

FRANKLIN-WILLIAMSON
BI-COUNTY
HEALTH DEPARTMENT

**Community Health Plan
2012-2017**

AUGUST 12, 2012

Williamson County Office:
8160 Express Drive
Marion, IL 62959-9808
Phone 618/993-8111
FAX 618/993-6455

FRANKLIN-WILLIAMSON
BI-COUNTY
HEALTH DEPARTMENT

Franklin County Office:
403 East Park
Benton, IL 62812-1920
Phone 618/439-0951
FAX 618/438-3005

www.bicountyhealth.org

November 19, 2012

Dr. LaMar Hasbrouck
Illinois Department of Public Health
535 West Jefferson Street
Springfield, IL 62761

Dear Dr. Hasbrouck:

This letter is to inform you that the Franklin-Williamson Bi-County Health Department Board of Health has reviewed and approved the Community Needs Assessment and Community Health Plan which was recently completed by our Health Department and presented to the Board of Health on November 8, 2012.

I hereby attest that the Community Needs Assessment and/or Community Health Plan contained evidence of community participation through a Community Health Committee, clear and direct health indicator research and assessment, including additional pertinent health data that resulted in selection of three priority health problems, and an analysis of the priority health problems with related objectives and strategies for intervention.

It is without hesitation that the Franklin-Williamson Bi-County Board of Health submits this letter of approval and recommendation for the recertification of the Franklin-Williamson Bi-County Health Department.

Sincerely,



Eric Graham, M.D.
President, Board of Health

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EXECUTIVE SUMMARY

This is the fourth Community Needs Assessment and Community Health Plan that has been conducted by Franklin-Williamson Bi-County Health Department. Each was developed with assistance and cooperation of a community health committee. The initial project was conducted in 1994, and then subsequently conducted in 1999 and 2007.

The Illinois Project for Local Assessment of Needs (IPLAN) process is accomplished through a community wide effort to look at general indicators of health status for the community and utilize the input of community perceptions to identify leading health problems and then develop interventions to address those problems.

COMMUNITY NEEDS ASSESSMENT

Described briefly below are the specific outcomes of the current needs assessment.

Summary data indicators considered by the Committee were:

DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

The Franklin and Williamson County area is significantly rural, has a larger older population than the state and is greatly impacted by poverty and unemployment. For the most part, these conditions have affected Franklin County more profoundly than Williamson County.

1. The bi-county area reflects lower under 5 and under 18 populations than Illinois or the US. However, the 65 and over population is faster growing than the state or the nation. Overall, the total population for Franklin County, while declining in recent years, has currently leveled off. Williamson County's population continues to rise.
2. The poverty rate estimates for each county is higher than both the state and the nation. The estimate for children under 18 living in poverty is also higher in both counties than the state.
3. The percentage of Medicaid enrollees is higher in both counties than the state.
4. The percentage of the population receiving food stamps is considerably higher in the two counties than the state.
5. The percentage of persons age 25+ who graduate high school in Williamson County is higher than Franklin County and the state.
6. The median household income for both counties is well below the state and national median.

7. Unemployment rates for the two counties are at all time highs and much higher than the state rate.

GENERAL HEALTH AND ACCESS TO CARE

1. Crude mortality rates for both counties are higher than the Illinois rate.
2. The leading causes of death for the two counties are comparable to Illinois with the exception of lung cancer making the list in Franklin and Williamson Counties for 2005-2006. The years of potential life lost (YPLL) for both counties is higher than the state and the US.
3. The average suicide rate for Franklin County is higher than Williamson County and both counties' suicide rates are higher than Illinois. Suicide is also among the top ten YPLL for both counties and the state.
4. Both crude and premature motor vehicle accidents mortality rates are higher than the state.
5. Accidents are the leading contributors to years of potential life lost for Franklin and Williamson Counties. Malignant neoplasms, motor vehicle accidents, diseases of the heart, perinatal conditions and diabetes are also among the five leading contributors for both counties. Lung cancer is in the top ten for both counties and does not appear in Illinois' top ten leading YPLL.
6. There are significantly fewer Medicaid physician vendors to Medicaid enrollees in both counties compared to the state. More current figures were not available.
7. Based on the BRFS fewer combined county residents report visiting a dentist for any reason within the past year compared to those surveyed state-wide.
8. There is a higher rate of deaths in Franklin County than Williamson County due to influenza and pneumonia.
9. Franklin and Williamson Counties far surpass the state and the US rate for all cancers.
10. The County Health Rankings report indicates the health of Franklin and Williamson County residents ranks poorly compared to residents of all other Illinois counties.

MATERNAL AND CHILD HEALTH

1. The percentage of pregnant women who begin prenatal care in the first trimester is higher in both counties than the state and passes the Healthy People (HP) 2020 goal. Adequate prenatal care in both counties surpasses the state percentage level and there are a smaller percentage of pregnant women who receive inadequate care during the first trimester compared to the state.

2. The infant mortality rate in Williamson County is higher than Franklin County and the state. However, both counties and the state are higher than the HP 2020 goal.
3. The percentage of low birth weight babies born to mothers in the two counties is comparable to the state. All are higher than the HP 2020 goal. Franklin County's percentage of very low birth weight babies is lower than those for Williamson County and the HP 2020 goal.
4. A significantly higher percentage of pregnant women smoke in the two counties than in the state. Franklin County's percentage is alarming.
5. The percentage of births to teens is only slightly higher in Franklin County than in Williamson County. Both are lower than Illinois and lower than in previous years. The teen birth rate is lower in Williamson County than Franklin County or Illinois.
6. There is no acceptable level of child abuse and neglect.
7. The percentage of children enrolled in WIC in 2003-2004 who are either overweight or at risk of being overweight are equal to or slightly higher than the state.

CHRONIC DISEASE

1. Heart disease is the leading cause of death one out of four years in Franklin County and three out of four years in Williamson County and is the leading cause of hospitalizations in both counties.
2. Crude coronary heart disease mortality rates for both counties are higher than the state.
3. The crude cerebrovascular disease mortality rates are higher for Williamson County than Franklin County, the state and the nation. Cerebrovascular disease is also a leading cause of hospitalization and death for both counties.
4. Of the county residents who responded to the BRFS, the percentage reporting having high blood pressure and high cholesterol are higher than for Illinois and considerably higher than the HP 2020 goals.
5. Diabetes appears as a leading cause of death for Franklin County for four consecutive years and two of four years in Williamson County. It has also been a leading cause of hospitalization for Franklin County. A higher percentage of both county residents respond to having been told they are a diabetic compared to the state on the Behavioral Risk Factor Survey (BRFS).
6. Franklin and Williamson Counties have higher death rates due to all cancers than Illinois, the US and the HP 2020 goal.

7. The crude mortality rate due to lung cancer for Williamson County has risen above that of Franklin County and Illinois and the death rate due to lung and bronchus cancer for Franklin County has exceeded the rate for Williamson County, Illinois and the US. Of the 2010 BRFS respondents for Franklin and Williamson Counties, 27.5% reported being a smoker.
8. Franklin and Williamson Counties have lower death rates due to prostate cancer when compared to Illinois and the US. 63% of men over 40 who responded to the BRFS reported having had a past Prostate Specific Antigen (PSA) screening.
9. Franklin County has a higher breast cancer death rate for women than Williamson County, the state, the US and the HP 2020 goal.
10. There were fewer cases of breast cancer diagnosed at a localized stage in the two counties compared to Illinois and the US. The Williamson County age-adjusted breast cancer incidence rate exceeds that of Franklin County, Illinois and the US. However, a significant number of women responding to the BRFS report as ever having a mammogram, but more than half of those surveyed reported having a mammogram during the past year.
11. There is a slightly higher age-adjusted incidence rate for prostate cancer in Williamson County than Franklin County; however the incidence rate for both counties is lower than the state of Illinois and the US. There is also a higher percentage of those being diagnosed with prostate cancer at a local stage in Williamson County than in Franklin County or Illinois. The BRFS indicates that more than half (63.7%) of men surveyed had undergone a PSA test.
12. Compared to previous years, the age-adjusted incidence rate average of lung cancer and the lung/bronchus cancer incidence rate are both higher in Franklin County than those for Williamson County, Illinois or the US.
13. The death rates for colorectal cancer are higher in Franklin and Williamson Counties than the state, US and HP 2020 goals. A little more than half of people 50 and over who responded to the BRFS report ever having a colon/sigmoidoscopy.
14. Many of the leading causes of hospitalization affecting Franklin and Williamson county residents can be prevented or delayed with lifestyle modifications (active living, healthy eating, stress reduction, safety awareness, alcohol, tobacco, and other substance use prevention).
15. As in the past, mental disorders remain a leading cause of hospitalization and are a concern for the two-county area and most importantly there is a shortage of mental health professionals.
16. The County Health Rankings report indicates the health of Franklin and Williamson County residents is poor compared to residents of all other counties in Illinois.

