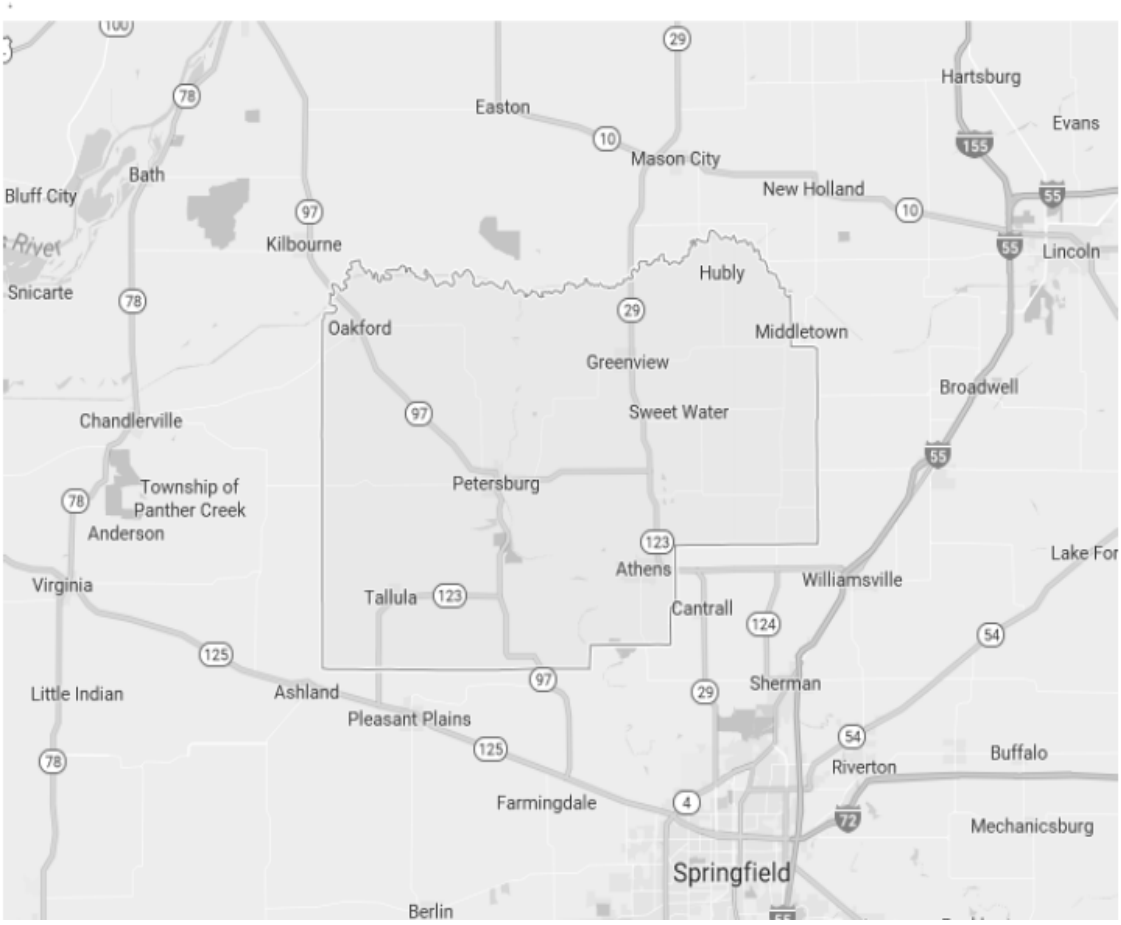
Illinois Project for Local Assessment of Needs 2015 - 2020



Menard County Health Department

Menard County Health Department
c/o Sangamon County Department of Public Health
2833 South Grand Avenue East
Springfield, Illinois 62703
(217)535-3100

February 1, 2017

Tom Szpyrka
IPLAN Administrator
Illinois Department of Public Health
525 West Jefferson Street
Springfield, IL 62761

Dear Mr. Szpyrka,

Not too long ago, the future of public health in Menard County looked bleak. Our infrastructure was failing, and with the loss of our last nurse and our administrator, we looked to Sangamon County for assistance. It has been our good fortune to develop a contractual relationship with Sangamon County to provide the core services for Menard County. As part of this process, we have learned more about each respective County, and how some of our needs and service demands are aligned. To that end, we are in agreement that a joint IPLAN serves to bring us closer together as neighboring Counties by partnering to address some of our joint health concerns.

We are mindful of Sangamon County's partnership with Memorial Medical Center and HSHS St. John's Hospital to conduct a joint community needs assessment every 3 years. While we joined forces with Sangamon County in the midst of this process, we understand future endeavors with the hospitals will include an increased focus on Menard County and its respective health needs and challenges.

Therefore, this letter serves to confirm that the Menard County Board of Health concurs with the Organizational Self-Assessment conducted by the Sangamon County Department of Public Health. Furthermore, we also agree with and have adopted the IPLAN and the Community Health Plan that has been adopted by the Sangamon County Board of Health. We feel the process with its goals and objectives will serve our County well in the coming years.

We appreciate your willingness to allow Menard County to jointly submit its IPLAN with Sangamon County. We feel this process will benefit both of our Counties by coordinating services and resources. Please feel free to contact Jim Stone, Director of Public Health, should you have any questions.

Sincerely,

David Bagot

Dave Bagot, R. Ph.
President, Menard County Board of Health

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Menard County Board of Health Members

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Purpose and Background

The purpose of the Menard County Health Department (MCHD) is to provide the citizens of the county with a healthful environment conducive to physical, mental, and emotional well-being as well as the information and promotion necessary to motivate citizens to insure their personal and families' health functions through: the assessment of Community Health Status, Resources, the Development of Policies and Programs and the Assurance of Quality and Effective Services.

The Menard County Board of Health has contracted with the Sangamon County Department of Public Health (SCDPH) to provide services for and to Menard County and its residents. Historically, Menard County residents have sought medical care and accessed social services in Sangamon and other contiguous counties. In the past few years, primary health care has been available in Menard County with the addition of a clinic built by Memorial Health Systems. A section of that clinic has been rented by SCDPH to provide WIC, Family Case Management, Early Intervention, and other services to Menard County residents, closer to home.

The Menard County Board of Health reviewed local data, when available due to small numbers, and that of Sangamon County and agreed that the priorities selected by the Sangamon County Board of Health are also appropriate for Menard County. The purpose of the Community Health Plan is to address the identified top community priorities and develop a plan of action to improve the community health in these areas.

Demographics

As of the census of 2000, [9] there were 12,486 people, 4,873 households, and 3,552 families residing in the county. The population density was 40 people per square mile (15/km²). There were 5,285 housing units at an average density of 17 per square mile (6/km²). The racial makeup of the county

was 98.59% White, 0.38% Black or African American, 0.22% Native American, 0.17% Asian, 0.25% from other races, and 0.39% from two or more races. 0.75% of the population was Hispanic or Latino of any race. 32.6% were of German, 17.4% American, 15.0% English and 10.1% Irish ancestry.

There were 4,873 households out of which 36.10% had children under the age of 18 living with them, 60.70% were married couples living together, 9.10% had a female householder with no husband present, and 27.10% were non-families. 23.80% of all households were made up of individuals and 10.30% had someone living alone who was 65 years of age or older. The average household size was 2.52 and the average family size was 2.99.

In the county the population was spread out with 26.50% under the age of 18, 6.80% from 18 to 24, 28.90% from 25 to 44, 24.60% from 45 to 64, and 13.20% who were 65 years of age or older. The median age was 38 years. For every 100 females there were 96.20 males. For every 100 females age 18 and over, there were 92.00 males.

The median income for a household in the county was $46,596, and the median income for a family was $52,995. Males had a median income of $36,870 versus $27,010 for females. The per capita income for the county was $21,584. About 6.10% of families and 8.20% of the population were below the poverty line, including 12.50% of those under age 18 and 6.00% of those aged 65 or over.

Menard County's high school graduation rate is 87.44% with an on time graduation rate of 84.7%. These are above the Healthy People 2020 target of 82.40%.

When planning interventions for Menard County residents, it is important to consider the number of individuals or families who are economically or physically challenged. 22.26% families have a housing cost burden meaning that over 30% of family income is spent on housing costs. There are 288 households that do not have a vehicle, 5.86% of all county residents. Nearly 30% of students are eligible for free or reduced priced lunches.1,432 people are disabled with the majority of them under the age of 65 years old.

People	**Menard County, Illinois**
Population	
Population estimates, July 1, 2015, (V2015)	12444
Population estimates base, April 1, 2010, (V2015)	12705
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)	-2.1
Population, Census, April 1, 2010	12705
Age and Sex	
Persons under 5 years, percent, July 1, 2015, (V2015)	5.2
Persons under 5 years, percent, April 1, 2010	5.8
Persons under 18 years, percent, July 1, 2015, (V2015)	21.9

Persons under 18 years, percent, April 1, 2010	23.6
Persons 65 years and over, percent, July 1, 2015, (V2015)	18.6
Persons 65 years and over, percent, April 1, 2010	15.6
Female persons, percent, July 1, 2015, (V2015)	51.4
Female persons, percent, April 1, 2010	51.3
Race and Hispanic Origin	
White alone, percent, July 1, 2015, (V2015) (a)	97.0
White alone, percent, April 1, 2010 (a)	97.5
Black or African American alone, percent, July 1, 2015, (V2015) (a)	1.2
Black or African American alone, percent, April 1, 2010 (a)	0.6
American Indian and Alaska Native alone, percent, July 1, 2015, (V2015) (a)	0.3
American Indian and Alaska Native alone, percent, April 1, 2010 (a)	0.3
Asian alone, percent, July 1, 2015, (V2015) (a)	0.3
Asian alone, percent, April 1, 2010 (a)	0.2
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2015, (V2015) (a)	Z
Native Hawaiian and Other Pacific Islander alone, percent, April 1, 2010 (a)	Z
Two or More Races, percent, July 1, 2015, (V2015)	1.2
Two or More Races, percent, April 1, 2010	1.1
Hispanic or Latino, percent, July 1, 2015, (V2015) (b)	1.4
Hispanic or Latino, percent, April 1, 2010 (b)	1.0
White alone, not Hispanic or Latino, percent, July 1, 2015, (V2015)	95.7
White alone, not Hispanic or Latino, percent, April 1, 2010	97.0
Population Characteristics	
Veterans, 2010-2014	1118
Foreign born persons, percent, 2010-2014	0.4
Housing	
Housing units, July 1, 2015, (V2015)	5670
Housing units, April 1, 2010	5654
Owner-occupied housing unit rate, 2010-2014	80.5
Median value of owner-occupied housing units, 2010-2014	119900
Median selected monthly owner costs -with a mortgage, 2010-2014	1187
Median selected monthly owner costs -without a mortgage, 2010-2014	463
Median gross rent, 2010-2014	653
Building permits, 2015	26
Families and Living Arrangements	
Households, 2010-2014	5119
Persons per household, 2010-2014	2.44
Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014	89.7

Language other than English spoken at home, percent of persons age 5 years+, 2010-2014	1.3
Education	
High school graduate or higher, percent of persons age 25 years+, 2010-2014	92.4
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	21.2
Health	
With a disability, under age 65 years, percent, 2010-2014	8.1
Persons without health insurance, under age 65 years, percent	7.4
Economy	
In civilian labor force, total, percent of population age 16 years+, 2010-2014	66.4
In civilian labor force, female, percent of population age 16 years+, 2010-2014	63.0
Total accommodation and food services sales, 2012 ($1,000) (c)	5522
Total health care and social assistance receipts/revenue, 2012 ($1,000) (c)	6316
Total manufacturers' shipments, 2012 ($1,000) (c)	D
Total merchant wholesaler sales, 2012 ($1,000) (c)	153410
Total retail sales, 2012 ($1,000) (c)	76770
Total retail sales per capita, 2012 (c)	6034
Transportation	
Mean travel time to work (minutes), workers age 16 years+, 2010-2014	25.9
Income and Poverty	
Median household income (in 2014 dollars), 2010-2014	59989
Per capita income in past 12 months (in 2014 dollars), 2010-2014	29391
Persons in poverty, percent	10.1
Businesses	
Total employer establishments, 2014	209
Total employment, 2014	1230
Total annual payroll, 2014	39474
Total employment, percent change, 2013-2014	-1.4
Total nonemployer establishments, 2014	809
All firms, 2012	921
Men-owned firms, 2012	331
Women-owned firms, 2012	379
Minority-owned firms, 2012	F
Nonminority-owned firms, 2012	892
Veteran-owned firms, 2012	29
Nonveteran-owned firms, 2012	852

Geography	
Population per square mile, 2010	40.4
Land area in square miles, 2010	314.44
FIPS Code	"17129"

United States Census Bureau, U.S. Census Quick Facts 2016

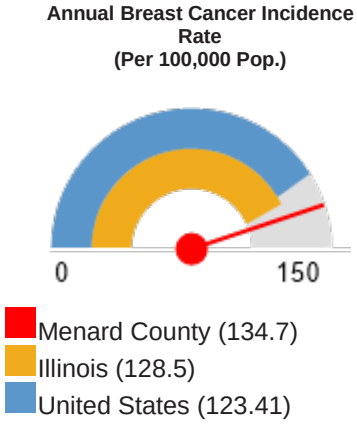
Community Health Profile

Community Commons.org CHNA Health Indicators

Cancer Incidence - Breast

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Menard County	890	12	134.7
Illinois	741,089	9,523	128.5
United States	18,056,679	222,845	123.41

