

**Henry County
Health Department**



Public Health
Prevent. Promote. Protect.

Henry County Health Department
Illinois Project for Local Assessment of Needs

2022-2027

" To protect and improve the health of the community. "

Submitted, December 2022

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Executive Summary

The Henry County IPLAN (Illinois Project for Local Assessment of Needs) process was conducted throughout 2022. A group of community representatives met with members of the Henry County Health Department staff to form the IPLAN planning committee. Health data and community perceptions were reviewed and three health problems were identified as community priorities.

Following the identification of the priorities, plans were developed to address each priority. Outcome and impact objectives were modeled after *Healthy People 2030* goals. Below are the priority health problems with selected interventions.

Mental Health

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

Poor Health Behaviors

- Promoting local health providers and prevention and treatment services.
- Promoting worksite and community wellness programs.
- Promoting chronic disease management educational series.
- Promoting community health promotion events.

Drug/Alcohol/Tobacco Use

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

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

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

Community Health Needs Assessment

Purpose Statement

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

Description of Community Participation

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

- Jenna Bibb, Principal, Stark County School District #100
- Lori Christiansen, Western Region Director of Rehabilitation, OSF Healthcare
- Brea Cinnamon, Doctor of Physical Therapy, OSF Saint Luke Medical Center
- Cheryl Daum, Stark County Health Board Member
- Chad Gripp, Superintendent, Bradford School District #1
- Katie Laleman, Manager Henry County Farm Bureau
- Beth Looney, OSF Saint Luke Medical Center
- Rebecca Magalhaes, Community Mental Health Advocate
- Brooke Majeske-Dooley, Housing Authority of Henry County
- Ashley Mikenas, School Counselor, Kewanee School District #229
- Jill Milroy, Executive Director, Kewanee YMCA
- Duane Stevens, Public Health Administrator, Henry County Health Department
- Dr. Chris Sullens, Superintendent, Kewanee School District #229
- RaeAnn Tucker, Director of Health Promotion, Henry County Health Department
- Angie Zarvell, Regional Superintendent, Regional Office of Education

RaeAnn Tucker of the Henry County Health Department presented a comprehensive Community Overview data analysis of Henry County courtesy of OSF Healthcare System/OSF Saint Luke Medical Center, Henry County on August 19, 2022. Committee members were encouraged to share data from the needs assessment they found relevant within their personal and professional

spheres of influence. A key component of the needs assessment was community perception. Committee members were encouraged to contribute and collect perceived health issues of interest to county residents.

Methods

The procedure used in this process was outlined in the guidelines for IPLAN recertification. The APEX/PH manual was used as a reference. To complete the comprehensive community health-needs assessment, multiple sources were examined. Secondary statistical data were used to assess the community profile, morbidity rates and causes of mortality. Additionally, based on a sample of 409 survey respondents from Henry County, a study was completed to examine perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to healthcare.

Secondary Data for the Community Health Needs Assessment

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

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

Primary Data Collection

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

A. Survey Instrument Design

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

Ratings of health issues in the community – to assess the importance of various community health concerns. Survey items included assessments of topics such as cancer, diabetes and obesity.

Ratings of unhealthy behaviors in the community – to assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug abuse and smoking.

Ratings of issues concerning well-being – to assess the importance of various issues relating to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods and effective public transportation.

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

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

Behavioral health – to assess community issues related to areas such as anxiety and depression.

Food Security – to assess access to healthy food alternatives.

Social determinants of health – to assess the impact that social determinants may have on the above-mentioned areas.

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

B. Sample Size

In order to identify the potential population, the percentage of the Henry County population that was living in poverty was first identified. Specifically, the population of the county was multiplied by its respective poverty rate to identify the minimum sample size to study the at-risk population. The poverty rate for Henry County was 9.6%. The population used for the calculation was 49,284, yielding a total of 4,731 residents living in poverty in the Henry County area.

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

$n = (Nz^2pq)/(E^2(N-1) + z^2pq)$ where:

n = the required sample size

N = the population size

pq = population proportions (set at .05)

z = the value that specified the confidence interval (use 90% CI)

E =desired accuracy of sample proportions (set at +/- .05)

For the total Henry County area, the minimum sample size for aggregated analyses (combination of at-risk and general populations) was 382. The data collection effort for this CHNA yielded a total 523 usable responses. After cleaning the data for “bot” survey respondents, the sample was reduced to 429 respondents. This exceeded the threshold of the desired 95% confidence interval.

To provide a representative profile when assessing the aggregated population for the Henry County region, the general population was combined with a portion of the at-risk population. To represent the at-risk population as a percentage of the aggregate population, a random-number generator was used to select at-risk cases to include in the general sample. Additionally, efforts were made to ensure that the demography of the sample was aligned with population demographics according to U.S. Census data. This provided a total usable sample of 409 respondents for analyzing the aggregate population.

C. Data Collection

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

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

D. Data Integrity

Comprehensive analyses were performed to verify the integrity of the data for this research. Without proper validation of the raw data, any interpretation of results could be inaccurate and misleading if used for decision making. Therefore, several tests were performed to ensure that the data were valid. These tests were performed before any analyses were undertaken. Data were checked for coding accuracy, using descriptive frequency statistics to verify that all data items were correct. This was followed by analyses of means and standard deviations and comparison of primary data statistics to existing secondary data.

E. Analytic Techniques

To ensure statistical validity, we used several different analytic techniques. Specifically, frequencies and descriptive statistics were used for identifying patterns in residents' ratings of various health concerns. Additionally, appropriate statistical techniques were used for identification of existing relationships between perceptions, behaviors and demographic data. Specifically, we used Pearson correlations, χ^2 tests and tetrachoric correlations when appropriate, given characteristics of the specific data being analyzed.

A data analysis was conducted of secondary sources of information. Topics included population size, race/ethnicity, age, gender, income, employment, crime, births, deaths, health behaviors, morbidity, hospitalization, and health care utilization. Two major sources of information for the Community Overview are the U.S. Census Bureau and Illinois Department of Public Health. Much of the detailed Census information comes from the 2020 actual population counts and the 2016-2020 American Community Survey five-year estimates. Replacing the Census Bureau's "long form" which had been administered as part of the decennial Census through 2000, the American Community Survey collects detailed demographic, economic, social, and housing data on an annual basis from a sample of local households.

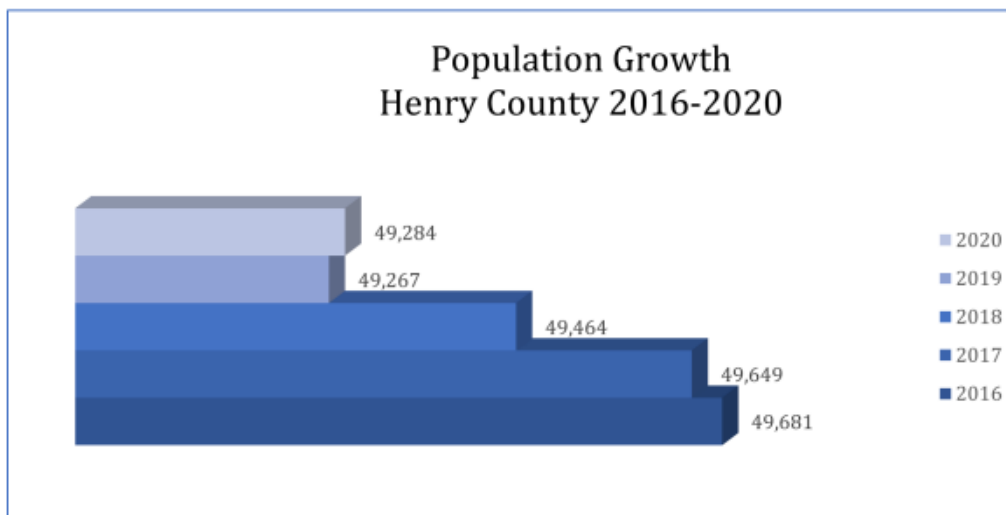
Demographic & Socioeconomic Characteristics

Population

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

Growth Rates

Data from the last census indicate the population of Henry County has slightly decreased (<1.0%) between 2016 and 2020.



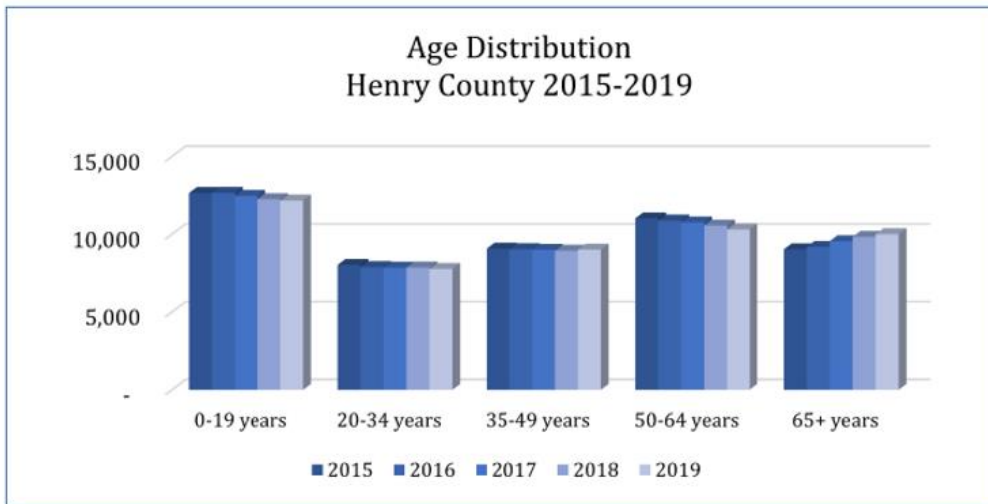
Source: US Census

Age, Gender and Race Distribution

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

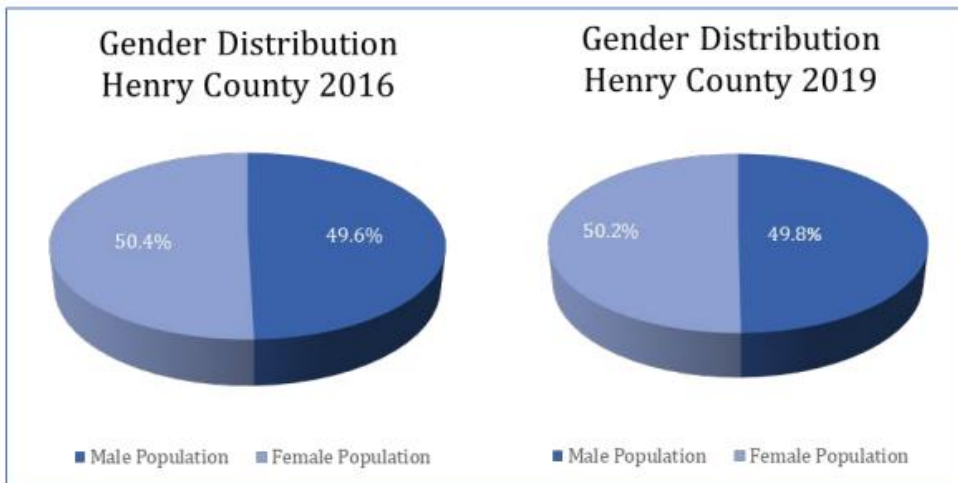
Age

As illustrated in Figure 4, the percentage of individuals in Henry County in each age group has declined over the five-year period 2015 and 2019. Most notably, those in the 50-64 age group declined nearly 6.5%. The only age group that increased was residents aged 65+ years, increasing nearly 11% over the same five-year period



Source: US Census

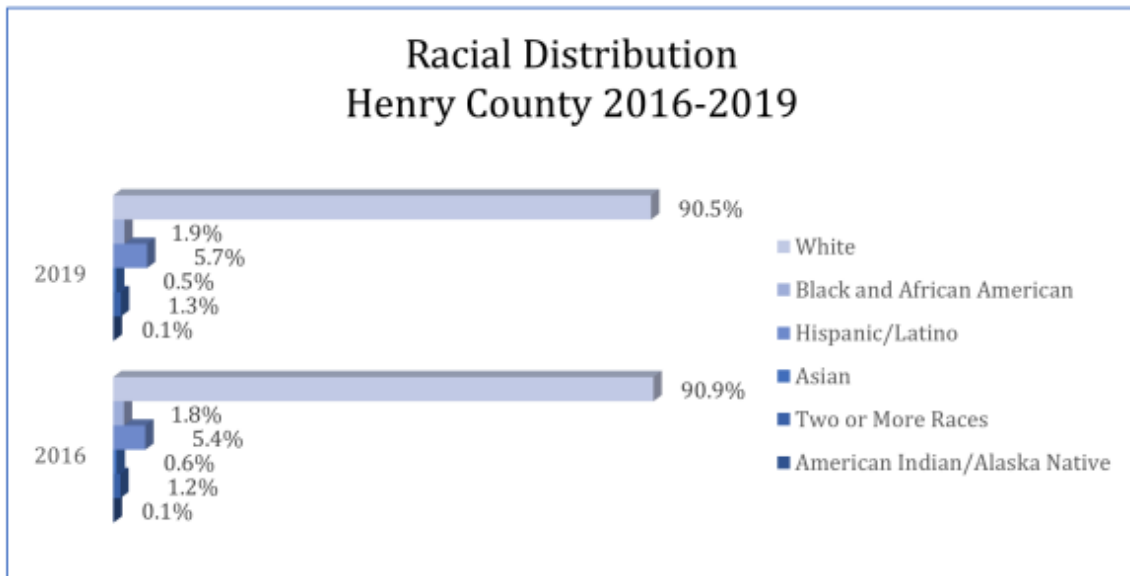
Gender Distribution of Henry County Residents, 2016 to 2019



Source: US Census

Race

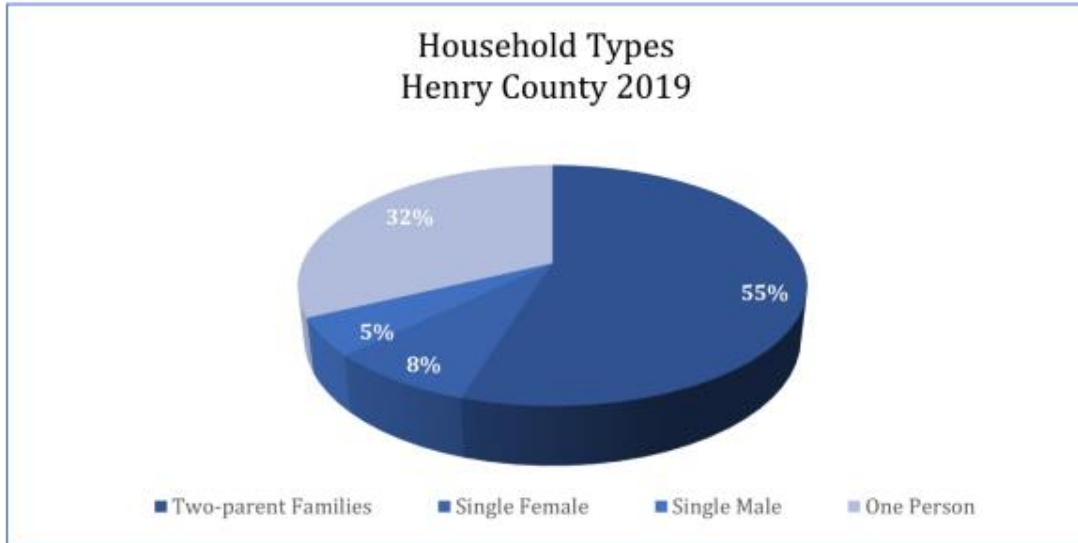
With regard to race and ethnic background, Henry County is largely homogenous, yet in recent years, the county is becoming more diverse. Data from 2019 suggest that White ethnicity comprises just over 90.5% of the population in Henry County. However, the non-White population of Henry County has been increasing (from 9.1% in 2016 to 9.5% in 2019), with Black ethnicity comprising 1.9% of the population, multi-racial ethnicity comprising 1.3% of the population, and Hispanic/Latino ethnicity comprising 5.7% of the population.



Source: US Census

Family Composition

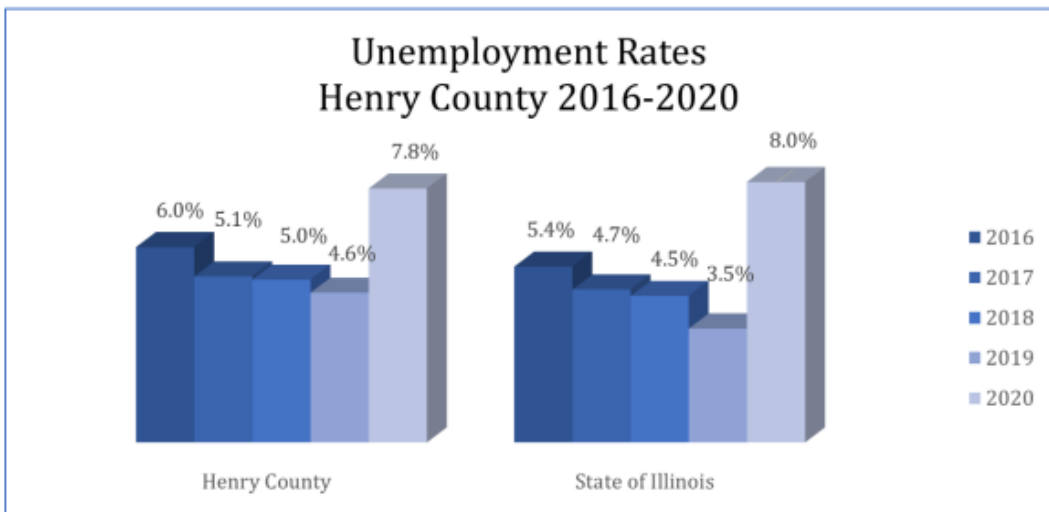
In Henry County, data from 2019 suggest the percentage of two-parent families in Henry County is 55%. One-person households represent 32% of the county population, single-female households represent 8%, and single-male households represent 5%.



Source: US Census

Unemployment

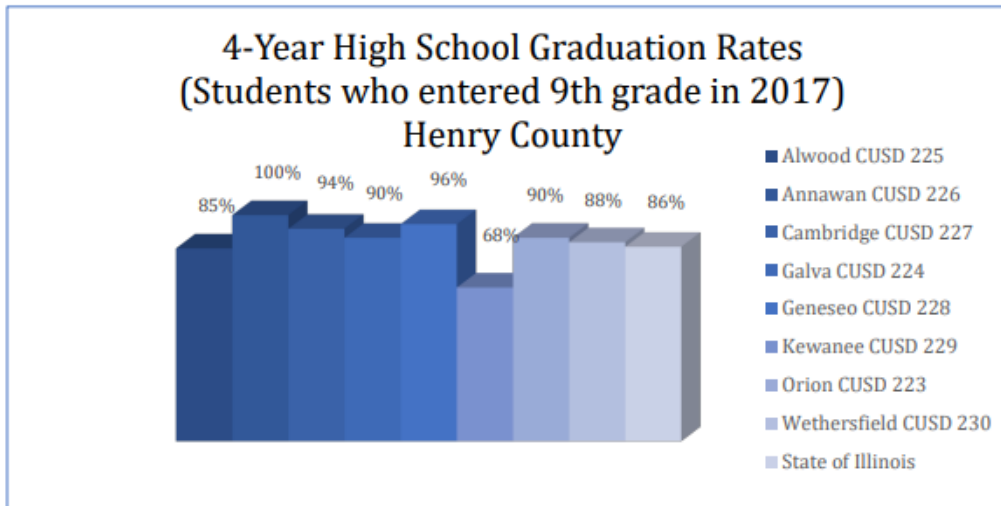
For the years 2016 to 2019, the Henry County unemployment rate remained higher than the State of Illinois unemployment rate. However, in 2020 the rate significantly increased but was lower than the State of Illinois. Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic.



Source: Bureau of Labor Statistics

High School Graduation Rates

Students who entered 9th grade in 2017 in Henry County school districts, except Kewanee CUSD 229, reported high school graduation rates that were comparable to or higher than the state average of 86%.



Source: Illinois Report Card

General Health and Access to Care

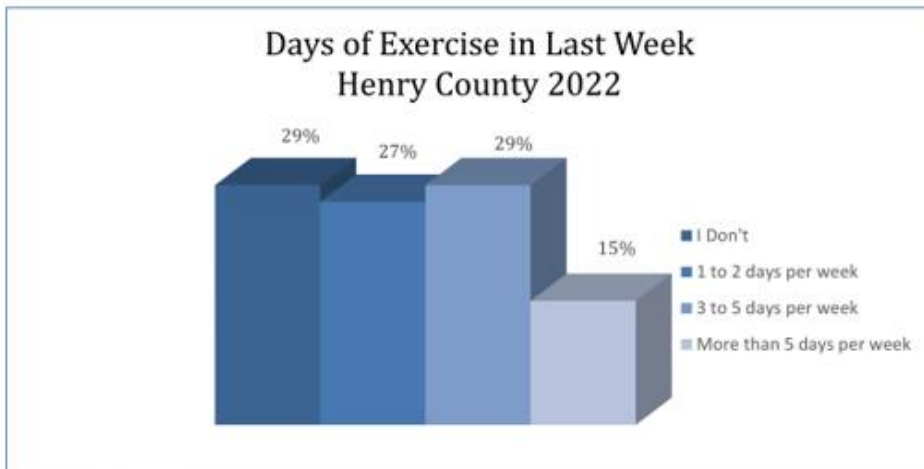
Importance of the measure: Preventative healthcare measures, including scheduling a routine well-visit, getting a flu shot, engaging in a healthy lifestyle, and undertaking screenings for diseases are essential to combating morbidity and mortality while reducing healthcare costs.

Healthy Lifestyle

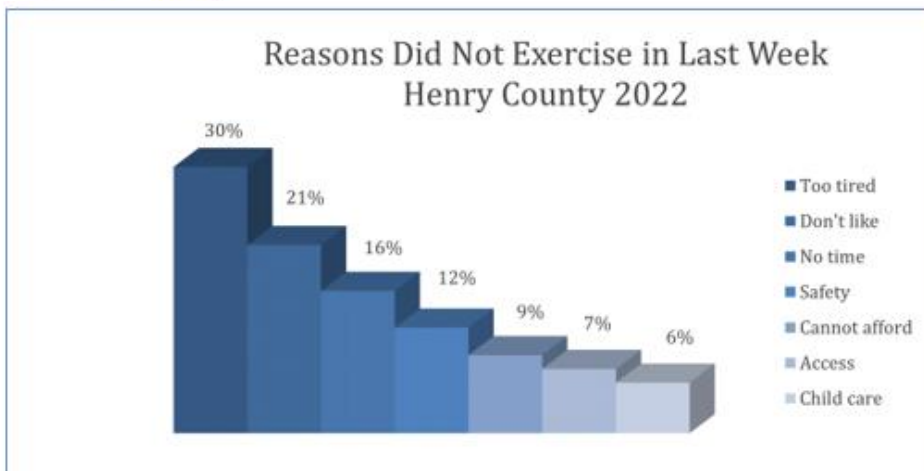
A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental, and emotional well-being.

Physical Exercise

Specifically, 29% of respondents indicated that they do not exercise at all, while the majority (56%) of residents exercise 1-5 times per week. To find out why some residents do not exercise at all, a follow-up question was asked. The most common reasons for not exercising are not having enough energy (30%), a dislike of exercise (21%) and not enough time (16%).



Source: CHNA Survey



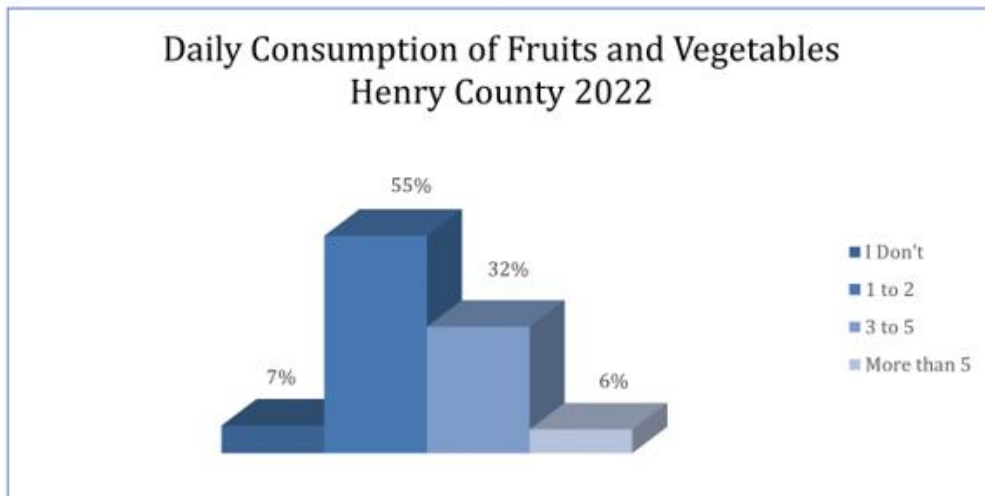
Source: CHNA Survey

Healthy Eating

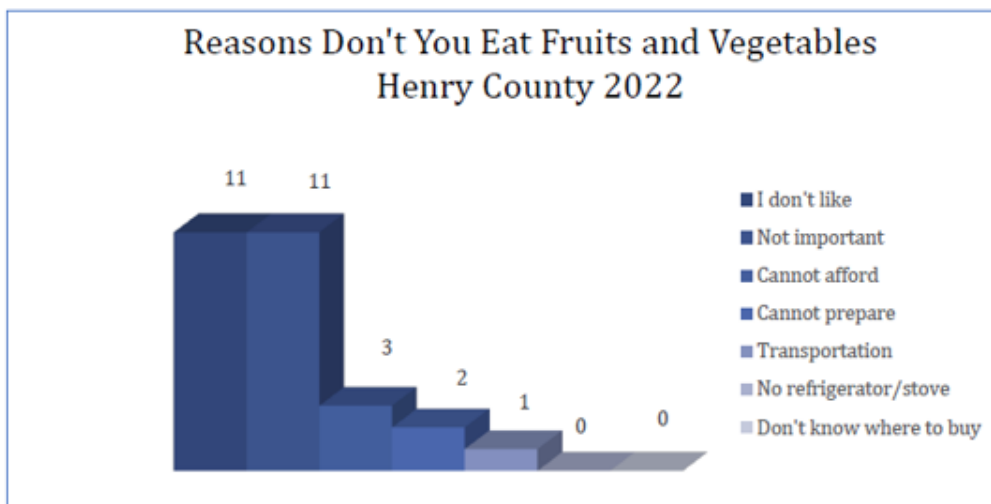
Nutrition and diet are critical to preventative care. A healthy lifestyle, comprised of a proper diet, has been shown to increase physical, mental and emotional well-being. Consequently, nutrition and diet are critical to preventative care.