INFECTIOUS DISEASE

1. Rates for chlamydia and gonorrhea in Franklin and Williamson Counties are lower than the state, but future rates may change as a result of increased screening services.
2. Although cases appear low, continued surveillance of TB infection is a necessity in order to contain the disease.
3. HIV/AIDS cases will continue to be monitored.
4. There is a need for an increase in the number residents who receive flu and pneumonia vaccines. Influenza and pneumonia appeared frequently in the leading causes of hospitalizations and deaths for both counties. BRFs results indicate 46.6% of both counties residents report having a flu shot/nasal spray.

ENVIRONMENTAL/OCCUPATIONAL HEALTH AND INJURY CONTROL

1. Motor vehicle mortality rates are slightly higher for the two counties than the state.

Additional health data considered by the committee:

BEHAVIORAL RISK FACTOR SURVEY (BRFS) RESULTS

1. A considerable percentage of people surveyed reported recently experiencing poor physical and/or mental health.
2. People are not consuming enough of the recommended servings of fruits and vegetables.
3. There is room for improvement when it comes to exercise and weight loss.

In addition to the above information, a community survey was conducted using a hard copy survey and an internet- based survey acquired by Survey Monkey, of just over 300 residents requesting input in the identification of leading health problems in the community.

The results of that survey indicate the perceived leading health problems to be:

- cancer
- obesity
- diabetes

An initial list of priority health problems was compiled by the committee and further analyzed considering:

- the seriousness of the problem,
- the impact of the problem in the community, and
- the resources available in the community to address the problem.

SELECTED PRIORITY HEALTH PROBLEMS

The Community Health Committee considered the above data and insights gained during discussion of perceived leading health problems to arrive at the selection of three leading health problems for Franklin and Williamson Counties. A form of the Nominal Group Process was used to determine the leading health priorities. This process is described in detail in Appendix A on page 40. The survey results were presented to the committee after they had made their selection of the leading health problems. The following health problems were chosen to address over the next 5 years.

1. Access to Care: Physical and Mental Health
2. Chronic Disease: Heart Disease, Diabetes and Cancer Focus
3. Mental Health

Objectives and Intervention Strategies Defined in the Community Health Plan

Priority Health Problem One – Access to Care

Outcome Objectives-Physical Health

By 2017, reduce the proportion of individuals who are unable to obtain or have a delay in obtaining necessary medical care.

By 2017, increase the percentage of county residents who report having health care insurance coverage to 95%.

Outcome Objectives-Mental Health

By 2017, reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary mental health care.

By 2017, increase the percentage of county residents who report having mental health care coverage.

Intervention Strategies

Franklin-Williamson Bi-County Health Department will work with community partners to address the health problem of Access to Care in the following ways:

- Support work conducted by Connect SI to bring broadband Internet access to rural areas of Southern Illinois. This effort aims to initiate/continue the use and sharing of electronic medical records for better tracking of patient/client care.

- Support the Franklin-Williamson Healthy Communities Coalition, Access to Care Action Team in developing an awareness campaign centered on helping promote the primary care medical home concept as well as provide information to the community about current more affordable physical and behavioral health care services.
- Develop a community awareness campaign highlighting access to care issues to target community residents, community leaders, and local legislators.
- Actively participate and support the mental health work conducted by the Franklin, Williamson and Jackson Counties Access to Care Action Team.

Priority Health Problem Two – Chronic Disease

Outcome Objectives-Adults

After the year 2017, the percentage of adults in Franklin and Williamson Counties who are considered obese will be no more than 20%.

After the year 2017, the percentage of adults in Franklin and Williamson Counties who are overweight will decrease to no more than 25%.

After the year 2017, the percentage of adults in Franklin and Williamson Counties who report smoking will be no more than 20%.

After the year 2017, the percentage of pregnant women who report smoking will be reduced to 10%.

Outcome Objectives-Children and Adolescents

By 2017, 10 new K-12 schools will have healthier environments through implementation of coordinated school health policies and practices that prevent tobacco initiation, increase physical activity and improve nutrition.

Intervention Strategies

Franklin-Williamson Bi-County Health Department will work with community partners to address the health problem of Chronic Disease in the following ways:

- Conduct a Community Leaders' Forum to present information concerning the health status of Franklin and Williamson County residents and give leaders an opportunity to discuss and plan strategies to address chronic disease.
- Survey area worksites to determine how many offer a worksite wellness program that addresses physical activity, nutrition and tobacco cessation and provide technical assistance to worksites that are interested in beginning a program.
- Once trained, staff will work with "subject matter experts" from Southern Illinois Healthcare (SIH), SIU Center for Rural Health and Social Service Development, and the CATCH on to Health Consortium to contact schools to help schools establish school

wellness policies that address coordinated school health, including nutrition and daily physical education.

- Meet with area restaurants to encourage offering discounts or coupons for healthier adult and child menu items as well as nutrition information on menus.
- Survey area worksites to determine how many offer a worksite wellness program that addresses physical activity, nutrition and tobacco cessation and provide technical assistance to worksites that are interested in beginning a program.
- Provide tobacco cessation tool kits, including information about the fax referral program to the Illinois Tobacco Quitline to area county physicians for use with their patients.

Priority Health Problem Three –Mental Health

Outcome Objective-Adults

By 2017, reduce the percentage of adults who stated that their mental health was not good one or more days in the past month to 25%.

Outcome Objective-Children and Adolescents

By 2017, 10 new K-12 schools will have healthier environments through implementation of coordinated school health policies and practices that include an emotional health component.

Intervention Strategies

Franklin-Williamson Bi-County Health Department will work with community partners to address the health problem of Mental Health in the following ways:

- Support the efforts of local primary care practices and local mental health providers in the collaboration of services to provide appropriate care for patients needing mental health intervention and treatment.
- Support the increased utilization of a standardized screening tool for depression screening. *e.g. PHQ9*, by primary care providers.
- Once trained, staff will work with "subject matter experts" from Southern Illinois Healthcare (SIH), SIU Center for Rural Health and Social Service Development, and the CATCH on to Health Consortium to contact schools offering technical assistance in the development of school wellness policies that address emotional health.
- Actively participate and support the mental health work conducted by the Franklin, Williamson and Jackson Counties Access to Care Action Team

BACKGROUND AND PURPOSE

The public health system has a basic duty to assure the public's health. In order to do this, periodic assessment of the community's health problems is required. Before 1992, planning and delivering public health services were accomplished through ten local health department program standards called basic health services. Beginning in late 1992, the public health system in Illinois was restructured at the state and local levels to replace basic health services with public health practice standards and accompanying performance indicators to measure the core functions of public health. A main component of this project is the use of a comprehensive community needs assessment. This process provides for an internal organizational assessment, as well as a community assessment involving planning improvements with continuing evaluation and reassessment. The assessment process was standardized statewide to use the Assessment Protocol for Excellence in Public Health (APEX/PH) model.

The use of APEX began in 1987, a joint project of the American Public Health Association, the Centers for Disease Control and Prevention and several other health organizations. The APEX/PH model is a method of attaining accurate and defensible information to identify public health needs. It is most valuable when adapted to local circumstances, which is what makes it a good choice for identifying local health priorities.

In Illinois, this process is called the Illinois Project for Local Assessment of Needs (IPLAN). IPLAN is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois, 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:

1. an organizational capacity assessment;
2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems

A critical element in the assessment process is the community. Improvement in the public's health requires community ownership and commitment. The formation of a Community Health Committee is a process designed to mobilize community resources in building a healthier community. The committee members' role on the committee includes sharing expertise and reflecting the concerns of the residents in the development of community health plans based on locally relevant public health issues.

The APEX model is used to guide the committee in identifying priority health problems and in setting goals for resolving those problems. Through the IPLAN process, there will be a local basis for achieving Healthy People 2020 objectives and other state and local objectives. Healthy People 2020 goals that are appropriate for Illinois communities to incorporate and adopt are:

- Increase Quality and Years of Healthy Life
- Eliminate Health Disparities
- Access to Health Care

The Franklin-Williamson Bi-County Health Department completed the first IPLAN project in May 1994. Due to a consensus by the Community Health Committee that the initial health problems were still relevant and deserved continued attention, Bi-County Health requested a five year extension from the Illinois Department of Public Health (IDPH) in 1999 to continue with a plan that addressed the initial three health problems. The extension received approval from IDPH and continued the initial plan for an additional five years. The third IPLAN document was completed in 2007. This fourth document represents the current five-year needs assessment and community health plan.