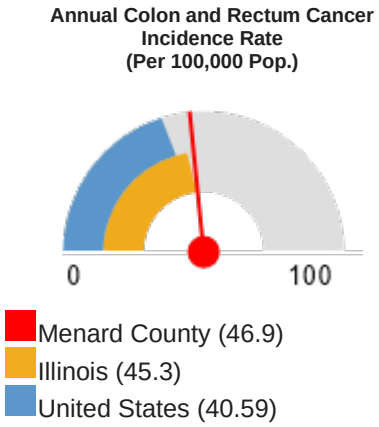


Note: This indicator is compared with the state average.
Data Source: State Cancer Profiles. 2009-13. Source geography: County

Cancer Incidence - Colon and Rectum

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9... 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Menard County	1,705	8	46.9
Illinois	1,382,781	6,264	45.3
United States	33,989,067	137,973	40.59
HP 2020 Target			<= 38.7

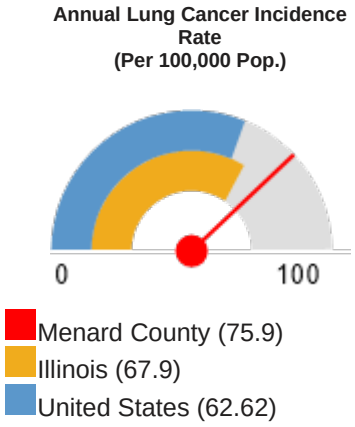


Note: This indicator is compared with the state average.
Data Source: State Cancer Profiles. 2009-13. Source geography: County

Cancer Incidence - Lung

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9... 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Menard County	1,712	13	75.9
Illinois	1,370,544	9,306	67.9
United States	33,999,704	212,905	62.62



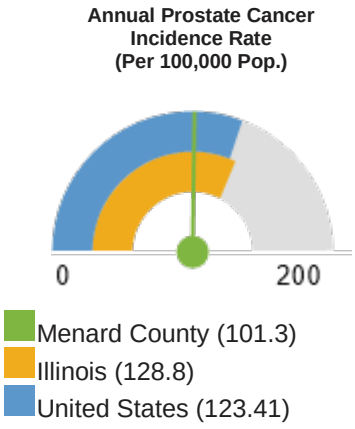
Note: This indicator is compared with the state average.
Data Source: State Cancer Profiles. 2009-13. Source geography: County

Cancer Incidence - Prostate

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9... 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to

identify cancers separately to better target interventions.

Report Area	Estimated Total Population (Male)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Menard County	888	9	101.3
Illinois	650,000	8,372	128.8
United States	16,301,685	201,179	123.41

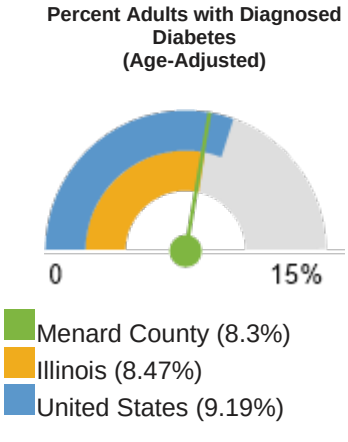


Note: This indicator is compared with the state average.
Data Source: State Cancer Profiles. 2009-13. Source geography: County

Diabetes (Adult)

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

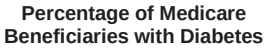
Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Menard County	9,520	971	10.2	8.3%
Illinois	9,507,158	864,658	9.09	8.47%
United States	236,919,508	23,685,417	10	9.19%



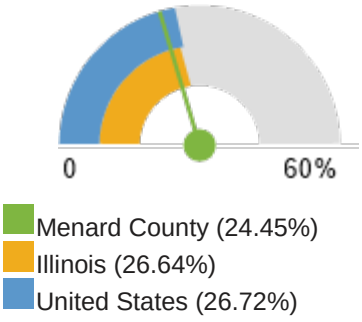
Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.
Source geography: County

Diabetes (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with diabetes.



Report Area	Total Medicare Beneficiaries	Beneficiaries with Diabetes	Percent with Diabetes
Menard County	1,689	413	24.45%
Illinois	1,476,750	393,462	26.64%
United States	34,096,898	9,110,725	26.72%

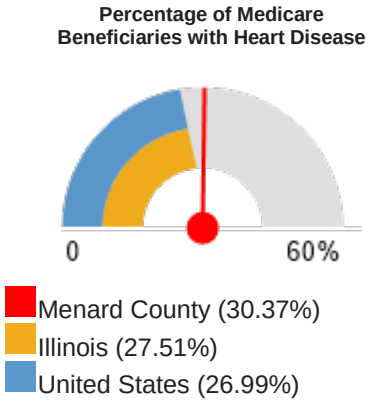


Note: This indicator is compared with the state average.
Data Source: Centers for Medicare and Medicaid Services. 2014.
Source geography: County

Heart Disease (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with ischaemic heart disease.

Report Area	Total Medicare Beneficiaries	Beneficiaries with Heart Disease	Percent with Heart Disease
Menard County	1,689	513	30.37%
Illinois	1,476,750	406,241	27.51%
United States	34,096,898	9,202,548	26.99%

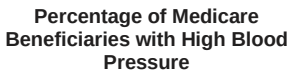


Note: This indicator is compared with the state average.
Data Source: Centers for Medicare and Medicaid Services. 2014.
Source geography: County

High Blood Pressure (Medicare Population)

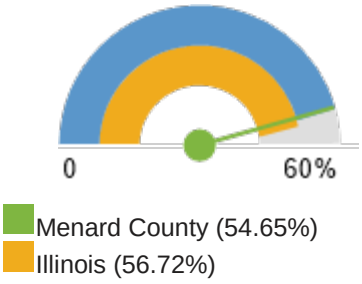
This indicator reports the percentage of the Medicare fee-for-service population with hypertension (high blood pressure).

Report Area	Total Medicare Beneficiaries	Beneficiaries with High Blood Pressure	Percent with High Blood Pressure
Menard County	1,689	923	54.65%



Illinois	1,476,750	837,638	56.72%
United States	34,096,898	18,775,968	55.07%

Note: This indicator is compared with the state average.
Data Source: Centers for Medicare and Medicaid Services. 2014.
Source geography: County

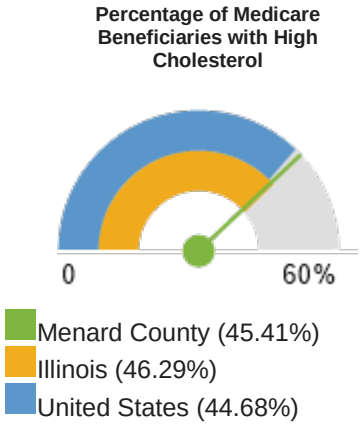


High Cholesterol (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with hyperlipidemia, which is typically associated with high cholesterol.

Report Area	Total Medicare Beneficiaries	Beneficiaries with High Cholesterol	Percent with High Cholesterol
Menard County	1,689	767	45.41%
Illinois	1,476,750	683,645	46.29%
United States	34,096,898	15,234,051	44.68%

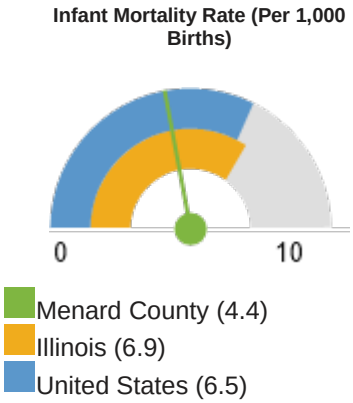
Note: This indicator is compared with the state average.
Data Source: Centers for Medicare and Medicaid Services. 2014.
Source geography: County



Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Menard County	670	3	4.4
Illinois	879,035	6,065	6.9
United States	20,913,535	136,369	6.5
HP 2020 Target			<= 6.0

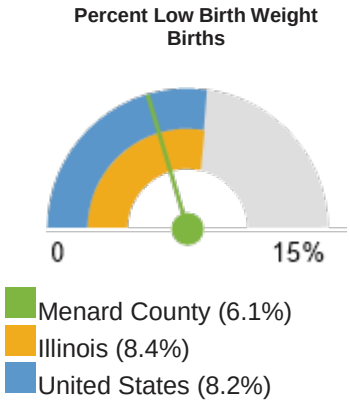


Note: This indicator is compared with the state average.
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10. Source geography: County

Low Birth Weight

This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Menard County	938	57	6.1%
Illinois	1,251,656	105,139	8.4%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%

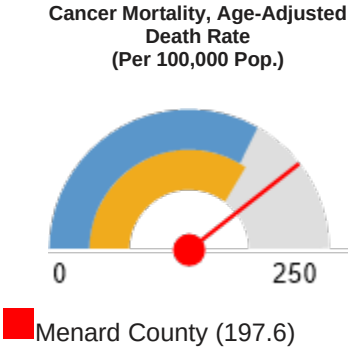


Note: This indicator is compared with the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County

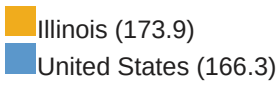
Mortality - Cancer

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)



Menard County	12,661	32	252.75	197.6
Illinois	12,867,528	24,326	189.05	173.9
United States	313,836,267	581,919	185.42	166.3
HP 2020 Target				<= 160.6

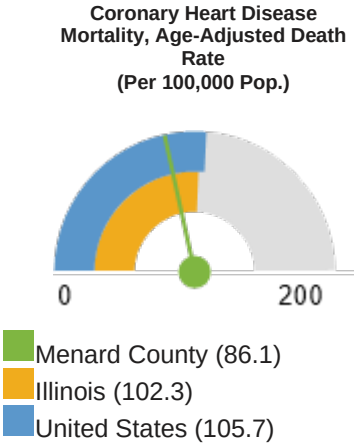


Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County

Mortality - Coronary Heart Disease

Within the report area the rate of death due to coronary heart disease per 100,000 population is 86.1. This rate is less than the Healthy People 2020 target of less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Menard County	12,661	15	115.32	86.1
Illinois	12,867,528	14,592	113.4	102.3
United States	313,836,267	372,125	118.57	105.7
HP 2020 Target				<= 103.4



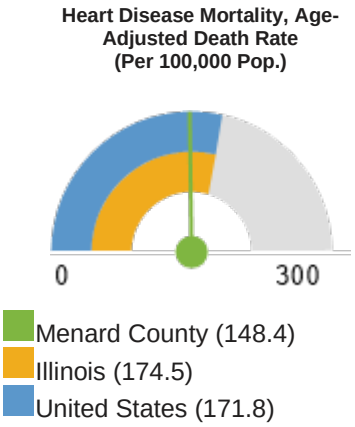
Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County

Mortality - Heart Disease

Within the report area the rate of death due to coronary heart disease per 100,000 population is 148.4. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is

relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Menard County	12,661	25	200.62	148.4
Illinois	12,867,528	24,895	193.47	174.5
United States	313,836,267	603,698	192.36	171.8

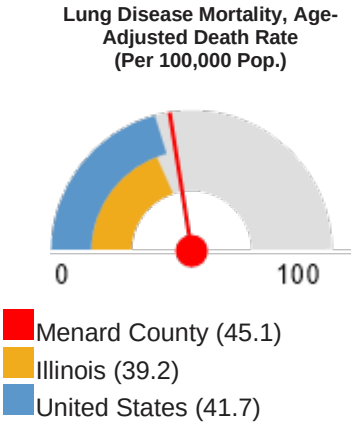


Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County

Mortality - Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Menard County	12,661	7	58.45	45.1
Illinois	12,867,528	5,419	42.12	39.2
United States	313,836,267	144,125	45.92	41.7

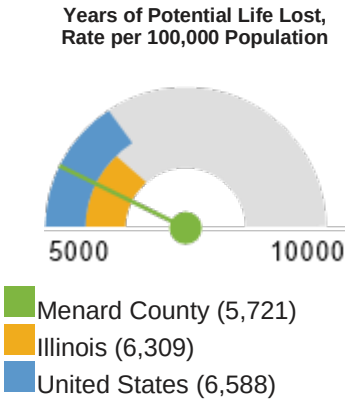


Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County

Morality - Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Report Area	Total Population, Census 2010	Total Premature Deaths, 2011-2013 Average	Total Years of Potential Life Lost, 2011-2013 Average	Years of Potential Life Lost, Rate per 100,000 Population
Menard County	12,705	49	727	5,721
Illinois	12,830,632	43,349	809,525	6,309
United States	312,732,537	1,119,700	20,584,925	6,588

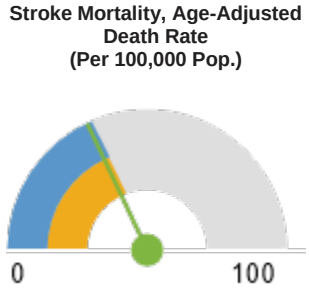


Note: This indicator is compared with the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2011-13.
Source geography: County

Mortality - Stroke

Within the report area there are an estimated 36 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Menard County	12,661	6	50.55	36
Illinois	12,867,528	5,368	41.72	37.9
United States	313,836,267	129,754	41.34	37.3



HP 2020 Target				<= 33.8

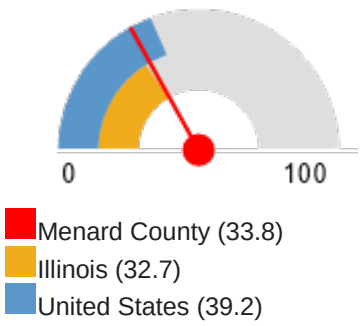
Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14.

