotion of physical activity and limiting screen time • Promotion of tobacco quit line thru social media (Facebook, Instagram, Website, PSA) • Maintain Coordinated School Health initiatives. • Promotion of cholesterol screenings at health fairs, community events, and health clinics.
<p>Resources Available:</p> <ul style="list-style-type: none"> • Hamilton Memorial Hospital District: Health Fair, Employee wellness and community wellness programs, Heart Group cardiac rehab programs 	<p>Barriers:</p> <ul style="list-style-type: none"> • Lack of funding • Health apathy • Cultural acceptance • Lack of access to healthy food

<ul style="list-style-type: none"> • Hamilton County Health Department: Illinois Tobacco Free Communities grant, IDPH Tobacco Help Line, Community Outreach during fairs & festivals, inclusion of health education in programs of the department, FCM/WIC nutrition consultation • Senior Nutrition Program • Head Start: health education for families through the Head Start Program (assessing risk factors in children, diet & exercise, and tobacco education) • Physical activity resources: local parks, Church multi-purpose facilities, baseball diamonds, basketball courts, tennis courts, Fitness Gym, Cross Fit Gym 	<ul style="list-style-type: none"> • Lack of built environment for physical activity\ • Lack of transportation • Lack of support • Culture revolved around eating • Lack of family meals with balanced meals • Genetics
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<p>Health Problem: Behavioral Health</p> <p>Mental disorders are among the most common causes of disability. Approximately half of all people in the United States will be diagnosed with a mental disorder sometime in their lifetime. An estimate suggests only half of those individuals will get the treatment they need. Moreover, suicide is the 10th leading cause of death in the United States, accounting for the deaths of approximately 44,000 Americans each year.^{4, 5}</p> <p>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.⁶</p>	<p>Outcome Objective:</p> <p>By 2025, increase the proportion of children and adults with mental health problems who receive treatment.</p> <p><i>HP2030</i></p> <p>MHMD-03: Increase the proportion of children with mental health problems who get treatment. (Target 82.4%, Baseline 73.3%, Most Recent Data 73.3%)</p> <p>MHMD-06: Increase the proportion of adolescents with depression who receive treatment (Target 46.4%, Baseline 41.4%, Most Recent Data 41.4%)</p> <p>MHMD-9: Increase the proportion of adults with depression who receive treatment (Target 69.5%, Baseline 64.8%, Most Recent Data 64.8%)</p>
<p>Risk Factor(s):</p> <ol style="list-style-type: none"> 1. Treatment use 2. Substance abuse 3. Relationships 4. Biological/chemical imbalance 5. Adverse childhood experiences 6. Social/environmental factors 7. Trauma 	<p>Impact Objective(s):</p> <ol style="list-style-type: none"> 1. By 2025, decrease the suicide rate in Hamilton County. <ul style="list-style-type: none"> • MHMD-01: Reduce the suicide rate (Target 12.8 per 100,000, Baseline 14.2 per 100,000, Most Recent Data 13.9 per 100,000) • MMHD-02: Reduce suicide attempts by adolescents. (Target 1.8 per 100, Baseline 2.4 per 100, Most Recent Data 8.9 per 100) 2. By 2025, increase access to mental health for children with mental health indicators. <ul style="list-style-type: none"> • EMC-D06: Increase the proportion of children and adolescents who get preventive mental health care in school. (Developmental. Data to be released at later date.) • Increase the access to mental/behavioral health services. (Ratio of Population to Mental Health Providers 4,060:1 in Hamilton County and 410:1 Overall in Illinois) 3. By 2021, increase the number of depression/mental health screenings completed in the community. <ul style="list-style-type: none"> • MHMD-08: Increase the proportion of primary care visits where adolescents and adults are screened for depression. (Target 13.5%, Baseline 8.5%, Most Recent Data 8.5%)