The Community Needs Assessment document was developed based on comprehensive research and data collection utilizing data from the Illinois Department of Public Health (IDPH), the IPLAN system, the Behavioral Risk Factor Survey (BRFS), the 2010 Census, Voices for Illinois Children 2011 Data Book, Southern Illinois Healthcare Community Dashboard Data, the National Cancer Institute and various other state and local data resources. The Community Health Plan used, in addition to this data, Healthy People 2020 recommendations as a basis for development of objectives to address the priority health problems. It also presents proposed resolutions and implementation plans to address the identified health problems.

COMMUNITY PARTICIPATION PROCESS

The community health needs assessment process coordinated by the Franklin-Williamson Bi-County Health Department has been a cooperative effort of a twenty-one member Community Health Committee. Six members are health department staff. The remainder of the committee was selected by management staff based on county of residence or work, organization/area of expertise represented and/or knowledge of the community. Although many of the committee members had participated in the IPLAN process in the past, and several continue to serve on advisory boards addressing health priorities of the past, an orientation to the APEX-PH model for community assessment was conducted at the committee's first meeting and served as a roadmap for the IPLAN process.

The importance of community involvement in the IPLAN process is invaluable as a mechanism to ensure input from various perspectives and backgrounds. A broad spectrum of opinions and perceptions exposes all members to varying ideas and views and allows for productive discussion. The entire process establishes a vehicle for collaboration among members. The current Community Health Committee provided valuable feedback and was genuinely interested in being a part of this process. Bi-County Health is grateful to the members of our committee for their time and effort in contributing to the outcome of this needs assessment and community health plan.

**FRANKLIN-WILLIAMSON BI-COUNTY HEALTH DEPARTMENT
COMMUNITY HEALTH COMMITTEE
2012**

Amanda Rone
Franklin Hospital
201 Bailey Lane
Benton, IL 62812
618-439-3161, Ext: 579
Amanda.rone@franklinhospital.net

Margie Kemp
Shawnee Alliance for Seniors
6355 Brandhorst
Carterville, IL 62918
618-985-8322
mkemp@shsdc.org

Cody Christensen
Light the Way Christian Fellowship
502 N. Emma St.
Christopher, IL 62822
618-724-5255
417-483-3017
codychristensen@aol.com

Caleb Nehring
American Cancer Society
4503 W. Deyoung Suite 200C
Marion, IL 62959
618-998-9898
Caleb.nehring@cancer.org

Nancy Muzzarelli
Shawnee Health Service & Development
Corporation
109 California Street
Carterville, IL 62918
618-985-8221
nmuzzarelli@shsdc.org

Terri Herman, Director of Nursing
Franklin Hospital
201 Bailey Lane
Benton, IL 62812
618-439-3161
Terri.herman@franklinhospital.net

J.R. Russell
Marion Ministerial Alliance
103 E. Calvert
Marion, IL 62959
618-993-8419
Mma15@frontier.com

Kurt Endebrock, Assistant ROE
ROE #21
200 W. Jefferson
Marion, IL 62959
618-663-0201
kendebrock@roe21.org

Kris Sherrill
Southern Illinois Healthcare
Community Benefits
1239 E. Main
Carbondale, IL 62902
618-457-5200, Ext: 67834
Kristine.sherrill@sih.net

Suzy Ganey, Health Education
Franklin-Williamson Bi-County Health Dept.
8160 Express Drive
Marion, IL 62959
618-993-8111, Ext: 216
sganey@bicountyhealth.org

Carrie Eldridge, Director, Health Education
Franklin-Williamson Bi-County Health Dept.
8160 Express Drive
Marion, IL 62959
618-993-8111, Ext: 208
celdridge@bicountyhealth.org

Robin Koehl, Administrator
Franklin-Williamson Bi-County Health Dept.
8160 Express Drive
Marion, IL 62959
618-993-8111, Ext: 213
rkoehl@bicountyhealth.org

Lisa Sorensen, Director, Public Health Nursing
Franklin-Williamson Bi-County Health Dept.
8160 Express Drive
Marion, IL 62959
618-993-8111, Ext: 226
lsorensen@bicountyhealth.org

Angela Cobb, Director, Home Health
Franklin-Williamson Bi-County Health Dept.
2312 West Main
Marion, IL 62959
618-998-0507
acobb@bicountyhealth.org

Toni Kay Wright
SIUC Head Start
1900 N. Illinois Ave.
Carbondale, IL 62901
618-453-6448
tkwright@siu.edu

Adrienne Bramlett
The H Group
1307 W. Main St.
Marion, IL 62959
618-997-6431, Ext: 6431
Adrienne.bramlett@hgroup.org

Sarah Hatley
The H Group
1307 W. Main St.
Marion, IL 62959
618-997-5336, Ext: 6143
Sarah.hatley@hgroup.org

Stephanie Duckworth
The H Group
902 W Main St.
West Frankfort, IL 62896
618-937-6483, Ext: 6430
Stephanie.duckworth@hgroup.org

Greg Stettler
John A. Logan College
700 Logan College Road
Carterville, IL 62918
618-985-3741, Ext: 8401
gregstettler@jalc.edu

Shari Jones
Christopher Rural Health Planning Corp.
4241 State Highway 14
Christopher, IL 62822
618-724-1604
sjones@crhpc.org

Whitney Mehaffy, Director, Health Education*
8160 Express Drive
Marion, IL 62959
618-993-8111, Ext: 216
wmeahffy@bicountyhealth.org
***Resigned position on 08/31/11**

METHODS

The management staff of Bi-County began work on the third IPLAN process in December 2010. An internal planning meeting was held to discuss committee selection and to plan a timeline for meetings. Based on the success of completing the IPLAN community needs assessment process in four meetings, it was decided that this schedule would again be utilized. Each meeting would be conducted in a concise, orderly manner by providing as much information and completing as much work as possible in order to accommodate member's schedules, as well as to meet deadlines for completion. It was also decided that Whitney Mehaffy, Director of Health Education, would be the IPLAN Coordinator and would conduct the meetings and be responsible for compiling the IPLAN Needs Assessment and the Community Health Plan. Due to Ms Mehaffy's resignation as a result of a family move, Carrie Eldridge was appointed Director of Health Education and thereby assuming the position of IPLAN Coordinator, with assistance from the health department administrator, Robin Koehl.

Committee members were contacted and first, second, third and fourth meetings were held in July, August, October 2011 and January 2012, respectively. The Community Health Needs Assessment and the Community Health Plan were completed and submitted to IDPH in December, 2012. The first meeting consisted of an overview of the IPLAN process and a description of the community health committee's role. The second meeting consisted of a presentation relevant to IPLAN and Behavioral Risk Factor Survey county data and discussion by the committee about perceived leading health problems. The third meeting consisted of presentation of the health problems survey results and selection of the three leading health problems. Also during this meeting, the Community Health Committee was divided into three subcommittees to further analyze each health problem. This was accomplished utilizing the Problem Analysis Process, which consisted of selection of Risk Factors and Direct and Indirect Contributing Factors for the leading health problems. *Risk Factors* are scientifically established factors that relate directly to the health problem. *Direct Contributing Factors* are also scientifically established and directly affect the level of risk factors. *Indirect Contributing Factors* directly affect the level of the direct contributing factors. These factors are distinct to the community. The Community Health Committee brings valuable community knowledge to the analysis process. The "Health Problem Analysis Worksheets" were used in this evaluation and can be found in the Community Needs Assessment in Appendix B, pages 42-46. At the final and fourth meeting, committee members listed *Community Health Resources* and *Barriers* based on the three leading health problems that were selected in the previous meeting.

The project staff took the information generated by these subcommittees and developed the outcome and impact objectives and intervention strategies for each health problem. The project staff then developed a draft of the Community Health Plan, which was submitted to the Illinois Department of Public Health for approval. Each member of the Community Health Committee will receive copies of the Plan after its approval. Future meetings may be held, as needed, to update the Committee on progress towards meeting the stated health problem objectives.

Overall, this structure resulted in smooth, productive meetings that yielded the desired outcome - selection of three priority health problems for Franklin and Williamson Counties for the coming five years.

ROLE OF THE COMMUNITY HEALTH COMMITTEE IN DEVELOPING THE COMMUNITY HEALTH PLAN

The Community Health Committee participated in the Problem Analysis process, identifying risk factors and direct/indirect contributing factors for each health problem. Through active discussion following the Problem Analysis process, information was generated that would help project staff formulate objectives to address the priority health problems. The Committee also assisted in identifying community resources that could be utilized in addressing the health problems as well as potential barriers in addressing these problems. Project staff then finalized the outcome objectives, impact objectives and the intervention strategies as part of the written Community Health Plan.

PRIORITY ONE HEALTH PROBLEM: ACCESS TO CARE

Many people have difficulty acquiring adequate physical and mental health care. One of the primary reasons is lack of health insurance or being underinsured. Other issues such as cost, location and availability of services, transportation and ability to take time off work can contribute. Access to care can also be described as how good of a fit exists between the patient and the health care system – are the right services available, at the right time and at the right place? Is care delayed or are there long waits for appointments? When access to health care is compromised people are more likely to use emergency room services inappropriately, or forego medical care entirely, which can lead to poorer health, unnecessary hospitalizations and premature death.

