

Hancock County IPLAN
Memorial Hospital Community Health Needs Assessment
2021-2024

Hancock County Health Department
In collaboration with Memorial Hospital
For
Illinois Department of Public Health
Springfield, Illinois
August, 2021

Priorities:

- 1. Poor Physical Health Maintenance**
- 2. Mental Health**
- 3. Cancer**

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EXECUTIVE SUMMARY

Memorial Hospital and the Hancock County Health Department start their collaboration for this Community Health Needs Assessment in December 2020. Hancock County Health Department will be due for a new assessment in 2023 and Memorial Hospital was due for new assessments by the end of 2021. The collaboration is needed due to the success of previous collaborations.

The organizations continued to work with the Agency Collaboration Team (ACT) committee which was set up after the first Community Health Needs Assessment (CHNA). This committee began meeting in December of 2017 and continue to meet multiple times a year. They have reviewed previous assessments, new data, updated community health problem areas and helped with the community wide survey.

After much discussion and review of the data and survey results the three health priority areas were determined to be: Physical Health Maintenance, Mental Health and Cancer. On July 28, 2021 a presentation was given the Memorial Hospital Board and on August 26, 2021 to the Hancock County Health Department Board. The presentation reviewed the purpose, process and outcome of the interagency work. On July 28, 2021, the Memorial Hospital Board adopted the Community Health Needs Assessment Plan as presented by the Administrative staff. On August 26, 2021 the Hancock County Health Department Board also adopted the Community Health Needs Assessment Plan as presented by the Administrative staff.

MEMORIAL HOSPITAL DESCRIPTION

Memorial Hospital is a vital force in establishing and maintaining the well-being of residents in western Illinois and eastern Iowa. Our history of quality, compassionate care springs from hometown pride and commitment to excellence.

Hancock county faces an exciting set of circumstances in the post-World War II 1940's. Unparalleled optimism was sweeping the war-weary United States, and that confidence was reflected in the attitudes and actions of west central Illinois residents. Efforts had been launched in 1945 to advance plans for a new hospital (there was none in Hancock County) and by 1950, enough money was raised to open the doors of Memorial Hospital, so named for the local heroes who brought our county to victory.

In 2009 Memorial Hospital wrote another chapter of service by celebrating the grand opening of a new facility. The new Memorial hospital includes the 21st Century technology so critical to patient care while reflecting the values and dedication to community that helped the original hospital open its doors in 1950. Designated as a Critical Access Hospital, it is locally owned by the people of Hancock County and receives no income from local sales or property taxes. It is currently the second largest employer in Hancock County, with an annual payroll of 15 million.

Services available at Memorial Hospital include a 24/7 emergency room (with over 4500 visits per year) surgical procedures, medical imaging, OB deliveries, and several community clinics. The legacy of dedication to the community continues, as Memorial Hospital perpetuates the vision of Hancock County leaders 70 years ago. The board of directors, medical staff, administration and employees of Memorial Hospital are proud to provide to the residents of Hancock County a "5 star experience" as the hospital has been rated by the Center for Medicare & Medicaid (CMS) as a hospital that has scored the top rating of 5 stars for being the hospital of patients choice in both 2020 and 2021.

Our Mission

Memorial Hospital is committed to delivering outstanding healthcare. Period.

Our Vision

“Best outcome for Every Patient Every Time (BOFEPET). Everyone at Memorial Hospital plays a vital role in providing the best experience for our patients and families.

Our Values

FOCUS- Foster Unity, Own the Moment, Champion Excellence, U-matter, Seize Opportunities.

F- Foster Unity- Use the skills and abilities of each individual to enable great teams. Collaborate across departments, facilities, business units and regions. Seek to understand and are open to diverse thoughts and perspectives.

O- Own the moment- Connect with each person, treating them with courtesy, compassion, empathy and respect. Enthusiastically engage in our work. Be accountable for our individual actions and our team performance. Take responsibility for solving problems, regardless of origin.

C- Champion Excellence- Commit to the best outcomes and highest quality. Have a relentless focus on exceeding expectations. Believe in sharing our results, learning from our mistakes and celebrating our successes.

U- You Matter- We all matter, no matter if you are a patient, an employee, a visitor, vendor or supplier.

S- Seize Opportunities- Embrace and promote innovation and transformation. Create partnerships that improve care delivery in our communities

Standards of Behavior

Appearance

Strive to create a positive work environment through personal appearance and the appearance of the organization.

- Adhere to the dress code policy
- Wear ID badges at all times
- Keep work areas clean and free from clutter.

Communication

Listen attentively to patients, residents, guests, and co-workers.

- Smile and introduce yourself

- Use appropriate terms that can be understood
- Invite questions and answer them completely

Respect

Treat our patients, residents, guests, and co-workers with the utmost respect, dignity, courtesy and confidentiality.

- Treat all others as I would want me or my family member to be treated
- Show kindness and be willing to help
- Respect the values, privacy, property, and confidentiality of others
- Treat co-workers as professionals deserving of courtesy, honesty and respect
- Assume the best and speak positively about others
- Show respect for co-workers by openly discussing concerns as they arise

Attitude

Serve patients, residents, and guests with the utmost care and courtesy.