Mortality - Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Menard County	12,661	5	37.91	33.8
Illinois	12,867,528	4,361	33.89	32.7
United States	313,836,267	128,295	40.88	39.2
HP 2020 Target				<= 36.0

Unintentional Injury (Accident) Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14.
Source geography: County

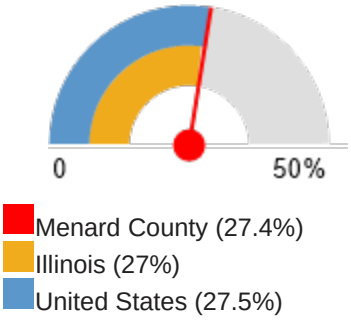
Obesity

27.4% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Percent Adults with BMI > 30.0 (Obese)

Report Area	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)

Menard County	9,484	2,684	27.4%
Illinois	9,511,847	2,600,939	27%
United States	234,188,203	64,884,915	27.5%

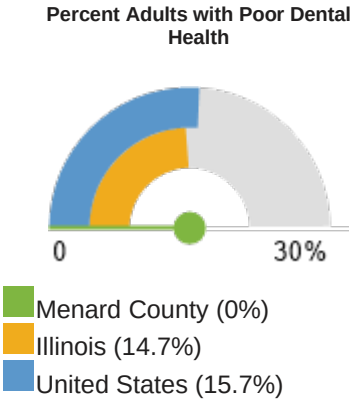


Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.

Poor Dental Health

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Report Area	Total Population (Age 18+)	Total Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Menard County	9,704	0	0%
Illinois	9,654,603	1,418,280	14.7%
United States	235,375,690	36,842,620	15.7%

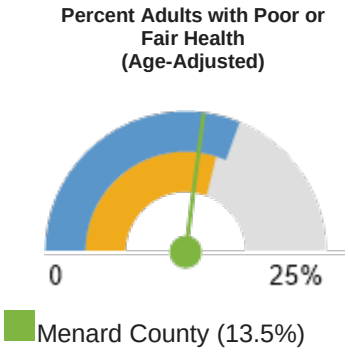


Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County

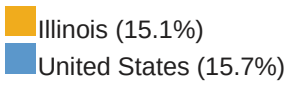
Poor General Health

Within the report area 18.4% of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?" This indicator is relevant because it is a measure of general poor health status.

Report Area	Total Population Age 18+	Estimated Population with Poor or Fair Health	Crude Percentage	Age-Adjusted Percentage
Menard County	9,751	1,794	18.4%	13.5%



Illinois	9,654,603	1,486,809	15.4%	15.1%
United States	232,556,016	37,766,703	16.2%	15.7%

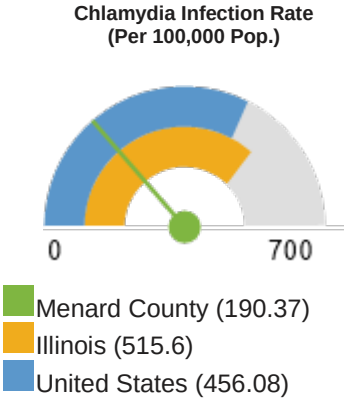


Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

STI - Chlamydia Incidence

This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Report Area	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate (Per 100,000 Pop.)
Menard County	12,607	24	190.37
Illinois	12,882,855	66,424	515.6
United States	316,128,839	1,441,789	456.08

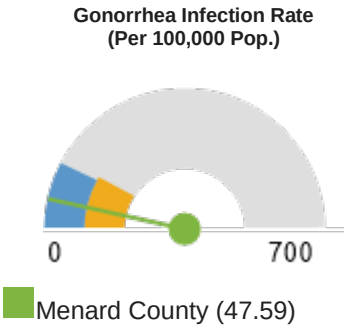


Note: This indicator is compared with the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County

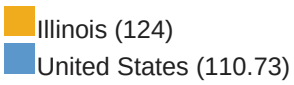
STI - Gonorrhea Incidence

This indicator reports incidence rate of Gonorrhea cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Report Area	Total Population	Total Gonorrhea Infections	Gonorrhea Infection Rate (Per 100,000 Pop.)
Menard County	12,607	6	47.59



Illinois	12,879,032	15,970	124
United States	316,128,839	350,062	110.73

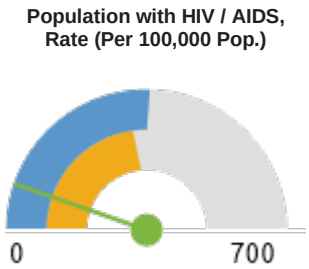


Note: This indicator is compared with the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County

STI - HIV Prevalence

This indicator reports prevalence rate of HIV per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Report Area	Population Age 13+	Population with HIV / AIDS	Population with HIV / AIDS, Rate (Per 100,000 Pop.)
Menard County	10,659	8	75.05
Illinois	10,739,418	34,681	322.93
United States	263,765,822	931,526	353.16



Note: This indicator is compared with the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

IDPH IQuery

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Top 25 Leading Causes of Death for Menard in 2014

Indicator Name	Total
Deaths by malignant neoplasms	29
Deaths by diseases of heart	25
Deaths by cerebrovascular diseases	11
Deaths by chronic lower respiratory diseases	10
Deaths by accidents	6
Deaths by Alzheimer's disease	4
Deaths by parkinsons's disease	4
Deaths by nephritis, nephrotic syndrome and nephrosis	3
Deaths by influenza and pneumonia	3
Deaths by aortic aneurysm and dissection	3
Deaths by septicemia	2
Deaths by atherosclerosis	1
Deaths by diabetes mellitus	1
Deaths by certain conditions originating in the perinatal period	1
Deaths by chronic liver disease and cirrhosis	1
Deaths by intentional self-harm (suicide)	1
Deaths by essential hypertension and hypertensive renal disease	1
Deaths by in situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	1
Deaths by pneumonitis due to solids and liquids	1

2015 Communicable Disease Report Menard County

Disease	Case Count
Ehrlichia chaffeensis (formerly HME)	1
Haemophilus Influenzae Invasive Disease	1
Hepatitis B Chronic	1
Hepatitis C Virus Infection Chronic or Resolved	7
Histoplasmosis	1
Rabies, Potential Human Exposure	6
Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-O157 serotype	2
Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped	2
Streptococcal Disease Invasive Group A	1
Tularemia	1
Varicella (Chickenpox)	4
West Nile Virus (WNV)	1
Sum:	28

STD Cases among 5-19 Year Olds in Menard County, 2011-2015*

Chlamydia

	2011		2012		2013		2014		2015	
	Cases	% of Total Cases	Cases	% of Total Cases	Cases	% of Total Cases	Cases	% of Total Cases	Cases	% of Total Cases
5-9	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
10-14	1	3.0%	0	0.0%	0	0.0%	0	0.0%	1	4.2%
15-19	18	54.5%	16	43.2%	8	21.6%	7	29.2%	5	20.8%
5-19 Total	19	57.6%	16	43.2%	8	21.6%	7	29.2%	6	25.0%
All Ages Total	33		37		37		24		24	

Gonorrhea

	2011		2012		2013		2014		2015	
	Cases	% of Total Cases	Cases	% of Total Cases	Cases	% of Total Cases	Cases	% of Total Cases	Cases	% of Total Cases
5-9	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
10-14	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
15-19	0	0.0%	2	28.6%	0	0.0%	0	0.0%	1	33.3%
5-19 Total	0	0.0%	2	28.6%	0	0.0%	0	0.0%	1	33.3%
All Ages Total	4		7		3		6		3	

Syphilis

	2011		2012		2013		2014		2015	
	Cases	% of Total Cases	Cases	% of Total Cases	Cases	% of Total Cases	Cases	% of Total Cases	Cases	% of Total Cases
5-9	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
10-14	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
15-19	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
5-19 Total	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Ages Total	0		0		0		0		0	

*2015 data is provisional

Source: IDPH STD Program, April 2016

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

Menard (MD)

	Menard County	Error Margin	Top U.S. Performers^	Illinois	Rank (of 102)
Health Outcomes					9
Length of Life					19
Premature death	5,700	4,200-7,200	5,200	6,300	
Quality of Life					11
Poor or fair health **	12%	11-12%	12%	17%	
Poor physical health days **	3.2	3.0-3.4	2.9	3.8	
Poor mental health days **	3.3	3.1-3.5	2.8	3.6	
Low birthweight	6%	5-8%	6%	8%	
Health Factors					13
Health Behaviors					17
Adult smoking **	15%	14-16%	14%	17%	
Adult obesity	31%	24-39%	25%	27%	
Food environment index	8.6		8.3	7.8	
Physical inactivity	25%	18-32%	20%	22%	
Access to exercise opportunities	62%		91%	89%	
Excessive drinking **	21%	20-22%	12%	21%	
Alcohol-impaired driving deaths	40%	15-62%	14%	36%	
Sexually transmitted infections	290.8		134.1	495.5	
Teen births	23	18-29	19	33	
Clinical Care					10
Uninsured	10%	9-11%	11%	15%	
Primary care physicians	3,150:1		1,040:1	1,240:1	
Dentists	6,290:1		1,340:1	1,410:1	
Mental health providers	4,190:1		370:1	560:1	
Preventable hospital stays	45	35-54	38	59	
Diabetic monitoring	90%	78-100%	90%	86%	
Mammography screening	76%	63-88%	71%	65%	
Social & Economic Factors					27
High school graduation	80%		93%	83%	
Some college	58%	51-65%	72%	67%	
Unemployment	5.7%		3.5%	7.1%	
Children in poverty	15%	11-19%	13%	20%	
Income inequality	4.1	3.4-4.8	3.7	4.9	
Children in single-parent households	26%	19-33%	21%	32%	
Social associations	15.9		22.1	9.9	
Violent crime	126		59	430	
Injury deaths	50	35-71	51	50	
Physical Environment					13
Air pollution - particulate matter	12.0		9.5	12.5	
Drinking water violations	No		No		
Severe housing problems	10%	8-13%	9%	19%	
Driving alone to work	78%	75-81%	71%	73%	
Long commute - driving alone	48%	42-53%	15%	40%	

Areas to Explore Areas of Strength

^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
** Data should not be compared with prior years due to changes in definition/methods

2016

Significant Data Findings

Deaths by malignant neoplasms were the leading cause of death in 2013 followed, but not closely, by diseases of the heart. Three particular cancers were indicated; breast cancer, colon and rectum cancer and lung. The data shows an average of 12 new breast cancer cases a year is identified in Menard County. This is an incidence rate of 134.7 per 100,000 pop., higher than Illinois' rate of 128.5 and the US rate of 123.41. Eight new cases of colon and rectum cancer a year push Menard County's incidence rate slightly higher than that of Illinois or the United States. Diseases of the heart were the first and second causes of death from 2009-2013 according to IDPH, IQUERY data system.

Community Health Needs Assessment

The Menard County Board of Health reviewed Sangamon County's Community Health Needs Assessment (CHNA) process and the selection of priorities. By unanimous vote, the Menard County Board of Health agreed that the Health Problem Priorities selected for Sangamon County will also be addressed in Menard County through 2020.

Local health departments are required to complete the IPLAN process at minimum every five years in order to remain certified. According to the Patient Protection and Affordable Care Act of 2010, Section 501(r) (3) requires non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt an implementation strategy to meet the community health needs identified through the CHNA, with specific rules about including input from public health. SCDPH requested and was granted permission from the Illinois Department of Public Health (IDPH) to collaborate with two local non-profit hospitals, Memorial Medical Center and St. John's Hospital, and sync with their three year CHNA cycle. Each of the three agencies will collaborate on the assessment of Sangamon County health needs together, and then individually present the findings to their respective Boards for interpretation and approval of future initiatives. Each of the three agencies will then have a list of 3-5 specific health focus areas. As part of this CHNA collaboration, the three health agencies agreed to choose one health priority on which to focus a joint initiative.

Local health departments in Illinois have a long history of inviting hospitals to sit at the table during the assessment and planning process to contribute data, analyze issues and provide input into selecting priorities and strategies to address health problems and issues.

The IPLAN process is completed with the help and input from staff of the health department, Memorial Medical Center, HSHS St. John's Hospital, SIU School of Medicine, the Sangamon County Department of Public Health Board of Health, CHNA Core and Advisory Committees, and community members. The CHNA Core and Advisory Committees were developed solely for the purpose of completing the collaborative CHNA and IPLAN process. The Core Committee is made up of representatives from Sangamon County Department of Public Health, Memorial Medical Center, HSHS St. John's Hospital, and SIU School of Medicine Office of Community Health and Service.