Healthy People 2020 describes four essential components for understanding the issue of access to care: 1) adequate health insurance coverage; 2) having a usual and ongoing source of care with a primary care provider, as well as access to rapidly responding emergency care; 3) timely provision of health care when needed; and 4) having an adequate workforce of primary care physicians. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone.

Data from the 2010 National Health Interview Survey (NHIS), conducted by the National Center for Health Statistics, CDC, show:

- The percentage of uninsured persons at the time of interview was 22.3 percent for persons aged 18-64 years and 7.8 percent for children under age 18.
- A total of 48.6 million persons (16 percent) of all ages were uninsured for at least part of the 12 months prior to the interview. Data also revealed that 35.7 million persons of all ages (11.7 percent) had been uninsured for more than a year at the time of interview.
- Almost 60 percent of currently unemployed adults and 23.4 percent of employed adults aged 18-64 years had been uninsured for at least part of the past year, and 36.3 percent of currently unemployed adults and almost 15 percent of employed adults had been uninsured for more than a year.

Based on the Census Bureau estimates of insurance coverage, the Urban Institute reports that 137,000 people died from 2000 through 2006 because they lacked health insurance, including 22,000 people in 2006.

Access to care is important for prevention and for prompt and appropriate treatment of illness and injury. Indicators of access to care include the extent to which persons have a place they usually go for medical care and whether persons receive their care in the right setting (physician's office versus emergency department). In Illinois in January, 2011, Governor Pat Quinn signed a health care reform bill that will dramatically change the way many Medicaid patients receive care. The bill aims to push half of Illinois' Medicaid caseload into the hands of managed care organizations by 2015. Medicaid managed care programs now require that individuals choose a primary care provider, thus establishing continuity of care. Also, under managed care, clients will be educated as to what constitutes an emergency versus non-emergency, thus helping to eliminate the costly problem of people presenting inappropriately to hospital emergency departments.

Research has indicated that without access to timely and effective preventative care, patients may be at risk for potentially avoidable hospitalizations. Some examples of avoidable hospitalizations include those for immunizable conditions, such as influenza or pneumonia, asthma, hypertension, or complications of diabetes. With access to timely and appropriate preventative or clinical care for these conditions, patients may be able to avoid such illnesses, control episodes, or manage chronic conditions to avoid exacerbation or complications from them.

The factors that directly affect an individual's physical health can also impact their mental health. People with chronic illnesses such as diabetes, heart disease and asthma are significantly more likely to have mental health problems than those without chronic illness. People with serious mental illness, in fact, die 25 years sooner, on average, than the rest of the population. According to the National Institutes of Mental Health, in any given year, more than a quarter of U.S. adults have a diagnosable mental health problem -- from depression to bipolar disorder -- yet fewer than half get any kind of treatment for it. The figures are similar for children.

Many who do receive care get it through their primary-care physician rather than a mental health professional like a psychiatrist or psychologist. That may be partly by choice since people prefer to talk to someone they know and trust about medical problems, and for many, there may be a stigma about seeking mental health assistance. But part of the reason people turn to their primary-care doctors or go without care is that it can be difficult to get an appointment with a mental health expert. Psychiatrists, in particular, are in short supply especially in rural areas.

Recognition by the community at-large that the health of community members is important to all aspects of community development is a vital first step in addressing this leading health problem. Rural communities must also understand that the fundamental struggle to increase access to care for low-income community members is a delicate balancing act, in that it must occur without bankrupting the operation of local physical and mental health care providers who accept these patients. However, the problem is likely to increase considerably with an estimated 32 million people expected to gain health insurance under the Affordable Care Act. The Association of American Medical Colleges projects a shortage of 45,000 primary-care physicians alone by

2020. In Illinois, it is estimated that at least 500,000 people will be newly eligible for Medicaid in 2014. The extent of the impact of a shortage of mental health professionals is not known, but is expected to be great.

PRIORITY ONE: IMPROVE ACCESS TO COMPREHENSIVE, HIGH-QUALITY PHYSICAL AND BEHAVIORAL HEALTH CARE SERVICES FOR COMMUNITY RESIDENTS

There are barriers that exist in Franklin and Williamson Counties that prevent many individuals from receiving needed physical and behavioral healthcare services. There is a great need for a networking of health, community, and social services to better guide residents to needed care. Access to physical and behavioral health care issues that need more focus are increased public awareness of existing services, public transportation solutions, and increase in awareness and greater access to early preventive care and treatment to hasten recovery and avoid more lengthy and costly treatment later. In addition, individuals need to be informed of ways they can and should empower themselves to take personal action towards and responsibility for their own health and ways to prevent chronic diseases and conditions. Also, communities need to recognize that placing the health of its residents as a leading priority is just as important as attracting new residents, businesses and jobs. These aspects of growing a healthy community actually go hand-in-hand. When new businesses are doing research for location, they look at what current resources are available to serve potential employees. Some questions they may ask are: Is there access to medical care? Does this community provide safe areas for family recreation, such as parks for biking, walking, swimming, etc? These aspects play vital roles in the overall health of the community, including the economic impact, and involve shared responsibility for health improvement, health outcomes, and access to care issues.

As a result of healthcare reform, a new Illinois' Primary Care Case Management (PCCM) Program, called Illinois Health Connect (IHC) was created. Illinois Health Connect is a statewide health plan that is available to most persons covered by a Healthcare and Family Services (HFS-Medicaid) Medical Program. People who are enrolled in Illinois Health Connect will have a "medical home" through a Primary Care Provider (PCP).

Illinois Health Connect is based on the American Academy of Pediatrics' initiative to create medical homes to make sure that primary and preventive healthcare is provided in the most appropriate setting. Through creating medical homes, the state expects to improve the quality of patients' healthcare, while at the same time creating cost savings.

Potential enrollees will choose a PCP, who must be enrolled with HFS, who will coordinate and manage their care. Having one PCP will also help people with chronic conditions like asthma, heart disease or diabetes receive the treatment and ongoing care they need to minimize the need for hospital care. PCPs will make referrals to specialists for additional care or tests as needed.

The goals of Illinois Health Connect are:

- Improve access to quality medical care for HFS clients
- Make sure HFS clients have a medical home with a primary care provider

- Assure clients receive all necessary preventive and primary care, including immunizations and health screenings
- Increase access to care through the availability of a provider network and expansion of providers
- Reduce inappropriate Emergency Department (ED) visits and hospitalizations

The Illinois Health Information Exchange (ILHIE) is a statewide, secure electronic network for sharing clinical and administrative data among health care providers in Illinois. ILHIE will allow health care providers and professionals to exchange electronic health information in a secure environment, help prevent duplicate tests and procedures, and ensure the accuracy of prescriptions and other medical orders. Other goals of health information technology or e-health also will be to provide better treatment outcomes, increase patient safety, control the rising cost of healthcare, enhance public health and disease surveillance, and increase access to quality health care in underserved communities. Integrated data systems such as this one can also streamline eligibility requirements and expedite enrollment which will help to facilitate access to various health and social services.

Additional changes in local technology infrastructure will need to be a priority in order to keep up with these new requirements and innovative ways to practice medicine. Tele-home and tele-medicine technologies that help link community residents to local and out-of-area resources, as well as link physicians to patients and to outside specialists, will be a needed, necessary addition. These services require high-speed Internet access, which currently is still unavailable to many community residents and to some area physicians.

Current (2012) County Health Ranking data shows an average of 20 percent of Franklin and 18 percent of Williamson County adults under age 65 were uninsured. Additional Behavioral Risk Factor Surveillance (BRFSS) Franklin and Williamson County data averages indicate that 14 percent do not have a usual primary health care provider, 11 percent had not seen a doctor in the past 12 months due to the cost, 17 percent had no health care for the previous year, and 15 percent reported not getting needed medications during the previous year due to cost. During Community Health Committee discussion regarding this data, the Committee believed the percentages to be low and felt that there are probably many more people than the survey captured who do not have a regular medical provider, have not seen a physician in the past 12 months, and are uninsured. This perception may be accurate considering the BRFSS is a land line telephone survey, and many people today have wireless phones. Those numbers are not listed in a telephone directory, thereby not allowing survey access to those individuals.

Mental disorders were listed as the second leading causes of hospitalization for both counties in 2009. Additional 2010 BRFSS mental health data for Franklin and Williamson County residents indicates that 20.8 percent report not having good mental health for 1-7 days out of the past month and 22 percent report not having good mental health, for 8-30 days of the past month. Poor mental health includes stress, depression, and problems with emotions.