Almost, two-thirds (62%) of residents report not consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Not the percentage of residents who consume five or

more services per day is only 6%. Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. Reasons most frequently given for failing to eat more fruits and vegetables are not linking fruits and vegetables (11) and a lack of importance (11). Note that these data are displayed in frequencies rather than percentages given the low number of responses.



Source: CHNA Survey



Source: CHNA Survey

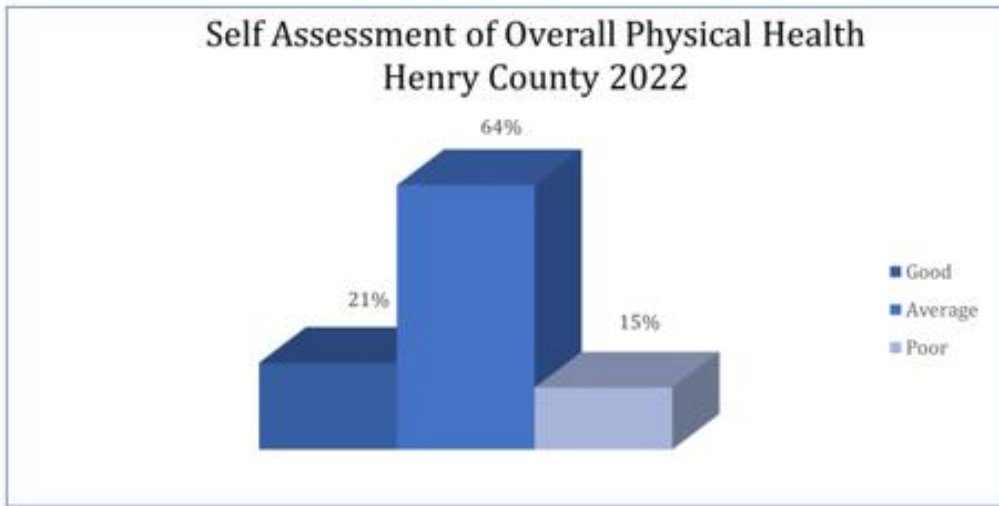
Health Status

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

Physical Health

According to the Centers for Disease Control and Prevention, National Center for Chronic Disease Promotion, Division of Population Health report the percentage of Henry County Residents reporting poor physical health for 14 or more days a month was 13.1% in 2021.

This finding was echoed by the 2022 CHNA which found, in regards to self-assessment of overall physical health, 15% of respondents reported having poor overall physical health.



Source: CHNA Survey

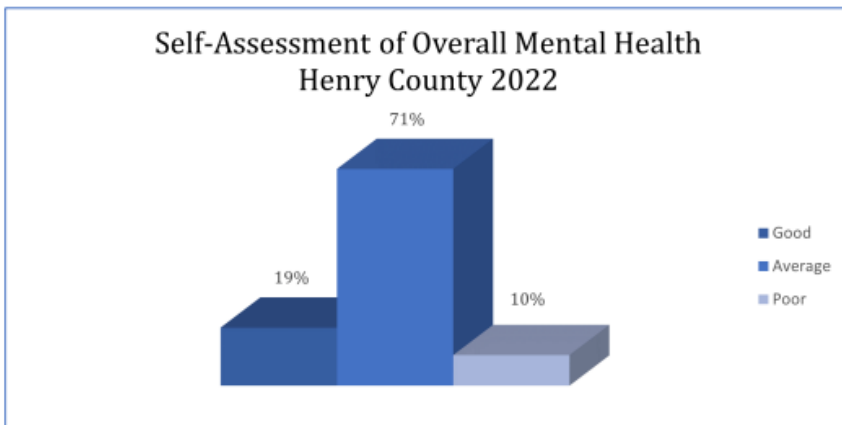
Mental Health

According to the Centers for Disease Control and Prevention, National Center for Chronic Disease Promotion, Division of Population Health report the percentage of Henry County Residents reporting poor mental health for 14 or more days a month was 13.5% in 2021.

This finding was echoed by the 2022 CHNA which found, in regards to self-assessment of overall mental health, 10% of respondents reported having poor overall mental health.

Self-Perceptions of Overall Mental Health - A Comparison to 2019 CHNA

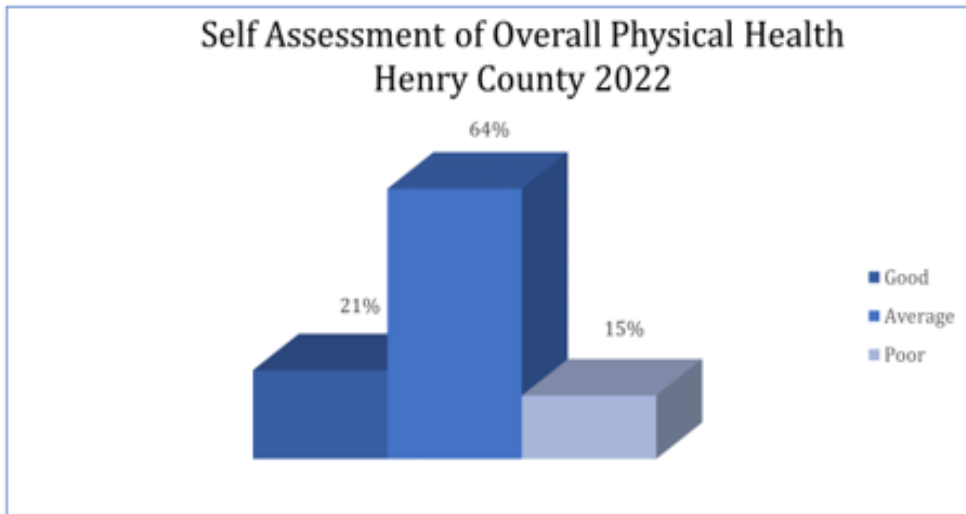
Results from the 2022 CHNA show a decline in mental health. In 2019, 59% of respondents indicated they did not feel depressed in the last 30 days and 68% indicate they did not feel anxious or stressed. In 2022, 49% of respondents indicated they did not feel depressed in the last 30 days and 60% indicated they did not feel anxious or stressed.



Source: CHNA Survey

Self-Perceptions of Overall Health - A Comparison to 2019 CHNA

In regard to self-assessment of overall physical health, 15% of respondents reported having poor overall physical health.



Source: CHNA Survey

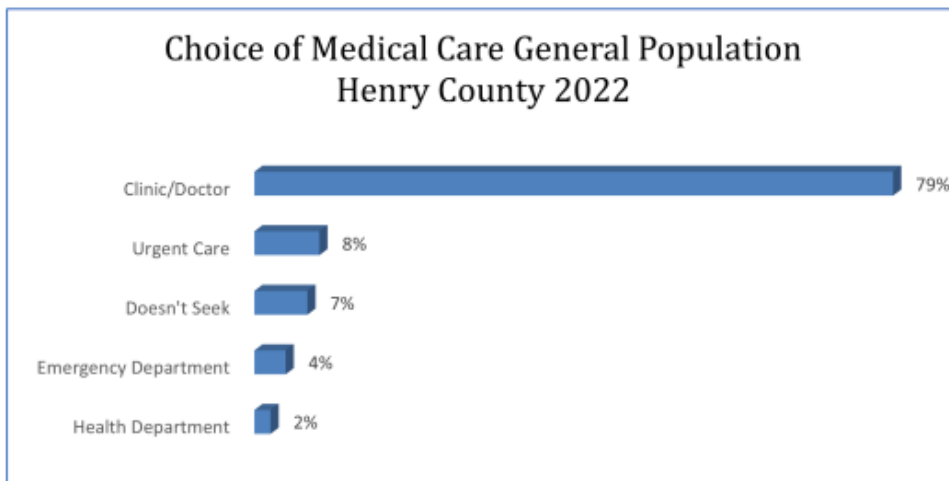
With regard to physical health, more people see themselves in poor health in 2022 (15%) than 2019 (10%).

Accessibility

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

Choice of Medical Care

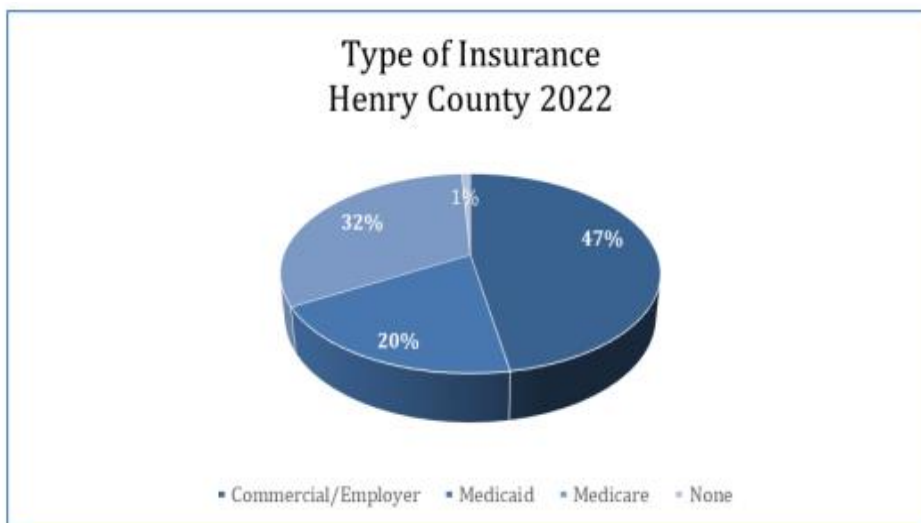
Survey respondents were asked to select the type of healthcare facility used when sick. Six different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, health department, no medical treatment, and other. The most common response for source of medical care was clinic/doctor's office, chosen by 79% of survey respondents. This was followed by urgent care (8%), not seeking medical attention (7%), the emergency department at a hospital (4%), and the health department (2%).



Source: CHNA Survey

Insurance Coverage

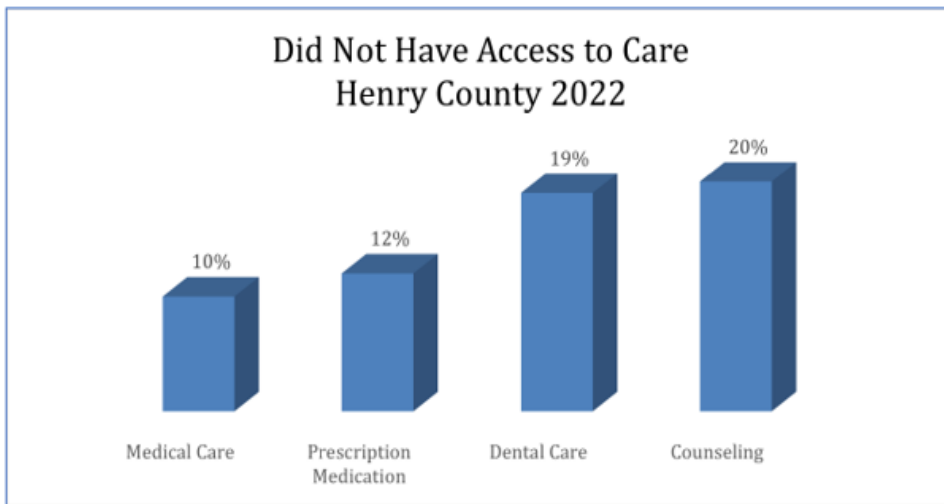
With regard to medical insurance coverage, according to survey data, 47% of the residents are covered by commercial/employer insurance, followed by Medicare (32%), and Medicaid (20%). Only 1% of respondents indicated they did not have any health insurance.



Source: CHNA Survey

Access to Care

In the CHNA survey, respondents were asked, “Was there a time when you needed care but were not able to get it?” Access to four types of care were assessed: medical care, prescription medications, dental care and counseling. Survey results show that 10% of the population did not have access to medical care when needed; 12% of the population did not have access to prescription medications when needed; 19% of the population did not have access to dental care when needed; and 20% of the population did not have access to counseling when needed.



Source: CHNA Survey

Demographic Factors Related to Access to Care

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

Access to medical care tends to be higher for White people.

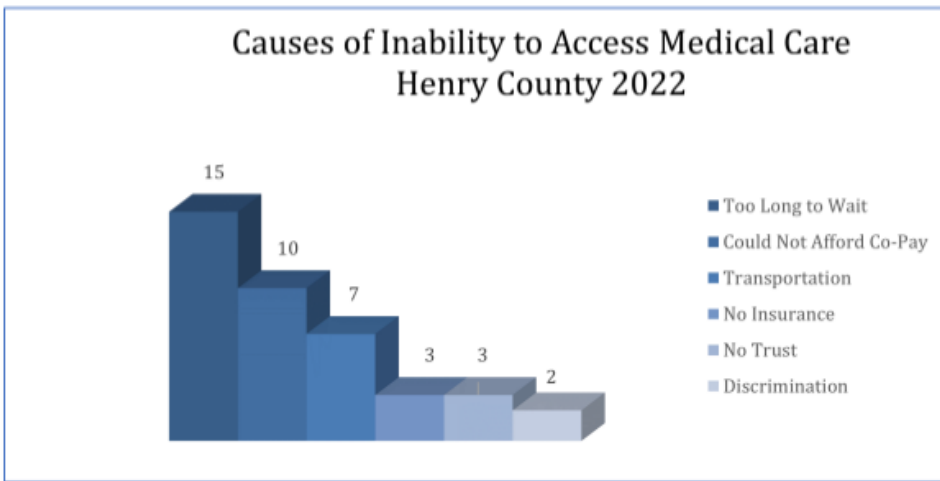
Access to prescription medications tends to be higher for White people, and those with higher income and those with a stable housing environment.

Access to dental care tends to be greater for people with the following characteristics: older people, White people, and those with higher education and higher income.

Access to counseling tends to be rated higher for men and older people.

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. Based on frequencies, the leading causes of the inability to gain access to medical were too long to wait for an appointment (15), the inability to afford the copay (10) and no way to get to the doctor (7).

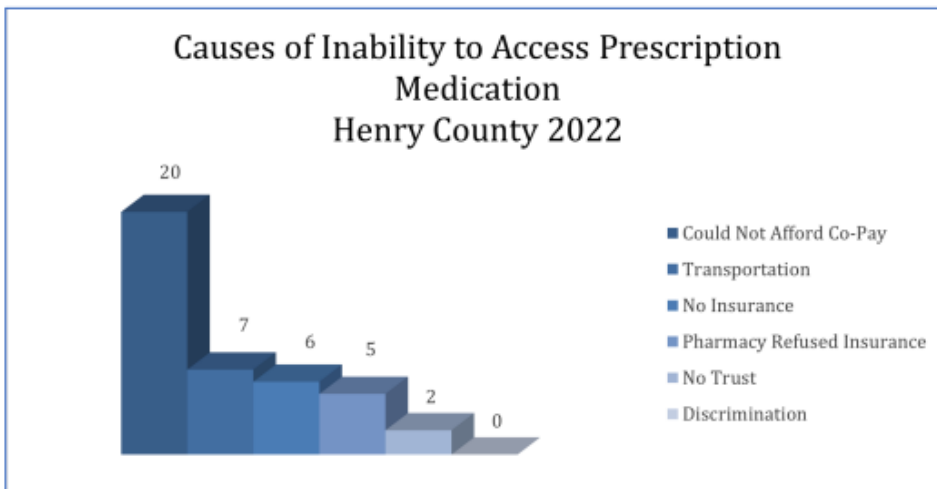


Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were not able to get prescription medications when needed were asked a follow-up question. In Henry County, the leading causes of the inability to gain access to prescription medicine was the inability to afford copayments or deductibles.

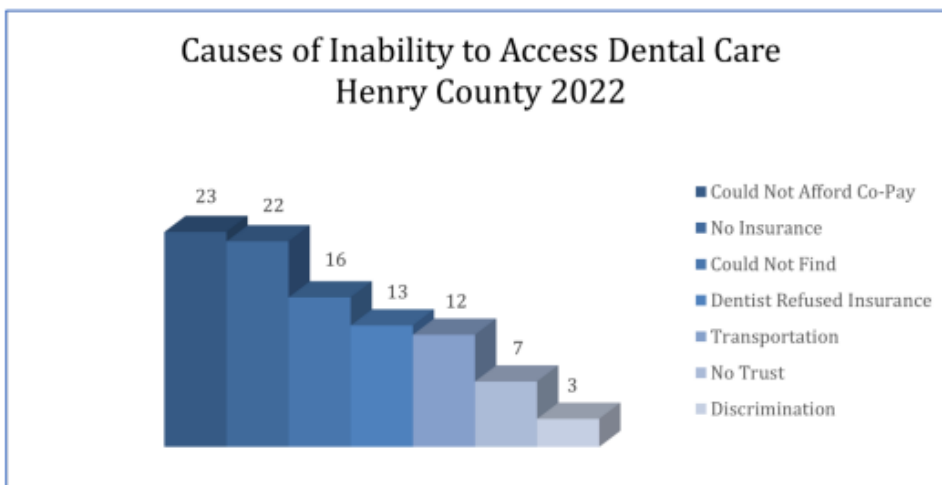
Figure 20



Source: CHNA Survey

Reasons for No Access – Dental Care

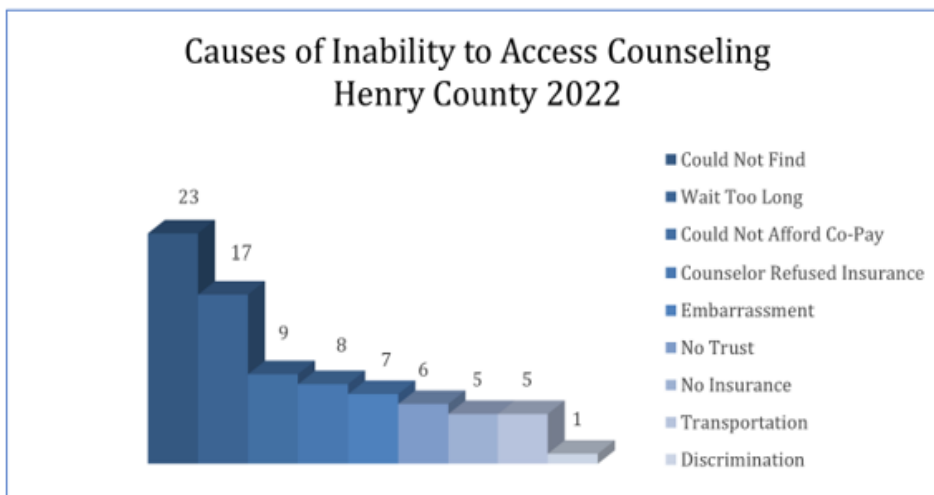
Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. Based on frequencies, leading causes of inability to gain access to dental care were the inability to afford copayments deductibles (23) and no insurance (22)



Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. In Henry County, the leading causes of the inability to gain access to counseling were could not find (23) and wait was too long (17).



CHNA Survey

Maternal and Child Health

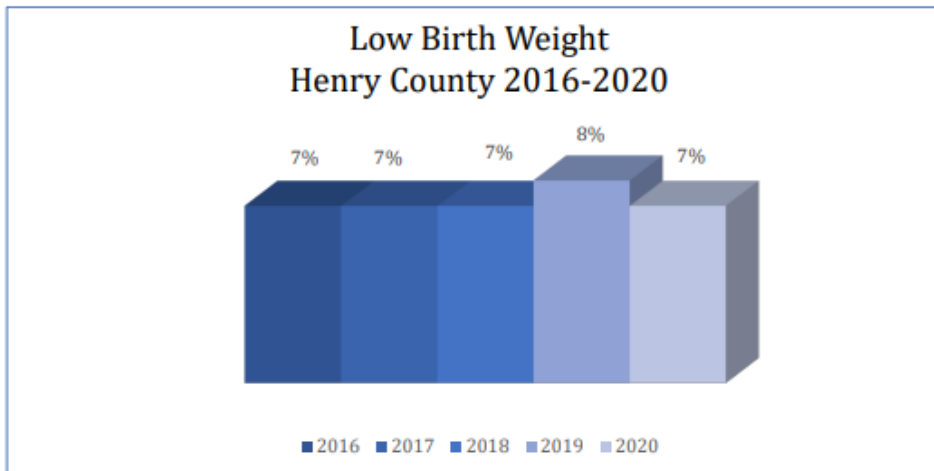
Healthy Babies

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

conditions and education to encourage healthy habits, including nutritional and substance-free health during pregnancy.

Low Birth Weight Rates

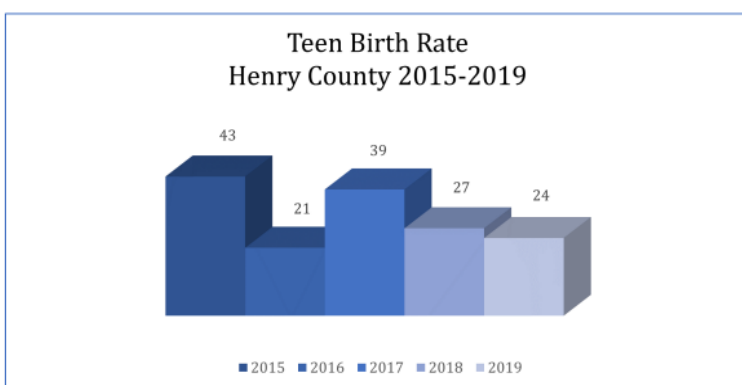
Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Henry County has remained constant with a slight increase in 2019 (8.0%).



Source: County Health Ranking 2020

Early Sexual Activity Leading to Births from Teenage Mothers

Henry County has experienced a fluctuation in teenage birth county. The teen birth count steadily declined since 2017 but experience an increase in 2017 followed by a decrease in 2018 and 2109. Over the five-year period 2015-2019, overall teen birth county has trended downward.



Source: Illinois Department of Public Health

Chronic Disease, Including Cancer Incidence

Mortality

Importance of the measure: Presenting data that focuses on causes of mortality provides an opportunity to define and quantify which diseases are causing the most deaths. The top two leading causes of death in the State of Illinois and Henry County are similar as a percentage of total deaths in 2020. Diseases of the Heart are the cause of 26.6% of deaths in Henry County and Cancer is the cause of 18.1% of deaths in Henry.

Top 5 Leading Causes of Death for all Races by County 2020		
Rank	Henry County	State of Illinois
1	Diseases of Heart (26.6%)	Diseases of Heart (20.7%)
2	Malignant Neoplasm (18.1%)	Malignant Neoplasm (18.1%)
3	COVID-19 (9.1%)	COVID-19 (11.8%)
4	Accidents (5.2%)	Accidents (5.4%)
5	Chronic Lower Respiratory Diseases (5.2%)	Cerebrovascular Diseases (5.1%)

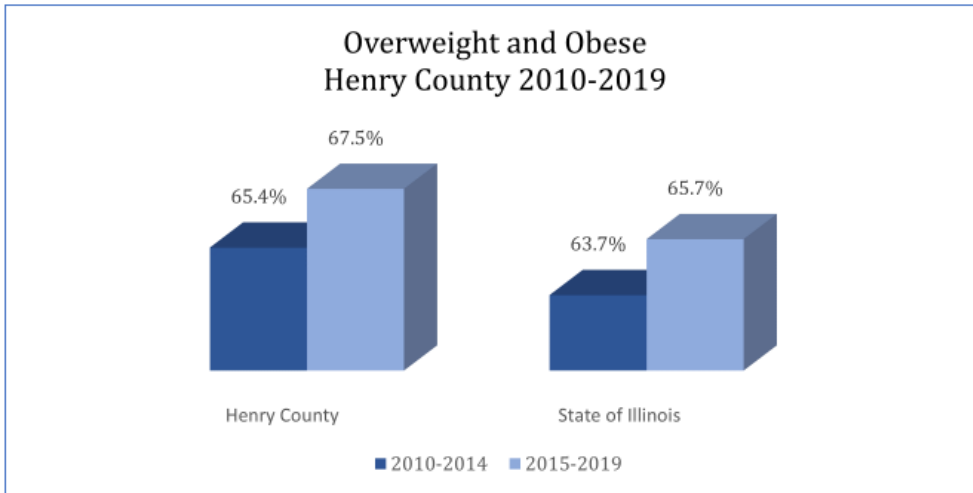
Overweight and Obesity

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

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

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

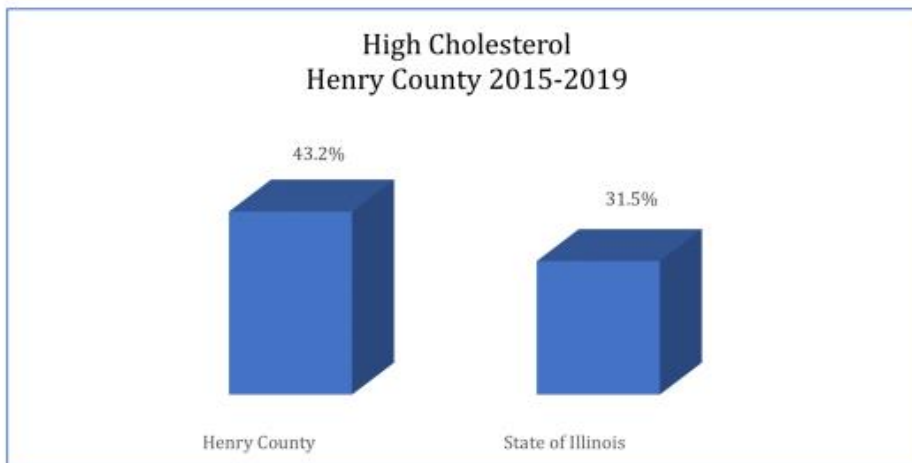
In Henry County, the number of people diagnosed with obesity and being overweight has increased over the years from 2010-2014 to 2015-2019. Note specifically that the percentage of obese and overweight people in Henry County has increased from 65.4% to 67.5%. Overweight and obesity rates in Illinois have increased over the years from 2010-2014 to 2015-2019. Note specifically that the percentage of obese and overweight people has increased in Illinois from 63.7% to 65.7%.