CHNA Core Committee Members

Jim Stone, Director Sangamon County Department of Public Health

Gail O'Neill, Assistant Director Sangamon County Department of Public Health

Mitch Johnson, Senior Vice President and Chief Strategy Officer Memorial Health System

Paula Gramley, Community Benefit Program Manager Memorial Medical Center

Kim Luz, Director of Community Outreach HSHS St. John's Hospital

Angela Hall, System Director Mission Integration HSHS St. John's Hospital

David Steward, MD, Association Dean SIU School of Medicine Office of Community Health and Service

Mary Hart, Community Planning Fellow Western Illinois Peace Corps Fellowship Program

The Advisory Committee of the Sangamon County Community Health Needs Assessment exists to help Sangamon County Department of Public Health, Memorial Medical Center, and St. John's Hospital review existing data and offer insights into community issues affecting that data. The Committee helps to identify local community assets and gaps in the priority areas and offers advice on which issues are the highest priority. Input was solicited from the Committee on perceptions of the data presented and additional community health problems to ascertain if data or anecdotal reports were available to verify the perceived health problems. The Advisory Committee is made up of representatives from 11 Sangamon County organizations and health care providers, supplying the CHNA process with diverse community participation.

CHNA Advisory Committee Members

Heather Burton, President and CEO Central Counties Health Centers

Sam Winger, Reverend Serving Jesus Willingly Ministry Eastside Ministerial Alliance

Tom Szpyrka, IPLAN Administrator Illinois Department of Public Health

Jan Gambach, President Mental Health Centers of Central Illinois & System Administrator Behavioral Health Memorial Health System

Jim Birge, Manager Sangamon County Farm Bureau

Carol Harms, Executive Director Sangamon County Medical Society

Janet Albers, Chair of Family and Community Medicine & CEO/Director SIU Center for Family Medicine

Jennifer Gill, Superintendent Springfield School District 186

Ileasia Hardy, Springfield Urban League

John Kelker, President United Way of Central Illinois

Ashley Kirzinger, Director University of Illinois Springfield Survey Research Office

In addition to meeting the requirements of the Administrative Code, IPLAN facilitates a shared focus and commitment of limited resources among organizations that have a stake in the health of the county. IPLAN serves as a guide to help the health department, as well as the community, prioritize health problems and determine how to address the many and often complex needs that are identified.

Primary data for the CHNA was collected by the University of Illinois Springfield Survey Research Office through surveys, community forums and focus groups. Secondary data for this assessment was gathered from sources such as Healthy People 2020, the Illinois Department of Public Health (IDPH), the Illinois Behavioral Risk Factor Surveillance System, Healthy Communities Institute, and County Health Rankings and Roadmaps for Sangamon County. All data were reviewed and considered while developing this IPLAN and helped to inform concerns brought up through the assessment process. The data and results from the survey, community forums and focus groups were reviewed by the CHNA Core and Advisory Committees, and their input was included to maximize the relevance and effectiveness of the process. Links to these documents and other information sources are listed in the Appendix.

Purpose

The Community Health Needs Assessment serves several purposes. The CHNA systematically describes the prevailing health status and health needs of the population within the local health department's jurisdiction. With community input, the CHNA process leads the CHNA Core and Advisory Committees through a comprehensive review and analysis of objective and subjective data impacting health status, including, but not limited to information about health indicators contained in the IPLAN data set.

The assessment also serves as a constant, comprehensive resource, and aids in the development of the Community Health Profile. In order to develop the Community Health Plan, the assessment must be completed in order to understand the health status, needs and demographics of Sangamon County.

The health needs assessment was developed using health indicators of Sangamon County from the Healthy Communities Institute, statistics from the County Health Rankings and also input form the CHNA Core and Advisory Committees. An initial review of more than 100 health priorities of Sangamon County by the CHNA Core Committee resulted in a selection of 21 serious health priorities for a more detailed review.

The 21 serious health priorities were narrowed down using a forced ranking completed by the CHNA Core Committee. The health priorities were ranked by weighing each individual priority using the following criteria:

1) Institute of Medicine's Triple Aim Impact- Improve the health of individuals or the population, and reduce health care costs.
2) Magnitude of the Issue- How many people are affected by this issue in the community?
3) Seriousness of the Issue- How related is the issue to the mortality (deaths) of those affected?
4) Feasibility- Considering available resources to address the issue, how likely are we to make a significant impact on the issue?

The forced ranking of the 21 priorities by CHNA Core Committee members resulted in a composite list of 12 serious health priorities that were then presented to the CHNA Advisory Committee. The CHNA Advisory Committee then ranked (using the defined criteria listed above) the 12 health priorities and selected 9 top health issues that would then be presented to the community of Sangamon County for feedback through a survey and 5 community forums.

The top 9 health priorities ranked highest by the Core and Advisory Committees that were brought to the public are: (In alphabetical order)

- Access to Care
- Asthma
- Child Abuse
- Dental Care
- Diabetes
- Food Insecurity
- Heart Disease
- Mental Health
- Overweight/Obesity

In conjunction with the collaborative CHNA ranking process, the Sangamon County Department of Public Health (SCDPH) completed an internal ranking of the top 9 health priorities (listed above) with the SCDPH Board of Health. Board members were presented with data documenting the seriousness and magnitude of the health issues and completed a forced ranking, culminating in the highest 5 health priorities (3 priorities, 2 strategic initiatives) for its IPLAN. Board members offered their individual expertise and input when determining the health focus areas for this IPLAN. Members provided information regarding problem risk factors and indirect contributing factors for certain health priorities. Target population, current and potential community assets and gaps, possible barriers, real versus perceived need, and the SCDPH scope of service were all considered during the ranking and deliberation.

Sangamon County Department of Public Health 2015 Board of Health Members

Jeffery Bierman, D.M.D.

Bart Troy, M.D.

Jennifer Ludwig

Robert M. Wesley

Deborah Grant

John Endris

Andy Goleman

Brian Miller, M.D.

Gail M. Simpson, Alderman

Kristofer Theilen, Alderman

Memorial Medical Center (MMC) and St. John's Hospital (SJH) completed their own internal rankings of the top health priorities of Sangamon County, based on the results of the collaborative CHNA, with their respective Board of Directors in order to develop their lists of priorities on which to focus during the 2015-2018 CHNA cycle.

MMC Top Health Priorities	SJH Top Health Priorities
Access to Care	Access to Care
Mental Health	Obesity
Obesity	Mental Health
	Pediatric Asthma

Community Involvement

The IPLAN process is a community health planning process for identifying priority health issues, and for mobilizing community coalitions and partnerships to address these issues. Community involvement in IPLAN is needed throughout the process to ensure community ownership and enrollment.

The CHNA survey was designed and engineered with assistance by the University of Illinois Springfield Survey Research Office. The survey was open to any member of Sangamon County and was mixed mode, available online and hard copies were made available at the community forums and various community locations.

During the month of October 2014, five community forums were conducted in Sangamon County (1 in Riverton, 1 in Auburn, and 3 in Springfield). These forums were facilitated by SIU School of Medicine Office of Community Health and Service. Community members in attendance were presented with data on the top health priorities of Sangamon County, socio-economic data from their communities (based on census tracts), and the source and meaning of the data was explained. Community members provided input on community data, helped to identify community assets and gaps, and assisted in identifying priority health and quality of life issues. All comments were anonymously recorded and transcribed by the University of Illinois Springfield (UIS).

After community forum and survey results were compiled by UIS and analyzed, community focus groups were conducted on the chosen joint collaboration priority of Access to Care. The focus groups were conducted in order to provide the CHNA Core Committee additional information on Access to Care issues, to help identify ways to address to issue, and to help identify potential partners for the collaborative priority of Access to Care. The three focus groups occurred during the month of January, 2015. Three different populations from a specific census tract were targeted during each individual focus group: community stakeholders, older adults, and young parents. An additional follow-up focus group was held with homeless mothers. These focus groups were facilitated by UIS, with all comments anonymously recorded and transcribed using both automated transcription software and individual researchers. The transcriptions and survey results were made available in a detailed report which was shared with the CHNA Committees and was made available online.

THE RESULTS FROM PUBLIC INPUT FOR THE 2015 COMMUNITY HEALTH NEEDS ASSESSMENT

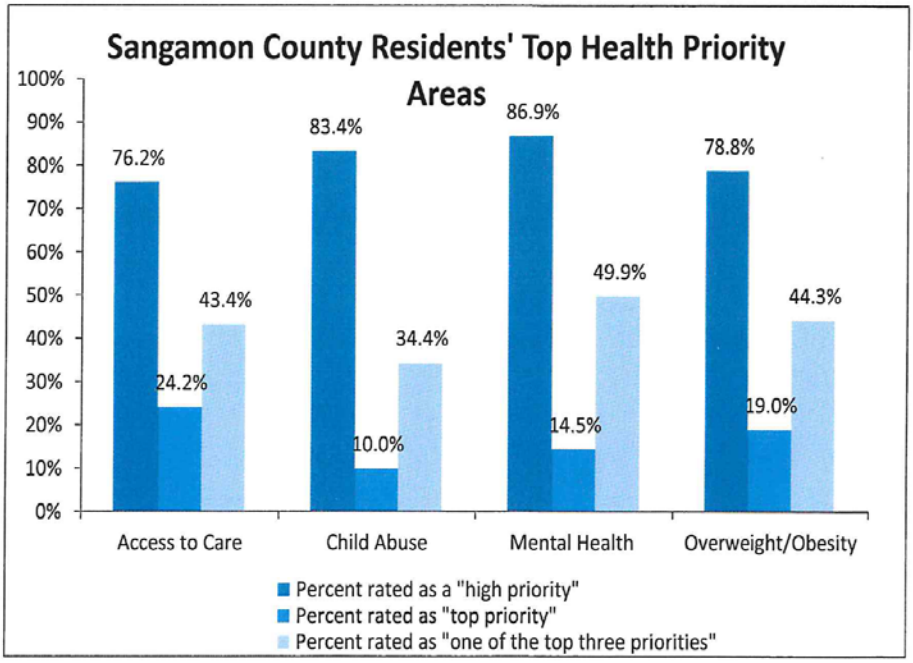
This brief is part of the Sangamon County Community Health Needs Assessment conducted by Memorial Medical Center, St. John's Hospital, and the Sangamon County Department of Public Health in collaboration with SIU School of Medicine's Office of Community Health and Service. The purpose of this report is to synthesize the scope of the information collected during the Community Health Needs Assessment process. If you have any questions about this report, please contact the UIS Survey Research Office at (217) 206-6591 or sro@uis.edu. The full report provides detailed findings from the five community health forums as well as the results from the public survey, which allowed members of the Sangamon County community to provide input on the health priority areas in the region.

Access to Care, Child Abuse, Mental Health, and Overweight/Obesity are Top Health Concerns

Sangamon County residents have a variety of health concerns ranging from specific illnesses affecting neighbors and family members to the absence of nutrition in the public school educational programs to the lack of access to proper healthcare and resources. Yet, when asked to identify the top health priority areas in Sangamon County, four priority areas are rated most important by the majority of Sangamon County residents. The four health priority areas are: Access to Care, Child Abuse, Mental Health, and Overweight/Obesity.

As seen in the figure, survey respondents were asked three different questions aimed at gauging what they believed to be the top health priority areas in the region. Across the three question variations, these four health priority areas remained the most concerning to Sangamon County residents.

There were some differences across demographic groups (gender, race, and zip code).



A higher percentage of individuals living in 62703 report that food insecurity is a high priority than in any other region. Also, while child abuse ranks high in all zip codes, it is ranked as less of a priority area among respondents in 62703 and 62711, 77.5 percent and 72.1 percent, respectively, rank it as a high priority. Almost ninety percent of respondents living in 62629 rank it as a high priority. When we examine whether demographic groups rated health priority areas differently, we only find a few significant differences (chi-squares in which significance is $p<.05$).

Women are more likely than men to report that mental health and child abuse are a high priority. Eighty-six percent of women compared to 73.3 percent of men report that child abuse is a high priority. In addition, 91.3 percent of women compared to 74.8 percent of men report that mental health is a high priority. Overall, women rate the majority of all of the health priorities higher than the male respondents (the only exception is heart disease). In addition, African-American respondents are more likely to report that asthma, child abuse, and heart disease are high priorities than either White respondents or respondents who do not identify as either White or African-American.

PROJECT METHODOLOGY AND SAMPLE DEMOGRAPHICS

Project Methodology

The Survey Research Office was asked by Memorial Medical Center, St. John's Hospital, the Sangamon County Department of Public Health, and SIU School of Medicine's Office of Community Health and Service to collect, record, and analyze public input for the 2015 Sangamon County Community Health Needs Assessment. The data that is included in this report is from two different but connected sources. First, it includes the survey responses completed by Sangamon County residents. The survey was available to residents online, at public forums, and at various locations throughout the community. In addition, public input from the five community health forums was recorded, transcribed, and coded in order to identify reoccurring themes as well as report on any additional health priority areas not previously identified.

Overall, 781 individuals completed the survey. Fifty-five of the surveys were completed at the community forums, 137 printed surveys were returned to the SRO, and 589 individuals completed the survey online. The survey was available to Sangamon County community members from September 22 to October 20, 2014. The five community forums were recorded and then transcribed using a combination of computer-assisted transcription software and human researchers. Transcriptions of all of the community forums are available at the full report.

Respondent Demographics

The table presents the demographic characteristics of both samples (community forum participants, community survey participants) compared to the most recent population estimates according the 2012 American Community Survey. As you can see in the table, a higher percentage of females participated in the community survey compared to overall population estimates.