	<ul style="list-style-type: none"> • MICH-D01: Increase the proportion of women who get screened for postpartum depression (Developmental. Data to be released at later date.)
<p>Contributing Factor(s):</p> <ul style="list-style-type: none"> • Lack of mental health services • Non-compliance with treatment • Addiction • Self-medication • Lack of support systems • Unhealthy relationships • Physical injuries • Genetics/heredity • Abuse • Traumatic life events • Stress • Community violence/dysfunction • Transportation • Financial instability • Lack of health coverage for mental health 	<p>Intervention(s):</p> <ol style="list-style-type: none"> 1. Increase awareness of mental health services throughout the community. 2. Promote and support a preventative, positive mental health messaging campaign to promote early access to 3. treatment and decrease adverse childhood experiences. Decrease the stigma of accessing treatment, decrease the stigma of providing treatment, and decrease adverse childhood experiences. 4. Develop training materials. Offer community education packets to physicians and service providers on mental health, suicide prevention, and the local resources available to clients. 5. Promotion of Suicide Prevention hotlines in social media and radio PSA's 6. Increase of depression screenings by schools and local care providers thru policy change. 7. Support legislation promoting mental health services by frequent communications with legislators. 8. Encourage telehealth counseling for individuals with transportation issues and lack of support
<p>Resources Available:</p> <ul style="list-style-type: none"> • WIC/FCM programs at Health Department. • Perinatal depression screening from American Academy of Pediatrics by providers (WIC, OBGYN, Parenting Programs). • Local Primary Care Providers • School counselors • Mental Health Counselors • Support Groups • Religious organizations 	<p>Barriers:</p> <ul style="list-style-type: none"> • Financial constraints: inability to pay for care or treatment. • Lack of child psychiatrist in the area • Access to treatment/care other resources. • Compliance with treatment/care plan. • Stigma around mental health, such as fear or embarrassment. • Cultural or religious bias against seeking mental health treatment • Not prioritized in realm of other health issues. • Lack of training/knowledge of primary providers. • Lack of knowledge about mental health • Local and State government restrictions

<p>Health Problem: Substance Use/Abuse</p> <p>More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. Substance use disorders encompass illicit drugs, prescription drugs, and alcohol. Opioid use disorders have become problematic in the recent years.</p> <p>Substance use disorders can cause health problems, mental health issues, accidental injuries to self or others, criminal activity, and possibly death.</p> <p>Strategies to prevent drug and alcohol use at the school, family, and community level are key to reducing substance use disorders. Effective treatments for substance use disorders are available, but very few people get the treatment they need.</p>	<p>Outcome Objective:</p> <p>By 2025, decrease the proportion of the population with substance use disorder.</p> <p><i>HP2030</i></p> <p>SU-13: Reduce the proportion of people who had alcohol use disorder in the past year (Target 3.9%, Baseline 5.4%, Most Recent Data 5.4%)</p> <p>SU-15: Reduce the proportion of people who had drug use disorder in the past year. (Target 2.7%, Baseline 3.0%, Most Recent Data 3.0%)</p>
<p>Risk Factor(s):</p> <ul style="list-style-type: none"> 8. Mental health disorders 9. Peer pressure 10. Relationships 11. Biological/chemical imbalance 12. Adverse childhood experiences 13. Social/environmental factors 14. Trauma 15. Stress 16. Family history of addiction 	<p>Impact Objective(s):</p> <ol style="list-style-type: none"> 1. By 2025, increase the proportion of individuals receiving treatment in Hamilton County. <ul style="list-style-type: none"> • SU-01: Increase the proportion of people with a substance use disorder who got treatment in the past year. (Target 14%, Baseline 11.1%, Most Recent Data 11.1%) • MHMD-07: Increase the proportion of people with substance use and mental health disorders who get treatment for both (Target 8.2%, Baseline 3.4%, Most Recent Data 3.4%) 2. By 2025, decrease overdoses and overdose deaths in the community. <ul style="list-style-type: none"> • SU-03: Reduce drug overdose deaths (Target 20.7%, Baseline 20.7%, Most Recent Data 21.6%) • SU-18: Reduce the proportion of people who had opioid use disorder in the past year. (Target 0.5%, Baseline 0.7%, Most Recent Data 0.7%) 3. By 2025, increase education and resources for children and adolescents. <ul style="list-style-type: none"> • SU-R01: Increase the proportion of adolescents who think substance abuse is risky. (Research status. No baseline data) • AH-R09: Increase the proportion of public schools with a counselor, social worker, and psychologist (Research