Source: Illinois Behavioral Risk Factor Surveillance System

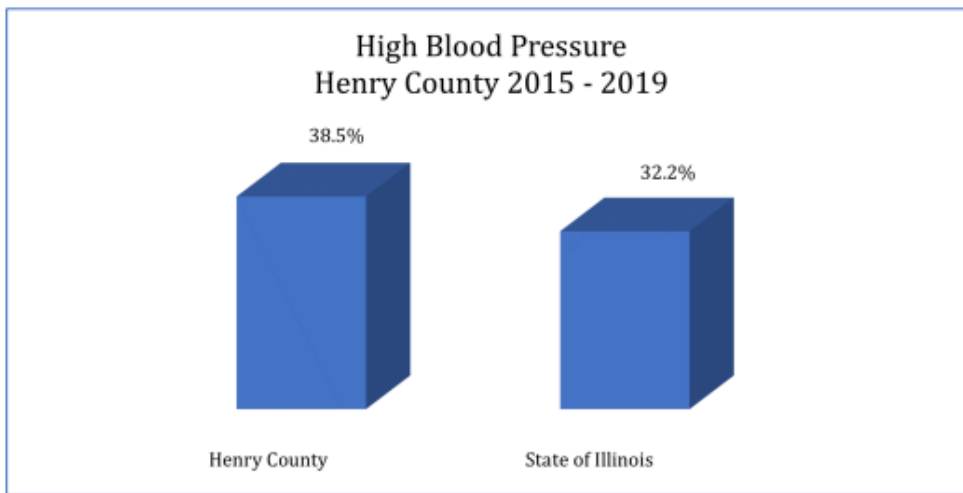
Predictors of Heart Disease

Residents in Henry County report a higher than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is higher in Henry County (43.2%) than the State of Illinois average of 31.5%.



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, Henry County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Henry County residents reporting they have high blood pressure from 2015-2019 increased to 38.5%.



Source: Illinois Behavioral Risk Factor Surveillance System

Morbidity and Mortality

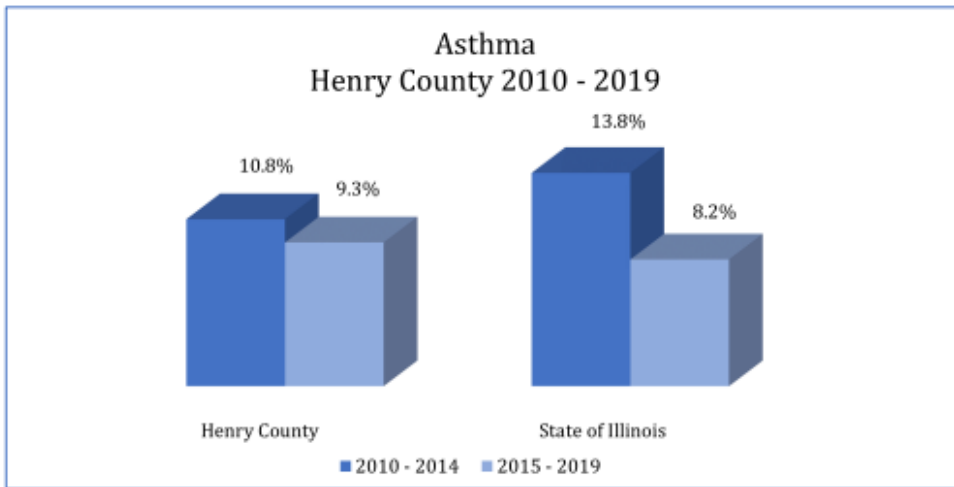
Given the lack of recent disease/morbidity data from existing secondary data sources, much of the data used in this chapter was manually gathered from Henry County hospitals using COMP data. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

Respiratory

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

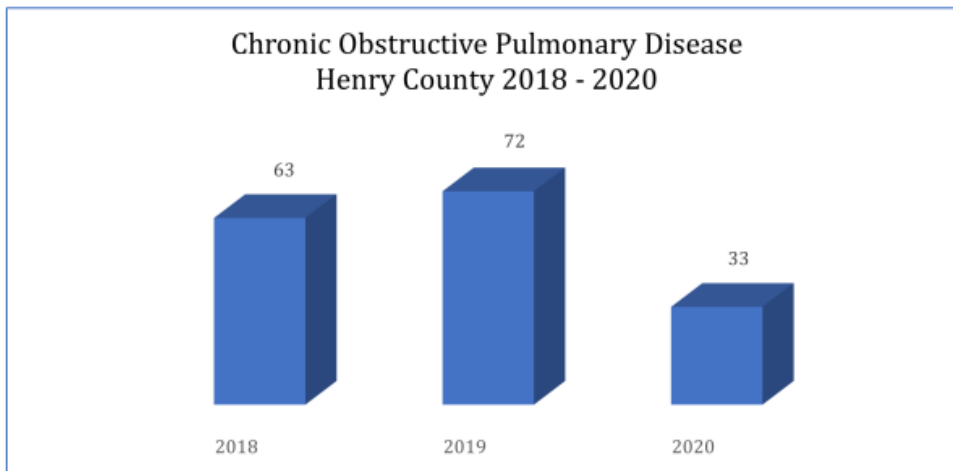
Asthma

The percentage of residents that have asthma in Henry County have decreased slightly between 2010- 2019. According to the Illinois BRFSS, asthma rates in Henry County (9.3%) are greater than the State of Illinois (8.2%).



Source: Illinois Behavioral Risk Factor Surveillance System

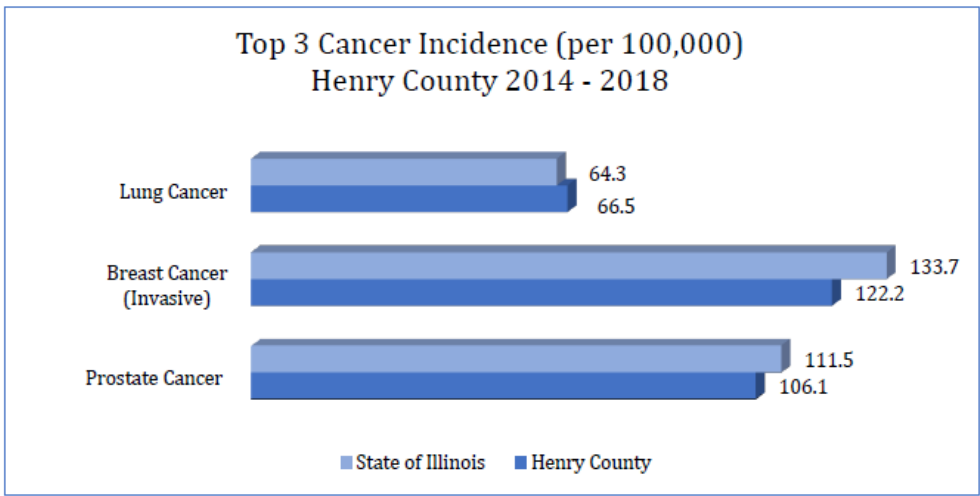
Treated cases of COPD at Henry County area hospitals have remained stable between 2018 and 2020. Note the significant decrease between 2019 and 2020 could be because of the COVID-19 pandemic. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



Source: COMPdata Informatics 2021

Cancer

Importance of the measure: Cancer is caused by the abnormal growth of cells in the body and many causes of cancer have been identified. Generally, each type of cancer has its own symptoms, outlook for cure, and methods for treatment. Cancer is one of the leading causes of death in Henry County. For the top three prevalent cancers in Henry County, comparisons are illustrated in the graph that follows. Specifically, prostate cancer and breast cancer rates are lower than the State, while lung and bronchus cancer rates are higher than the State of Illinois.

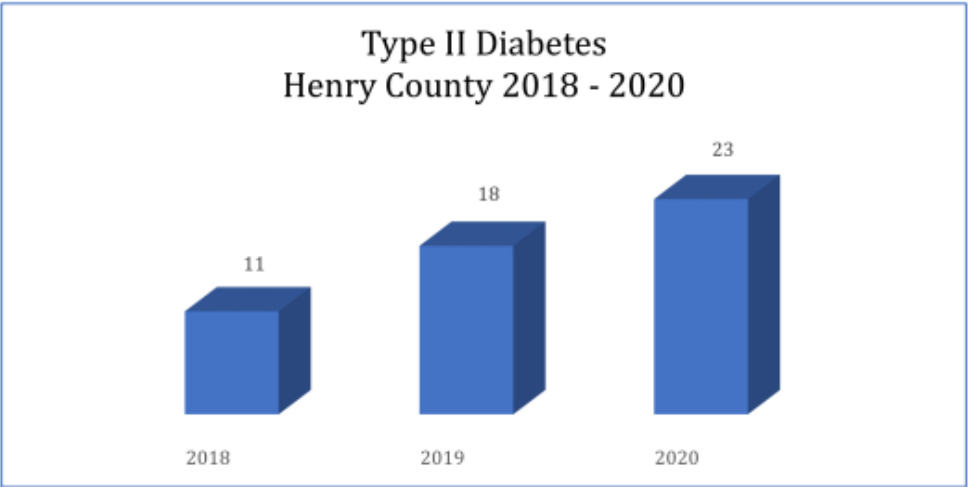


Source: Illinois Department of Public Health – Cancer in Illinois

Diabetes

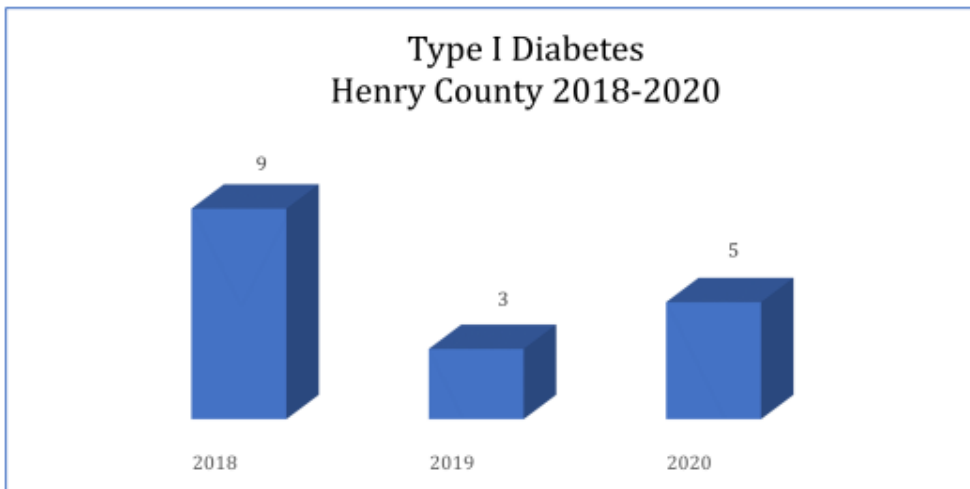
Importance of the measure: Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes). Only 5-10%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

Inpatient cases of Type II diabetes from Henry County increased between 2018 (11 cases) and 2020 (23 cases). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



Source: COMPdata Informatics 2021

In patient cases of Type I diabetes show a decrease from 2018 (9) to 2019 (3) followed by an increase in 2020 (5) for Henry County. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



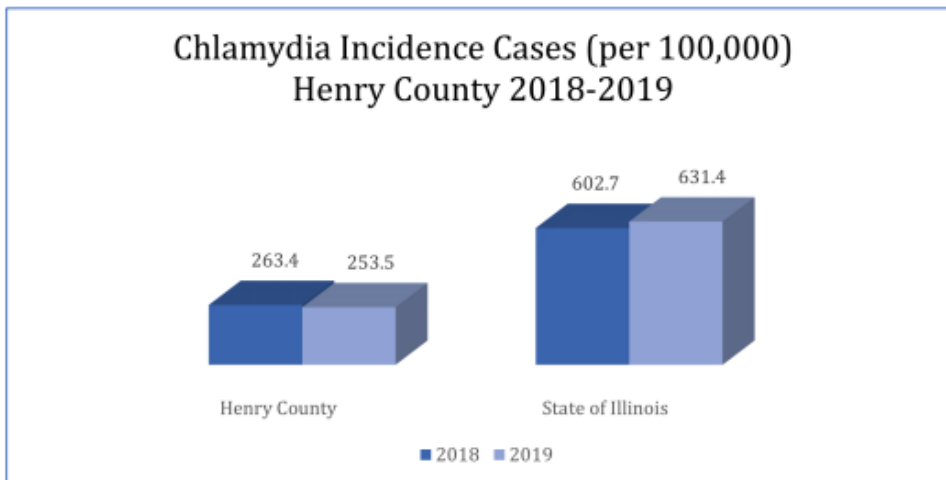
Source: COMPdata Informatics 2021

Infectious Diseases

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

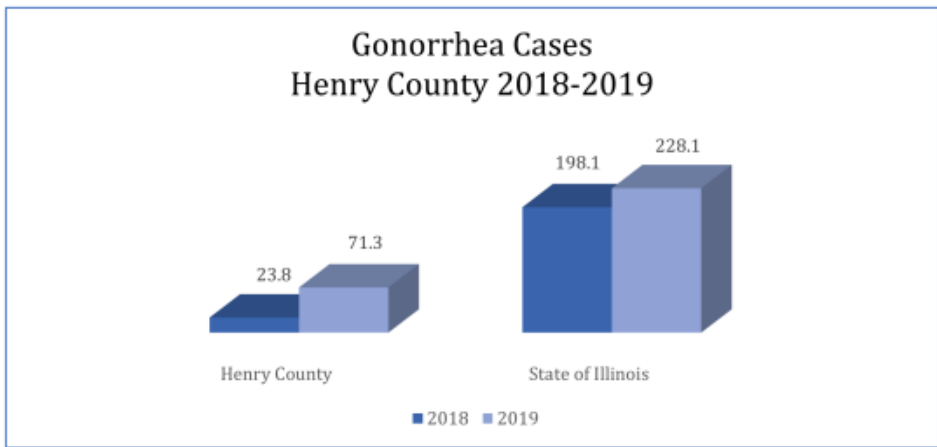
Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in Henry County from 2018-2019 indicate a slight decrease. The incidences of chlamydia across the State of Illinois has increased significantly. Rates of chlamydia in Henry County are lower than State averages.



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in Henry County and the State of Illinois indicate a significant increase. This is concerning on both a local and State level; however, cases in Henry County are significantly lower than the State average.



Source: Illinois Department of Public Health

Vaccine Preventable Diseases

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

Table 1
Vaccine Preventable Diseases 2013-2016 Henry County Region

Mumps	2013	2014	2015	2016
Henry County	0	0	0	0
State of Illinois	26	142	430	333

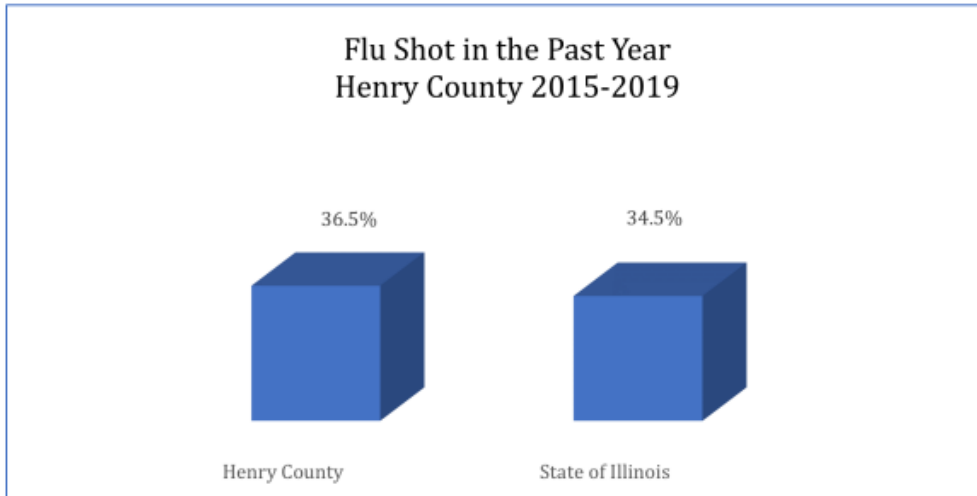
Pertussis	2013	2014	2015	2016
Henry County	0	0	1	0
State of Illinois	785	764	718	1034

Varicella	2013	2014	2015	2016
Henry County	2	8	1	1
State of Illinois	731	596	443	469

Source: Illinois Department of Public Health

Flu Shots

In 2015-2019 the percentage of people who have had a flu shot is 36.5% for Henry County. Henry County had a higher vaccination percentage at 34.5% than the State average.

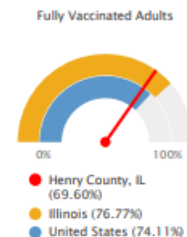


Source: CHNA Survey

COVID-19 Vaccinations

As of August of 2022 Henry County stood at 69.60% of adults that were fully vaccinated against Covid-19. This is lower than the State average of 76.77%. In addition, the estimated percent of adults hesitant about receiving Covid-19 vaccination was at 9.65% compared to the State percentage that stood at 7.95%.

Report Area	Percent of Adults Fully Vaccinated	Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	Vaccine Coverage Index	Last Update
Henry County, IL	69.60%	9.65%	0.32	08/24/2022
Illinois	76.77%	7.95%	0.37	08/24/2022
United States	74.11%	10.29%	0.44	08/24/2022



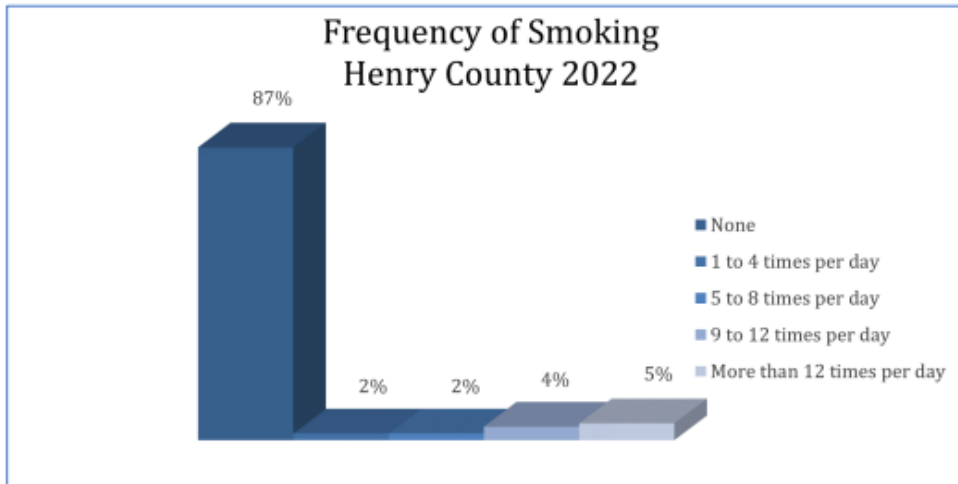
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2022. Source geography: County

Environmental, Occupational and Injury Control

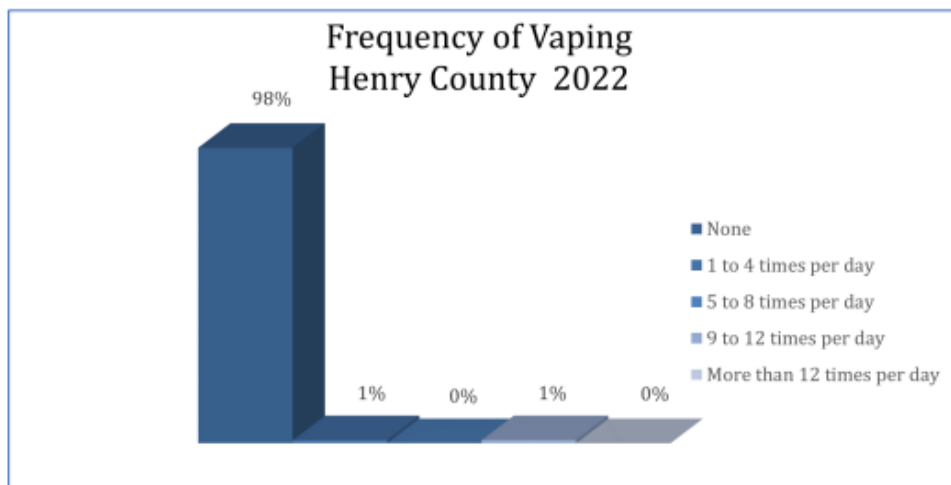
Tobacco Use

Importance of the measure: In order to appropriately allocate healthcare resources, a thorough analysis of the leading indicators regarding morbidity and disease must be conducted. In this way, healthcare organizations can target affected populations more effectively. Research suggests tobacco use facilitates a wide variety of adverse medical conditions. CHNA survey

data show 87% of respondents do not smoke and only 5% state they smoke more than 12 times per day. Only 2% of respondents vape on a daily basis.



Source: CHNA Survey

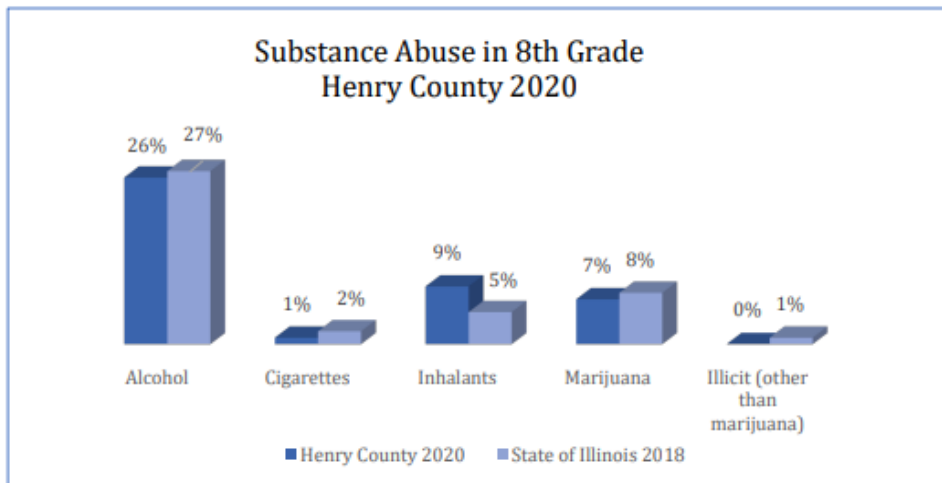


Source: CHNA Survey

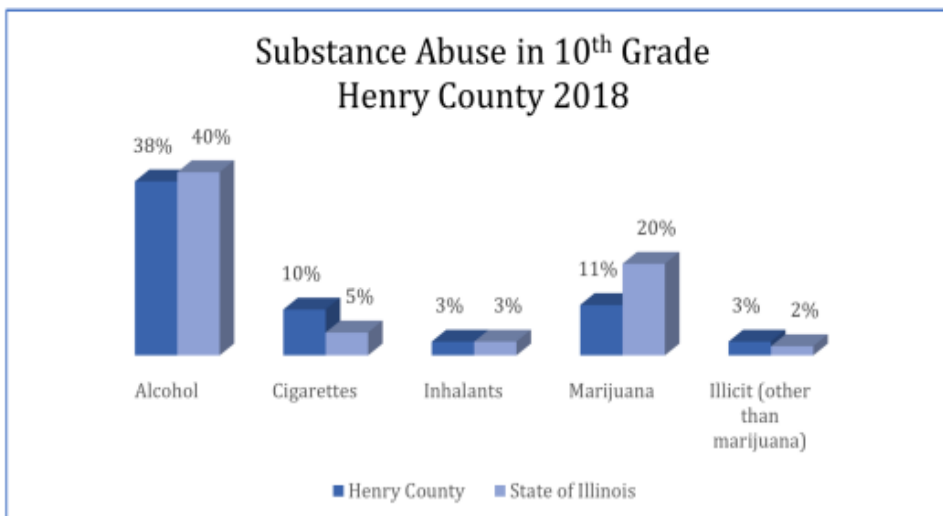
Drug and Alcohol Abuse

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

Data from the 2020 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – including inhalants) among adolescents. Henry County data reported for 2020, State of Illinois data reported for 2018. From the chart below Henry County came in below State of Illinois averages for alcohol, cigarettes, marijuana and illicit drugs. Henry County reported higher than State averages for inhalants among 8th graders. Among 10th graders, the most recent data available Henry County and State of Illinois is 2018. These data show State levels remaining equal to or higher in all categories except cigarettes and illicit drugs.



Source: University of Illinois Center for Prevention Research and Development



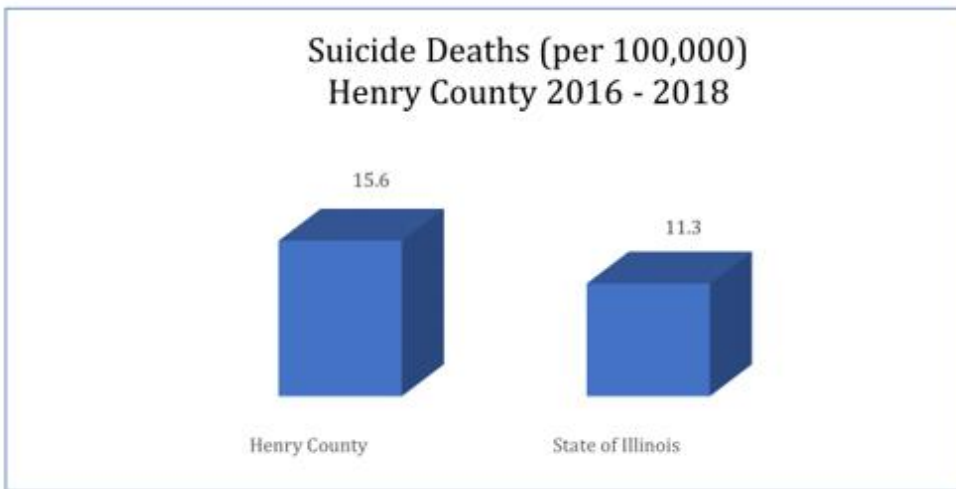
Source: University of Illinois Center for Prevention Research and Development

Injuries

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

Suicide

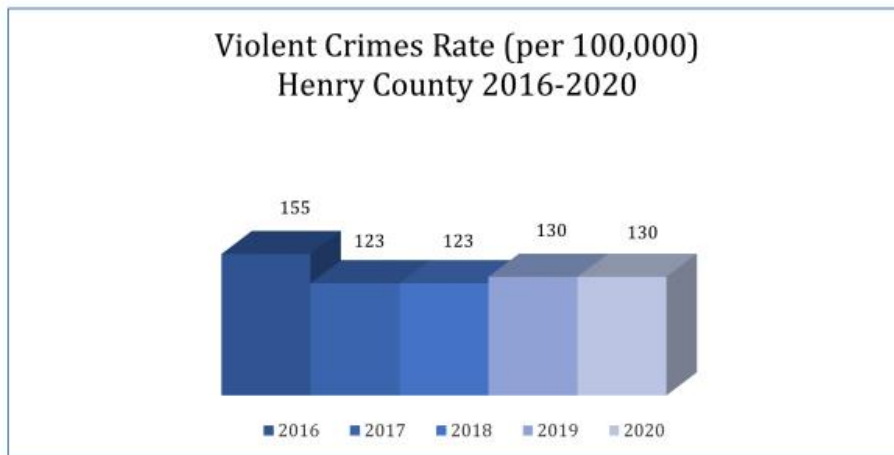
According to 2016-2018 data from the IDPH, the number of suicides in Henry County indicate higher incidence than State of Illinois averages, as the Henry County rate was 15.6 per 100,000 people and the State rate was 11.3 per 100,000 people.