	2012 ACS	Community Forum	Survey Respondents
Gender			
Female	52.0%	52.9%	75.2%
Male	48.0%	45.1%	22.3%
Race			
White	83.7%	78.0%	83.2%
African-American	12.0%	16.0%	11.3%
Asian	1.6%	6.0%	0.9%
Other	2.7%	0.0%	4.6%
Ethnicity			
Hispanic/Latino(a)	1.8%	2.2%	2.7%
Non-Hispanic/Latino(a)	98.2%	97.8%	97.3%
Age			
18-24 years old	6.0%	8.0%	4.8%
25-34 years old	12.8%	16.0%	18.4%
35-44 years old	12.8%	8.0%	18.9%
45- 54 years old	15.2%	14.0%	26.4%
55-64 years old	13.3%	26.0%	23.2%
65 and older	13.7%	28.0%	8.3%
Education			
Less than high school diploma	8.2%	0.0%	4.0%
HS diploma	28.6%	4.0%	8.5%
Some college/trade school	31.6%	6.0%	23.1%
College degree	20.1%	16.0%	18.7%
Advanced degree	11.6%	74.0%	45.7%

Three-fourths of the responses in the community survey are from female respondents while they only represent 52 percent of the Sangamon County population. In addition, we find that a higher percent of those who participated in the survey (forum participants and community participants) reported having advanced degrees compared to population estimates. For example almost three-fourths of individuals who attended the forums and completed a survey reported having an advanced degree as did 45.7 percent of those who completed a survey outside of the forum. This compares to only 11.6 percent of Sangamon County's population that has an advanced degree.

Community Health Plan

The Community Health Plan was developed by the administration of the Sangamon County Department of Public Health after meeting with both Boards of Health to discuss the priorities and what approaches would be feasible to attempt with limited budgetary resources and current staffing levels. The data surrounding each priority was discussed and brainstorming was done to develop ideas for interventions for each health problem. Administrative staff took the ideas and developed the plan.

Health Problem – Priority #1

Child abuse includes physical, sexual, and emotional abuse of a child under the age of 18. Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood. All types of child abuse and neglect have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. The cases of child abuse documented by the Illinois Department of Children and Family Services may underestimate the true occurrence of abuse and neglect as not all cases of child abuse are reported.

Risk Factors

Parenting stress, poor parent-child relationships, and negative interactions

Parents' history of child maltreatment in family of origin

Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income

Substance abuse and/or mental health issues including depression in the family

Non-biological, transient caregivers in the home (e.g., mother's male partner)

Family disorganization, dissolution, and violence, including intimate partner violence

Social isolation

Parental thoughts and emotions that tend to support or justify maltreatment behaviors

Community violence

Concentrated neighborhood disadvantage (e.g. high poverty and residential instability, high unemployment rates, and high density of alcohol outlets), and poor social connections

Contributing Factors

Socio-economic disadvantage

Parental un/underemployment

Low level of parental education

Low warmth/harsh parenting style

Lack of access to social support

Lack of mental health/substance abuse services

Social circles/culture of abuse

Inadequate resources for children (clubs, sports, recreation) and lack of access to adequately resourced schools

Low self-esteem

Physical health problems

Rural isolation

Resources Available

Schools, teachers, counselors, churches

Medical Providers

Social Service Agencies

Advocacy Networks

Child Abuse Prevention Programs

Community Action Partnership of Central Illinois (CAPCIL)

Menard County School and Community Task Force

Menard County Youth Mentoring Program

Sangamon-Menard University of Illinois Extension Office

Outcome Objective

By 2020, decrease the number of child abuse victims in Menard County from 13.9 per 1,000 children to 8.5 cases per 1,000 children. The Healthy People 2020 goal is 8.5 cases per 1,000 children aged 17 and younger.

Impact Objectives

Promote education about the types and signs of child abuse among physicians, nurses, providers and parents by 2018.

Increase the number of classes and SCDPH staff* participants of Mandatory Child Abuse Reporting Training by 2019.

Increase the awareness of SCDPH parent peer support groups and child abuse prevention education programs by 2019.

*SCDPH staff provides health services to Menard County residents

Proven Intervention Strategies

Increase promotion of services provided through the Healthy Families Illinois (HFI) that target child abuse risk factors such as young parents, through home visits for parents of at-risk newborns, positive parenting reinforcement, and referrals to other services, and providing parents with the tools and support to raise and nurture their children without physical or emotional violence. (The Centers of Disease Control and Prevention found that home visitation programs are highly effective at reducing child maltreatment, especially among high risk families).

> The SCDPH HFI program has been undergoing a retooling and rebuilding process. In 2015, a decision was made to change the providers of services in the home from trained to support workers to a nurse-based program. Due to a lack of budget on the State level, this rebuilding was delayed until February, 2017. Nurses have been hired and training is underway to build a vibrant program to meet the needs of high risk children in Menard and Sangamon Counties. This program is funded through grants from the Illinois Department of Human Services.

Increase the training and participants among SCDPH staff that undergo Mandatory Reporting Training. SCDPH staff members currently provide WIC, Early Intervention, Better Birth Outcomes and Family Case Management services to over 100 families with young children residing in Menard County.

> Trainers will be sought from local resources at no cost to SCDPH.

Increase awareness of existing social and educational services through referrals as part of the Family Case Management program. Expecting or parenting mothers who are Medicaid or low-income are assigned a resource nurse that provides information and guides mothers through accessing and properly utilizing existing social and educational services as needed to promote healthy parenting and parent-child interaction.

Resources

Injury Prevention and Control: Division of Violence Prevention; Child Maltreatment: Risk and Protective Factors, Centers for Disease Control and Prevention
http://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html

Voices For Illinois Children, Building Better Lives
http://www.voices4kids.org/

Prevent Child Abuse Illinois
http://www.preventchildabuseillinois.org/

Illinois Department of Children and Family Services, Safe Kids
http://www.illinois.gov/dcfs/safekids/Pages/default.aspx

Barriers

Breaking the culture of abuse among families with long history of interfamily violence

Stigma of domestic violence victims and asking for support to leave an abusive relationship

Lack of trust between parents/guardians and health care providers

Limited access to counselors and medical professionals, rural community

Transportation and isolation in rural areas

Description of the health problem, risk factors and contributing factors

The child abuse and neglect rate among Menard County children under 18 years of age was 13.9 per 1,000 children in 2014, compared with 9.3 statewide in 2012-2014. There were 155 alleged victims of abuse and neglect, 41/1,000 children in 2014. 2015 data from the Illinois Early Childhood Asset Map reports a rate of 11.7/1,000 children under age 17 indicated for abuse and neglect.

The Healthy People 2020 national health target is to decrease the number of maltreatment victims to 8.5 cases per 1,000 children.

Corrective actions to reduce the level of the indirect contributing factors

Encourage physicians and service providers to openly discuss child abuse with parents in an effort to remove communication barriers created by stigma in order to educate and raise awareness on child maltreatment and refer parents to appropriate forms of help/services dependent on the contributing factors

Increase the practice of parent mentoring and peer support networks aimed at parental education, creating access to social support, and fostering healthy parent-child involvement.

Increase awareness of social services to serve parents struggling with mental health and substance abuse issues

Proposed community organizations to provide and coordinate the activities

Sangamon County Department of Public Health

Health care providers

Child abuse advocates

Community organizations serving mothers, especially single mothers

Mental health providers

Drug treatment providers

Home visiting nurses and community health workers

Community Action Partnership of Central Illinois (CAPCIL)

Menard County School and Community Task Force

Menard County Youth Mentoring Program

Sangamon-Menard University of Illinois Extension Office

Churches

Evaluation plan to measure progress toward reaching goals

Child abuse rates for Menard County will be continually monitored by the Sangamon County Department of Public Health. SCDPH will at least annually review the number of DCFS referrals and outcomes made by Health Department nurses, Early Intervention specialists and support staff.

Community Health Plan Worksheet

Health Problem: Child abuse includes physical, sexual, and emotional abuse of a child under the age of 18. Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood. The cases of child abuse documented by the DCFS may underestimate the true occurrence of abuse and neglect as not all cases of child abuse are reported.	**Outcome Objective(s):** By 2020, decrease the number of child abuse victims in Menard County to a rate in line with the Healthy People 2020, 8.5 cases per 1,000 children aged 17 and younger.
Risk Factor(s) (may be many): Parenting stress, poor parent-child relationships, and negative interactions. Parents' history of child maltreatment in family of origin Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income. Substance abuse and/or mental health issues including depression in the family. Non-biological, transient caregivers in the home (e.g., mother's male partner) Family disorganization, dissolution, and violence, including intimate partner violence	**Impact Objective(s):** Promote education about the types and signs of child abuse among physicians, nurses, providers and parents by 2018. Increase the number of classes and SCDPH staff participants of Mandatory Child Abuse Reporting Training by 2019. Increase the awareness of SCDPH parent peer support groups and child abuse prevention education programs by 2019.
Contributing Factors (Direct/Indirect; may be many): Socio-economic disadvantage. Parental un/underemployment, Low level of parental education, Low warmth/harsh parenting style, Lack of access to social support, Lack of mental health/substance abuse services, Social circles/culture of abuse, Inadequate resources for children (clubs, sports, recreation) and lack of access to adequately resourced schools, Low self-esteem, Physical health problems, Rural isolation	**Proven Intervention Strategy(ies):** Increase promotion of services provided through the Healthy Families Illinois that target child abuse risk factors such as young parents, through home visits for parents of at-risk newborns, positive parenting reinforcement, and referrals to other services, and providing parents with the tools and support to raise and nurture their children without physical or emotional violence. (The Centers of Disease Control and Prevention found that home visitation programs are highly effective at reducing child maltreatment, especially among high risk families).
Resources Available: (governmental and nongovernmental) Injury Prevention and Control: Division of Violence Prevention; Child Maltreatment: Risk and Protective Factors, Centers for Disease Control and Prevention http://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html, Voices For Illinois Children, Building Better Lives http://www.voices4kids.org/, Prevent Child Abuse Illinois http://www.preventchildabuseillinois.org/, Illinois Department of Children and Family Services, Safe Kids http://www.illinois.gov/dcfs/safekids/Pages/default.aspx Local DCFS office for training of staff, Local domestic violence agencies and law enforcement for staff education and enhanced reporting of suspect cases	**Barriers:** Breaking the culture of abuse among families with long history of interfamily violence Stigma of domestic violence victims and asking for support to leave an abusive relationship Lack of trust between parents/guardians and health care providers Limited access to counselors and medical professionals, rural community Transportation and isolation in rural areas

Community Health Plan Worksheet

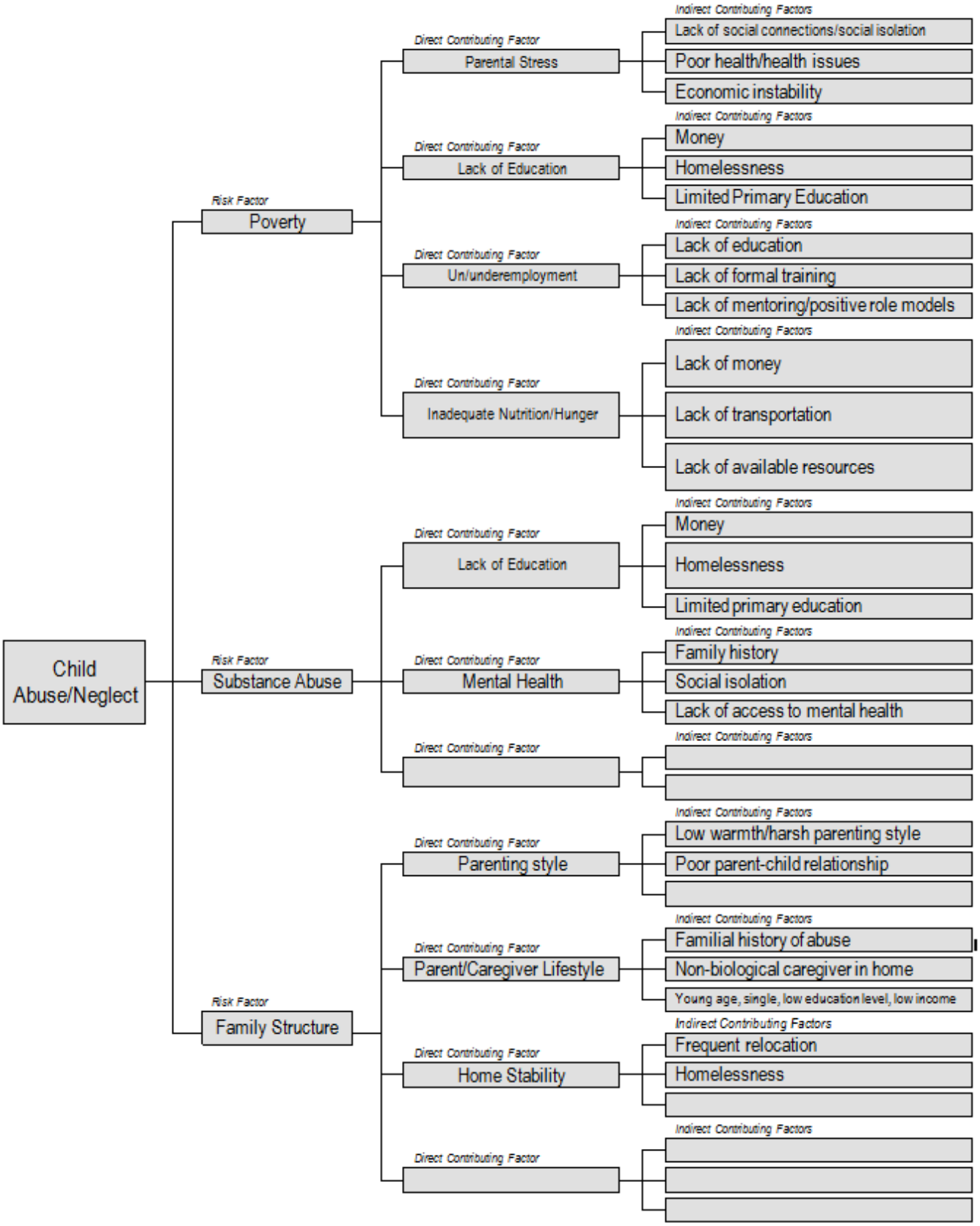
Description of the health problem, risk factors and contributing factors (including high risk populations, and current and projected statistical trends): The child abuse and neglect rate among children under 18 years of age was 13.9 per 1,000 children, compared with 9.3 statewide in 2012-2014. The Health People 2020 national health target is to decrease the number of maltreatment victims to 8.5 cases per 1,000 children aged 17 and younger. Data from the 2015 Illinois Early Childhood Asset Map reports a rate of 11.7 per 1,000 children.