There are medical resources in each county that many people may not be aware of. Two Federally Qualified Rural Health Centers (FQHCs) operate in Williamson County and one is located in Franklin County. Shawnee Health Service has clinics in Carterville and Marion.

The Marion location also offers mental health services. Christopher Rural Health has clinics in Johnston City, Christopher and Benton. There is also a free clinic- Hands of Hope, operating in Williamson County. The FQHCs charge for services based on an income-based sliding-fee scale and the free clinic has set criteria that must be met for services that are offered. Bi-County Health Department offers free or reduced cost preventative services at their two offices regularly and in the community periodically. Additionally, local hospitals periodically offer reduced-cost or free screenings.

There is currently one school-based health clinic in Williamson County at Marion High School, operated by Shawnee Health Service and a mobile health clinic that shares time between two Franklin County schools. Additional school-based stationary or mobile health clinics are needed to provide timely access to physical and mental health services. In school districts where these clinics are available, many children, for the first time are receiving timely care. These clinics help solve transportation problems many families by bringing services to the students, thus eliminating the costs of transportation and the loss of work days for parents and/or caregivers.

OUTCOME OBJECTIVES-PHYSICAL HEALTH

By 2017, reduce the proportion of individuals who are unable to obtain or have a delay in obtaining necessary medical care.

Baseline: To be determined

By 2017, increase the percentage of county residents who report having health care insurance coverage to 95%.

Baseline: Franklin and Williamson Counties 88%
IDPH, ICHS, 5th Round County BRFS 2010
Healthy People 2020 Goal: 100%

IMPACT OBJECTIVES-PHYSICAL HEALTH

By 2017, increase the number of primary care medical practices with patient-centered medical home certification.

Baseline: 2 medical practices

By 2017, increase the number of county residents with HFS (Medicaid) who have a primary care medical home.

Baseline: To be determined

OUTCOME OBJECTIVE-BEHAVIORAL HEALTH

By 2017, reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary behavioral health care.

Baseline: To be determined.

By 2017, increase the percentage of county residents who report having behavioral health care coverage.

Baseline: To be determined

IMPACT OBJECTIVES-MENTAL HEALTH

By 2017, increase the number of behavioral health patients who receive appropriate referral and care coordination services.

Baseline: To be determined.

By 2017, increase the number of county residents with HFS (Medicaid) who have a primary care medical home.

Baseline: To be determined

INTERVENTION STRATEGIES

- Support work conducted by Connect SI to bring broadband Internet access to rural areas of Southern Illinois. This effort aims to initiate/continue the use and sharing of electronic medical records for better tracking of patient/client care.
- Support the Franklin-Williamson Healthy Communities Coalition, Access to Care Action Team in developing an awareness campaign centered on helping promote the primary care medical home concept as well as provide information to the community about current more affordable physical and behavioral health care services.
- Develop a community awareness campaign highlighting access to care issues to target community residents, community leaders, and local legislators.
- Actively participate and support the mental health work conducted by the Franklin, Williamson and Jackson Counties Access to Care Action Team.

RESOURCES

The area resources that are available to address this problem are:

- Franklin-Williamson/Jackson Counties Access to Care Action Team
- Franklin-Williamson Bi-County Health Department

- Shawnee Health Service
- Southern Illinois Hospital Services (SIHS)
- Hands of Hope Clinic
- Christopher Rural Health Planning Corporation
- Hospitals
- Physicians
- Schools
- Marion School Wellness Center
- The H Group

FUNDING

The anticipated sources of funding to address this problem will be from the combined resources listed above and any grants that may be secured.

EVALUATION

The outcome objectives will be evaluated by:

- surveying local providers to assess the number of primary care medical practices with patient-centered medical home certification.
- utilizing BRFSS data to track the percentage of people who report having health insurance.
- utilizing BRFSS and County Health Ranking data for reports on physical and mental health data.

PRIORITY TWO HEALTH PROBLEM: CHRONIC DISEASE CONDITIONS
(Heart Disease, Diabetes and Cancer)

The chronic diseases that will be the focus of this IPLAN program period are heart disease, diabetes and cancer. Chronic diseases such as these are among the most common, costly, and preventable of all health problems in the United States. Chronic diseases are also the leading causes of death and disability. Consider the following:

- 7 out of 10 deaths among Americans each year are from chronic diseases. Heart disease, cancer and stroke account for more than 50% of all deaths each year.
- In 2005, 133 million Americans – almost 1 out of every 2 adults – had at least one chronic illness.
- Obesity has become a major health concern. 1 in every 3 adults is obese and almost 1 in 5 youth between the ages of 6 and 19 is obese (BMI \geq 95th percentile of the CDC growth chart).
- About one-fourth of people with chronic conditions have one or more daily activity limitations.
- Diabetes continues to be the leading cause of kidney failure, nontraumatic lower-extremity amputations, and blindness among adults, aged 20-74.

Three modifiable health risk behaviors are the common causes of these health conditions. Lack of physical activity, poor nutrition and tobacco use are responsible for much of the illness, suffering, and early death related to these chronic diseases.

- More than one-third of all adults do not meet recommendations for aerobic physical activity based on the 2008 Physical Activity Guidelines for Americans, and 23% report no leisure-time physical activity at all in the preceding month.
- In 2007, less than 22% of high school students and only 24% of adults reported eating 5 or more servings of fruits and vegetables per day.
- More than 43 million American adults (approximately 1 in 5) smoke.
- In 2007, 20% of high school students in the United States were current cigarette smokers.
- Lung cancer is the leading cause of cancer death, and cigarette smoking causes almost all cases. Compared to nonsmokers, men who smoke are about 23 times more likely to develop lung cancer and women who smoke are about 13 times more likely. Smoking causes about 90% of lung cancer deaths in men and almost 80% in women. Smoking also causes cancer of the voicebox (larynx), mouth and throat, esophagus, bladder, kidney, pancreas, cervix, and stomach, and causes acute myeloid leukemia.
- Cigarette smoking causes approximately 443,000 deaths and costs about \$96 billion in productivity losses in the U.S. each year.
- More than 80% of adult smokers start before their 18th birthday.
- Children of parents who smoke are twice as likely to become smokers and more than half of all children in the U.S. are currently exposed to secondhand smoke

REDUCE THE PREVALENCE OF HEART DISEASE, DIABETES AND CANCER BY ADDRESSING THE RISK FACTORS OF LACK OF PHYSICAL ACTIVITY, POOR NUTRITION AND TOBACCO USE

Information produced by recent Illinois Behavioral Risk Factor Survey (BRFS) indicates that most county residents are not consuming enough fruits and vegetables and are not getting enough physical activity. Poor nutrition and lack of physical activity are directly linked to higher rates of obesity. By addressing obesity, major causes of mortality and morbidity, such as heart disease, stroke, diabetes and cancer, will be indirectly impacted as well. If no intervention is conducted, the rates of overweight and obesity may continue to spiral out of control, and the end result will be the increase in loss of life, quality of life and the additional increase of the cost of healthcare.

The problem of obesity is complex and involves a myriad of issues to consider. Factors that must be addressed are social, behavioral, cultural, environmental, physiological and genetic in nature. The concept of achieving and maintaining a healthy weight must begin early in childhood and continue throughout life. Like many other social issues, *preventing* overweight and obesity can prove to be more successful than efforts to lose and then maintain weight after a diagnosis of overweight or obesity.

In an effort to initiate change, schools can adopt standards, policies and programs that support active lifestyles for students and staff. Thus, a consistent coordinated school health approach is critical in helping to curtail the ever-increasing rates of obesity and the health effects from it. Communities can support safe, accessible and affordable places for physical activity, such as parks, playgrounds, community centers, schools, fitness centers, and walking and biking trails. Implementation of after-hours or joint use agreements with schools and other community buildings provide additional venues for community physical activity. Employers can join in the effort by considering adoption of policies that address healthier nutrition and physical activity options for employees during work hours.

As noted in the BRFS, a significant proportion of Franklin and Williamson County residents report smoking on a regular basis. Also, a considerable percentage of pregnant women in the two counties report smoking. Tobacco cessation services, including counseling and medications, are effective in helping people quit using tobacco. Providers can adopt policies requiring a method of inquiring about a patient's tobacco use, encouraging quitting and promoting the use of the Illinois Tobacco Quitline. Policies that prohibit smoking can be adopted by workplaces, health care and educational campuses as well as public places and multi-unit housing settings.

ADULTS

OUTCOME OBJECTIVES

After the year 2017, the percentage of adults in Franklin and Williamson Counties who are considered obese will be no more than 20%.

Baseline: Franklin and Williamson Counties	32%
Illinois	25%

Source: IDPH, ICHS, 5th Round County BRFSS 2010

After the year 2017, the percentage of adults in Franklin and Williamson Counties who are overweight will decrease to no more than 25%.