Source: Illinois Department of Public Health

Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. Violent crime is represented as an annual rate per 100,000 people. The number of violent crimes has decreased 2017 and remained at the same rate in 2018 before slightly increasing in 2019 and remaining the same rate in 2020. Over the period 2016-2020, overall rate decreased.



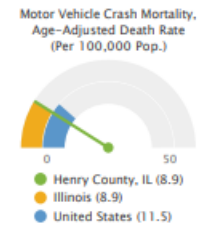
Source: Illinois County Health Rankings 2020 data

Motor Vehicle Crashes

This indicator reports the 2016-2020 five-year average rate of death due to motor vehicle crash per 100,000 population, which include collisions with another motor vehicle, a non-motorist, a fixed object, an overturn, and any other non-collision. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death. Within Henry County there were a total of 25 deaths due to motor vehicle crash. This represents an age-adjusted death rate of 8.9

per every 100,000 total population. The Henry County rate is the same as the State of Illinois rate (8.9) but lower than the US rate (11.5).

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Henry County, IL	49,004	25	10.2	8.9
Illinois	12,720,799	5,821	9.2	8.9
United States	326,747,554	193,691	11.9	11.5



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER, 2016-2020. Source geography: County

Sentinel Events

Suicide: In 2016-2020 34 suicides were reported. *Healthy People 2030* identified the target rate of 12.8 suicides per 100,000. Based on 2020 data from the CDC, the Henry County’s age adjusted suicide rate was 13.7. This was over the rate in Illinois which stands at 10.9.

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

Sentinel Events Indicating Cancer: This includes cancers in their late stages, the presence of which indicate lack of access to care in the community. Henry County’s cancer death rate per 100,000 is 155.2. This is near the rate for the State of Illinois at 155.4.

PRIORITIZATION OF HEALTH RELATED ISSUES

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

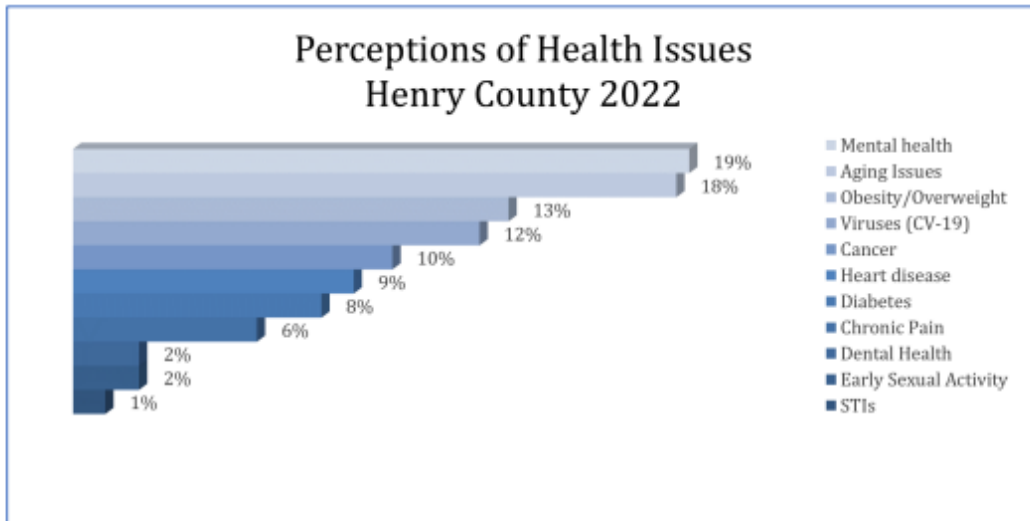
Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

Perceptions of Health Issues

The CHNA survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 11 different options.

The health issue that rated highest was Mental Health. It was identified (19%), followed by aging issues (18%). The two factors were significantly higher than other categories based on t-test between sample means.

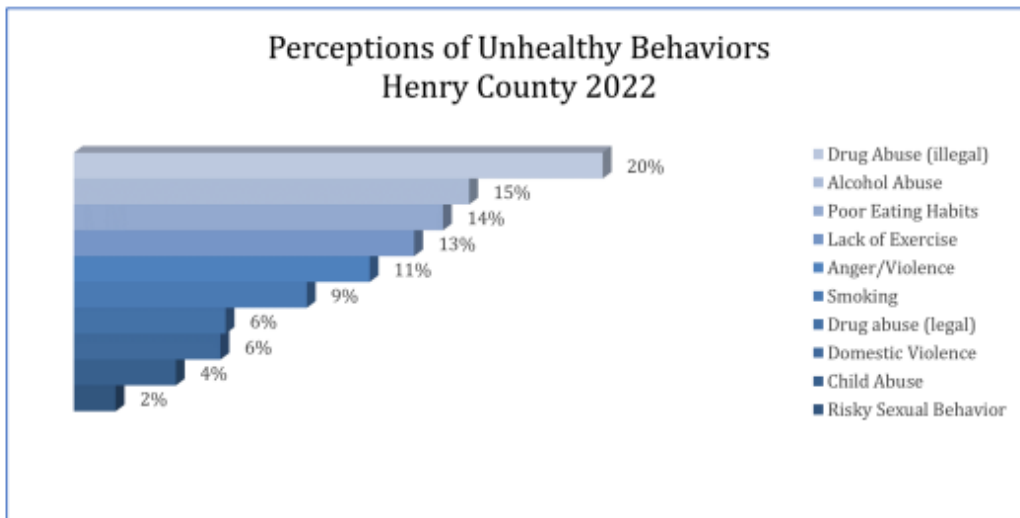
Note that perceptions of the community were accurate in some cases. For example, mental health issues are significantly increasing. Also, there is a steady rise in the 65-and-over age population. The survey respondents accurately identified these as important health issues. However, some perceptions were inaccurate. For example, while heart disease is the leading cause of mortality, it is ranked relatively low.



Source: CHNA Survey

Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The two unhealthy behaviors that rated highest were drug abuse and alcohol abuse.



Source: CHNA Survey

Results

Health indicators were analyzed for trends and also compared with corresponding state, national, as well as *Healthy People 2030* goals where available and applicable. Henry County is very heterogeneous geographically, racially, and ethnically. Therefore, effort was made to compare rates among communities and also highlight racial/ethnic disparities where available and relevant.

Priorities

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

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

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

Prioritization Method and Prioritization Results

Following the presentation of data located in the Appendices to the committee on August 31, 2022, a modified version of the Hanlon method of problem prioritization was utilized. The committee was guided through a facilitated discussion of areas of concern following the presentation of the data. Ten areas emerged as areas of concern:

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

Community Resources

After summarizing potential categories for prioritization in the Community Health Needs Assessment, a comprehensive analysis of existing community resources was performed to identify the efficacy to which these 10 health-related areas were being addressed. Justifications for these areas of concern were presented to the committee. The committee members were asked for input on public perception of what health problems were most prevalent in Henry County. In order to prioritize the previously identified dimensions, the committee considered health needs based on: (1) magnitude of the issues (e.g., what percentage of the population was impacted by the issue); (2) severity of the issues in terms of their relationship with morbidities and

mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method (as seen in Appendix 7), the collaborative team identified three significant health needs and considered all priorities: This method, which has been called both the Hanlon Method and the Basic Priority Rating System (BPRS), is described in Public Health: Administration and Practice (Hanlon and Pickett, Times Mirror/Mosby College Publishing) and Basic Health Planning (Spiegel and Hyman, Aspen Publishers).

The method has three major objectives:

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

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

Community Health Plan

Purpose Statement

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

Community Participation

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

Community Health Plan Process

Committee members met on October 19, 2022 at the Health Department in Kewanee to complete the Health Problem Analysis Worksheets organized around the three strategic issues. Committee members shared community perception and reviewed direct and indirect contributing factors for each issue. The results of the Health Problem Analysis Worksheets were compiled and shared with committee members for comment and revision. The revisions were made and a final version of each Health Problem Analysis Worksheet is included within each community health priority.

Description of Priorities

Mental Health

According to 2016-2018 data from the IDPH, the number of suicides in Henry County indicate higher incidence than State of Illinois averages, as the Henry County rate was 15.6 per 100,000 people and the State rate was 11.3 per 100,000 people. Of the Henry County residents participating in the 2015-2019 BRFSS, 11.3% indicated eight or more days they were not in good mental health in the past month. According to the CDC-National Center for Chronic Disease Prevention & Health Promotion 2021 Report Henry County had 18.8% of residents reporting depression. Henry County also had residents reporting 4.6 days a month of poor mental health. The US average is 4.0 days a month. And, according to the report Henry County has 15% of its adult population experience frequent mental distress as opposed to the US (13%) and Illinois (13%) percentages. With a growing Medicaid population and the limited availability of behavioral health providers accepting Medicaid, appropriate access to services to identify, diagnose, and treat individuals with depression were of great concern to Planning Committee members. *Healthy People 2030* objectives identify the target of 12.8 suicides per 100,000. Based on the latest data from the CDC, the Henry County suicide rate is 15.6.

Poor Health Behaviors

Cardiovascular (heart and stroke) comprised 26.6% of deaths in Henry County in 2020. Cardiovascular disease, diabetes, and many forms of cancer share common risk factors such as aging, high blood pressure, high blood cholesterol, inactivity, poor nutrition, and obesity. Residents in Henry County report a higher than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is higher in Henry County (43.2%) than the State of Illinois average of 31.5%. With regards to high blood pressure, Henry County (38.5%) has a higher percentage of residents with high blood pressure than residents in the State of Illinois (32.2%) as a whole. In Henry County, the number of people diagnosed with obesity and being overweight has increased over the years from 2010-2014 to 2015-2019. Note specifically that the percentage of obese and overweight people has increased from 65.4% to 67.5%. The data does resemble state trends, yet it was an area of great concern among the Planning Committee members.

Drug/Alcohol/Tobacco Use

Smoking rates in Henry County are above the State of Illinois averages. There was a decrease in the percentage of Henry County residents reporting they were current smokers between 2010-2014 (19.6%) and 2015-2019 (15.3%). There was also an increase in the percentage of Henry County residents reporting they were current non-smokers between 2010-2014 (57.8%) and 2015-2019 (61.0%). Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors of high school students is a leading indicator of adult substance abuse in later years. Data from the 2020 Illinois Youth Survey measures illegal substance use (alcohol,

tobacco, and other drugs – including inhalants) among adolescents. Henry County data reported for 2020, State of Illinois data reported for 2018. Henry County came in below State of Illinois averages for alcohol, cigarettes, marijuana and illicit drugs. Henry County reported higher than State averages for inhalants among 8th graders. Among 10th graders, the most recent data available Henry County and State of Illinois is 2018. These data show State levels remaining equal to or higher in all categories except cigarettes and illicit drugs.

Analysis of Priorities

Mental Health

Issues

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

Mental disorders generate an immense volume of public health burden of disability. According to the Report “The State of Mental Health in America 2022” by the Mental Health America, nearly 50 million or 19.86% of American adults experienced a mental illness in 2019. In addition, 15.08% of youth experienced a major depressive episode in the past year.

Accessing mental health care is difficult for some individuals. Barriers include lack of knowledge about available mental health services, skepticism about the effectiveness of treatment, lack of a usual source of primary care, which is frequently the first line in diagnosing mental disease, transportation, and lack of health insurance coverage or funds to pay for treatment. System barriers may include lack of resources or attention devoted to mental health diagnosis and treatment. More than half of adults with a mental illness do not receive treatment, totaling over 27 million US adults. Over 60% of youth with major depression do not receive any mental health treatment.

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

The *Healthy People 2030* objectives for mental health include:

- Reduce the suicide rate. Currently, the baseline is 14.2 suicides per 100,000 population. (The *Healthy People 2030* goal is 12.8 suicides per 100,000.) Based on the latest data from the CDC, the Henry County rate is 15.6 suicides per 100,000.

Demographic Study

According to 2016-2018 data from the IDPH, the number of suicides in Henry County indicate higher incidence than State of Illinois averages, as the Henry County rate was 15.6 per 100,000 people and the State rate was 11.3 per 100,000 people. According to the Centers for Disease Control and Prevention, National Center for Chronic Disease Promotion, Division of Population Health report the percentage of Henry County Residents reporting poor mental health for 14 or more days a month was 13.5% in 2021. This finding was echoed by the 2022 CHNA which found, in regard to self-assessment of overall mental health, 10% of respondents reported having poor overall mental health.

One barrier to receiving mental health services is the inability to afford appropriate care. According to the Report “The State of Mental Health in America 2022” by the Mental Health America, 11.1% of Americans with a mental illness are uninsured. In addition, 8.1% of children had private insurance that did not cover mental health services, totaling 950,000 youth.

Health Problem

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

The major mental health issues facing Henry County revolve around reducing the prevalence of untreated mental illness by increasing the capacity for mental health service delivery primarily through reducing fragmentation and increasing system-level coordination and collaboration. Increasing awareness of the mental health service availability among potential system users and non-mental health providers are also important, especially in school and primary care settings. These strategies will expand treatment options for a variety of at-risk population groups, including adolescents; this is consistent with the objectives reported in *Healthy People 2030*.

Risk Factors

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

Contributing Factors

Direct	Indirect
Lack of affordable and early assessment services and screenings	Increased cost of psychotropic drugs
Moderate willingness to address mental health issues	Inadequate rate of reimbursement
Lack of knowledge of mental health resources	Primary care practices
Lack of available specialists/psychiatrists	Inadequate physical activity
Lack of coordination among service providers	Uninsured or underinsured
Undeveloped coping skills	Lack of inpatient care facilities
Denial of mental illness	Negative social stigmas
Improper use of medication	Behavioral health treatment funding cuts
Lack of community support systems	Policymakers failure to comprehend scope of problem

Barriers	Resources for Programming
Cost, inability to afford care or medication	Healthcare providers
Lack of or high deductible health insurance	Schools and colleges
Transportation	A variety of services for children and adolescents
Lack of understanding of long-term benefits	Henry County Mental Health Alliance
Lack of coordination among service providers	Faith community, civic and business organizations
Lack of available specialists, psychiatrists, therapists, community support workers	Existing mental health organizations and service providers in the region
Public stigmas and perceptions	Local media
Socioeconomic status and cultural differences	Henry County Health Department
	Illinois Department of Public Health
	National Council for Behavioral Health Care
	North Central Behavioral Health Systems
	First Choice Healthcare

Mental Health Objectives and Strategies

Community Health Improvement Goal

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

Outcome Objective

By 2027, increase the proportion of people with substance use and mental health disorders who get treatment for both. Currently, the baseline is at 3.4% per 100,000 population. (The *Healthy People 2030* goal is 8.2% per 100,000 population.)

Impact Objectives

- By 2024, new community programming partnerships will be established as a result of planning and educational campaigns.
- By 2025, mental and behavioral health education and treatment programs and awareness campaigns will be promoted among all Henry County communities.

Intervention Strategies

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

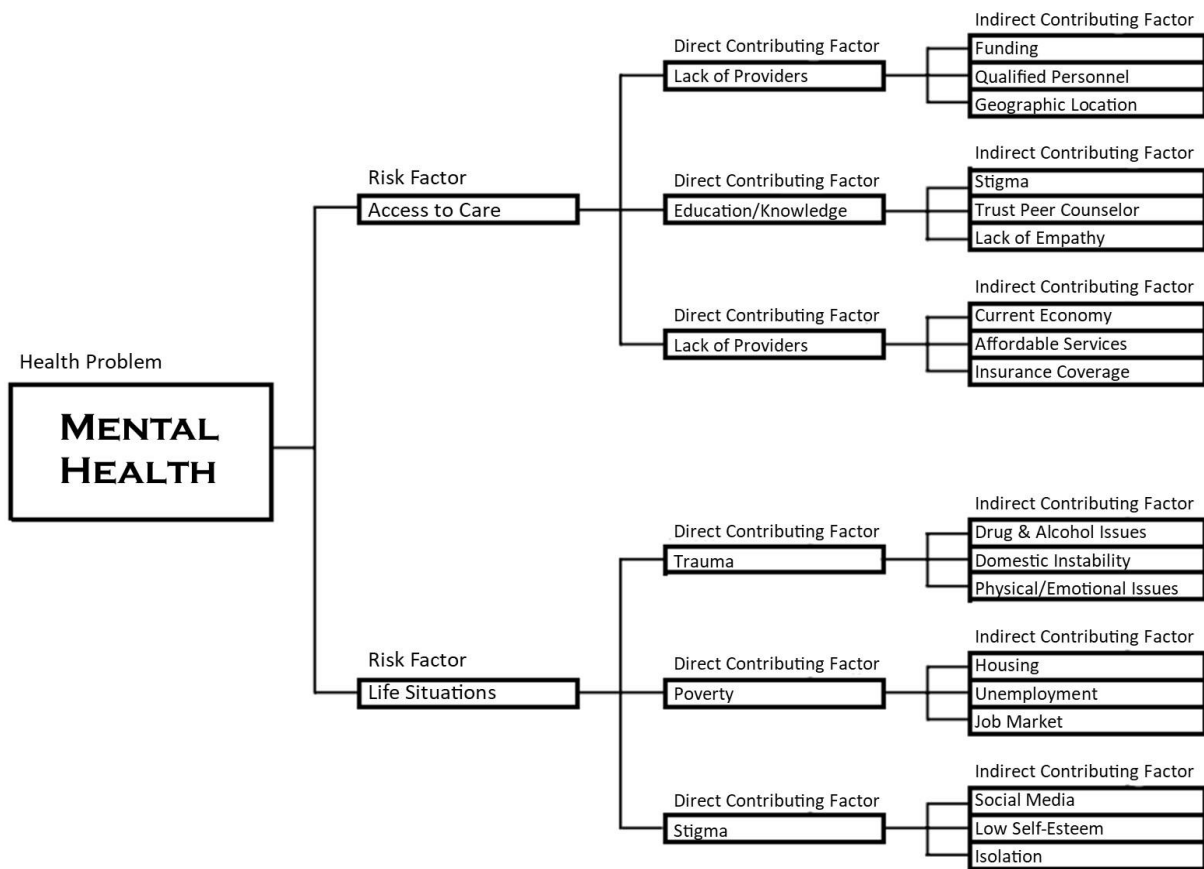
Evaluation

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

Potential Funding Resources

- The Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Alliance for Mental Health Issues
- Henry County Mental Health Alliance
- Private foundations
- Employers and school districts
- Illinois Behavioral Risk Factor Surveillance Systems
- Henry County 708 Mental Health Board

IPLAN 2022 HENRY COUNTY MENTAL HEALTH - HEALTH PROBLEM ANALYSIS WORKSHEET



Poor Health Behaviors

Issues

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

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

The earlier the intervention, the greater chances in preventing potentially devastating complications. Cardiovascular (heart and stroke) comprised 26.6% of deaths in Henry County in 2020. In addition to cardiovascular disease, diabetes, and many forms of cancer share common risk factors such as aging, high blood pressure, high blood cholesterol, inactivity, poor nutrition, and obesity.

Lifestyle changes can help prevent high blood pressure and reduce cholesterol levels. High blood pressure interventions include increasing the level of aerobic physical activity; maintaining a healthy weight; limiting the consumption of alcohol to moderate levels for those who drink; reducing salt and sodium intake; and eating a reduced-fat diet high in fruits, vegetables, and low-fat dairy products. A diet low in saturated fat, cholesterol, and total fat, combined with physical activity and weight control can lower blood cholesterol levels. *Healthy People 2030* calls for successfully reaching the goal of “improving cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; and prevention of repeat cardiovascular events.”

The *Healthy People 2030* objectives for cardiovascular disease include the following:

- Improve cardiovascular health in adults. Currently, the baseline is 3.2 mean cardiovascular health score. (The *Healthy People 2030* goal is 3.5 mean cardiovascular health score.)

Demographic Study

Residents in Henry County report a higher than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is higher in Henry County (43.2%) than the State of Illinois average of 31.5%. With regards to high blood pressure, Henry County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Henry County residents reporting they have high blood pressure from 2015-2019 increased to 38.5%. In Henry County, the number of people diagnosed with obesity and being overweight has increased over the years from 2010-2014 to 2015-2019. Note specifically that the percentage of obese and overweight people in Henry County has increased from 65.4% to 67.5%.

Health Problem

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

Risk Factors

- Overweight or obese
- Physical inactivity
- Cigarette smoking
- Excessive alcohol consumption

- Very high-carbohydrate diet (>60% of total energy)
- Other diseases (type 2 diabetes, chronic renal failure, chronic nephrotic syndrome)
- Certain drugs (corticosteroids, protease inhibitors for HIV, beta-adrenergic blocking agents, estrogens)
- Genetics

Contributing Factors

Direct	Indirect
Obesity	Limited availability of tobacco cessation programs
Dietary choices	Tobacco-related marketing and peer pressure
Heredity	Inadequate financial resources
Sedentary Lifestyle	Stress
Socioeconomic	
Media	
Other disease conditions	
Smoking (nicotine addiction)	

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

Poor Health Behaviors Objectives and Strategies

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

Outcome Objective

By 2027, reduce the proportion of adults with high blood pressure. Currently, the baseline is at 45.7% per 100,000 population. (The *Healthy People 2030* goal is 42.6% per 100,000 population.)

By 2027, reduce cholesterol in adults. Currently, the baseline is at 190.9 milligrams per deciliter (The *Healthy People 2030* goal is 186.4 milligram per deciliter.)

Impact Objectives

1. By 2024, increase to at least 75% the number of worksite wellness program participants and clinic patients being screened for blood pressure.
2. By 2024, cholesterol education and lab screening services will be promoted among all Henry County residents.

Intervention Strategies

- Survey employers regarding existing cardiovascular disease prevention programs.
- Initiate worksite and community cardiovascular related screening and education programs.
 - Convene an advisory committee to recruit businesses to participate in the program.
 - Utilize Health Department staff to conduct blood pressure and cholesterol screenings at employer worksites, as well as teach cardiovascular related education programs on topics such as lowering blood pressure and cholesterol, diet, nutrition, and heart health programs.
 - Utilize American Heart Association's My Life Check online assessment to collect participant data and assist participants in establishing health related goals.
- Implement Chronic Disease Management education program in at least two communities.

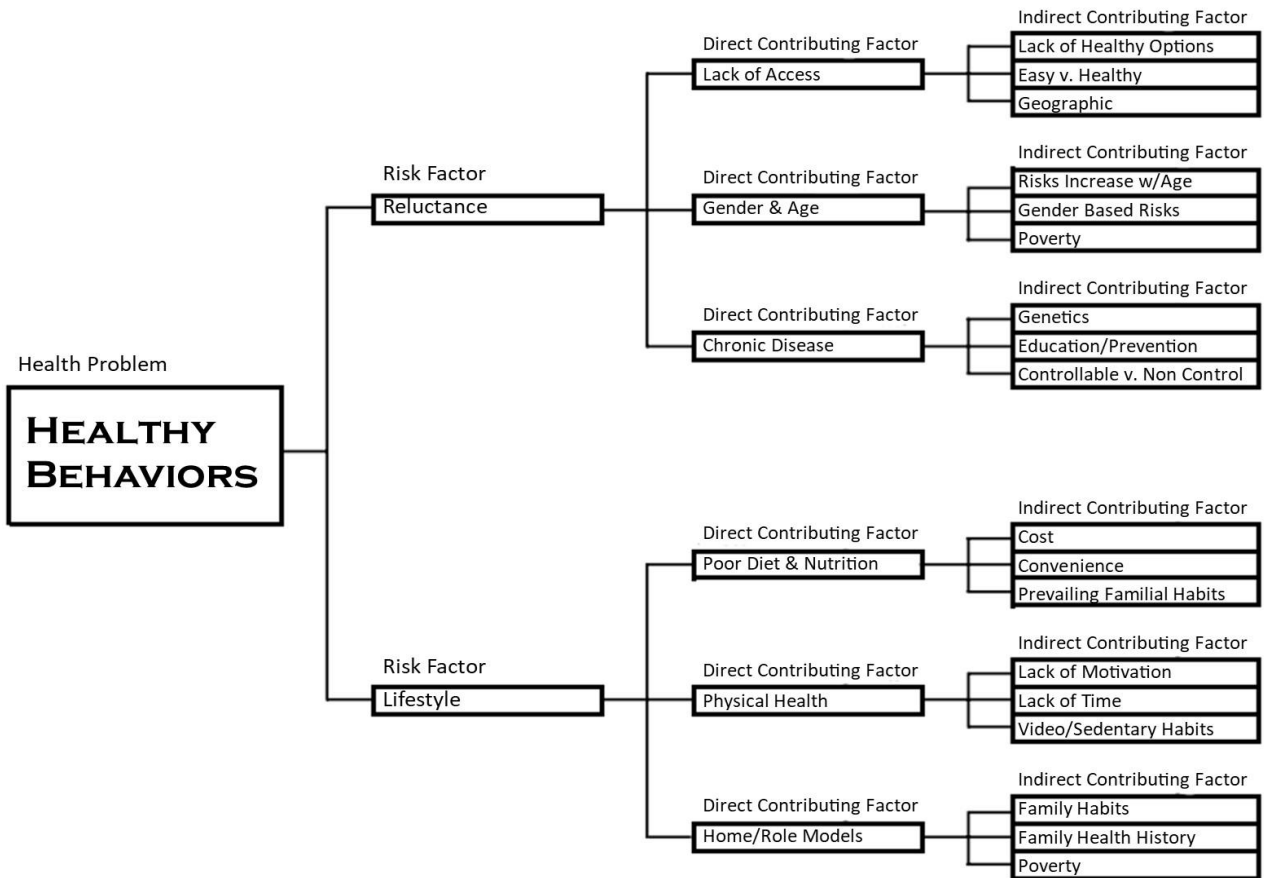
Evaluation

- Complete survey of current employee cardiovascular disease prevention programs.
- Advisory committee convened.
- Implement at least six new screening and educational programs at worksites or community venues.
- Chronic Disease Management program participant evaluations.
- Illinois Behavioral Risk Factor Surveillance System

Potential Funding

Program costs will be shared among participants and organizations. Outside funding support will be sought from private foundations, state agencies, and local businesses.

IPLAN 2022 HENRY COUNTY HEALTHY BEHAVIORS - HEALTH PROBLEM ANALYSIS WORKSHEET



Substance Abuse (Drug/Alcohol/Tobacco Use)

Issue

According to the Substance Abuse & Mental Health Services Administration (SAMHSA) “2020 National Survey on Drug Use and Health,” 50% of people aged 12 or older (138.5 million people) used alcohol in the past month; and 20.7% of people aged 12 and older (57.3 million people) used nicotine products in the past month. The percentage of people who used marijuana in the past year was highest among young adults aged 18-25 (34.5%) compared with 16.3% of adults aged 26 or older and 10.1% of adolescents aged 12-17. In addition, among people aged 12 or older, 3.4 % (9.5 million people) misused opioids in the past year. According to the Centers for Disease Control and Prevention’s Understanding the Epidemic, an average of 128 Americans die every day from an opioid overdose. These statistics highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders. Alcohol and tobacco are the substances of highest prevalence and use in rural America.