Corrective actions to reduce the level of the indirect contributing factors: Encourage physicians and service providers to openly discuss child abuse with parents in an effort to remove communication barriers created by stigma in order to educate and raise awareness on child maltreatment and refer parents to appropriate forms of help/services dependent on the contributing factors. Increase the practice of parent mentoring and peer support networks aimed at parental education, creating access to social support, and fostering healthy parent-child involvement.

Proposed community organization(s) to provide and coordinate the activities: Sangamon County Department of Public Health, Health care providers, Child abuse advocates, Community organizations serving mothers, especially single mothers, Mental health providers, Drug treatment providers, Home visiting nurses and community health workers, Churches, Community Action Partnership of Central Illinois, Menard County School and Community Task Force, Menard County Youth Mentoring Program, Sangamon Menard U of I Cooperative Extension Office

Evaluation plan to measure progress towards reaching objectives:

Child abuse rates for Menard County will be continually monitored by the Sangamon County Department of Public Health. SCDPH will at least annually review the number of DCFS referrals and outcomes made by Health Department nurses, Early Intervention specialists and support staff.


Child Abuse/Neglect
Risk Factor
Poverty
Direct Contributing Factor
Parental Stress
Indirect Contributing Factors
Lack of social connections/social isolation
Poor health/health issues
Economic instability
Direct Contributing Factor
Lack of Education
Indirect Contributing Factors
Money
Homelessness
Limited Primary Education
Direct Contributing Factor
Un/underemployment
Indirect Contributing Factors
Lack of education
Lack of formal training
Lack of mentoring/positive role models
Direct Contributing Factor
Inadequate Nutrition/Hunger
Indirect Contributing Factors
Lack of money
Lack of transportation
Lack of available resources
Risk Factor
Substance Abuse
Direct Contributing Factor
Lack of Education
Indirect Contributing Factors
Money
Homelessness
Limited primary education
Direct Contributing Factor
Mental Health
Indirect Contributing Factors
Family history
Social isolation
Lack of access to mental health
Direct Contributing Factor
Indirect Contributing Factors
Risk Factor
Family Structure
Direct Contributing Factor
Parenting style
Indirect Contributing Factors
Low warmth/harsh parenting style
Poor parent-child relationship
Direct Contributing Factor
Parent/Caregiver Lifestyle
Indirect Contributing Factors
Familial history of abuse
Non-biological caregiver in home
Young age, single, low education level, low income
Direct Contributing Factor
Home Stability
Indirect Contributing Factors
Frequent relocation
Homelessness
Direct Contributing Factor
Indirect Contributing Factors

Health Problem – Priority #2

Access to Care – A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance and financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. There is an increasing lack of understanding of how to navigate health services and overcoming individual barriers when accessing care (e.g. financial, structural, and personal).

100% of the population of Menard County lives in a Health Professional Shortage Area (HPSA) as determined by the US Department of Health & Human Services, April 2016. 44.67% of Illinois residents live in HPSAs.

Primary Care Physicians – 39.78 per 100,000 population, Illinois Rate 96.9

Dentists - 16.07 per 100,000 population – Illinois Rate 72.6

Mental Health Providers – 23.8 per 100,000 population – Illinois Rate 180.2

Risk Factors

Absence of (adequate) health insurance

Low income/high economic instability

Low level of education

Lack of medical specialists or health care professionals to meet the special needs of the residents of Menard County

Contributing Factors

Unemployment/underemployment

Lack of education regarding personal health insurance and guidelines for obtaining health care

Not knowing what to do or when to seek care

Changing eligibility for certain health benefits/insurance

Inability to navigate the system

Differential willingness of physicians to accept referrals and public insurance

Travel required to access medical care and supportive social services

Resources Available

Health care providers

Hospitals

Human service agencies

SIU School of Medicine

SIU Office of Community Health and Service

SIU Center for Family Medicine

Central Counties Federally Qualified Health Center

Sangamon County Department of Public Health

Churches

Sangamon Menard Area Regional Transit (SMART)

Outcome Objectives

By 2020, reduce the number emergency department visits due to non-emergency medical issues. Baseline data will be sought from hospitals in 2017. Once a baseline is established, a reduction of 5% by 2019 and 7% by 2020 will be sought.

By 2020, reduce the number of hospitalizations for non-emergency care. Baseline data will be sought from hospitals in 2017. Once a baseline is established, a reduction of 4% by 2019 and 6% by 2020 will be sought.

Impact Objectives

Partner with Memorial Medical System, St. John's Hospital and SIU School of Medicine on the access to care initiative, Enos Park Access Project. The pilot project will serve a Sangamon County community with demonstrated need in defining and developing individualized strategies to overcome barriers to accessing health and social services. What is learned from this pilot project may become a model for other communities.

By 2019, increase the accessibility of SCDPH health services by utilizing the Mobile Unit and bringing services to meet the health need in the rural community.

Through 2020, increase community awareness of SMART and SCDPH services to access available health services.

Proven Intervention Strategies

Participate in the Enos Park Access Project to aid and support target population accessing and navigating appropriate medical care through the use of a Community Health Worker.

> SCDPH will request a meeting with the Community Health Workers to learn what has worked and hasn't been as successful while helping community residents most in need of health care. The skills and knowledge gained from the Community Health Workers by SCDPH nurses will expand the successes to Menard County residents. SCDPH will be able to use the Menard Clinic location to meet with residents closer to home. SCDPH home visiting staff members will also provide education and encouragement to appropriately access medical care.
>
> This can be accomplished with existing staff. Grant funding could be sought to place a Community Health Worker in Menard County for $70,000.

A regional transportation system began operation in May 2016 after being planned for several years. Sangamon Menard Area Regional Transit, SMART, provides transportation for Menard County residents.

Continue to support/partner with local agencies and health initiatives to improve the scope of residents accessing care.

Resources

Access to Care
http://www.choosememorial.org/MHS-Community-Need-Assessment/default
State Health Insurance Assistance Program (SHIP)
https://www.healthcare.gov/glossary/state-health-insurance-assistance-program/

Barriers

Living in a medically underserved area

Living at least 30-45 minutes to specialty and hospital medical care

Transportation

Health literacy

Habitual misuse of the emergency departments for nonemergency medical care

Lack of awareness/education

Description of the health problem, risk factors and contributing factors

People who lack a regular source of health care and experience barriers when accessing care do not receive the proper medical services when they need them. This can lead to missed diagnoses, untreated conditions, and adverse health outcomes. People without a regular source of health care are less likely to get routine checkups and screenings. When they become ill, they generally delay seeking treatment until the condition is more advanced and therefore more difficult and costly to treat. Maintaining regular contact with a health care provider is especially difficult for low-income people, who are less likely to have health insurance. This often results in emergency room visits, which raises overall costs and lessens the continuity of care.

Medical costs in the United States are extremely high, so people without health insurance may not be able to afford medical treatment or prescription drugs, or they may have to choose providing for their families and paying their bills over managing their health. They are also less likely to get routine checkups and screenings, so if they do become ill they won't seek treatment until the condition is more advanced. They are then more likely to utilize an emergency department for care, which is less beneficial than having consistent care from a primary care provider and also less economical.

In 2015 the percentage of Menard County population with health insurance was 90%. The Healthy People 2020 target is 100%.

Health insurance for children is especially important. To stay healthy, children require regular checkups, dental and vision care, and medical attention for illness and injury. Children with health insurance are more likely to have better healthy throughout their childhood and adolescence. Having health insurance lowers barriers to accessing care, which is likely to prevent the development of more serious illnesses. This is not only of benefit to the child but also helps lower overall family health costs.

Corrective actions to reduce the level of the indirect contributing factors

SCDPH will partner with Memorial Medical Center and St. John's Hospital on the Enos Park Access project. This initiative is a pilot project aimed at assisting community members in improving access to care by employing a community health worker to work one-on-one with residents to identify and overcome barriers, raise awareness of existing health and social service assets and aid in improved coordination between providers to increase referrals and improve the quality of comprehensive care. Lessons learned from the Enos Park Project will be valuable to replicate in other areas with limited access to healthcare.

SCDPH will continue to apply health literacy skills when providing care and educating patients on their health.

SCDPH will update and supply a comprehensive list of available community/health services in Menard County and advise residents on how to appropriately access these services to meet their needs.

SCDPH will encourage the use of the SMART transportation service for Menard County residents to travel to Springfield for medical and social service appointments.

The SCDPH clinic site in Menard County will open in the spring of 2017. This will allow WIC and Family Case Management clients to receive services without extensive travel. The use of the clinic space could expand as community needs are identified.

Utilize the SCDPH Mobile Unit to deliver health services directly to the intended population in rural Menard County and eliminating barriers to accessing health education services.

Proposed community organizations to provide and coordinate the activities

Sangamon County Department of Public Health

Healthcare providers, Memorial Health System, HSHS St. John's Hospital, SIU School of Medicine

Schools

Community organizations

Social service agencies

Community Action Partnership of Central Illinois

Menard County School and Community Task Force

Sangamon-Menard U of I Cooperative Extension Office

Sangamon Menard Area Regional Transit (SMART)

Evaluation plan to measure progress toward reaching objectives

Hospital Emergency Department data will be sought to gather baseline information on the number of visits by Menard County residents with as much detail regarding reason for visit and resulting hospitalizations as possible by 2018. Usage data will be obtained from the Sangamon Menard Area Regional Transit program for health care related transports and from the SCDPH clinic in Petersburg. The use of both should increase from 2017 to 2020.

Community Health Plan Worksheet

Health Problem: Access to health care. A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance and financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. There is an increasing lack of understanding of how to navigate health services and overcoming individual barriers when accessing care (e.g. financial, structural, and personal).	**Outcome Objective(s):** By 2020, reduce the number emergency department visits due to non-emergency medical issues. By 2020, reduce the number of hospitalizations for non-emergency care.
Risk Factor(s) (may be many): Absence of (adequate) health insurance, Low income/high economic instability, Low level of education, Lack of medical specialists or health care professionals to meet the special needs of the residents of Menard County, Limited transportation	**Impact Objective(s):** Partner with Memorial Medical System, St. John's Hospital and SIU School of Medicine on the access to care initiative, Enos Park Access Project. The pilot project will serve a Sangamon County community with demonstrated need in defining and developing individualized strategies to overcome barriers to accessing health and social services. By 2018, increase the accessibility of SCDPH health services by utilizing the Mobile Unit and bringing services to meet the health need in the community. Through 2020, increase community awareness of SCDPH and SMART services to access available health services.
Contributing Factors (Direct/Indirect; may be many): Unemployment/underemployment, Lack of education regarding personal health insurance and guidelines for obtaining health care, Not knowing what to do or when to seek care, Concerns about confidentiality or discrimination, Changing eligibility for certain health benefits/insurance, Inability to navigate the system, Differential willingness of physicians to accept referrals and public insurance, Transportation from rural communities	**Proven Intervention Strategy(ies):** Increase community outreach and education on the types of services and care that SCDPH provides. Increase communication and care collaboration between providers so that they may better meet the needs of their patients through appropriate referrals. Participate and learn from the Enos Park Access Project to aid and support target population accessing and navigating appropriate medical care through the use of a Community Health Worker. Continue to support/partner with local agencies and health initiatives to improve the scope of residents accessing care.
Resources Available: (governmental and nongovernmental) Access to Care http://www.choosememorial.org/MHS-Community-Need-Assessment/default State Health Insurance Assistance Program (SHIP) https://www.healthcare.gov/glossary/state-health-insurance-assistance-program/ , Enos Park Neighborhood Association, Memorial Health System, HSHS St. John's Hospital, Community organizations, Sangamon County Department of Public Health, SMART	**Barriers:** Limited number of local healthcare providers Transportation Health literacy Misuse of the emergency departments for non-emergency medical care Lack of awareness/education

Community Health Plan Worksheet

Description of the health problem, risk factors and contributing factors (including high risk populations, and current and projected statistical trends): In 2015 the percentage of Menard County population with health insurance was 90%. The Healthy People 2020 target is 100%. 100% of the population of Menard County lives in a Health Professional Shortage Area (HPSA) as determined by the US Department of Health & Human Services, April 2016. 44.67% of Illinois residents live in HPSAs. Primary Care Physicians – 39.78 per 100,000 population, Illinois Rate 96.9, Dentists - 16.07 per 100,000 population – Illinois Rate 72.6, Mental Health Providers – 23.8 per 100,000 population – Illinois Rate 180.2. Menard County residents must travel to Springfield or another community to receive a majority of their health and social service needs. Understanding how to use insurance and the importance of a relationship with a primary health care provider is difficult for many.