Baseline: Franklin and Williamson Counties	36%
Illinois	33%

Source: IDPH, ICHS, 5th Round County BRFSS 2010

After the year 2017, the percentage of adults in Franklin and Williamson Counties who report smoking will be no more than 20%.

Baseline: Franklin and Williamson Counties	28%
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Source: IDPH, ICHS, 5th Round County BRFSS 2010

After the year 2017, the percentage of pregnant women who report smoking will be reduced to 10%.

Baseline: Franklin County	26%
Williamson County	14%

Source: IDPH, 2008

IMPACT OBJECTIVES

The percentage of adults in Franklin and Williamson Counties who engage in moderate physical activity at least 5 times per week, 30 minutes per day will increase to 60% by 2017.

Baseline: Franklin County	50%
Williamson County	42%

Source: IDPH, ICHS, 4th Round County BRFSS 2009

The percentage of adults in Franklin and Williamson Counties who consume 5 or more servings per day of fruits and vegetables will increase to 25% by 2017.

Baseline: Franklin County 8%
 Williamson County 16%

Source: IDPH, ICHS, BRFS 2007-2009

The percentage of worksites offering worksite wellness programs including a focus on physical activity, nutrition will increase to 40%.

Baseline: To be determined by survey

The number healthcare providers who implement policies to establish a method of inquiring about a patient's tobacco use status will increase to 60%.

Baseline: To be determined

CHILDREN AND ADOLESCENTS

OUTCOME OBJECTIVES

By 2017, 10 new K-12 schools will have healthier environments through implementation of coordinated school health policies and practices that prevent tobacco initiation, increase physical activity, improve nutrition.

Baseline: To be determined.

IMPACT OBJECTIVES

By 2017, two health department staff will receive coordinated school health and the CDC's School Health Index training.

Baseline: 0 staff trained

By 2017, school wellness committees will be formed and school wellness policies will be assessed at 10 schools through the use of the CDC's School Health Index.

Baseline: To be determined.

By 2017, increase the number of schools that require daily physical education with the majority of class time being physically active will increase to 60%.

Baseline: To be determined.

INTERVENTION STRATEGIES

- Conduct a Community Leaders' Forum to present information concerning the health status of Franklin and Williamson County residents and give leaders an opportunity to discuss and plan strategies to address chronic disease through community and employer sponsored efforts.
- Survey area worksites to determine how many offer a worksite wellness program that addresses physical activity, nutrition and tobacco cessation and provide technical assistance to worksites that are interested in beginning a program.
- Once trained, staff will work with "subject matter experts" from Southern Illinois Healthcare (SIH), SIU Center for Rural Health and Social Service Development, and the CATCH on to Health Consortium to contact schools to help schools establish school wellness policies that include coordinated school health, including nutrition and daily physical education.
- Meet with area restaurants to encourage offering discounts or coupons for healthier adult and child menu items as well as nutrition information on menus.
- Provide tobacco cessation tool kits, including training on the fax referral program to the Illinois Tobacco Quitline, to area county physicians for use with their patients.

RESOURCES

The area resources that are available to address this health problem are:

- Franklin-Williamson Healthy Communities Coalition, Healthy Lifestyles Action Team
- Franklin-Williamson Bi-County Health Department
- Southern Illinois Healthcare
- Rural Health Clinics
- Family Practice Clinics
- Physicians
- Hospitals
- Schools
- University of Illinois Extension
- Area recreation facilities/gyms
- Public parks
- Worksites
- Southern Illinois University
- Illinois Tobacco Quitline
- American Lung Association
- American Heart Association
- American Cancer Society
- Social Media

FUNDING

The anticipated sources of funding to address this problem will be from the combined resources listed above and any grants that may be secured.

EVALUATION

The adult outcome objectives and the first adult impact objective will be evaluated by the results of the Illinois Behavioral Risk Factor Surveillance Survey.

The other adult impact objectives and the children and adolescent outcome and impact objectives will be measured by tracking:

- the number of schools that are assisted with the development of coordinated school health policies and the CDC's School Health Index;
- the number of restaurants that provide discounts/coupons for healthier menu choices;
- the number of worksites that are provided with technical assistance in developing a worksite wellness program and;
- the number of physicians who receive tobacco cessation toolkits with training will be tracked.

PRIORITY THREE HEALTH PROBLEM: MENTAL HEALTH DISORDERS

Mental health is more than just being free of a mental illness. It involves having an optimal level of thinking, feeling, and relating to others. People who are mentally healthy tend to have better physical health, are more productive and relate well to others socially.

Mental illness refers to all of the diagnosable mental disorders and is characterized by abnormalities in thinking, feelings, or behaviors. Some of the most common types of mental illness include anxiety, depressive, behavioral, and substance-abuse disorders. There is no single cause for mental illness. Rather, it is the result of a complex group of genetic, psychological, and environmental factors. Most mental disorders are not directly passed from one generation to another genetically; however there seems to be a genetic predisposition to developing a mental illness. Everything from mood, behavioral, developmental and thought disorders are thought to have a genetic risk for developing the condition.

Medical conditions may predispose an individual to developing a mental illness. For example, depression is more likely to occur with certain medical illnesses. These "co-occurring" conditions include heart disease, stroke, diabetes, cancer, hormonal disorders (especially perimenopause or hypothyroidism, known as "low thyroid"), Parkinson's disease, and Alzheimer's disease. Stress has been found to be a significant contributor to the development of most mental illnesses, including bipolar disorder. Unemployment significantly increases the chances of an individual developing a psychiatric disorder. It almost quadruples the odds of developing drug dependence and triples the odds of having a phobia or a psychotic illness like schizophrenia. Being unemployed more than doubles the chances of experiencing depression, generalized anxiety disorder (GAD), and obsessive-compulsive disorder.

Signs and symptoms of mental illness include irritability, moodiness, insomnia, headaches, and sadness. Treatment may involve psychotherapy and medication. . Mental disorders are common in the United States and internationally. An estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year. Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion — about 6 percent, or 1 in 17 — who suffer from a serious mental illness. In addition, mental disorders are the leading cause of disability in the U.S. and Canada. Many people suffer from more than one mental disorder at a given time. Nearly half (45 percent) of those with any mental disorder meet criteria for 2 or more disorders, with severity strongly related to comorbidity. There is no one test that definitively indicates whether someone has a mental illness. Therefore, practitioners gather comprehensive medical, family and mental-health information. A diagnosis is then made based on the physical and mental health history of the patient and the family and using the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV)* as a primary resource.

While everyone experiences sadness, anxiety, irritability, and moodiness at times, moods, thoughts, behaviors, or use of substances that interfere with a person's ability to function well physically, socially, at work, school, or home are characteristics of mental illness. Individuals with mental illness are at risk for a variety of challenges, but these risks can be greatly reduced with treatment, particularly when it is timely. Talk therapy (psychotherapy) is usually considered the first line of care in helping a person with a mental illness. It is an important part of helping an individual with a mental disorder achieve the highest level of functioning possible. Psychotherapies that have been found to be effective in treating many mental disorders include family focused therapy, psycho-education, cognitive therapy, interpersonal therapy, and social rhythm therapy. Medications may play an important role in the treatment of a mental illness, particularly when the symptoms are severe or do not adequately respond to psychotherapy.

The costs of treatment for mental health disorders creates an enormous burden on the affected individuals, their families and society and are great. Among all Americans, 36.2 million people paid for mental health services totaling \$57.5 billion in 2006. This means the average expenditure per person was \$1,591. Within this group, 4.6 million children received mental health services totaling \$8.9 billion. The average expenditure per child was higher than that for the average American at \$1,931.”

These tremendous costs have stimulated increasing interest in prevention practices that can impede the onset or reduce the severity of the disorders. Prevention practices have emerged in a variety of settings, including programs for selected at-risk populations (such as children and youth in the child welfare system), school-based interventions, interventions in primary care settings, and community services designed to address a broad array of mental health needs and populations. Despite support from many providers and advocates, funding levels for prevention and mental health promotion services frequently remain low when compared to services for treatment and residential placements. Interest has continued to grow, however, in improving the rigor and effectiveness of preventive interventions that can mitigate or eliminate the onset of selected disorders, especially during early stages of development. Similarly, interest has increased in promoting prevention practices as well as fostering interventions that can lead to positive mental health among children, youth, and young adults.

PRIORITY THREE: INCREASE COMMUNITY EDUCATION AND AWARENESS OF MENTAL HEALTH ISSUES IN ORDER TO PROVIDE EARLY IDENTIFICATION AND TREATMENT

Mental health education and awareness are critical to mental health promotion and mental illness prevention. Communication strategies such as community-focused social marketing can address key audiences, including people with or at risk for disease, or the families of people with disease. Information campaigns can help provide education on the risk factors of mental illness as well as community resources that are available. Key messages help to convey the importance of mental health and can help reduce the stigma of mental illness. Such messages let people know that mental illness is treatable and if left untreated, can become chronic and affect the course of other chronic diseases.