Emerging trends related to adolescent substance use include the rise in abuse of prescription drugs over the past 5 years. Sadly, prescription drug misuse and abuse among young people is not an insignificant problem. According to National Survey on Drug Use and Health (NSDUH) data on youth and young adults, more than 5,700 youth in 2014 reported using prescription pain relievers without a doctor's guidance for the first time. It is believed two factors have led to the increase in abuse. First, the availability of prescription drugs is increasing from many sources, including the family medicine cabinet, the Internet, and doctors. Second, many adolescents believe that prescription drugs are safer to take than street drugs.

The *Healthy People 2030* objectives for substance abuse include the following:

- Reduce drug overdose deaths rate per 100,000 to 20.7 (Baseline 20.7).
- Reduce the proportion of people who misused prescription drugs in the past year to 3.6% per 100,000 (Baseline: 6.2%)
- Increase the proportion of people with a substance use disorder who got treatment in past year to 14% per 100,000 (Baseline: 11.1%)

Demographic Study

Opioid overdoses in Illinois increased 33% from 2019 to 2020. In 2020, there were 2,944 opioid overdose fatalities – more than twice the number of fatal motor vehicle accidents and more than twice the number of homicides. The increase in the number of fatalities is attributed to the rise of synthetic opioids, such as fentanyl. Since 2013, synthetic opioid deaths in Illinois have increased 2,736%.

Data from the 2020 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – including inhalants) among adolescents. Henry County data reported for 2020, State of Illinois data reported for 2018. From the chart below Henry County came in below State of Illinois averages for alcohol, cigarettes, marijuana and illicit drugs. Henry County reported higher than State averages for inhalants among 8th graders. Among 10th graders, the most recent data available Henry County and State of Illinois is 2018. These data show State levels remaining equal to or higher in all categories except cigarettes and illicit drugs.

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

Health Problem

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

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

- Crime
- Homicide
- Suicide

The abuse of substances, legal and illegal increases the risk for criminal behavior. Individuals who are convicted of a felony crime limit their employment options as many employers do not hire applicants who are convicted felons. In addition, failure to pass a drug screening also eliminates an applicant from a candidate pool of potential employees.

Risk Factors

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

Contributing Factors

Direct	Indirect
Undeveloped coping skills	Poor self-esteem
Physical environment	Limited family/parenting skills
Mental health	Rural lifestyle
Easy access	Limited employment opportunities for convicted felons
Accepted behavior	Family dynamics
Lack of treatment providers	Depression, bipolar, anxiety
	Understaffed law enforcement
	Stigma

Barriers	Resources for Programming
Cost, inability to afford treatment	Healthcare providers
Lack of available treatment providers	Schools and colleges
Transportation	Youth serving organizations
Public stigmas and perceptions	Faith community
Socioeconomic status and cultural differences	Civic and business organizations
	Existing treatment providers in the region
	Local media
	Illinois Department of Public Health
	Henry County Health Department
	First Choice Healthcare
	North Central Behavioral Health Systems
	Henry County Office of Emergency Management

Substance Abuse Objectives and Strategies

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

Outcome Objective(s)

By 2027, reduce the drug overdose death rate to 20.7 deaths per 100,000 population. Currently, the baseline is 20.7 per 100,000 population; as the status of this objective is “Getting Worse.”

Impact Objectives

1. By 2024, continue the Narcan Education, Training, and Kit Distribution Program for Henry County First Responders and Law Enforcement Officials.
2. By 2025, have the Health Department and First Choice Healthcare locations fully established and functioning as Narcan Distribution agencies.

Intervention Strategies

- 2024: Continue to provide drug overdose prevention training (including use of naloxone) to potential Henry County responders and Health Department and First Choice Healthcare Narcan distribution staff.
- 2024: Prescribe to all duration, frequency, and oversight requirements of drug prevention overdose training.
- 2024: Conduct community education and promotion of Narcan Distribution programs to the public for maximum public participation.
- 2025: Promote the importance that drug use is illegal and high dangerous and that complete abstinence from illegal drug use is the healthiest choice.

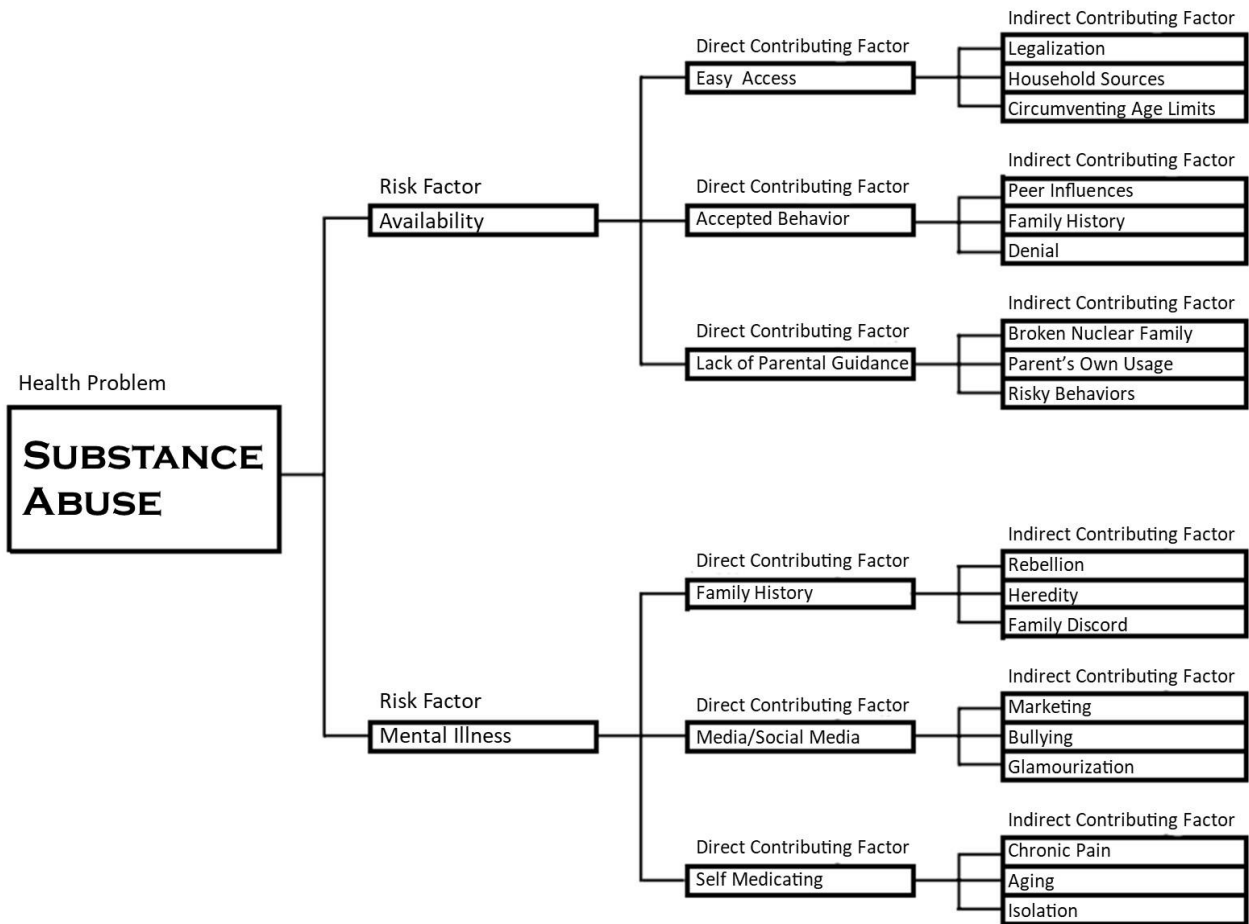
Evaluation

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

Potential Funding

- Henry County MRC (Medical Reserve Corps.) Grant
- Private Donors
- Henry County Mental Health Alliance

IPLAN 2022 HENRY COUNTY SUBSTANCE ABUSE - HEALTH PROBLEM ANALYSIS WORKSHEET



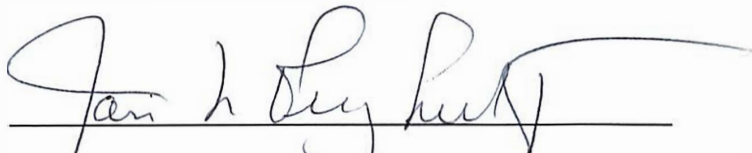
Appendices



HENRY COUNTY HEALTH DEPARTMENT

110 N. Burr Blvd., KEWANEE, IL 61443
309-852-0197 Main Office
103 1st Street, COLONA, IL, 61241
309-792-4011 Colona Office
www.henrystarkhealth.com

This letter is to certify that the Henry County Health Board reviewed and approved the Henry County Health Department Illinois Project for Local Assessment of Need (IPLAN) on December 7, 2022.



Jan Berghult, President

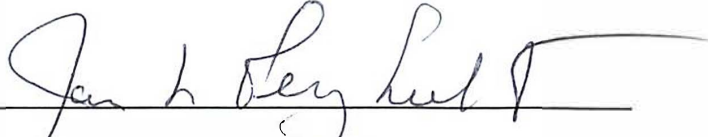
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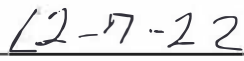
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This letter is to certify that the Henry County Health Board reviewed and approved the Henry County Health Department Organizational Capacity Assessment on December 7, 2022.



Jan Berghult, President



Date

Henry County IPLAN 2022 Planning Committee Participants

Jenna Bibb, Principal Stark County Elementary School

Jenna serves as the Principal of the Stark County Elementary School in Wyoming, IL. Jenna is in her eighth year as principal and join this IPLAN Committee to represent Stark County and the perspective of the school and education community.

Lori Christiansen, Western Region Director of Rehabilitation, OSF Healthcare

Lori Christiansen is the Vice President of Support Services at OSF Saint Luke's Medical Center, Kewanee. Prior to assuming her current role in 2021, she served as both a regional and local Director of Rehabilitation for 25 years. Lori has also served in a leadership role with the OSF Saint Luke and Western Region Wellness Programs. She is a licensed Speech/Language Pathologist, receiving both Bachelor of Science degree in Speech and Hearing Sciences and a Master of Science degree in Speech/Language Pathology from Bradley University. Lori is currently the Vice President of the Kewanee CUSD 229 Board of Education, President of the Kewanee Schools Foundation Board, and serves on the Good Fellows Board of Directors. She is also an active member of the Kewanee Kiwanis Club and Saint John Paul II Parish.

Brea Cinnamon, Doctor of Physical Therapy, OSF Saint Luke Medical Center

Brea lives in Kewanee, IL with her husband and daughter. She is a Doctor of Physical Therapy at OSF Saint Luke Medical Center where she is the Lead Physical Therapist and is involved in employee and community outreach wellness projects. She founded "Fueling A Future" with her husband to provide gas gift cards to assist families from areas surrounding Henry, Bureau and Stark Counties who are traveling to take their children to medical appointments. She serves as the Vice-President of the Henry County Board of Health. She coaches volleyball at Kewanee High School. Brea is currently a member of the Board of Directors for the Kewanee School Foundation.

Cheryl Daum, Stark County Board of Health Member

Cheryl is a resident of Toulon, IL. She has been employed with OSF Healthcare and the Stark County School District as a school nurse. Cheryl currently serves on the Stark County Health Board. She has been on the Health Board for 4 years.

Chad Gripp, Superintendent Bradford School District #1

Chad serves as the Superintendent of the Bradford School District. Chad feels that it's important to make sure we are providing a quality education for all students. This education includes the topics that the IPLAN Committee continues to be one of gathering information and providing input. By meshing together the needs of the school district with the topics of the IPLAN Committee, Chad feels he will be able to provide information to the committee and direction to his district's staff.

Katie Laleman, Manager of the Henry County Farm Bureau

Katie serves as the Manager of the Henry County Farm Bureau located in Cambridge, IL. Katie has been with the Illinois Farm Bureau since 2000 and had previously served as the Manager of the Cumberland County Farm Bureau and has served in her role in Henry County since 2002. The Farm Bureau serves over 3,800 members in Henry County with over 1,300 those being farmers and agribusiness members. Working in the agriculture community, Katie is well aware of the issues and challenges facing our rural residents.

Beth Looney, Mental Health Navigator, OSF Healthcare

Beth is a graduate of Northern Illinois University. She and her husband are the proud parents of five adult children and the grandparents to two darling grandchildren. Beth is a Behavioral Health Navigator for OSF Healthcare, serving the Upper Western Region of OSF which includes Galesburg, Monmouth, Kewanee, Princeton and surrounding areas. She also serves on the Stark County Citizen's Mental Health Task Force and is

a founding member of the Henry County Mental Health Alliance. As a suicide loss survivor, she has a passion for mental health outreach and building competencies through education.

Rebecca Magalhaes, Community Mental Health Advocate

Rebecca, as an advocate for mental health awareness, was a member of the NAMI Family Support Group while living in Schaumburg, IL. After returning to her family home outside of Neponset, IL, she became active in local mental health activities. She is a co-Founder of the Family Support Group, started in 2013, co-Founder of the Henry County Mental Health Alliance, and active member of the Stark County Citizens Mental Health Task Force. She was the Director of the La Leche League International External Relations and Advocacy Department from 1993-2009 and a facilitator of LLL Mother Support Groups in the USA and Brazil for 20 years. Rebecca's interest in mental health began when her son was diagnosed with bipolar disorder in 1998.

Brooke Majeske-Dooley, Director of Social Services, Housing Authority of Henry County

Brooke grew up in Kewanee and graduated from Kewanee High School. She is currently employed with the Housing Authority of Henry County; where she is the Director of Social Services. As Henry County's largest owner of affordable housing, the Housing Authority portfolio includes over 500 apartments in 4 Henry County towns, 185 Housing Choice Vouchers (AKA Section 8), and 9 Rental Housing vouchers. We are pleased to include Stark County in our voucher service area. Brooke oversees a robust social services department, including case management and youth programming.

Ashley Mikenas, Elementary School Counselor, Kewanee School District #229

Ashley was born and raised in Kewanee, Illinois. She has a Bachelor's Degree-Science-Illinois State University and a Master of Science in Education- School Counseling-Western Illinois University. Ashley is a Nationally Certified Counselor and has been employed by Kewanee School District as Elementary School Counselor for the last 12 years. She also works part-time with the 21st Century Community Learning Center before/after school programs, and the Geneseo Marriage and Family Counseling Center. Ashley's professional experience with the children and families in our community brings her to the IPLAN Committee to help shed light on the topics and struggles our young populations are facing each day.

Jill Milroy, Executive Director, Kewanee YMCA

Jill is active in community organizations including OSF Saint Luke Medical Advisory Board; the Human Services Council; the University of Illinois Extension; the Housing Authority of Henry County; the Henry County Mental Health Alliance; the Kewanee Rotary Club; and the Kewanee School District 21st Century grants. Jill is an example of the YMCA goal to be an involved community partner helping to provide data to make informed decisions on community needs.

Duane Stevens, Stark County Health Department

Duane serves as the Public Health Administrator of the Henry and Stark County Health Departments. Duane has been with the Health Department since 2005. Previous to assuming the duties as the Health Department's Administrator in 2014, Duane served for 9 years as the Department's Director of Financial Services. Duane currently resides in Kewanee, IL.

Chris Sullens, School Superintendent, Kewanee School District #229

Dr. Chris Sullens has been the Superintendent of Kewanee School District #229 since 2006. Prior to this position, Dr. Sullens served as Neponset High School's Principal from 1998-99. 1999-2006 Dr. Sullens held the position of Neponset Grade School Principal. In addition to these duties, he served as Neponset's Superintendent from 2001-2006. Doctor Sullens earned both his Bachelor's and Master's Degrees through Northern Illinois University. He received his Doctorate from Nova Southeastern University. In addition, Dr. Sullens is a current member and present and past officer of several civic organizations including: Kewanee Rotary Club; Kewanee Kiwanis Club; Kewanee Economic Development Corporation; and the OSF-St. Luke's Medical Center Community Advisory Board.

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

RaeAnn is the Director of Health Promotion with the Henry and Stark County Health Department. She has over 32 years of experience in the field of Public Health. RaeAnn serves as one of only 6 Regional Public Information Officers in the Illinois Department of Public Health's Information Distribution infrastructure. She is a current or past officer or board member for the following organizations/associations/etc. Kewanee United Way, Henry County Human Services Council, and the ABCD After-School Program. Her position with the Health Department has afforded her a vast knowledge and experience in health education, marketing, media relations, public relations, event planning and coordination, and graphic design.

Angie Zarvell, Superintendent Regional Office of Education

Angie grew up in Kewanee, graduating from Kewanee High School. She holds bachelor's and master's degrees from Northern Illinois University; as well as a master's degree from the University of North Texas. Angie has been in the field of education for 29 years in the K-12 system, higher education, and at the regional level. Angie started working for the Bureau, Henry, Stark Regional Office of Education in 2002; serving at-risk families and providing professional development to educators. In 2004, Angie was appointed the Assistant Regional Superintendent of Schools. In 2011, she became the Regional Superintendent and continues to serve in that capacity.

Session I – Orientation


August 31, 2022

Introduction to the IPLAN Process

The community health assessment began in August 2022 with a review of the IPLAN process. Examples of problem identification and analysis were provided. The procedure used in this process was also outlined in the guidelines for IPLAN recertification. The APEX/PH manual was used as a reference.


IPLAN Kick-Off Meeting IA

Henry County Committee
August 31, 2022
Stark County Committee
August 31, 2022

- 
- I. Welcome
 - II. Introductions
 - III. IPLAN Overview
 - IV. Questions & Discussion
 - V. Lunch Break (10 minutes)
 - VI. Begin Section IB

1

WELCOME!



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

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

2

INTRODUCTIONS

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

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

3

Illinois Project for Local Assessment of Need

Henry & Stark County
Health Departments

August 31, 2022-Henry
August 31, 2022-Stark

Henry & Stark
County Health
Department



Public Health
Prevent. Promote. Protect.

4

What is IPLAN?

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

5

3 Essential Elements

- ❑ Organizational capacity assessment
- ❑ Community health needs assessment
- ❑ Community health plan, focusing on a minimum of three priority health problems

6

The IPLAN Community Process

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

7

Community Team

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

8

Community Team

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

9

Community Participation

- Involvement by representatives of various community interest and groups such as:

Medical Community
Mental Health & Social Service Agencies
Schools
Law Enforcement
Volunteer Organizations
Farm Bureau
Extension
Business Community
Clergy
Economic Development Agencies


10



2002-2022
Henry County
IPLAN
Priority
Health
Problems

- ❖ Reduce Heart Disease
- ❖ Reduce Obesity
- ❖ Reduce Substance Abuse
- ❖ Reduce Suicide Rate
- ❖ Promote Mental Health
- ❖ Promote Healthy Aging
- ❖ Promote Healthy Behaviors

11



2002-2022
Stark County
IPLAN
Priority
Health
Problems

- ❖ Reduce Alcohol/Substance Abuse
Among High School Students
- ❖ Reduce Diabetes
- ❖ Reduce Obesity
- ❖ Promote Mental Health
- ❖ Promote Health Behaviors
- ❖ Promote Health Aging

12

Identification of Community Health Problems

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

13

IPLAN COMMUNITY HEALTH COMMITTEE

Meeting 1: August 31, 2022 (Henry)
August 31, 2022 (Stark)

Meeting 2: October 26, 2022 (Henry)
October 26, 2022 (Stark)

14

QUESTIONS & DISCUSSION?

Henry & Stark
County Health
Department



Public Health
Prevent. Promote. Protect.

Contact:
RaeAnn Tucker,
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dstevens@henrystarkhealth.org
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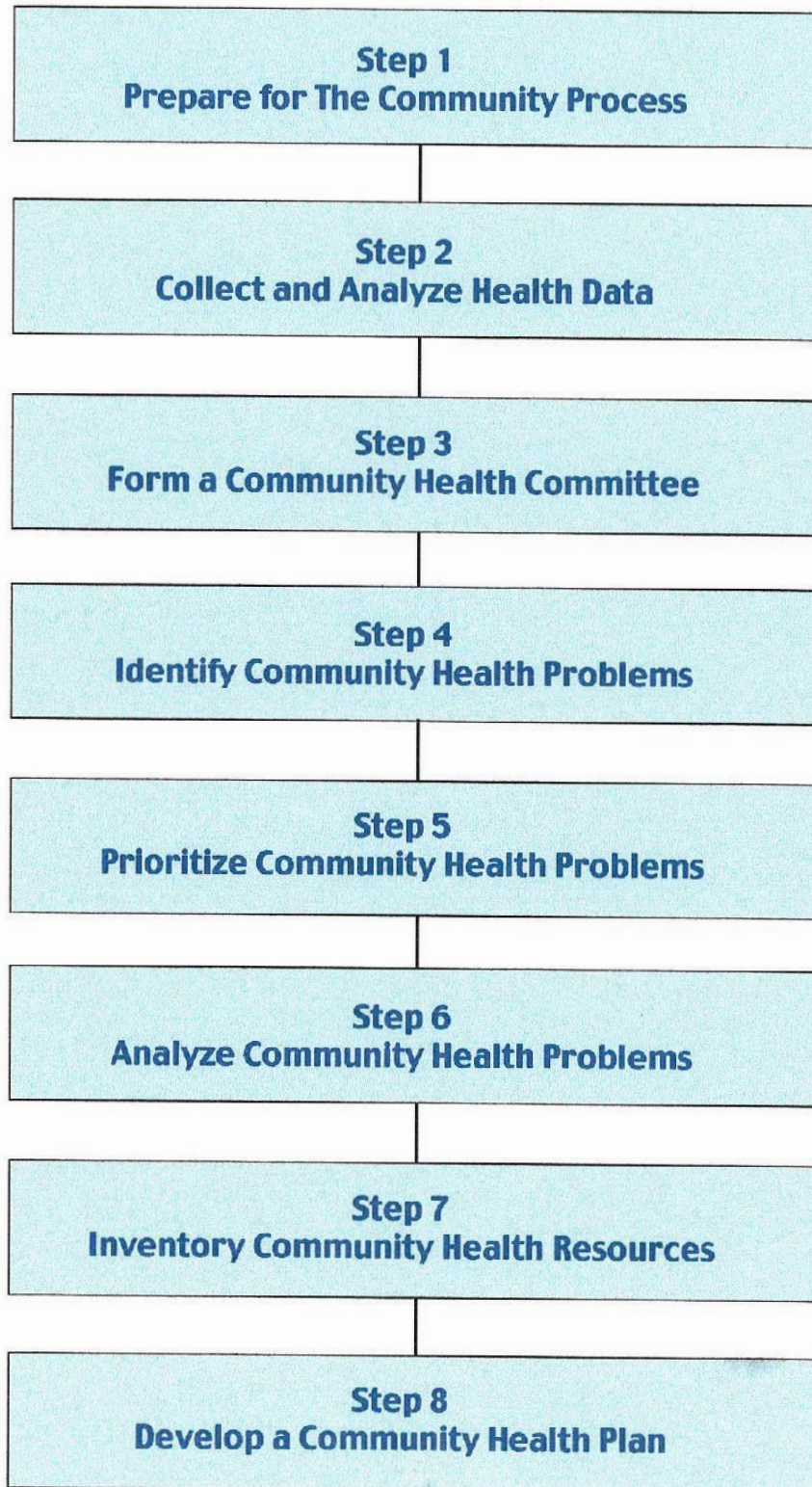
15

BREAK (10 minutes)

- Please Get A Box Lunch & Drink
- Restrooms in the Breakroom
- Will Begin Section IB Post Break

16

Flowcart of Steps In The IPLAN Community Process



Session II

August 31, 2022

Community Health Needs Assessment

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

A review of the Community Overview data analysis of Henry County was presented on August 31, 2022. Committee members were encouraged to share data they found relevant to the needs assessment within their personal and professional spheres of influence. A key component of the needs assessment was community perception. Committee members were encouraged to contribute and collect perceived health issues of interest to county residents

The study was designed to assess issues and trends impacting the communities served by the collaborative, as well as perceptions of targeted stakeholder groups. In order to perform these analyses, information was collected from numerous secondary sources, including publicly available sources as well as private sources of data. Additionally, survey data from 409 respondents in the community were assessed with a special focus on the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors, and access to medical care, dental care, prescription medications and mental-health counseling. Additionally, demographic characteristics of respondents were utilized to provide insights into why certain segments of the population responded differently.

A data analysis was conducted of secondary sources of information. Topics include population size, race/ethnicity, age, gender, income, employment, crime, births, deaths, health behaviors, morbidity, hospitalization, and health care utilization. Two major sources of information for the Community Overview are the U.S. Census Bureau and Illinois Department of Public Health. Much of the detailed Census information comes from the 2020 actual population counts and the 2015-2019 American Community Survey five-year estimates. Other data sources include the Illinois Department of Public Health, the Illinois Behavioral Risk Factor Surveillance System, the Illinois County Health Rankings, the National Institutes of Health, the National Cancer Institute, the Centers for Disease Control and Prevention, the US Department of Health and Human Services, the Illinois Youth Survey, the Illinois Department of Children and Family Services, Illinois Hospital Association's COMP data, and several other state and local agencies.

IPLAN Meeting II

Henry County Committee
August 31, 2022
Stark County Committee
August 31, 2022



Public Health
Prevent. Promote. Protect.

- I. Community Health Needs Assessment
- II. Indentify Community Health Problems
- III. Initiate Prioritization of Health Problems
- IV. Questions & Discussion

1

Community Health Needs Assessment Review

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

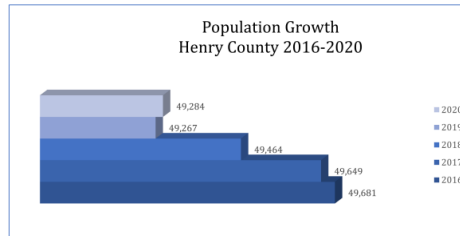
2

Chapter 1. Demographic Profile

Population Growth

Data from the last census indicate the population of Henry County has slightly decreased (<1.0%) between 2016 and 2020 (Figure 3).