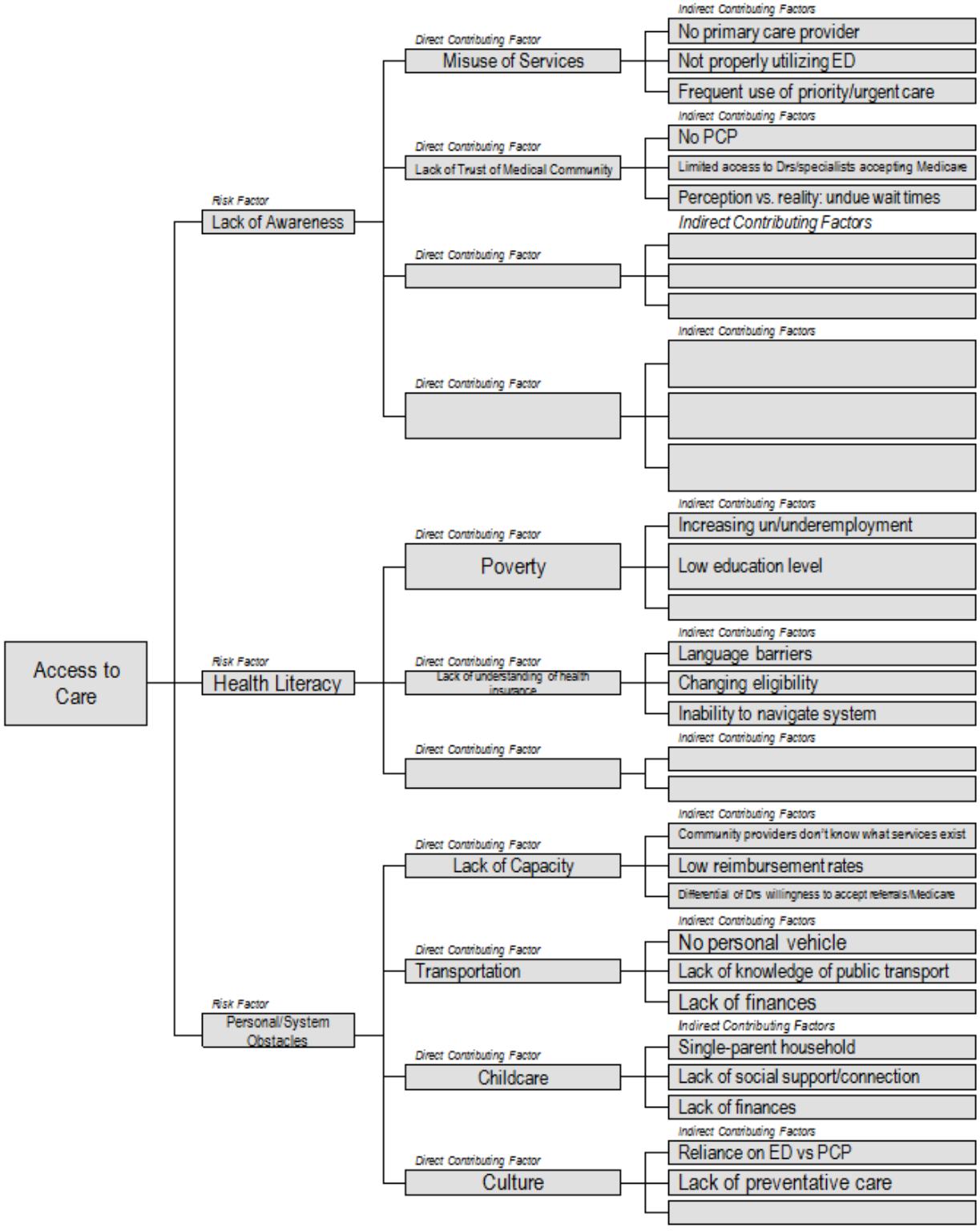
Corrective actions to reduce the level of the indirect contributing factors: SCDPH will continue to apply health literacy skills when providing care and educating patients on their health. SCDPH will update and supply a comprehensive list of available community/health services in Menard County and advise residents on how to appropriately access these services to meet their needs. SCDPH will encourage the use of the SMART transportation service for Menard County residents to travel to Springfield for medical and social service appointments. The SCDPH clinic site in Menard County will open in the spring of 2017. This will allow WIC and Family Case Management clients to receive services without extensive travel. The use of the clinic space could expand as community needs are identified.

Proposed community organization(s) to provide and coordinate the activities: Sangamon County Department of Public Health, Healthcare providers, Memorial Health System, HSHS St. John's Hospital, SIU School of Medicine, Schools, Community organizations, Social service agencies, Community Action Partnership of Central Illinois, Menard County School and Community Task Force, Sangamon-Menard U of I Cooperative Extension Office, Sangamon Menard Area Regional Transit

Evaluation plan to measure progress towards reaching objectives:

Hospital Emergency Department data will be sought to gather baseline information on the number of visits by Menard County residents with as much detail regarding reason for visit and resulting hospitalizations as possible by 2018.

Usage data will be obtained from the Sangamon Menard Area Regional Transit program for health care related transports and from the SCDPH clinic in Petersburg. The use of both should increase from 2017 to 2020.


Access to Care
Risk Factor
Lack of Awareness
Risk Factor
Health Literacy
Risk Factor
Personal/System Obstacles
Direct Contributing Factor
Misuse of Services
Indirect Contributing Factors
No primary care provider
Not properly utilizing ED
Frequent use of priority/urgent care
Direct Contributing Factor
Lack of Trust of Medical Community
Indirect Contributing Factors
No PCP
Limited access to Drs/specialists accepting Medicare
Perception vs. reality: undue wait times
Direct Contributing Factor
Indirect Contributing Factors
Direct Contributing Factor
Indirect Contributing Factors
Direct Contributing Factor
Poverty
Indirect Contributing Factors
Increasing un/underemployment
Low education level
Direct Contributing Factor
Lack of understanding of health insurance
Indirect Contributing Factors
Language barriers
Changing eligibility
Inability to navigate system
Direct Contributing Factor
Indirect Contributing Factors
Direct Contributing Factor
Lack of Capacity
Indirect Contributing Factors
Community providers don't know what services exist
Low reimbursement rates
Differential of Drs willingness to accept referrals/Medicare
Direct Contributing Factor
Transportation
Indirect Contributing Factors
No personal vehicle
Lack of knowledge of public transport
Lack of finances
Direct Contributing Factor
Childcare
Indirect Contributing Factors
Single-parent household
Lack of social support/connection
Lack of finances
Direct Contributing Factor
Culture
Indirect Contributing Factors
Reliance on ED vs PCP
Lack of preventative care

Health Problem – Priority #3

Asthma – Asthma is a chronic lung disease caused by inflammation of the airways and episodes of airflow obstruction. Asthma episode or attacks can vary from mild to life-threatening. Asthma may manifest at any age and its severity can vary throughout a lifetime. Poorly controlled asthma affects children's ability to attend school and adults' ability to go to work. When asthma is properly managed, inpatient hospitalizations and emergency department visits can be prevented.

The symptoms of asthma are often brought on by exposure to inhaled allergens, such as dust, pollen, mold, cigarette smoke, and animal dander, or by exertion and stress. Reducing exposure to poor housing conditions, traffic pollution, secondhand smoke and other factors impacting air quality can help prevent asthma and asthma attacks. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and short-term quick relievers. In some cases, asthma symptoms are severe enough to cause hospitalizations, and can even result in death. Illinois has one of the highest asthma mortality rates in the nation.

According to the 2009 the Behavioral Risk Factor Surveillance System (BRFSS), the percentage of adults ever been told they have asthma from Menard County is 13.7%, the rate it 17.6% for children. 15.74% of those with asthma reported being hospitalized due to their asthma.

According to Illinois Department of Public Health (IDPH) statistics, the rate of asthma hospitalizations for ages 0-19 was 43.5 per 10,000 between 2011 and 2014. Healthy People 2020 targets are 18.2 for children under age 5, 8.7 for those between 5 and 64 and 20.1 for people ages 65 and older.

The IDPH 2016 Childhood Asthma Surveillance Report identified 55 Emergency Department visits by Menard residents, a rate of 43.5 per 10,000 people. Healthy People 2020 goal rates are 95.7 per 10,000 for children under age 5, 49.6 for those ages 5-64 and 13.7 for people ages 65 and older.

Risk Factors

Allergies

Familial history

Respiratory infections in childhood/infancy

Overweight/obesity

Being a smoker and exposure to second hand smoke

Worksites with airborne irritants

Inability to purchase medications, shared inhalers

Contributing Factors

Tobacco smoke

Dust mites/mold/cockroaches/substandard housing

Pollution/poor air quality

Exercise

Cold weather

Stress and strong emotions

Resources Available

SCDPH Nurses and Home Visiting Providers

Primary health care providers

Pediatricians

School teachers

School nurses

St. John's Hospital (pediatric asthma health priority)

Emergency departments

Outcome Objectives

By 2020, reduce the number of emergency department visits and hospitalizations due to complications of asthma among the adult and pediatric populations. Baseline data will be sought from hospitals in 2017. Once a baseline is established, a reduction of 5% by 2019 and 7% by 2020 will be sought.

Impact Objectives

By 2019, promote asthma education efforts to improve management of illness and symptoms.

Increase awareness of asthma signs, symptoms and treatment among schools, through 2020.

Support the pediatric asthma initiatives of St. John's Hospital and identify strategies to collaborate on shared CHNA health priority through 2020.

Proven Intervention Strategies

Improve asthma control by removing environmental allergens and irritants from the home. Improve asthma control by removing environmental allergens and irritants from the home and using HEPA air cleaners, HEPA vacuum cleaners, and pillow and mattress dust encasements.

> HSHS St; John's will provide training to SCDPH nurses and home visiting staff on messages to share with the parents on identifying and reducing asthma triggers in the home. John Kraemer, PhD, Southeast Missouri State University provided a daylong seminar to the community health workers and others involved in the Enos Park Neighborhood Project. His messages were well received and have been helpful teaching parents and others about mitigating environmental triggers in the home. St. John's Hospital will pay for Dr. Kramer to return to Springfield for another training session.
>
> Grant funding will be sought to purchase HEPA cleaners and bedding encasements for at risk families, $15,000.

Promote improved housing and highlight the connection between mold and asthma; especially among landlords and substandard rentals.

Establish connection with school officials and nurses to raise awareness of asthma among students and develop steps of how best to manage the illness among student population (i.e. having personal inhaler at school, asthma health education) in order to provide quality asthma care to children with asthma to work towards goals set by Healthy People 2020 and reduce school absentee rates and hospitalizations dues to asthma.

Develop educational materials that address what happens during an asthma attack, triggers and how best to avoid them, early recognition of warning signs and symptoms, and encouraging physician consultations to develop treatment plans.

Resources

The World Health Organization
http://www.who.int/mediacentre/factsheets/fs307/en/

The Illinois Department of Public Health
http://www.idph.state.il.us/about/chronic/asthma/index.htm

Reducing Environmental Triggers of Asthma, Minnesota Department of Health Asthma Program
http://www.health.state.mn.us/asthma/

Healthy Kids Express – Asthma Program, St. Louis Children's Hospital
http://www.stlouischildrens.org/health-resources/advocacy-outreach/healthy-kids-express/healthy-kids-express-asthma-program

http://www.idph.state.il.us/about/chronic/asthma/documents/ILBurdenAsthma_August2013R.pdf

Barriers

Lack of financial resources

Caregiver beliefs and perceptions concerning the use of daily controller medications

Lack of environmental control

Inadequate laws/legislation protecting renters

Poor adherence to self-managing asthma

Poor patient-physician communication and partnership in treating asthma

Description of the health problem, risk factor and contributing factors

The symptoms of asthma are often brought on by exposure to inhaled allergens, such as dust, pollen, mold, cigarette smoke, and animal dander, or by exertion and stress. Reducing exposure to poor housing conditions, traffic pollution, secondhand smoke and other factors impacting air quality can help prevent asthma and asthma attacks. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and short-term quick relievers. In some cases, asthma symptoms are severe enough to cause hospitalizations, and can even result in death. Illinois has one of the highest asthma mortality rates in the nation.

According to the 2009 BRFSS, the percentage of adults ever been told they have asthma from Menard County is 13.7%, the rate it 17.6% for children. 15.74% of those with asthma reported being hospitalized due to their asthma.

According to Illinois Department of Public Health (IDPH) statistics, the rate of asthma hospitalizations for ages 0-19 was 43.5 per 10,000 between 2011 and 2014. Healthy People 2020 targets are 18.2 for children under age 5, 8.7 for those between 5 and 64 and 20.1 for people ages 65 and older.