There is a need for training of various professionals for general mental health awareness issues as well as the early identification of symptoms of mental illness. Public health, mental health and healthcare provider workforces as well as other professionals, like teachers, coaches and other school personnel, who are likely to encounter mental health issues, would benefit from such training. These professionals need to be aware of the signs, symptoms, and treatability of common disorders and their relevance to physical health. There is also a need for the recognition by these professionals of the importance of protective factors of mental health and strategies for mental health promotion.

Interventions before a mental disorder manifests itself offer the best opportunity to protect young people. Such interventions can be integrated with routine health care and wellness promotion, as well as in schools, families and communities. A range of policies and practices that target young people with specific risk factors; promote positive emotional development; and build on family, school and community resources have proven to be effective at reducing and preventing mental disorders. Information, training on and the use of the *Forty Developmental Assets* are proven protective factors for children and adolescents and reach and impact students, families, school personnel, community leaders and others with positive youth development. Coordinated school health curriculum that includes the promotion of positive emotional health is an important tool to help children develop skills at decision making, self-awareness and conducting relationships.

Intervention involving the primary health care provider is a proven method in the screening, diagnosis and treatment of depression and anxiety in children and adults. This method of collaborative physical and mental health care provides opportunity for immediate care and reduces the chances of a patient not following through with referral to a mental health care provider. Current primary and mental health care provider collaborative work being conducted through a local FQHC and a mental health provider and is proving successful. This model program has reaped impressive data and valuable results that can and should be replicated.

ADULTS

OUTCOME OBJECTIVE

By 2017, reduce the percentage of adults who stated that their mental health was not good one or more days in the past month to 25%.

Baseline: 46%

Source: IDPH, BRFSS, 4th Round, 2009

IMPACT OBJECTIVE

By 2017, increase the number of primary care practices that utilize mental health evaluations and a mental health professional to provide appropriate care for patients needing intervention and treatment.

CHILDREN AND ADOLESCENTS

OUTCOME OBJECTIVE

By 2017, 10 new K-12 schools will have healthier environments through implementation of coordinated school health policies and practices that include an emotional health component.

Baseline: To be determined.

IMPACT OBJECTIVES

By 2017, two health department staff will receive coordinated school health training that includes emotional wellness and the CDC's School Health Index training.

Baseline: 0 staff trained

By 2017, school wellness committees will be formed and school wellness policies that include emotional wellness will be assessed at 10 schools through the use of the CDC's School Health Index.

Baseline: To be determined in the first year.

INTERVENTION STRATEGIES

- Support the efforts of local primary care practices and local mental health providers in the integration of services to provide appropriate care for patients needing mental health intervention and treatment.
- Support the increased utilization of a standardized screening tool for depression screening. *e.g. PHQ9*, by primary care providers.
- Once trained, staff will work with "subject matter experts" from Southern Illinois Healthcare (SIH), SIU Center for Rural Health and Social Service Development, and the CATCH on to Health Consortium to contact schools offering technical assistance in the development of school wellness policies that address emotional health.
- Actively participate and support the mental health work conducted by the Franklin, Williamson and Jackson Counties Access to Care Action Team

RESOURCES

The area resources that are available to address this health problem are:

Franklin-Williamson Bi-County Health Department
The H Group
Shawnee Health Service
Schools/School Health Centers
Franklin-Williamson Healthy Communities Coalition
Southern Illinois Healthcare
SIU Center for Rural Health and Social Service Development
CATCH on to Health Consortium
Social Media

FUNDING

The anticipated sources of funding to address this problem will be from the combined resources listed above and any grants that may be secured.

EVALUATION

The adult outcome objectives will be evaluated by the results of the Illinois Behavioral Risk Factor Surveillance Survey.

Additional evaluation will be conducted with data produced by providers involved in the collaboration of primary care and mental practices.

The children and adolescent outcome and impact objectives will be measured by tracking the number of schools that are assisted with the development of coordinated school health policies that address emotional health and the CDC's School Health Index.

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APPENDICES

A – Terminology

B – Letters of Support

APPENDIX A
TERMINOLOGY

Terminology

1. **APEX-PH-** Assessment Protocol for Excellence in Public Health.
2. **Adjusted Rates-** Statistical process applied to rates to remove the effect of differences in composition of various populations. (e.g. age-adjusting-summarizing data specific to a certain age category)
3. **Board of Health-** The governing authority of a local health department, usually comprised of a president or chair and board members. The chair and board members can be either be appointed or elected, and may or may not serve at the discretion of another elected official; for example, the mayor, or the voters in a particular jurisdiction.
4. **BRFS-** Behavioral Risk Factor Survey. Survey conducted periodically by the Illinois Center for Health Statistics via telephone interviews with county residents 18 and over.
5. **CATCH-** Coordinated Approach To Child Health. An evidence-based, coordinated School health program designed to promote physical activity, healthy food choices and the Prevention of tobacco use in children Pre-K through grade 8.
6. **CDC-** Centers for Disease Control and Prevention. Based in Atlanta, Georgia.
7. **Cardiovascular Disease-** Disease affecting the heart or blood vessels.
8. **Cerebrovascular Disease-** Any disease affecting an artery within the brain, or supplying blood within the brain. The most common is atherosclerosis (build up of plaque-fat)
9. **Community Health Committee-** A committee created to work with a health department for community health assessment and the generation of a community health plan.
10. **Coronary Heart Disease-** Diseases of the coronary arteries (those arteries that supply blood to the heart itself).
11. **Crude Death Rate-** Number of deaths during the year divided by the average (midyear) population (deaths per 1,000 population).
12. **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.
13. **Director of Health-** The person responsible for the total management of a local health department. This person may be appointed by the Board of Health or may have assumed the position by some other legal means. The director of health is usually responsible for the day-to-day operations of a local health department and its component institutions, often sets policy or implements policies adopted by the Board of Health, and is responsible for fiscal and programmatic matters.

14. **Diseases of the Heart-** Diseases that affect the heart, excluding coronary heart disease.
15. **Dorsopathies-** Any of the various diseases of the back or spine. Particularly those that cause pain.
16. **Enteritis-** Inflammation of the small intestine caused by a bacterial or viral infection.
17. **Forty Developmental Assets-** Framework developed by the Search Institute and are defined as 40 common sense, positive experiences and qualities that help influence choices young people make and help them become caring, responsible, successful adults.
18. **Health Problem-** A situation or condition of people which is considered undesirable, likely to exist in the future, and is measured as death, disease, or disability.
19. **Healthy People 2020-** U.S. Department of Health and Human Services (HHS), Science-based, 10-year national objectives for improving the health of all Americans.
20. **ICHS-** Illinois Center for Health Statistics, Illinois Department of Public Health.
21. **Incidence Rate-** The number of new cases of a disease in a population during a specified period of time.
22. **Impact Objective-** A goal for the level to which a risk factor should be reduced by some future date- i.e., what measurement of the risk factor at some future date should reveal. An impact objective is intermediate in time (usually 3 to 5 years) and measurable.
23. **Indirect Contributing Factor-** 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.
24. **Infant Mortality Rate-** Number of deaths in a year of children less than 1 year of age divided by the number of live births in the same year. Number of deaths of children less than 1 year of age per 1,000 live births.
25. **In situ-** In position, not extending beyond the focus or level or origin.
26. **IPLAN-** Illinois Project for Local Assessment of Needs.
27. **Local Health Department-** "...an official (governmental) public health agency which is in whole or in part responsible to a sub-state governmental entity or entities. The latter may be a city, county, city-county, federation of counties, borough, township, or any other type of sub-state governmental entity. In addition, a local health department must: have a staff of one or more full-time professional public health employees [public health nurse, sanitarian];

deliver public health services [e.g. immunizations, food inspection]; serve a definable geographical area; and have identifiable expenditures and/or budget in the political subdivision(s) it services.” (ASTHO, 1983)

28. **Local Public Health Authority-** The agency charged with responsibility for meeting the health needs of the community. Usually this is the Board of Health and its administrative arm, the local health department. This authority may rest with the Board of Health, may be a city/county/regional authority, or may consist of a legislative mandate from the state. Some local public health authorities have independence from all other governmental Entities, while others do not.
29. **Malignant Neoplasm-** Cancerous disease.
30. **Median-** The middle value in a group of numbers arranged in order of size, so that there are as many values larger than the median as there are values smaller.
31. **Mortality Rate-** Rate calculated in the same way as an incidence rate, by dividing the number of deaths occurring in the population during the stated period of time, usually a year, by the number of persons at risk of dying during the period.
32. **Nephritis-** Inflammation of the kidney.
33. **Outcome Objective-** A goal for the level to which a health problem should be reduced by some future date- i.e., what measurement of the health problem at some future date should reveal. An outcome objective is long term and measurable.
34. **Premature Death Rate-** Death rate that reflects deaths that occur before age 75.
35. **Process Objective-** A goal for reducing the level of a direct or indirect contributing factor by some future date, or for the level at which a corrective action should occur between that date and the present time. A process objective is short term (usually 1 to 2 years) and measurable.
36. **Public Health-** The science and art of preventing disease, prolonging life, and promoting physical and mental health through organized community efforts.
37. **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 that weigh less than 2500 grams at birth die in the first year than babies who weigh 2500 grams or more at birth.
38. **Septicemia-** A systemic disease caused by pathogenic organisms or their toxins in the blood stream.