	status. No baseline data.)
<p>Contributing Factor(s):</p> <ul style="list-style-type: none"> • Lack of mental health services • Self-medication • Lack of support systems • Chronic pain • Unhealthy relationships • Physical injuries • Genetics/heredity • Abuse • Traumatic life events • Stress • Community violence/dysfunction • Financial instability • Parental substance use • Poor parental monitoring 	<p>Intervention(s):</p> <ol style="list-style-type: none"> 1. Increase awareness of mental health services throughout the community. 2. Promote NA and AA groups throughout the community. 3. Promote and support a preventative, positive mental health messaging campaign to promote early access to treatment and decrease adverse childhood experiences. Decrease the stigma of accessing treatment, decrease the stigma of providing treatment, and decrease adverse childhood experiences. 4. Offer community education packets to schools and service providers on the dangers of substance use and abuse. Make the local resources available to the community. 5. Promotion of 24/7 Addiction Hotlines 6. Encourage telehealth counseling and support groups for individuals with transportation issues and lack of support
<p>Resources Available:</p> <ul style="list-style-type: none"> • WIC/FCM programs at Health Department. • Perinatal depression screening from American Academy of Pediatrics by providers (WIC, OBGYN, Parenting Programs). • Local Primary Care Providers • School counselors • Mental Health Counselors • Support Groups • Religious organizations 	<p>Barriers:</p> <ul style="list-style-type: none"> • Financial constraints: inability to pay for care or treatment. • Lack of substance abuse treatment in the area • Access to treatment/care other resources. • Compliance with treatment/care plan. • Stigma around mental health/addiction, such as fear or embarrassment. • Cultural or religious bias against seeking treatment • Not prioritized in realm of other health issues. • Lack of training/knowledge of primary providers. • Lack of knowledge of the severity of the issue

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APPENDIX A

Jan 2020	Confirm selection of members	Letter of Explanation to members
March 2020 <i>Pause in meetings related to COVID response*</i> July 2021	First IPLAN Committee meeting Introduction to IPLAN process	Get input from others. Each member do at least 3 interviews, using recommended questions. July 20, 2021- Coalition meeting
August 2021	Presentation of Hamilton Co. statistics Collect results of interviews.	Discussion of surveys and statistics
August 2021-September 2021	Presentation of additional statistics about Hamilton County residents. Most recent birth and death statistics, demographics, hospital diagnosis data. Handouts for each committee member. Begin discussion of health problems in the community as perceived by committee members.	Form list of possible health problems in community
September 2021-October 2021	Planning for most effective way to address a manageable number of identified health issues. Distribution of planning sheets for analysis of each health problem. Small groups sharing ideas.	October 10, 2021- Coalition meeting
October 2021-November 2021	Interventions for health issues in our community--what interventions have succeeded in other settings? What would be a good choice for Hamilton County? Complete plans for addressing the selected health problems.	Program planning Resource gathering Plans for evaluation of programs. November 3, 2021- Survey monkey sent to coalition for choosing health needs priority
November 2021	Write document. Revise document after coalition reviews.	Final document presentation to Coalition and BOH
December 2021-January 2022	Submit document	

Hamilton County IPLAN Committee
Hamilton Memorial Hospital
April 20, 2021

Present: Nicole Schoenborn, Jeff Jake, Tara Gorden, and Mike Kerans.

Meeting was called to order at 9:04 A.M. by Jeff Jake. Members were directed to sign in at this time.

The committee discussed that Clark Griffith had started the IPLAN process with them in 2019/2020 prior to the beginning of COVID. Everything was placed on hold during the COVID pandemic. All members agree to continue where it was left off. We will do most meetings during the quarterly LEPC meeting. Members also agreed to additional meetings if necessary. They also agree to email correspondence for approval of documents. Nicole gave a brief description of the purpose of IPLAN and its requirement every five years for certification of Local Health Departments. IPLAN will consist of an organizational capacity assessment, a community health assessment, and a community health plan focusing on a minimum of three priority health problems. Nicole has received a risk factors survey from IDPH Statistics team. She will sift through the document to highlight the top 5-10 health issues per the survey. The committee will then decide the 3-5 highest priority. After deciding on priorities, we will discuss direct and indirect contributing risk factors. We will decide on objectives and interventions to address our priority health needs. Nicole will be responsible for preparing the documents/charts/tables for the IPLAN.

Nicole is working with the Regional Health Officer (RHO) for guidance during the IPLAN process as this is her first time completing an IPLAN. The RHO has given her some documents to review. After reviewing the documents, Nicole will send the committee a timeline of meetings with expected outcomes. Nicole asks the committee to please review the emails as you receive them and direct any questions or feedback to the group message.

Next Meeting

- July 20, 2021 at 9 A.M. at the Hamilton Memorial Hospital

A motion to adjourn at 09:34 A.M. was made by M. Kerans and seconded by T. Gorden. Motion carried.

Meeting adjourned

Hamilton County IPLAN Committee
Hamilton Memorial Hospital
July 20, 2021

Present: Nicole Schoenborn, Jeff Jake, Tara Gorden, Nathan Taylor, and Mike Kerans.

Meeting was called to order at 9:03 A.M. by Jeff Jake. Members were directed to sign in at this time.