Figure 3



Source: US Census

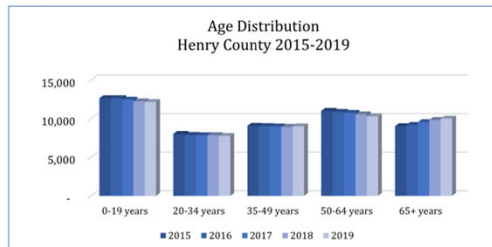
Stark County Population: 2020 - 5,400 2010 - 5,994

3

Age

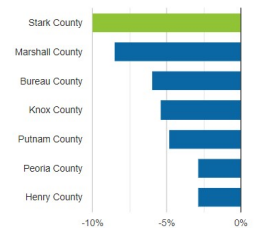
As illustrated in Figure 4, the percentage of individuals in Henry County in each age group has declined over the five-year period 2015 and 2019. Most notably, those in the 50-64 age group declined nearly 6.5%. The only age group that increased was residents aged 65+ years, increasing nearly 11% over the same five-year period.

Figure 4



Source: US Census

Figure 4: Stark County, IL 2010 to 2020 Population Percent Change



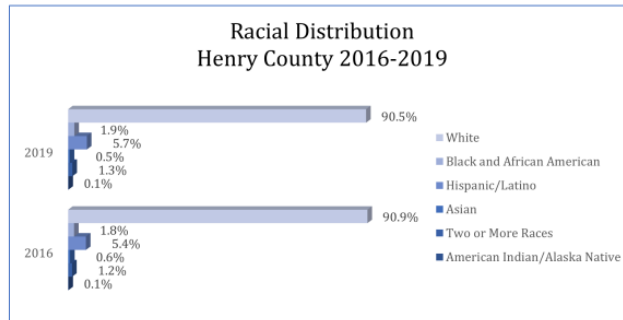
Stark County Population Change 2010-2020: -10.0%

4

Race

With regard to race and ethnic background, Henry County is largely homogenous, yet in recent years, the county is becoming more diverse. Data from 2019 suggest that White ethnicity comprises 90.5% of the population in Henry County. However, the non-White population of Henry County has been increasing (from 9.1% in 2016 to 9.5% in 2019), with Black ethnicity comprising 1.9% of the population and multi-racial ethnicity comprising 1.3% of the population (Figure 6).

Figure 6

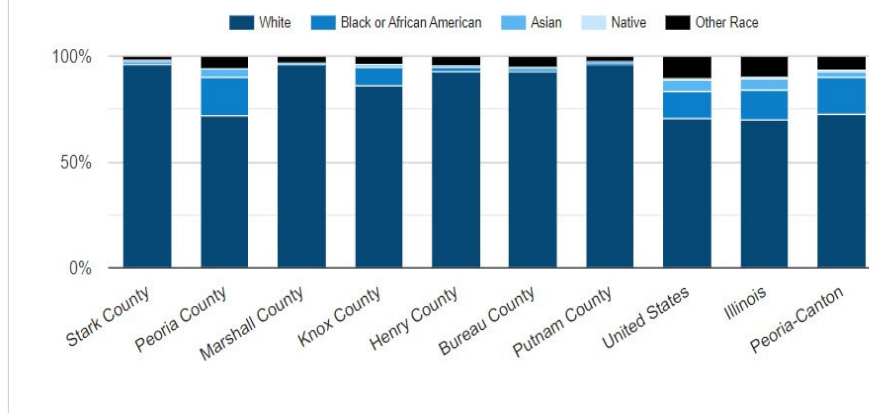


Source: US Census

5

Stark County

Figure 9: Stark County, IL and Area Ethnicity Makeup



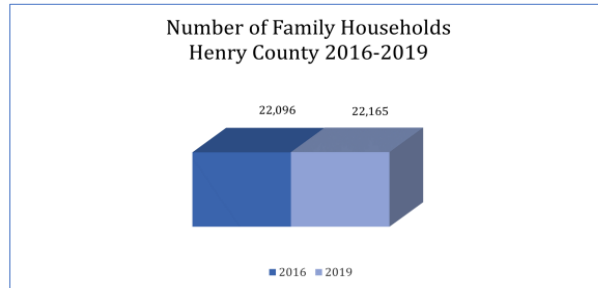
6

Henry County Families

Importance of the measure: Families are an important component of a robust society in Henry County, as they dramatically impact the health and development of children and provide support and well-being for older adults.

As indicated in the graph below, the number of family households in Henry County increased slightly from 2016 to 2019 (Figure 7).

Figure 7



Source: US Census

Family Composition

In Henry County, data from 2019 suggest the percentage of two-parent families in Henry County is 55%. One-person households represent 32% of the county population, single-female households represent 8%, and single-male households represent 5% (Figure 8).

7

Stark County Families

Figure 14: Stark County, IL Average Family Size in Household

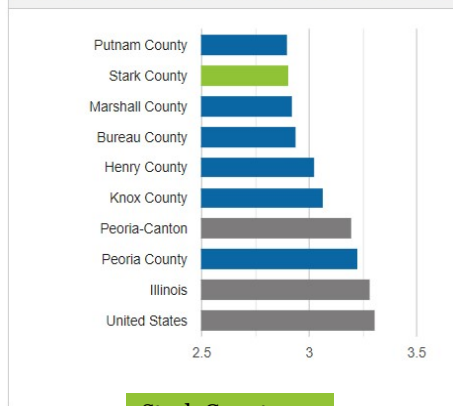
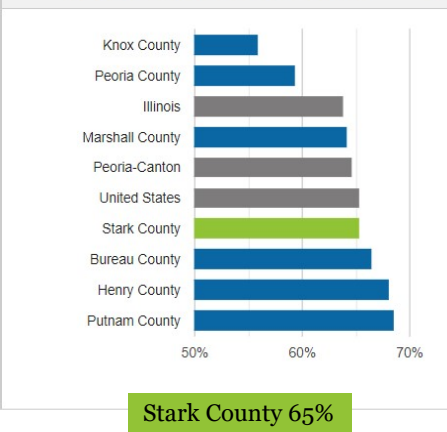


Figure 15: Families as % of All Households

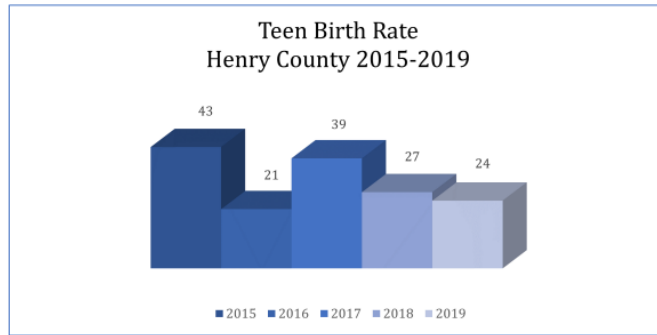


8

Early Sexual Activity Leading to Births from Teenage Mothers

Henry County has experienced a fluctuation in teenage birth count. The teen birth count steadily declined since 2017 but experienced an increase in 2017 followed by a decrease in 2018 and 2019. Over the five-year period 2015-2019, overall teen birth count has trended downward (Figure 9).

Figure 9



Source: Illinois Department of Public Health

9

Stark County

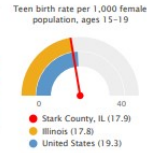
Teen Births

This indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2014-2020) and are used for the 2022 County Health Rankings.

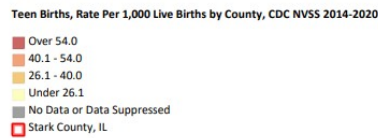
In the report area, of the 1,228 total female population age 15-19, the teen birth rate is 17.9 per 1,000, which is greater than the state's teen birth rate of 17.8.

Note: Data are suppressed for counties with fewer than 10 teen births in the time frame.

Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Female Population Age 15-19
Stark County, IL	1,228	17.9
Illinois	2,861,219	17.8
United States	72,151,590	19.3



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings, 2014-2020. Source geography: County

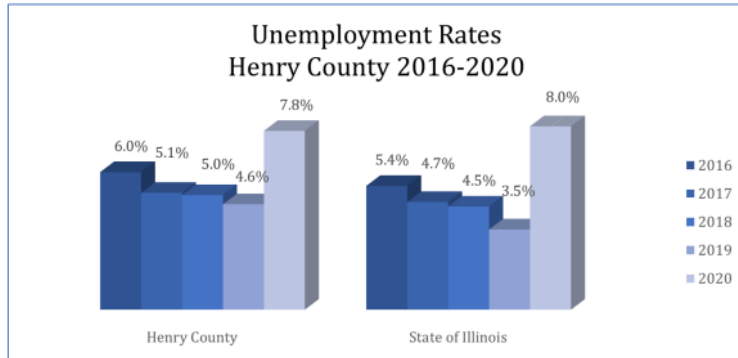


10

Unemployment

For the years 2016 thru 2019, the Henry County unemployment rate remained higher than the State of Illinois unemployment rate. However, in 2020 the rate significantly increased but was lower than State of Illinois (Figure 11). Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic.

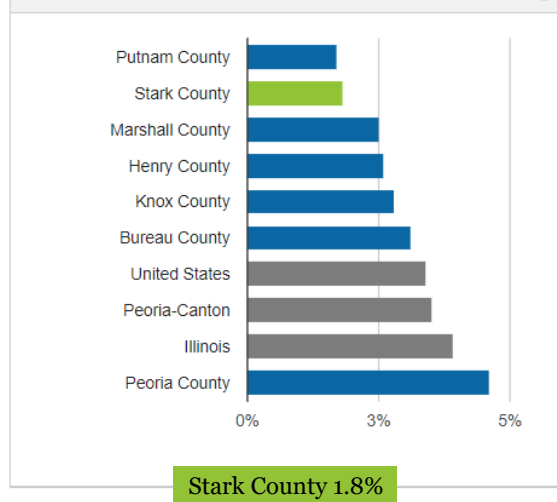
Figure 11



Source: Bureau of Labor Statistics

11

Figure 16: Stark County, IL Annual Unemployment Rate



12

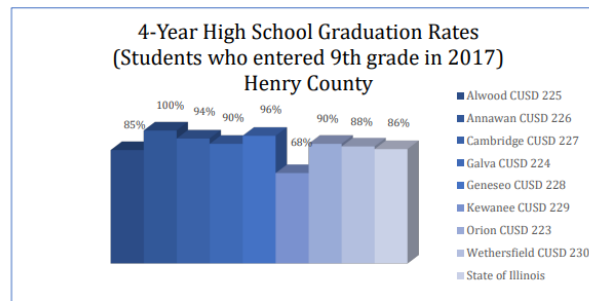
1.5 Education

Importance of the measure: According to the National Center for Educational Statistics¹, "The better educated a person is, the more likely that person is to report being in 'excellent' or 'very good' health, regardless of income." Research suggests that the higher the level of educational attainment and the more successful one is in school, the better one's health will be and the greater likelihood of one selecting healthy lifestyle choices. Accordingly, years of education is strongly related to an individual's propensity to earn a higher salary, gain better employment, and foster multifaceted success in life.

High School Graduation Rates

Students who entered 9th grade in 2017 in Henry County school districts, except Kewanee CUSD 299, reported high school graduation rates that were comparable to or higher than the State average of 86%. Kewanee CUSD 299 reported lower than State averages at 68% (Figure 13).

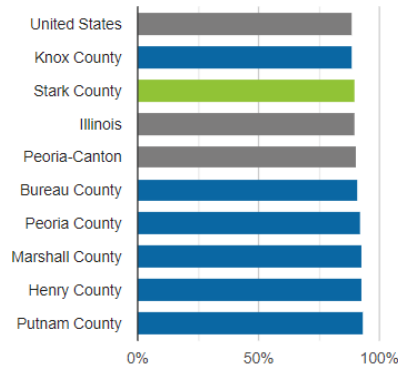
Figure 13



Source: Illinois Report Card

13

Figure 1: Stark County, IL At least High School Education



The percent of all people aged 25 years or older, who have either graduated from high school or completed the Graduate Equivalency Degree (GED). Stark County shows it has a High School Grad or higher of 89%. Higher than the State average of 86%.

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Chapter 1 Key Takeaways

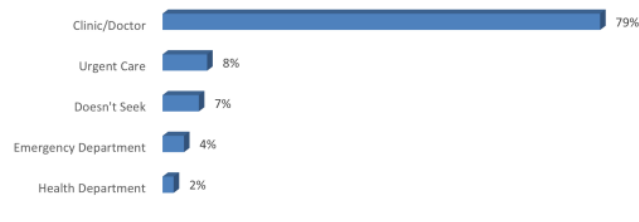
- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS
- ✓ POPULATION OVER AGE 65 IS INCREASING
- ✓ SINGLE FEMALE HEAD-OF-HOUSEHOLD REPRESENTS 8% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.

15

Chapter 2. Prevention Behaviors

Figure 15

Choice of Medical Care General Population Henry County 2022



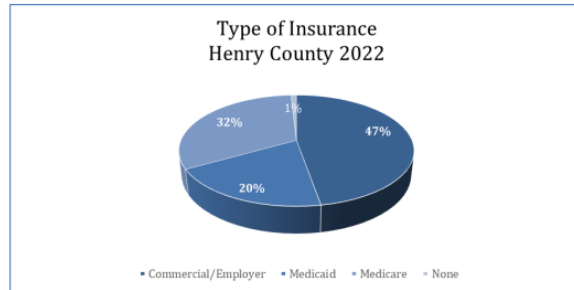
Source: CHNA Survey

16

Insurance Coverage

According to survey data, 47% of the residents are covered by commercial/employer insurance, followed by Medicare (32%), and Medicaid (20%). Only 1% of respondents indicated they did not have any health insurance (Figure 16).

Figure 16

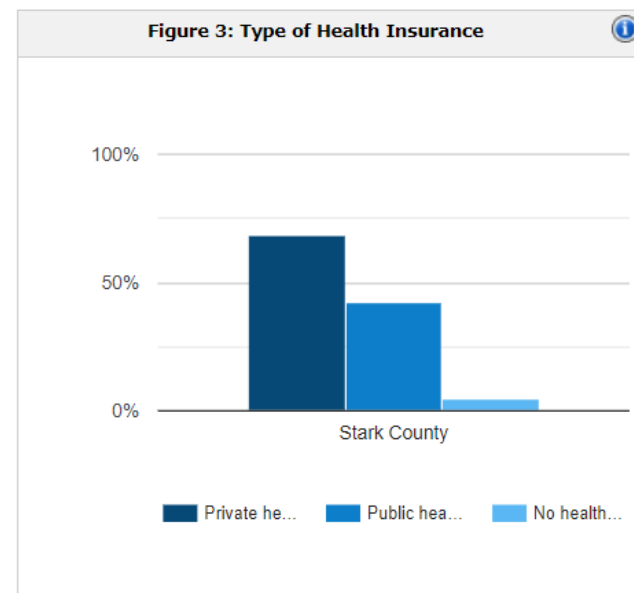


Source: CHNA Survey

Data from the survey show that for those individuals who do not have insurance, the most prevalent reason was cost (Figure 17). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

17

Figure 3: Type of Health Insurance

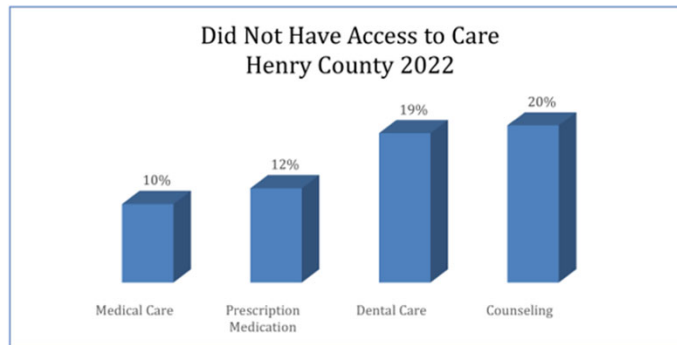


18

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medication, dental care and counseling. Survey results show that 10% of the population did not have access to medical care when needed; 12% of the population did not have access to prescription medication when needed; 19% of the population did not have access to dental care when needed; and 20% of the population did not have access to counseling when needed (Figure 18).

Figure 18



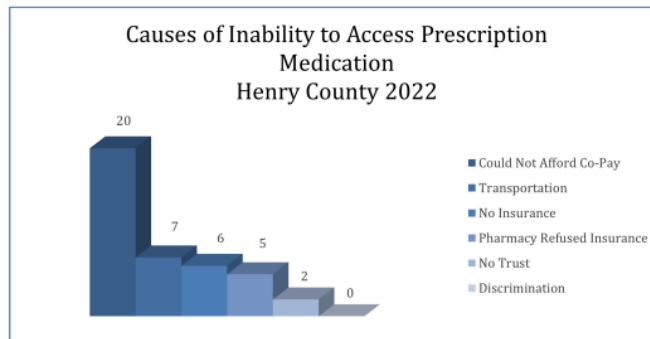
Source: CHNA Survey

19

Reasons for No Access - Prescription Medication

Survey respondents who reported they were not able to get prescription medication when needed were asked a follow-up question. Based on frequencies, the leading cause of the inability to gain access to prescription medicine was the inability to afford copayments or deductibles (20) (Figure 20).

Figure 20



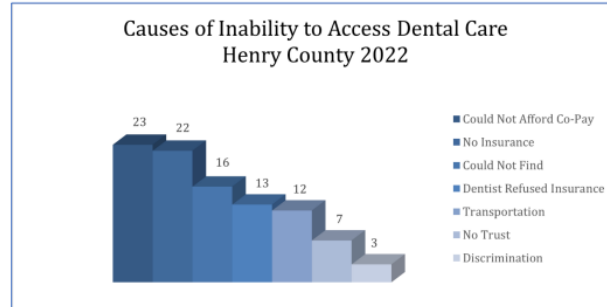
Source: CHNA Survey

20

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. Based on frequencies, the leading causes of inability to gain access to dental care were the inability to afford copayments or deductibles (23) and no insurance (22) (Figure 21).

Figure 21



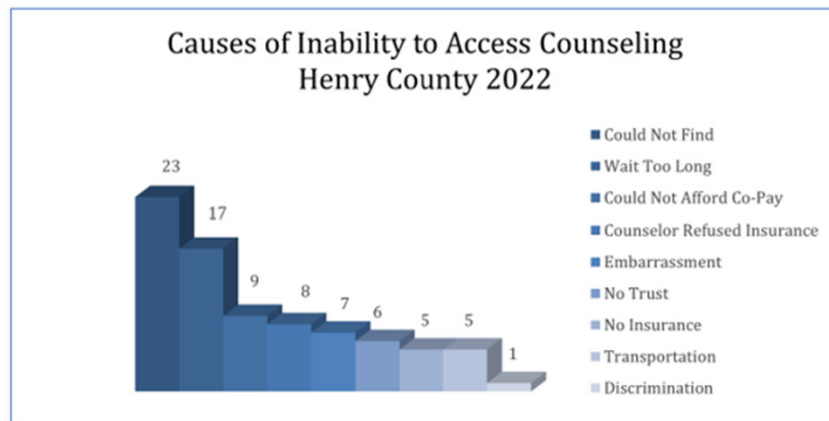
Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. Based on frequencies, the leading causes of the inability to gain access to counseling were could not find (23) and wait was too long (17) (Figure 22).

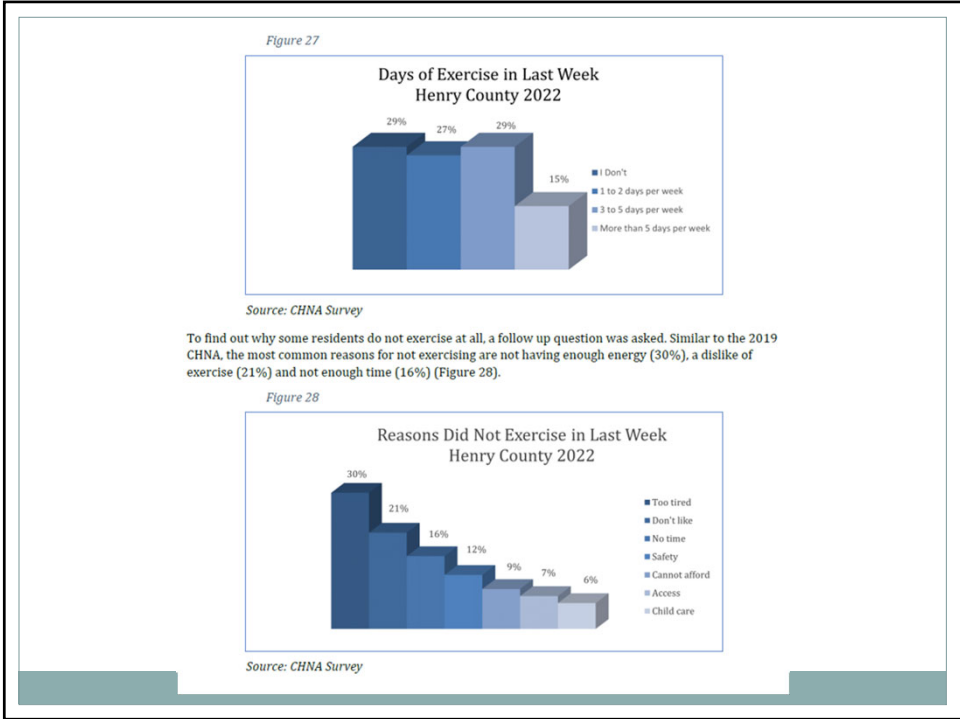
21

Figure 22

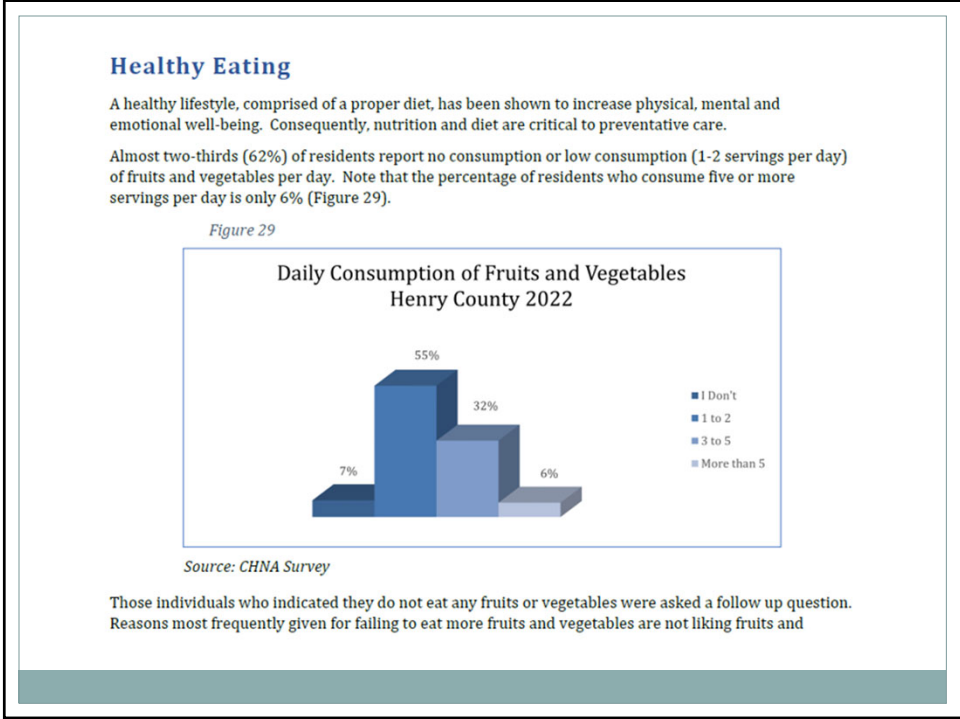


CHNA Survey

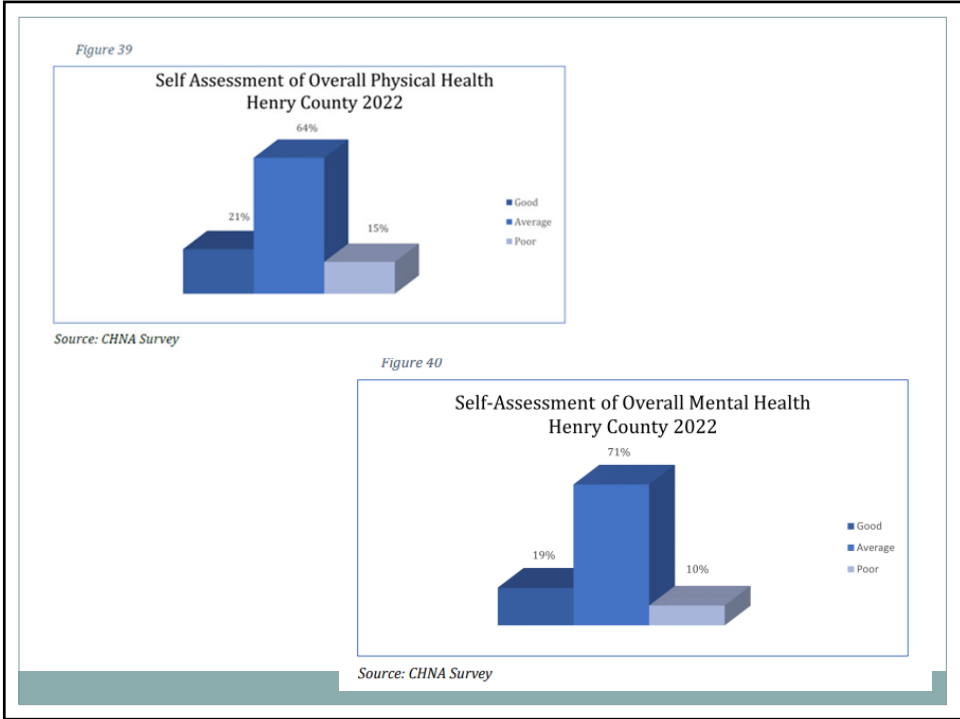
22



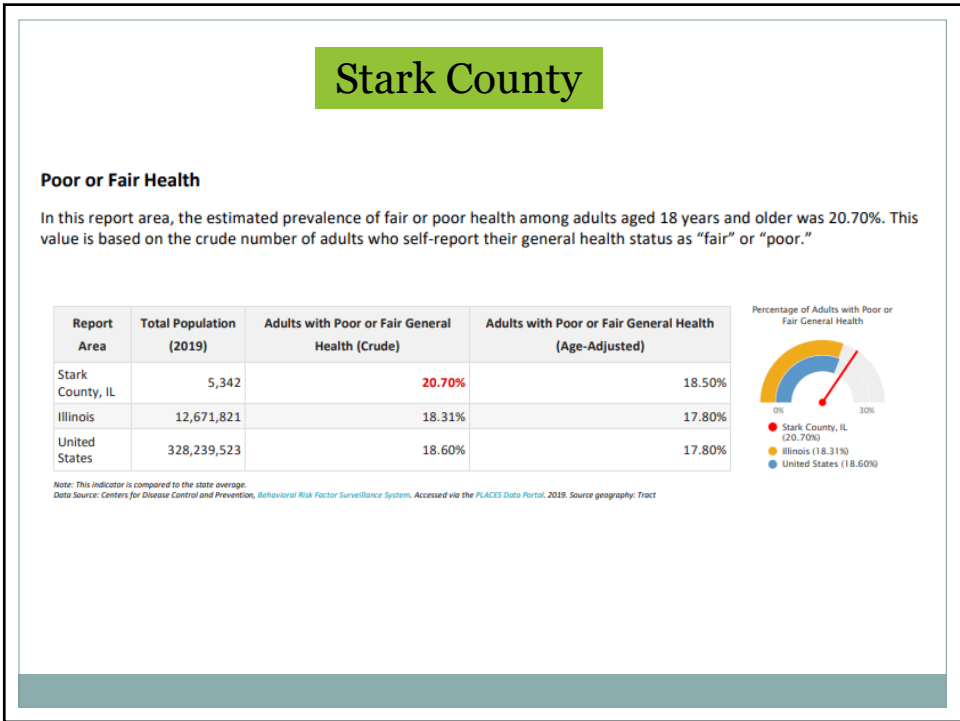
23



24



25



26

Chapter 2 Key Takeaways

- ✓ WHILE THERE WAS A SIGNIFICANT IMPROVEMENT IN ACCESS TO MEDICAL CARE, THERE WAS SIGNIFICANT DECREASE IN ACCESS TO MENTAL-HEALTH COUNSELING. THIS IS AT A TIME WHEN THERE WERE SIGNIFICANT INCREASES IN BOTH DEPRESSION AND STRESS/ANXIETY.
- ✓ INCREASED UTILIZATION OF DOCTORS' OFFICES/CLINICS.
- ✓ COVID-19 VACCINES ARE LOWER THAN STATE AVERAGES.
- ✓ PROSTATE SCREENING IS RELATIVELY LOW COMPARED TO BREAST, CERVICAL AND COLORECTAL SCREENING.
- ✓ THERE HAS BEEN A DECREASE IN BOTH EXERCISE AND HEALTHY EATING IN THE PAST THREE YEARS.
- ✓ THERE HAS BEEN A SIGNIFICANT INCREASE IN DEPRESSION AND STRESS/ANXIETY, ESPECIALLY AMONG YOUNG WOMEN.