The IDPH 2016 Childhood Asthma Surveillance Report identified 55 Emergency Department visits by Menard residents, a rate of 43.5 per 10,000 people. Healthy People 2020 goal rates are 95.7 per 10,000 for children under age 5, 49.6 for those ages 5-64 and 13.7 for people ages 65 and older.

Dust mites, mold, cockroaches and substandard housing are major problems for persons attempting to control asthma. Air pollution from the burning of leaves or garbage and the application of pesticides on farmland will add to the challenges of persons with asthma in the rural community.

Access to primary and specialist medical care is also a concern.

Corrective actions to reduce the level of the indirect contributing factors

A public awareness campaign that encourages proper asthma self-management and the importance of an Asthma Action Plan will be developed.

Emergency Department physicians will be encouraged to provide detailed information and educate adults and caregivers on properly managing their asthma and will utilize a standardized diagnosis.

Teachers and school nurses will be encouraged to talk to students about their asthma and promote self-management and will work with parents/caregivers to ensure students have a proper treatment plan for school hours (i.e. personal inhaler).

Proposed community organizations to provide and coordinate the activities

Community Action Partnership of Central Illinois

Menard County School and Community Task Force

Sangamon Menard County U of I Extension Office

Teachers

SCDPH

Physicians

Specialists (pulmonologists, allergists)

St. John’s Hospital

Evaluation plan to measure progress toward reaching objectives

The number of SCDPH Nurses and staff providing home visiting services will receive education on Asthma and how to reduce the risks and identify environmental triggers for asthma attacks/episodes will increase from 0 to 90% by 2018.

Hospital Emergency Department data will be sought to gather baseline information on the number of visits by Menard County residents with as much detail as possible for regarding reason for visit and resulting hospitalizations as possible by 2018.

Community Health Plan Worksheet

Health Problem:	**Outcome Objective(s):**
The percentage of adults ever told they have asthma in Menard County 13.7%, 17.6 % of children. Children with asthma miss twice as many days from school as other children. Asthmatic adults miss work and emergency medical care is expensive and not an effective management plan.	By 2020, reduce the number of emergency department visits and hospitalizations due to complications of Asthma among the adult and pediatric populations.
Risk Factor(s) (may be many): Allergies, Familial history, Respiratory infections in childhood/infancy, Overweight/obesity, Being a smoker, Lack of access to medical care and a primary health care provider, Inability to purchase medication	**Impact Objective(s):** By 2019, promote asthma education efforts to improve management of illness and symptoms. Increase awareness of asthma signs, symptoms and treatment among schools, through 2020. Support the pediatric asthma initiatives of St. John's Hospital and identify strategies to collaborate on shared CHNA health priority through 2020..
Contributing Factors (Direct / Indirect; may be many): Tobacco smoke, Dust mites/mold/cockroaches/substandard housing, Pollution/poor air quality, Exercise, Cold weather, Stress and strong emotions	**Proven Intervention Strategy(ies):** Promote improved housing and highlight the connection between mold and asthma; especially among landlords and substandard rentals. Improve asthma control by removing environmental allergens and irritants from the home and using HEPA air cleaners, HEPA vacuum cleaners, and pillow and mattress dust encasements. Develop educational materials that address what happens during an asthma attack, triggers and how best to avoid them, early recognition of warning signs and symptoms, and encouraging physician consultations to develop treatment plans.
Resources Available: (governmental and nongovernmental) The World Health Organization http://www.who.int/mediacentre/factsheets/fs307/en/ , The Illinois Department of Public Health http://www.idph.state.il.us/about/chronic/asthma/index.htm, Reducing Environmental Triggers of Asthma, Minnesota Department of Health Asthma Program, http://www.health.state.mn.us/asthma/ Healthy Kids Express – Asthma Program, St. Louis Children's Hospital http://www.stlouischildrens.org/health-resources/advocacy-outreach/healthy-kids-express/healthy-kids-express-asthma-program HSHS St. John's Hospital, SCDPH WIC, Early Intervention and Family Case Management Programs	**Barriers:** Lack of financial resources Caregiver beliefs and perceptions concerning the use of daily controller medications Lack of environmental control Inadequate laws/legislation protecting renters Poor adherence to self-managing asthma Poor patient-physician communication and partnership in treating asthma

Description of the health problem, risk factors and contributing factors (including high risk populations, and current and projected statistical trends): According to the 2009 BRFSS, the percentage of adults ever been told they have asthma from Menard County is 13.7%, the rate it 17.6% for children. 15.74% of those with asthma reported being hospitalized due to their asthma. According to Illinois Department of Public Health (IDPH) statistics, the rate of asthma hospitalizations for ages 0-19 was 43.5 per 10,000 between 2011 and 2014. Healthy People 2020 targets are 18.2 for children under age 5, 8.7 for those between 5 and 64 and 20.1 for people ages 65 and older. The IDPH 2016 Childhood Asthma Surveillance Report identified 55 Emergency Department visits by Menard residents, a rate of 43.5 per 10,000 people. Healthy People 2020 goal rates are 95.7 per 10,000 for children under age 5, 49.6 for those ages 5-64 and 13.7 for people ages 65 and older. Dust mites, mold, cockroaches and substandard housing are major problems for persons attempting to control asthma. Air pollution from the burning of leaves or garbage and the application of pesticides on farmland will add to the challenges of persons with asthma in the rural community.

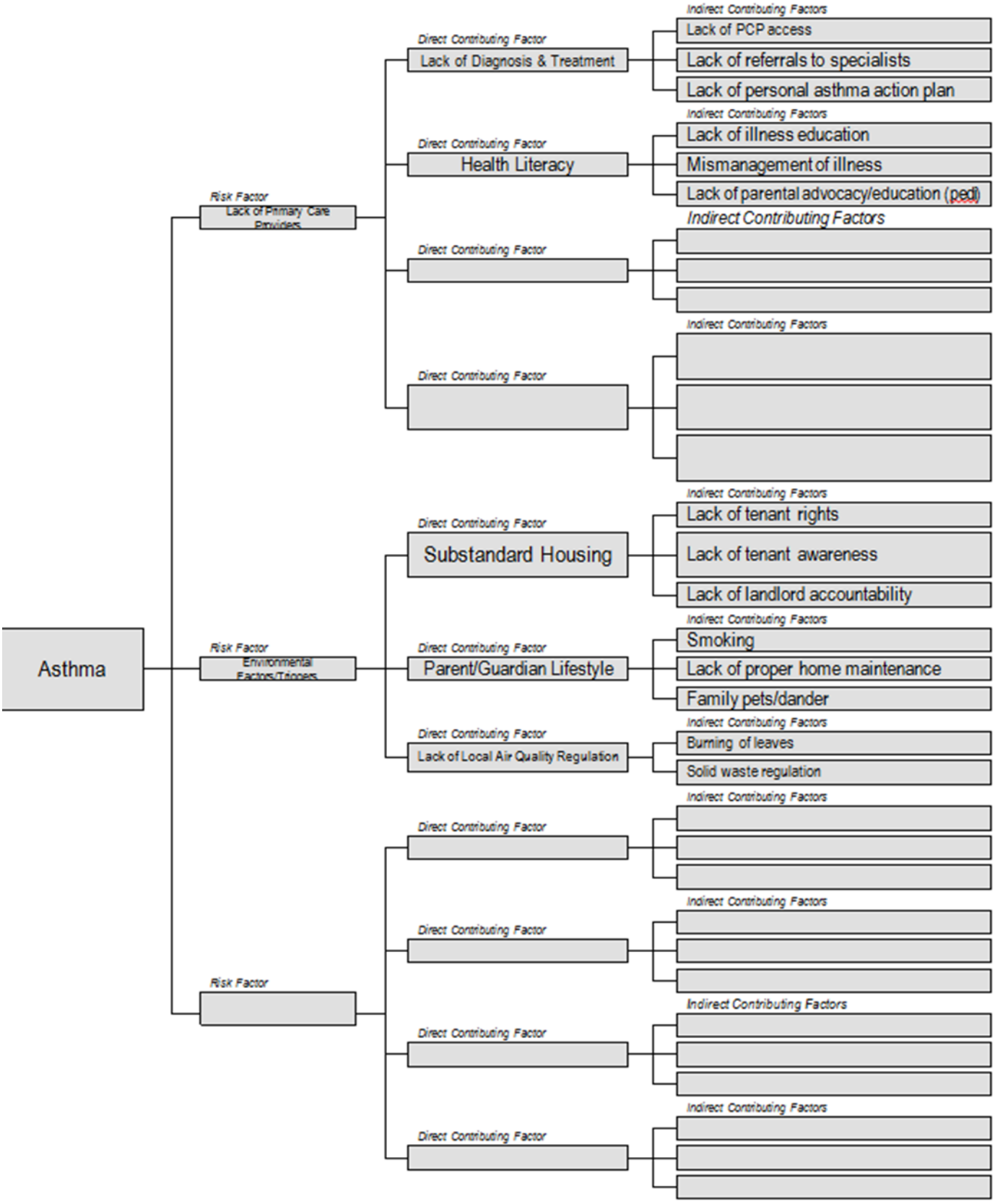
Corrective actions to reduce the level of the indirect contribution A public awareness campaign that encourages proper asthma self-management. Emergency Department physicians will be encouraged to provide detailed information and educate adults and caregivers on properly managing their asthma and will utilize a standardized diagnosis. Teachers and school nurses will be encouraged to talk to students about their asthma and promote self-management and will work with parents/caregivers to ensure students have a proper treatment plan for school hours (i.e. personal inhaler). HSHS St; John's will provide training to SCDPH nurses and home visiting staff on messages to share with the parents on identifying and reducing asthma triggers in the home, John Kraemer, PhD, Southeast Missouri State University.

Proposed community organization(s) to provide and coordinate the activities:
Schools, Parent organizations, Teachers, Nurses, Physicians, Specialists (pulmonologists, allergists) Health educators, Nurses, community health workers, Menard County School and Community Task Force

HSHS St. John's Hospital has selected Asthma as a priority area and will develop programs to educate the community about reducing the risk of asthma and managing symptoms. SDCPH will participate with St. John's on this project. Nurses will share what they learn with Menard County WIC, Family Case Management and Early Intervention clients.

Evaluation plan to measure progress towards reaching objectives:
The number of SCDPH Nurses and staff providing home visiting services will receive education on Asthma and how to reduce the risks and identify environmental triggers for asthma attacks/episodes will increase.

Hospital Emergency Department data will be sought to gather baseline information on the number of visits by Menard County residents with as much detail as possible for regarding reason for visit and resulting hospitalizations as possible by 2018.


Asthma
Risk Factor
Lack of Primary Care Providers
Direct Contributing Factor
Lack of Diagnosis & Treatment
Indirect Contributing Factors
Lack of PCP access
Lack of referrals to specialists
Lack of personal asthma action plan
Direct Contributing Factor
Health Literacy
Indirect Contributing Factors
Lack of illness education
Mismanagement of illness
Lack of parental advocacy/education (pedi)
Direct Contributing Factor
Indirect Contributing Factors
Direct Contributing Factor
Indirect Contributing Factors
Risk Factor
Environmental Factors/Triggers
Direct Contributing Factor
Substandard Housing
Indirect Contributing Factors
Lack of tenant rights
Lack of tenant awareness
Lack of landlord accountability
Direct Contributing Factor
Parent/Guardian Lifestyle
Indirect Contributing Factors
Smoking
Lack of proper home maintenance
Family pets/dander
Direct Contributing Factor
Lack of Local Air Quality Regulation
Indirect Contributing Factors
Burning of leaves
Solid waste regulation
Risk Factor
Direct Contributing Factor
Indirect Contributing Factors
Direct Contributing Factor
Indirect Contributing Factors
Direct Contributing Factor
Indirect Contributing Factors
Direct Contributing Factor
Indirect Contributing Factors

Data Sources

https://ephtracking.cdc.gov/InfoByLocation/

http://www.countyhealthrankings.org/app/illinois/2016/rankings/menard/county/outcomes/overall/snapshot

http://dph.illinois.gov/sites/default/files/publications/publicationsowh2016-il-childhood-asthma-surveillance-report_0.pdf

https://www.illinois.gov/dcfs/aboutus/newsandreports/Documents/DCFS_Annual_Statistical_Report_FY2014.pdf

http://iecam.illinois.edu/riskdata-other-factors/abuse-neglect/

http://www.countyhealthrankings.org/app/illinois/2016/rankings/menard/county/outcomes/overall/snapshot

https://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/IL/Menard/

http://www.hshs.org/getattachment/Community-Benefit/Community-Health-Needs-Assessment/SJS-CHNA.pdf.aspx

https://www.choosememorial.org/Portals/6/Documents/HCI/Sangamon-County-2015-CHNA-final.pdf

https://www.choosememorial.org/Portals/6/Documents/HCI/MMC-FY2016-CHNA-Implementation-Strategy-Final-Outcomes.pdf

Illinois Asthma State Plan 2015-2020

The Burden of Asthma in Illinois, 2000-2011, August 2013

Comprehensive Analysis of Childhood Asthma Inpatient Hospitalizations and ED Visits in IL, Office of Women's Health and Family Services, Illinois Department of Public Health, Katie Labgold, MCH Epidemiology Intern, August 9, 2016

Gail M. O'Neill, Assistant Director of Public Health, Sangamon County Department of Public Health, 2833 South Grand Avenue East, Springfield, IL 62703, 217-535-3100