Nicole highlighted the top 5-10 health issues per the IDPH risk factor survey. Mental health, cancer, obesity, cardiovascular disease, and pulmonary disease were among the top 10. The committee will then decide the 3-5 highest priority. After deciding on priorities, we will discuss direct and indirect contributing risk factors. We will decide on objectives and interventions to address our priority health needs. Nicole will be responsible for preparing the documents/charts/tables for the IPLAN. The Committee will be responsible for input and approval of the document.

Next Meeting

- October 19, 2021 at 9 A.M. at the Hamilton Memorial Hospital

A motion to adjourn at 09:34 A.M. was made by M. Kerans and seconded by T. Gorden. Motion carried.

Meeting adjourned

Hamilton County IPLAN Committee
Hamilton Memorial Hospital
October 19, 2021

Present: Nicole Schoenborn, Jeff Jake, Tara Gorden, and Nathan Taylor.

Meeting was called to order at 9:03 A.M. by Jeff Jake. Members were directed to sign in at this time.

Nicole discussed the IPLAN process for LHD Accreditation. Clark Griffith had asked the members to be on the IPLAN committee in early 2020. Members agree to continue to serve the committee. Nicole briefly explained the process of data collection, needs assessment, goals/objectives, and meetings/email correspondence for approvals. Members discussed that the main community health need is mental health. The group also feels substance use/abuse is another large health issue. Nicole will reach out to the other members that were not present at the meeting for their concerns for health needs in the community. The top three health issues in the county are cancer, heart disease, pulmonary issues, and diabetes. The group also states lack of oral health is an issue. The committee will than decide the 3-5 highest priority. After deciding on priorities, we will discuss direct and indirect contributing risk factors. We will decide on objectives and interventions to address our priority health needs. Nicole will be responsible for preparing the documents/charts/tables for the IPLAN.

Committee is asked to participate in a survey to decide the county's priority health needs. Nicole will send this out in the near future.

Meeting adjourned at 9:52 AM

HCHD

Hamilton County Health Department

100 South Jackson St Room #5 McLeansboro, IL 62859

Date: Tuesday, December 21, 2021

To: Hamilton County Board of Health

From: Hamilton County Health Coalition

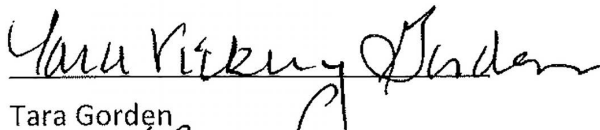
Re: 2020 Hamilton County Illinois Project for Local Assessment of Needs (IPLAN)

The Hamilton County Health Coalition has reviewed the 2020 IPLAN document submission. The coalition accepts the document as final and based on majority agreement hereby submits the 2020 Hamilton County IPLAN to the governing Hamilton County Board of Health for final approval.

The undersigned Hamilton County Health Coalition members have reviewed the 2020 IPLAN document and consider it complete and in compliance with project standards. We encourage the governing Hamilton County Board of Health to accept this IPLAN document for submission to the IDPH for final review and approval.



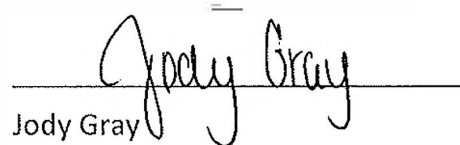
Nathan Taylor



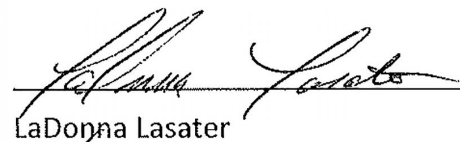
Tara Gorden



Jeff Lake



Jody Gray



LaDonna Lasater



Nicole Schoenborn

HCHD

Hamilton County Health Department

100 South Jackson St Room #5 McLeansboro, IL 62859

This is to inform you that the Organizational Capacity Assessment (APEX/PH Part I) has been completed by the Administrative staff of the Hamilton County Health Department; health department personnel took part in this assessment, and it has been reviewed by the Hamilton County Board of Health. We hereby approve the Organizational Assessment and Plan and will support the long- and short-term goals identified by this process.

The document also includes the purpose of the assessment, a description of the process, and community data on which the selection of priorities was based. The Hamilton County Health Coalition and the Hamilton County Health Department approve the needs assessment. Upon approval the department will forward the needs assessment to the Illinois Department of Public Health for final review and approval.

This signed document represents acceptance of the Hamilton County, Illinois Project for Local Assessment of Needs by the governing board of health.



12/21/21

Dr. Alec Hood
Chairman