39. **Survey Monkey-** A private American company that enables users to create their own Web-based surveys.
40. **YPLL-** Years of potential life loss. The measure of premature mortality (death before age 75). The number of years “lost” by persons who die before age 75.

APPENDIX B

LETTERS OF SUPPORT

The following letters of support were provided by agencies indicating endorsement of the planning efforts and/or designating a commitment as a resource for planning initiatives.



SOUTHERN ILLINOIS HEALTHCARE

November 12, 2012

Ms Robin Koehl
Franklin-Williamson Bi-County Health Department
8160 Express Drive
Marion, IL 62959

Dear Ms Koehl:

I am pleased to write a letter supporting the IPLAN process recently undertaken by the Franklin-Williamson Bi-County Health Department. As a member of the Community Health Committee, I can tell you I was pleased with the thoroughness of the process from beginning to end. The committee was comprised of a wide variety of community partners with expert knowledge of the two counties. The data presented was complete and the discussion at the meetings was lively and informative which gives confidence in the outcome of our decisions.

I personally feel the three leading health priorities selected by the committee are very appropriate to our area and the communities will be well served by addressing these concerns. The agency I represent has made a firm commitment to addressing these priorities over the next five years and I believe with all the agencies working together we can and will make a positive impact on the health of our communities.

Thank you for allowing me to serve on the Community Health Committee. I look forward to working with you on future programming to help make a positive impact in the communities that we serve.

Sincerely,

Kris Sherrill, Specialist
Process Improvement

KS/sm



SHAWNEE HEALTH SERVICE

A Non-Profit Organization Serving Southern Illinois Since 1972

109 California Street
P.O. Box 577
Cartersville, IL 62918-0577
Phone (618) 985-8221
Fax (618) 985-6860

November 8, 2012

Ms. Robin Koehl
Administrator
Franklin-Williamson Bi-County Health Department
8160 Express Drive
Marion, IL 62959

Dear Ms. Koehl:

I was pleased to serve on the Community Health Committee for Bi-County Health Department's planning process this year. It was an opportunity to review current local health data compared to state and national data and discuss the needs of area residents with other health professionals representing a variety of agencies. Having access to current data is helpful to my agency, Shawnee Health Service, a non-profit corporation operating federally qualified health centers (FQHCs) and senior programs in Williamson County and adjacent communities.

It is always interesting to hear the perspectives of other agency professionals and the meetings offered an opportunity for us to share information and learn from each other about problems and resources in our service area. The result of the Committee's work identified three health problems impacting area residents which will allow us to have a focus for future work and sets the stage for multi-agency collaboration on activities and events to impact on these health issues. The final written plan will be shared with key staff at Shawnee Health Service and we are committed to work collaboratively with Bi-County Health Department and other agencies to carry out the plans and action steps to have a positive impact on the health status of area residents.

Thank you for the opportunity to serve on this year's Community Health Committee. I wish to compliment you and your staff on its professional leadership in carrying out this planning process.

Sincerely,

Nancy Muzzarelli
Director of Community Outreach



SHAWNEE ALLIANCE
A Division of Shawnee Health Service

6355 Brandhorst Drive
Carterville, IL 62918-9802
Phone (618) 985-8322
Fax (618) 985-8048

November 6, 2012

Ms Robin Koehl
Franklin-Williamson Bi-County Health Department
8160 Express Drive
Marion, IL 62959

Dear Ms Koehl:

I am pleased to write this letter in support of the Community Health Committee's process of the IPLAN assessment process for our two county area. I have been honored to be a part of this committee again this year.

The IPLAN process is a valuable tool for assessing the needs of the communities served by Bi-County Health Department. The research and statistics presented by your staff are always very valuable and sometimes surprising. The input from the various community agencies, representing a cross-section of those serving our area, is an integral part of formulating the priority health problems and setting goals. All participants were very committed to the process.

Thank you for the opportunity to serve on the Community Health Committee. Our agency appreciates the opportunity to be represented and supports the Bi-County Health Department as it continues to make a positive impact on health and wellness in our community.

Sincerely,

Margery S. Kemp, MSW, LSW
Community Services Unit Director



JOHN A. LOGAN COLLEGE
700 Logan College Road
Carterville, Illinois 62918

November 7, 2012

Ms Robin Koehl
Franklin-Williamson Bi-County Health Department
8160 Express Drive
Marion, IL 62959

Dear Ms Koehl:

I am pleased to write this letter in support of the Community Health Committee's process of the IPLAN assessment process for our two county area. I have been honored to be a part of this committee again this year.

The IPLAN process is a valuable tool for assessing the needs of the communities served by Bi-County Health Department. The research and statistics presented by your staff are always very valuable and sometimes surprising. The input from the various community agencies, representing a cross-section of those serving our area, is an integral part of formulating the priority health problems and setting goals. All participants were very committed to the process.

Thank you for the opportunity to serve on the Community Health Committee. John A. Logan College appreciates the opportunity to be represented and supports the Bi-County Health Department as it continues to make a positive impact on health and wellness in our community.

Sincerely,

A handwritten signature in black ink that reads "Greg Stettler". The signature is written in a cursive, flowing style.

Greg Stettler
John A. Logan College
Director of Continuing Education

GS/jr



November 2, 2012

Ms Robin Koehl
Franklin-Williamson Bi-County Health Department
8160 Express Drive
Marion, IL 62959

Dear Ms Koehl:

I would like to express my support for the needs assessment and community health plan process recently undertaken by the Franklin-Williamson IPLAN committee. The committee represented a variety of community representatives from both Franklin and Williamson Counties and I was privileged to be a part of this important process, as well as service as an active member of the Franklin-Williamson Healthy Community Coalition.

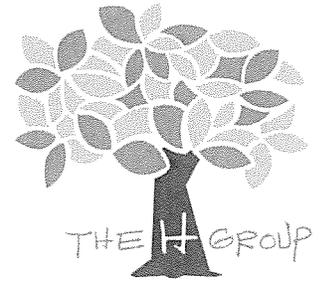
Working in public health for the past five years I have had the opportunity to view the relevant socio-economic and health data of our counties and then to be able to openly discuss the needs of the community was an eye-opening and valuable experience. Also thought provoking and valuable was being a part of the selection of the leading health problems in the counties. Although difficult to narrow down, I believe those that were selected by our group are relevant and worthy of addressing over the coming years.

Thank you for the opportunity to serve on the IPLAN Committee. I look forward to seeing the plan implemented and anticipate positive outcomes.

Sincerely,

A handwritten signature in black ink that reads "Caleb M. Nehring". The signature is fluid and cursive, with the first name being the most prominent.

Caleb M. Nehring
Senior Health Initiative Representative
American Cancer Society, Southern Illinois Chapter



November 2, 2012

Ms Robin Koehl
Franklin-Williamson Bi-County Health Department
8160 Express Drive
Marion, IL 62959

Dear Ms Koehl,

I was pleased to serve on the Community Health Committee for Bi-County Health Department's planning process this year. It was an opportunity to review current local health data compared to state and national data and discuss the needs of area residents with other community and health professionals representing a variety of agencies. Having access to current data is helpful to my agency, The H Group.

It is always interesting to hear the perspectives of other agency professionals and the meetings offered an opportunity for us to share information and learn from each other about problems and resources in our service area. The result of the Committee's work identified three health problems impacting area residents which will allow us to have a focus for future work and sets the stage for multi-agency collaboration on activities and events to impact on these health issues. The final written plan will be shared with key staff at The H Group and we are committed to work collaboratively with Bi-County Health Department and other agencies to carry out the plans and action steps to have a positive impact on the health status of area residents.

Thank you for the opportunity to serve on this year's Community Health Committee.

Sincerely,

Adrienne M Bramlett

Prevention Specialist II
(618)997-5336 x6431
adrienne.bramlett@hgroup.org

902 West Main Street
West Frankfort, IL 62896
P 618.937.6483
F 618.937.1440

1307 West Main Street
Marion, IL 62959
P 618.997.5336
F 618.993.2969

3111 Williamson County Pkwy
Marion, IL 62959
P 618.997.3647
F 618.969.9437

buildingbettertommorrows.org