27

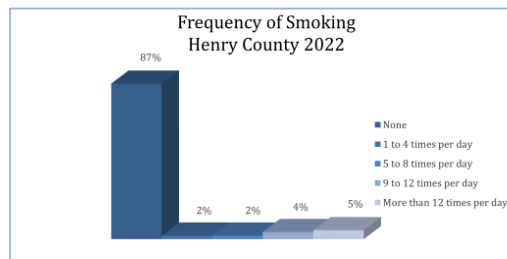
Chapter 3. Symptoms & Predictors

3.1 Tobacco Use

Importance of the measure: In order to appropriately allocate health-care resources, a thorough analysis of the leading indicators regarding morbidity and disease must be conducted. In this way, health-care organizations can target affected populations more effectively. Research suggests tobacco use facilitates a wide variety of adverse medical conditions.

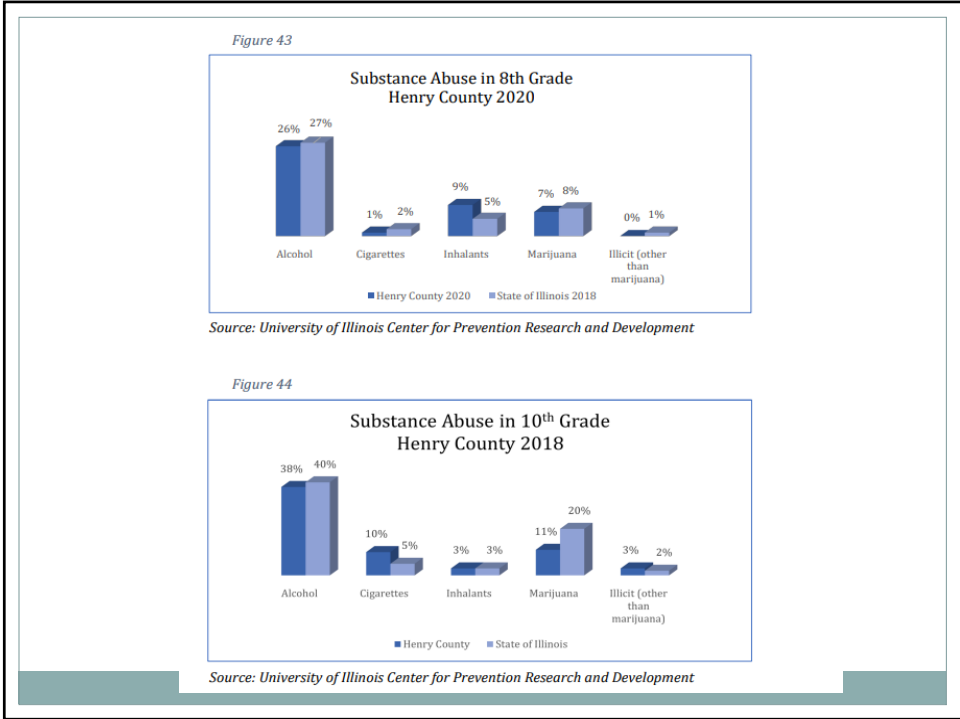
CHNA survey data show 87% of respondents do not smoke and only 5% state they smoke more than 12 times per day (Figure 41). Only 2% of respondents vape on a daily basis (Figure 42).

Figure 41

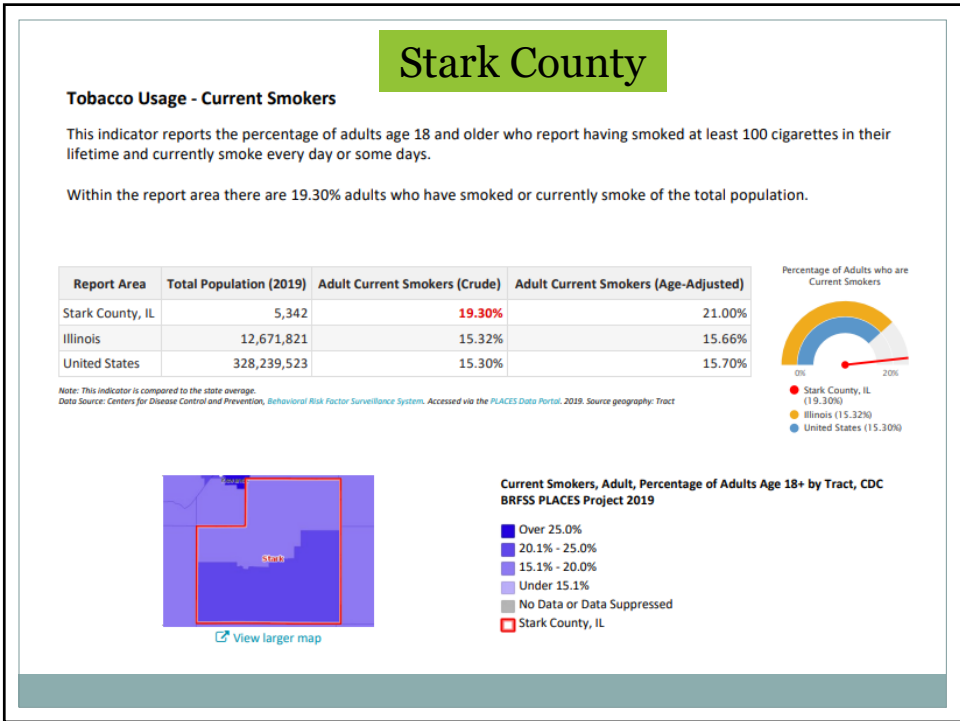


Source: CHNA Survey

28



29



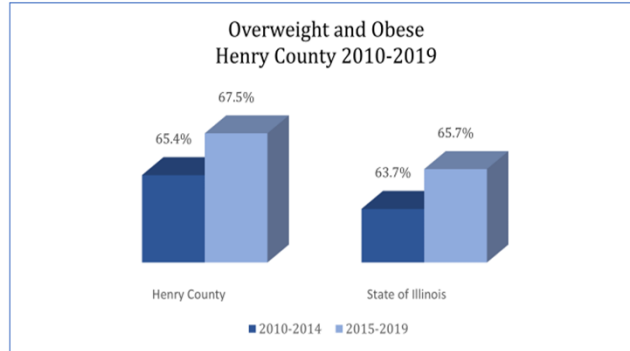
30

* Please note, stats from the latest Illinois Behavioral Risk Factor Surveillance System were based on a “Henry & Stark County” data sampling.

Overweight and obesity rates in Illinois have increased over the years from 2010-2014 to 2015-2019. Note specifically that the percentage of obese and overweight people has increased from 63.7% to 65.7% (Figure 49). Note that data have not been updated by the Illinois Department of Public Health.

Additionally, note in the 2022 CHNA survey, respondents indicated that being overweight was their most prevalently diagnosed health condition.

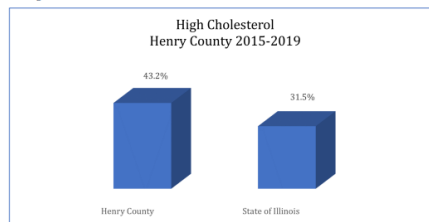
Figure 49



Source: Illinois Behavioral Risk Factor Surveillance System

31

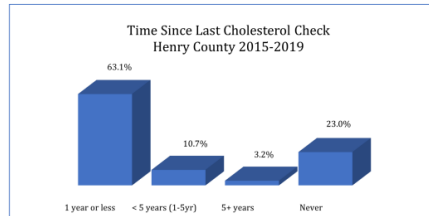
Figure 50



Source: Illinois Behavioral Risk Factor Surveillance System

Most (63.1%) residents of Henry County report having their cholesterol checked recently, whereas 23% report never having their cholesterol checked (Figure 51). Note that data have not been updated by the Illinois Department of Public Health.

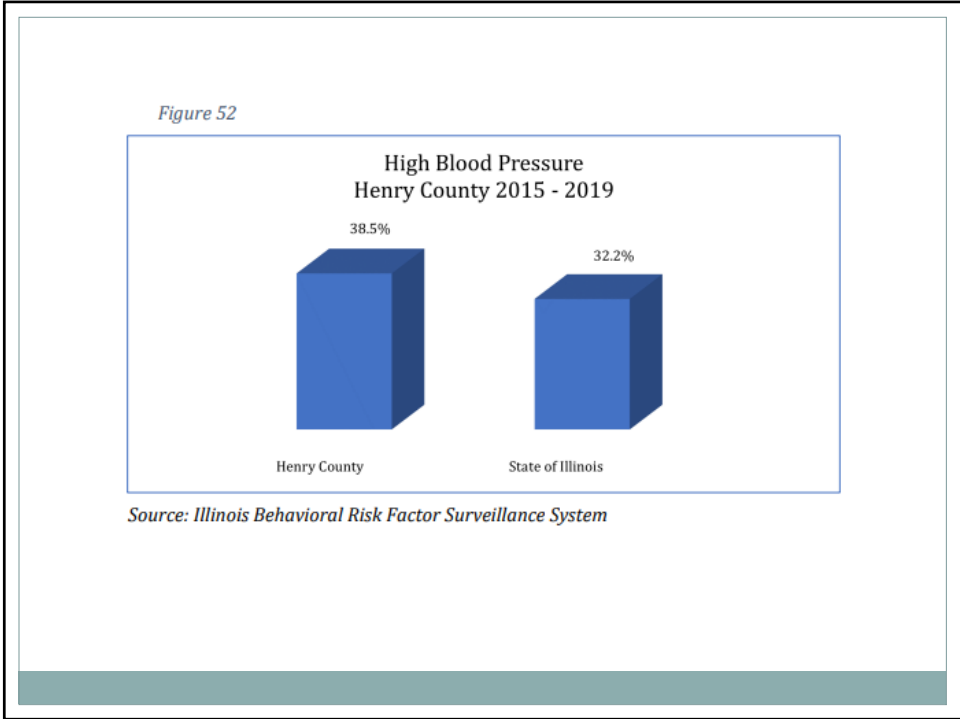
Figure 51



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, Henry County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Henry County residents reporting they have high blood pressure from 2015 – 2019 increased to 38.5% (Figure 52). Note that data have not been updated past 2019 by the Illinois Department of Public Health.

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33

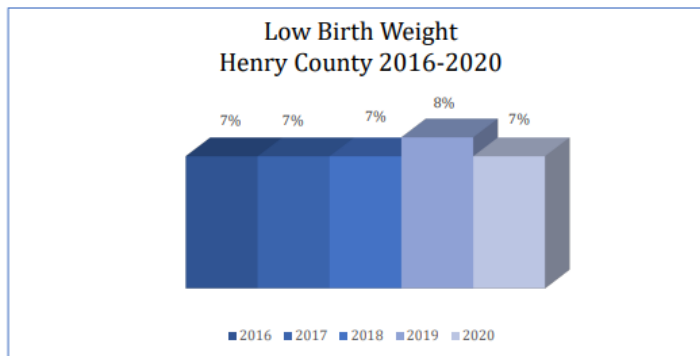
Chapter 3 Key Takeaways

- ✓ INHALANT USAGE AMONG 8TH GRADERS IS HIGHER THAN STATE AVERAGES.
- ✓ CIGARETTE USAGE AMONG 10TH GRADERS IS HIGHER THAN STATE AVERAGES.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OVERWEIGHT AND OBESE HAS INCREASED IN HENRY COUNTY.
- ✓ RISK FACTORS FOR HEART DISEASE ARE HIGHER THAN STATE AVERAGES.
- ✓ 6% OF SURVEY RESPONDENTS INDICATED THEY MISUSE PRESCRIPTION MEDICATION INCLUDING OPIOIDS ON A DAILY BASIS.

34

Chapter 4. Morbidity & Mortality

Figure 54



Source: County Health Ranking 2020

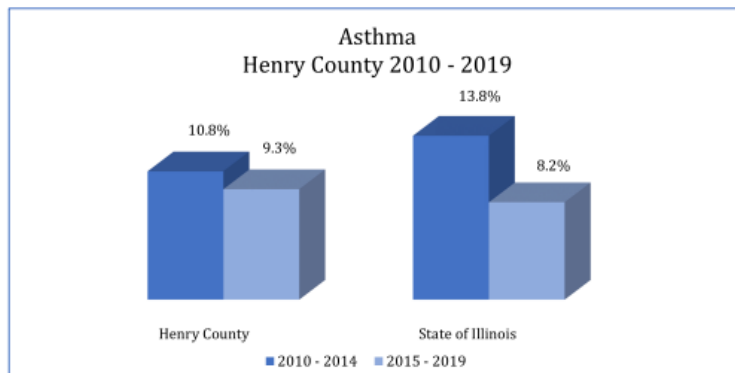
Stark County Low Birth Weight 7%

35

Asthma

The percentage of residents who have asthma in Henry County has decreased between 2010 - 2014 and 2015 - 2019. According to the Illinois BRFSS, asthma rates in Henry County (9.3%) are greater than the State of Illinois (8.2%) (Figure 59). Note that data has not been updated past 2019 by the Illinois Department of Public Health.

Figure 59



Source: Illinois Behavioral Risk Factor Surveillance System

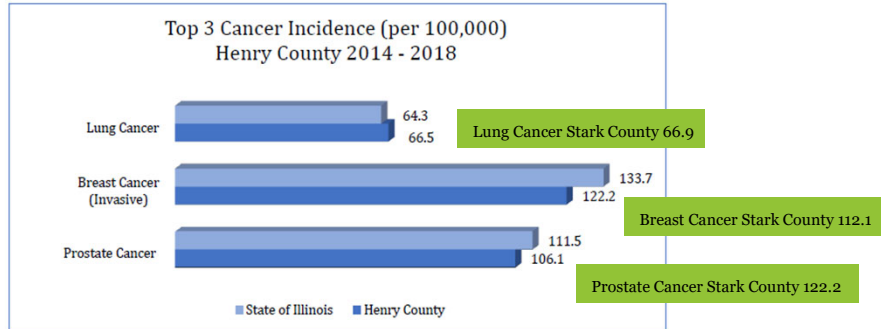
36

4.5 Cancer

Importance of the measure: Cancer is caused by the abnormal growth of cells in the body and many causes of cancer have been identified. Generally, each type of cancer has its own symptoms, outlook for cure, and methods for treatment. Cancer is one of the leading causes of death in Henry County.

For the top three prevalent cancers in Henry County, comparisons are illustrated in the graph that follows (Figure 61). Specifically, prostate cancer and breast cancer are lower than the State, while lung and bronchus cancer rates are higher than the State of Illinois. Note that 2018 is the most recent year of data.

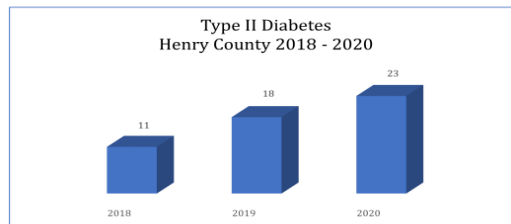
Figure 61



Source: Illinois Department of Public Health – Cancer in Illinois

37

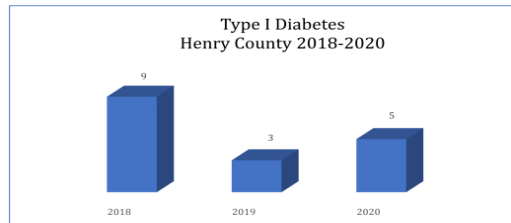
Figure 62



Source: COMPdata Informatics 2021

Inpatient cases of Type I diabetes show a decrease from 2018 (9) to 2019 (3) followed by an increase in 2020 (5) for Henry County (Figure 63). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 63



Source: COMPdata Informatics 2021

Data from the Illinois BRFSS indicate that 9.4% of Henry County residents have diabetes (Figure 64). Trends are concerning, as the prevalence of diabetes is increasing dramatically in the State of Illinois. Note that data have not been updated past 2019 by the Illinois Department of Public Health.

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Leading Causes of Death in Henry & Stark Counties & State of Illinois

Top 5 Leading Causes of Death for all Races by County 2020		
Rank	Henry County	State of Illinois
1	Diseases of Heart (26.6%)	Diseases of Heart (20.7%)
2	Malignant Neoplasm (18.1%)	Malignant Neoplasm (18.1%)
3	COVID-19 (9.1%)	COVID-19 (11.8%)
4	Accidents (5.2%)	Accidents (5.4%)
5	Chronic Lower Respiratory Diseases (5.2%)	Cerebrovascular Diseases (5.1%)

Top 5 Leading Causes of Death for all Races by County 2020		
Rank	Stark County	State of Illinois
1	Diseases of Heart (20.7%)	Diseases of Heart (20.7%)
2	Malignant Neoplasm (17.2%)	Malignant Neoplasm (18.1%)
3	COVID-19 (13.8%)	COVID-19 (11.8%)
4	Accidents (6.9%)	Accidents (5.4%)
5	Cerebrovascular Diseases (4.6%)	Cerebrovascular Diseases (5.1%)

39

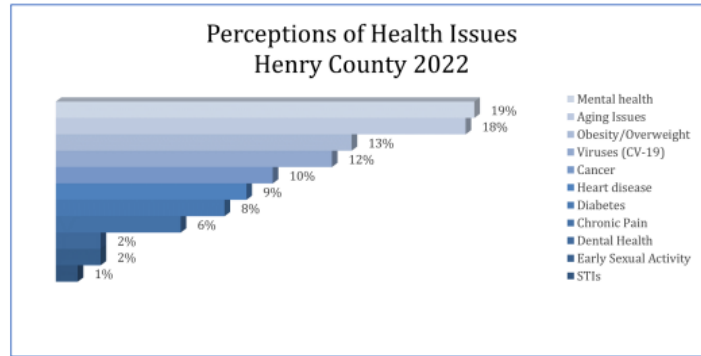
Chapter 4 Key Takeaways

- ✓ LUNG CANCER RATES IN HENRY COUNTY ARE SLIGHTLY HIGHER THAN STATE AVERAGES.
- ✓ SUICIDE RATES IN HENRY COUNTY ARE HIGHER THAN STATE AVERAGES.
- ✓ GONORRHEA HAS SHOWN A SIGNIFICANT INCREASE IN HENRY COUNTY; HOWEVER, IT IS STILL MUCH LOWER THAN STATE AVERAGES PER 100,000.
- ✓ HEART DISEASE AND CANCER ARE THE LEADING CAUSES OF MORTALITY IN HENRY COUNTY.
- ✓ COVID-19 IS NOW THE THIRD LEADING CAUSE OF DEATH

40

Chapter 5. Prioritization of Health Related Issues

Figure 69



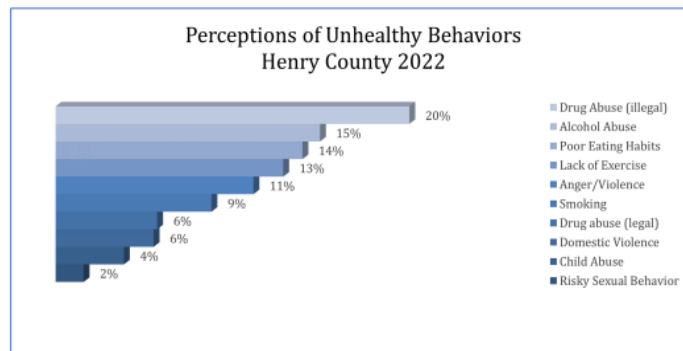
Source: CHNA Survey

41

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The highest rated unhealthy behavior is drug abuse(illegal) (Figure 70).

Figure 70



Source: CHNA Survey

42

Summary of Community Health Issues

5.4 Summary of Community Health Issues

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

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

- Population decreased
- Population over age 65 increased
- Single female head-of-house-household represents 8% of the population

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

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Summary of Community Health Issues Cont.

- Decreased access to mental-health counseling
- Low COVID-19 vaccine rate
- Prostate screening is relatively low
- Exercise and healthy eating behaviors
- Depression and stress/anxiety

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

- Inhalants among 8th graders and cigarette usage among 10th graders
- Overweight and obesity
- Risk factors for heart disease
- Opioid use

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

- Lung cancer
- Suicide
- Gonorrhea
- Heart disease and cancer are the leading causes of mortality, followed by COVID-19

44

Identify Health-Related Community Issues.

Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into 8 potential categories. Based on similarities and duplication, the 8 potential areas considered are:

- Aging issues
- Healthy behaviors - nutrition & exercise
- Behavioral health, including depression, anxiety/stress, suicide
- Overweight/Obesity
- Substance use, particularly misuse of prescription medication
- Access - mental-health counseling
- Cancer - lung
- COVID-19 related issues (vaccine rates and causes of mortality)

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Community Team Assignment: Top 3 Community Health Issues

- ❑ REVIEW DATA & TODAY'S DISCUSSION
- ❑ IN 2 WEEKS WE WILL SEND OUT AN EMAIL REQUESTING TOP 3 COMMUNITY HEALTH ISSUES
- ❑ WE WILL TABULATE RESULTS AND SHARE THE RESULTS AT OUR FINAL MEETING.

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IPLAN COMMUNITY HEALTH COMMITTEE

Meeting 1: August 31, 2022 (Henry)
August 31, 2022 (Stark)

Meeting 2: October 19, 2022 (Henry)
October 19, 2022 (Stark)

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QUESTIONS & DISCUSSION?

**Henry & Stark
County Health
Department**



Public Health
Prevent. Promote. Protect.

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Henry County

2021 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

We want to know how you view our community, and other factors that may impact your health. We are inviting you to participate in a research study about community health needs. Your opinions are important! This survey will take about 12 minutes to complete. All of your individual responses are anonymous and confidential. We will use the survey results to better understand and address health needs in our community.

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COMMUNITY PERCEPTIONS

1. What would you say are the three (3) biggest **HEALTH ISSUES** in our community?

- | | |
|--|---|
| <input type="checkbox"/> Aging issues, such as Alzheimer's disease,
hearing loss, memory loss, arthritis, falls | <input type="checkbox"/> Early sexual activity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart disease/heart attack |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Mental health issues (including depression, anger) |
| <input type="checkbox"/> Dental health (including tooth pain) | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually transmitted infections |
| | <input type="checkbox"/> Viruses (including COVID-19) |

2. What would you say are the three (3) most **UNHEALTHY BEHAVIORS** in our community?

- | | |
|---|---|
| <input type="checkbox"/> Angry behavior/violence | <input type="checkbox"/> Drug abuse (legal drugs) |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Lack of exercise |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Risky sexual behavior |
| <input type="checkbox"/> Drug abuse (illegal drugs) | <input type="checkbox"/> Smoking/vaping (tobacco use) |

3. What would you say are the three (3) most important factors that would improve your **WELL-BEING**?

- | | |
|---|---|
| <input type="checkbox"/> Access to health services | <input type="checkbox"/> Job opportunities |
| <input type="checkbox"/> Affordable healthy housing | <input type="checkbox"/> Less hatred & more social acceptance |
| <input type="checkbox"/> Availability of child care | <input type="checkbox"/> Less poverty |
| <input type="checkbox"/> Better school attendance | <input type="checkbox"/> Less violence |
| <input type="checkbox"/> Good public transportation | <input type="checkbox"/> Safer neighborhoods/schools |
| <input type="checkbox"/> Healthy food choices | |

ACCESS TO CARE

The following questions ask about your own health and health choices. Remember, this survey will not be linked to you in any way.

Medical Care

1. When you get sick, where do you go? (Please choose only one answer).

- | | | |
|---|---|---|
| <input type="checkbox"/> Clinic/Doctor's office | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> I don't seek medical attention |
| <input type="checkbox"/> Urgent Care Center | <input type="checkbox"/> Health Department | <input type="checkbox"/> Other |

If you don't seek medical attention, why not?

- Fear of Discrimination Lack of trust Cost I have experienced bias Do not need

2. In the last YEAR, was there a time when you needed medical care but were not able to get it?

- Yes (please answer #3) No (please go to #4: Prescription Medicine)

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3. If you were not able to get medical care, why not? (Please choose all that apply).

- Didn't have health insurance. Too long to wait for appointment.
 Couldn't afford to pay my co-pay or deductible. Didn't have a way to get to the doctor.
 Fear of discrimination. Lack of trust.

Prescription Medicine

4. In the last YEAR, was there a time when you needed prescription medicine but were not able to get it?
 Yes (please answer #5) No (please go to #6: Dental Care)

5. If you were not able to get prescription medicine, why not? (Please choose all that apply).

- Didn't have health insurance. Pharmacy refused to take my insurance or Medicaid.
 Couldn't afford to pay my co-pay or deductible. Didn't have a way to get to the pharmacy.
 Fear of discrimination. Lack of trust.

Dental Care

6. In the last YEAR, was there a time when you needed dental care but were not able to get it?
 Yes (please answer #7) No (please go to #8: Mental-Health Counseling)

7. If you were not able to get dental care, why not? (Please choose all that apply).

- Didn't have dental insurance. The dentist refused my insurance/Medicaid
 Couldn't afford to pay my co-pay or deductible. Didn't have a way to get to the dentist.
 Fear of discrimination. Lack of trust.
 Not sure where to find available dentist

Mental-Health Counseling

8. In the last YEAR, was there a time when you needed mental-health counseling but could not get it?
 Yes (please answer #9) No (please go to next section – HEALTHY BEHAVIORS)

9. If you were not able to get mental-health counseling, why not? (Please choose all that apply).

- Didn't have insurance. The counselor refused to take insurance/Medicaid.
 Couldn't afford to pay my co-pay or deductible Embarrassment.
 Didn't have a way to get to a counselor. Cannot find counselor.
 Fear of discrimination. Lack of trust.
 Long wait time.

HEALTHY BEHAVIORS

The following questions ask about your own health and health choices. Remember, this survey will not be linked to you in any way.

Exercise

1. In the last WEEK how many times did you participate in exercise, (such as jogging, walking, weight-lifting, fitness classes) that lasted for at least 30 minutes?

- None (please answer #2) 1 – 2 times 3 - 5 times More than 5 times

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2. If you answered "none" to the question about exercise, why didn't you exercise in the past week? (Please choose all that apply).

- Don't have any time to exercise. Don't like to exercise.
 Can't afford the fees to exercise. Don't have child care while I exercise.
 Don't have access to an exercise facility. Too tired.
 Safety issues.

Healthy Eating

3. On a typical DAY, how many servings/separate portions of fruits and/or vegetables did you have? An example would be a banana (but not banana flavored pudding).

- None (please answer #4) 1 - 2 servings 3 - 5 servings More than 5 servings

4. If you answered "none" to the questions about fruits and vegetables, why didn't you eat fruits/vegetables? (Please choose all that apply).

- Don't have transportation to get fruits/vegetables Don't like fruits/vegetables
 It is not important to me Can't afford fruits/vegetables
 Don't know how to prepare fruits/vegetables Don't have a refrigerator/stove
 Don't know where to buy fruits/vegetables

5. Where is your primary source of food? (Please choose only one answer).

- Grocery store Fast food Gas station Food delivery program
 Food pantry Farm/garden Convenience store

6. Please check the box next to any health conditions that you have. (Please choose all that apply).

If you don't have any health conditions, please check the first box and go to question #8: Smoking.

- I do not have any health conditions Diabetes Mental-health conditions
 Allergy Heart problems Stroke
 Asthma/COPD Overweight
 Cancer Memory problems

7. If you identified any conditions in Question #6, how often do you follow an eating plan to manage your condition(s)?

- Never Sometimes Usually Always

Smoking

8. On a typical DAY, how many cigarettes do you smoke?

- None 1 - 4 5 - 8 9 - 12 More than 12

Vaping

9. On a typical DAY, how many times do you use electronic vaping?

- None 1 - 4 5 - 8 9 - 12 More than 12

GENERAL HEALTH

10. Where do you get most of your health information and how would you like to get health information in the future? (For example, do you get health information from your doctor, from the Internet, etc.). _____

11. Do you have a personal physician/doctor? Yes No
12. How many days a week do you or your family members go hungry?
 None 1-2 days 3-5 days More than 5 days
13. In the last 30 DAYS, how many days have you felt depressed, down, hopeless?
 None 1-2 days 3-5 days More than 5 days
14. In the last 30 DAYS, how often has your stress and/or anxiety stopped you from your normal daily activities?
 None 1-2 days 3-5 days More than 5 days
15. In the last YEAR have you talked with anyone about your mental health?
 Yes (please answer #16) No (please go to #17)
16. If you talked to anyone about your mental health, who was it?
 Doctor/nurse Counselor Family/friend Other _____
17. How often do you use prescription medications (not prescribed to you or used differently than how the doctor instructed) on a typical DAY?
 None 1-2 times 3-5 times More than 5 times
18. How many alcoholic drinks do you have on a typical DAY?
 None 1-2 drinks 3-5 drinks More than 5 drinks
19. How often do you use marijuana on a typical DAY?
 None 1-2 times 3-5 times More than 5 times
20. How often do you use substances such as inhalants, ecstasy, cocaine, meth or heroin on a typical DAY?
 None 1-2 times 3-5 times More than 5 times
21. Do you feel safe where you live? Yes No
22. In the past 5 years, have you had a:
- | | | | |
|---|------------------------------|-----------------------------|---|
| Breast/mammography exam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Prostate exam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Colonoscopy/colorectal cancer screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Cervical cancer screening/pap smear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |

Overall Health Ratings

21. My overall physical health is: Below average Average Above average
22. My overall mental health is: Below average Average Above average

INTERNET

1. Do you have Internet at home? For example, can you watch Youtube at home?

- Yes (please go to next section – BACKGROUND INFORMATION) No (please answer #2)

2. If don't have Internet, why not? Cost No available Internet provider I don't know how
 Data limits Poor Internet service No phone or computer

BACKGROUND INFORMATION

1. What county do you live in?

- Henry Other

2. What is your Zip Code? _____

3. What type of health insurance do you have? (Please choose all that apply).

- Medicare Medicaid/State insurance Commercial/Employer
 Don't have (Please answer #4)

4. If you answered "don't have" to the question about health insurance, why don't you have insurance? (Please choose all that apply).

- Can't afford health insurance Don't need health insurance
 Don't know how to get health insurance Other _____

5. What is your gender? Male Female Non-binary Transgender Prefer not to answer

6. What is your sexual orientation? Heterosexual Lesbian Gay Bisexual
 Queer Prefer not to answer

7. What is your age? Under 20 21-35 36-50 51-65 Over 65

8. What is your racial or ethnic identification? (Please choose only one answer).

- White/Caucasian Black/African American Hispanic/LatinX
 Pacific Islander Native American Asian/South Asian
 Multiracial Other: _____

9. What is your highest level of education? (Please choose only one answer).

- Grade/Junior high school Some high school High school degree (or GED)
 Some college (no degree) Associate's degree Certificate/technical degree
 Bachelor's degree Graduate degree Other: _____

10. What was your household/total income last year, before taxes? (Please choose only one answer).

- Less than \$20,000 \$20,001 to \$40,000 \$40,001 to \$60,000
 \$60,001 to \$80,000 \$80,001 to \$100,000 More than \$100,000

11. What is your housing status?

- Do not have Have housing, but worried about losing it Have housing, NOT worried about losing it

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12. If you answered that you have housing, does your house have:

- leaking roof mold heat air conditioning
 running water rodents lead electricity Internet

13. How many people live with you? _____

14. How often do you communicate with people you care about and feel close to? (For example, talking, texting, meeting with friends/family?)

- Less than once per week 1–2 times per week 3 - 5 times per week More than 5 times per week

Is there anything else you'd like to share about your own health goals or health issues in our community?

Thank you very much for sharing your views with us!

Session II

August 31, 2022

Continued...

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

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

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

Session III

October 19, 2022

In this session, participants reviewed the ranking of health issues identified through an electronically mailed survey to community health planning committee members. Utilizing local knowledge of the community and information provided by Healthy People 2030 reports on specific health issues, participants created the following hypothesis about why a particular health problem exists.

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

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

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

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

IPLAN Meeting III

Henry County Committee
October 19, 2022
Stark County Committee
October 19, 2022



Public Health
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- I. Welcome, Thanks & Introductions
- II. Top Community Health Problems Ranking
- III. Lunch Break (10 minutes)
- IV. Health Problem Analysis
- V. Community Resources & Intervention Strategies
- VI. Questions & Discussion

1

With Gratitude...

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

Albert Schweitzer

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

Melody Beattie

2

INTRODUCTIONS

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

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

3

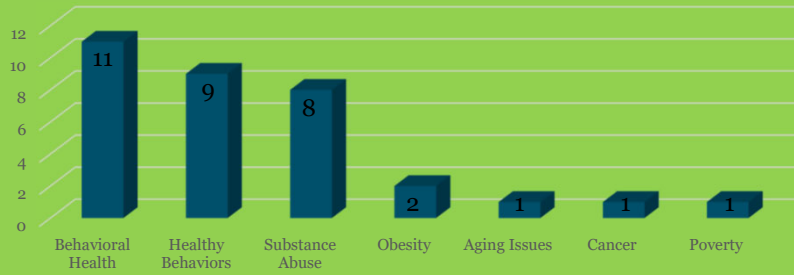
Top Community Health Problems!

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

4

HEALTH PROBLEM RANKING

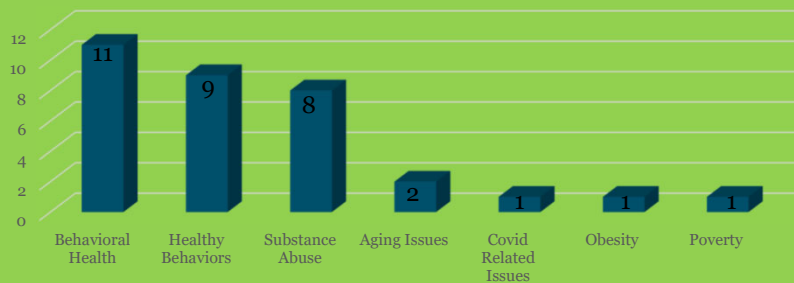
Henry Community Health Priorities



5

HEALTH PROBLEM RANKING

Stark Community Health Priorities



6

HENRY & STARK COUNTY TOP 3 COMMUNITY HEALTH PROBLEMS

- ✓ **BEHAVIORAL/MENTAL HEALTH**
- ✓ **POOR HEALTH BEHAVIORS**
- ✓ **DRUG/ALCOHOL/TOBACCO USE**

7

BREAK (10 minutes)

- Please Get A Box Lunch & Drink
- Restrooms in the Breakroom
- Will Begin Health Problem Analysis Post Break

8

Health Problem Analysis

Terminology & Definitions

- Risk Factors: Scientifically established factors that relate directly to a health problem. A health problem may have any number of risk factors identified for it.



9

Health Problem Analysis

Terminology & Definitions

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

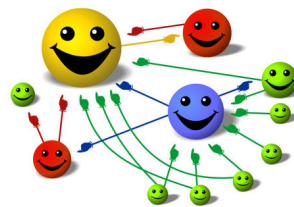


10

Health Problem Analysis

Terminology & Definitions

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



11

Health Problem Analysis

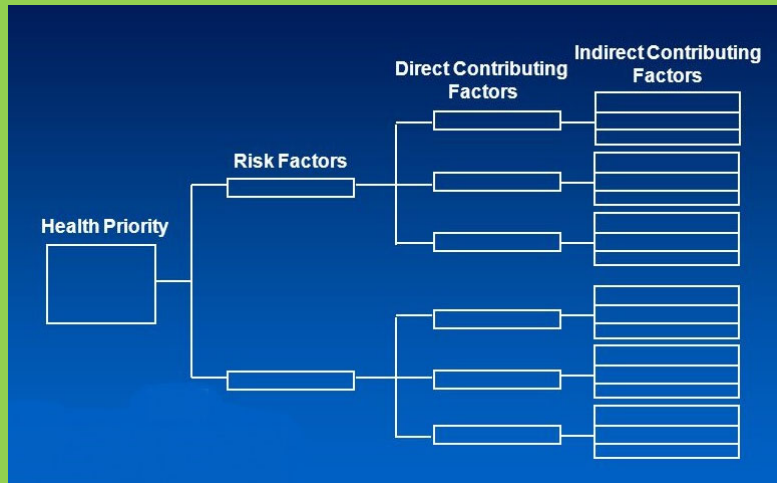
Terminology & Definitions



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

12

Health Problem Analysis



13

BEHAVIORAL HEALTH

- Risk Factors
- Direct Contributing Factors
- Interventions strategies



14

POOR HEALTH BEHAVIORS

- Risk Factors
- Direct Contributing Factors
- Interventions strategies



15

DRUG/ALCOHOL/TOBACCO USE

- Risk Factors
- Direct Contributing Factors
- Interventions strategies



16

COMMITTEE MEMBER FINAL ASSIGNMENT:

**SHORT
BIOGRAPHY:
PLEASE EMAIL
US A SHORT, 1
PARAGRAPH
BIOGRAPHY OF
YOURSELF.**



17

QUESTIONS & DISCUSSION?

**Henry & Stark
County Health
Department**



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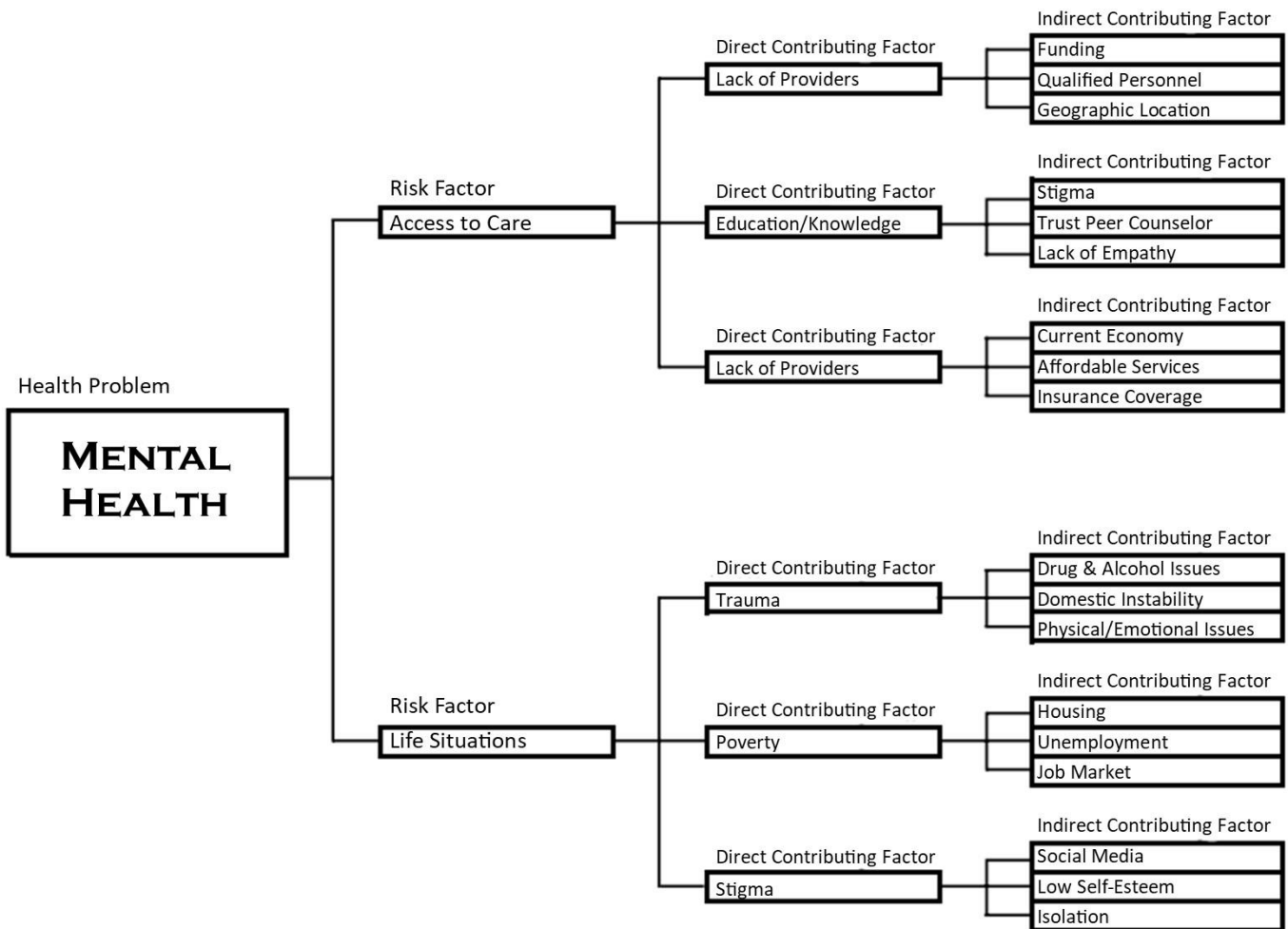
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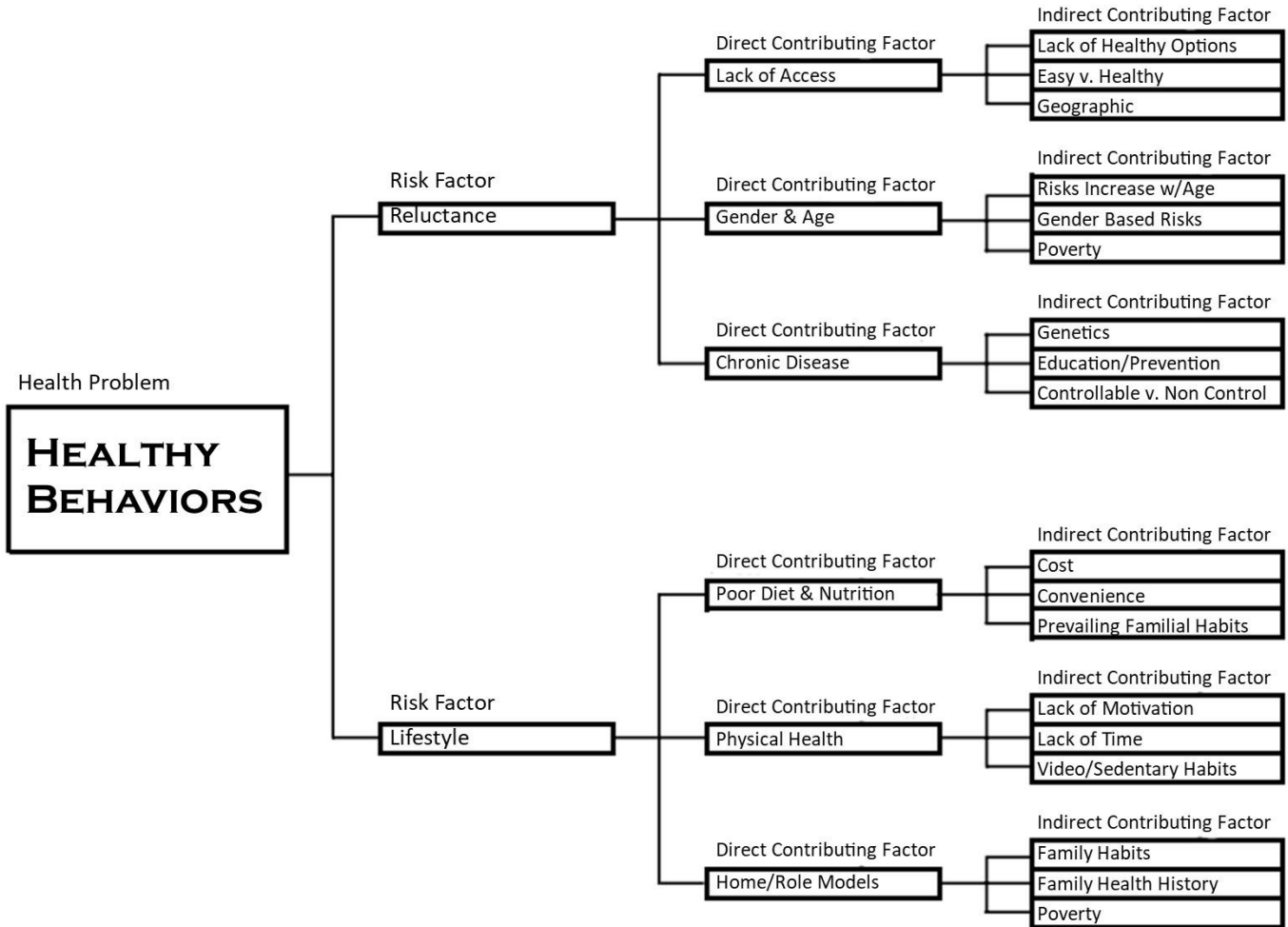


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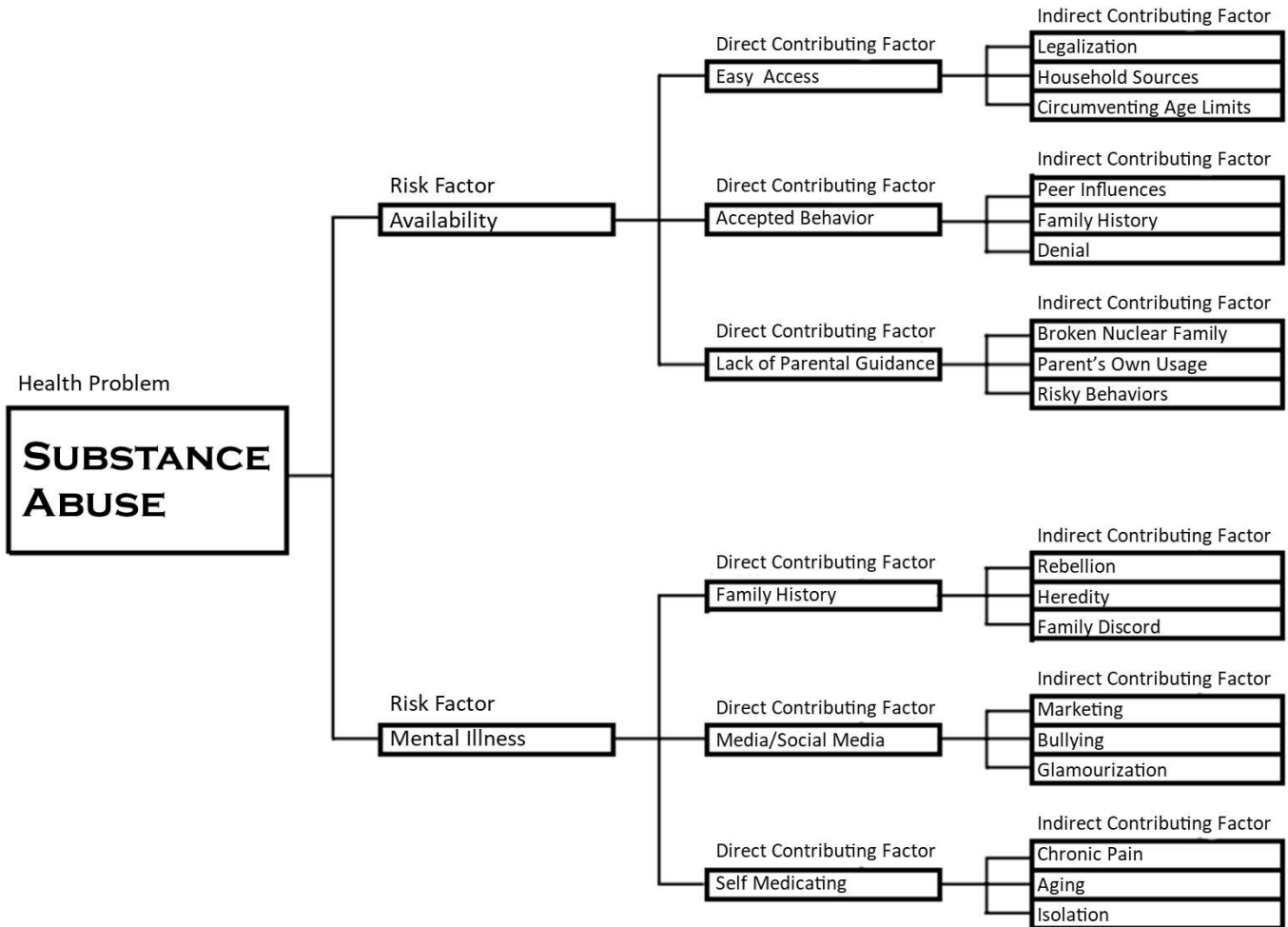
IPLAN 2022 HENRY COUNTY MENTAL HEALTH - HEALTH PROBLEM ANALYSIS WORKSHEET



IPLAN 2022 HENRY COUNTY HEALTHY BEHAVIORS - HEALTH PROBLEM ANALYSIS WORKSHEET



IPLAN 2022 HENRY COUNTY SUBSTANCE ABUSE - HEALTH PROBLEM ANALYSIS WORKSHEET



DESCRIPTION OF COMMUNITY RESOURCES-Henry County

Recreational Facilities (3)

YMCA of Kewanee

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

Kewanee Park District

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

Geneseo Park District

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

Health Departments (1)

Henry County Health Department

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

Community Agencies/Private Practices (13)

Alcoholics Anonymous

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

Bridgeway

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

Henry County Youth Services Bureau

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

Henry County Mental Health Alliance

The Henry County Mental Health Alliance (HCMHA) was formed in 2015 as a not-for-profit organization composed of both community members and organizations and agencies in the Henry County area who have an interest in and/or advocate for mental health. The mission of the HCMHA is to provide advocacy, education, support, mental/illness public awareness, and suicide prevention outreach. The Alliance is driven by its commitment to promote mental health as an integral component of overall all wellness.

Henry County Food Pantries

Henry County is served by 6 community food pantries (Cambridge, Colona, Galva, Geneseo, Kewanee, and Orion) each is dedicated to providing for the needs of hungry people by collecting and distributing food and grocery products and educating the community about nutrition.

Bureau-Henry and Stark Regional Office of Education

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

University of Illinois Extension

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

Housing Authority of Henry County

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

Hospitals/Clinics (17)

OSF Saint Luke Medical Center

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

OSF Multi-Specialty Group

OSF Multi-Specialty Group offers a wide range of medical and surgical care, as well as other specialty services, through provider offices located at OSF Saint Luke Medical Center.

OSF Home Care and Hospice

OSF Home Care and Hospice offer health care and services to home bound individuals as well as services at end of life through Hospice.

Hammond-Henry Hospital

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

First Choice Healthcare

First Choice Healthcare with locations in Kewanee and Colona is a medical practice providing a wide range of mental (telepsychiatry) and behavioral health and medical services. The Kewanee location is a “Walk-In” Clinic.

OSF Clinics

OSF has a network of 3 Medical Clinics providing a wide range of medical services. Locations include: Kewanee, Galva, and Woodhull.

Ahearn & Associates Medical Center, Inc.

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

Hammond-Henry Hospital Acute/Walk-In Care Clinics

Hammond-Henry Hospital has a network of 6 Acute/Walk-In Clinics and medical practices providing a wide range of medical services. Locations include: Annawan, Cambridge, Colona, Geneseo, Kewanee, Orion.

Aveanna Healthcare & Hospice

Aveanna Healthcare offers a full range of health care services including home health, hospice, private duty nursing, medical equipment and supplies, seating and mobility products, a retail show floor, and retail and compounding pharmacy services.

Resources for Planning

Illinois Department of Public Health – IPLAN

<http://app.idph.state.il.us/>

Healthy People 2030 Information Access Project

<https://health.gov/healthypeople>

Henry County Health Needs Assessment

<https://www.osfhealthcare.org/about/community-health/2019/>