- Acknowledge others and greet people in a friendly matter
- Anticipate patient and resident needs
- Apologize immediately if we disappoint a patient or resident
- Remember that every patient, resident, family member, and visitor is special
- Take care of all requests as quickly as possible

Ownership and Accountability

I take pride in acting as an owner of the organization. I accept accountability for that ownership.

- Anticipate and exceed the needs of our guests
- Accept responsibility for my actions
- Take pride in the organization as if I owned it
- Represent our organization positively in the community

Our employees have read and understand the Standards of Behavior. They agree to comply with and practice them at all times.

HANCOCK COUNTY HEALTH DEPARTMENT DESCRIPTION

Overview

Hancock County Health Department has been providing services to residents since February 1978. Hancock County Health Department had two employees at its founding and currently staffs twenty-five individuals in various departments while welcoming rotations of interns over the years. The health department has expanded services to county residents on multiple occasions resulting into moving to a larger building on Wabash Avenue in Carthage Illinois, which is their current location. The health department built an expansion to house the growing number of services provided for the county residents in 2008. Promoting health and education to county residents has led to the continuous growth and expansion of the health department in operation today.

Hancock County Health Department's mission is to promote the health of our community.

Programs and Services

The Hancock County Health Department has changed significantly over the past forty years of service. The changing health needs of Hancock County results in continuous growth and changes in services that the health department provides. Currently the services are separated into Community Health Division, Dental Center, Environmental Health Division, Home Health Division, Family Health Division, and Administration which houses a variety of programs which includes Emergency Preparedness, Illinois Breast and Cervical Program and a variety of others.

Community Health: Community Health services provide education to Hancock County residents on a variety of health related topics as well as car seat checks.

Dental Care: The Dental Center is located in the 2008 addition to the health department and has the mission of providing quality care that is affordable to all families in the tri-state area. The Dental Center has responded to patient needs by offering a variety of services such as: intraoral and panoramic digital x-rays, educational opportunities with intra-oral camera displayed on flat screens, comprehensive exams, cleanings, periodontal therapy, extractions, whitening, root canal treatments, one day crowns, bridges, emergency treatment, occlusal night guards, white resin fillings, cosmetic dentistry, and sport mouth guards.

Emergency Preparedness: The ERC is the Medical Reserves Corps leader and participates in the Vector Surveillance Program, Opioid Task Force, Emergency Services Disaster Agency Exercise, Local Emergency Planning Committee, the Agency collaboration Team, and the Safety Committee as a representative of the health department.

Environmental Health: Services under the Environmental Health Department include inspections of food establishments, wells, septic systems, tanning beds, and non-community water supplies.

Home Health: Hancock County Home Health offers skilled nursing services, certified nursing assistant services, homemaker services, occupational therapy, physical therapy, speech therapy, and a no charge medical equipment loan program.

Family Health: Family Health Division provides affordable lab services, immunizations, sexually transmitted infection testing, lead testing, pregnancy testing, Woman Infants and Children (WIC), and no charge blood pressure checks.

Other Services Offered: The health department participates in the Illinois Breast and Cervical Cancer Program. The Illinois Breast and Cervical Cancer Program offers free breast and cervical cancer screenings to women aged thirty-five through sixty-four who lack health insurance, insurance that doesn't cover the cost of screening, or whom have a high deductible. Hancock County Health Department is the lead agency over Adams, Brown, Hancock, Pike and Scott Counties. The health department monitors the communicable disease throughout Hancock County.

Staff: The health department staff works in collaboration with other agencies and programs to promote the overall health of Hancock County. Being involved in the community is a key factor that allows for the health department to continually grow and refer the citizens of Hancock County to programs in the area not offered through the health department or Memorial Hospital.

Description of Community Served

Hancock County is a county located in west central Illinois. Hancock County, Illinois's estimated population is 17,708 with a growth rate of -0.72% in the past year according to the most recent United States census data. Hancock County, Illinois is the 16th largest county in Illinois. In 2019, Hancock County's population was 17,708 and has seen a growth of -0.67% since this time. Its county seat is Carthage, and its largest city is Hamilton. The county is made up of rural towns with many farms. According to the U.S. Census Bureau, the county has a total area of 814 square miles. According to the U.S. Census Bureau population estimates in 2019, there were 17,708 people, 7,490 households, and 5,607 families residing in the county. The population density was 25 people per square mile. There were 7,490 housing units at an average density of 11 per square mile (4/km²). The racial makeup of the county was 97.38% White, 0.61% Black or African American, 0.02% Native American, 0.37% Asian, 0.02% Pacific Islander, 0.11% from other races, and 0.56% from two or more races. Ethnicity for Hispanic or Latino of any race was 3.26%. According to the Census 2000, 35.5% were of German, 32.7% English, and 10.0% Irish ancestry. The community is primarily English speaking at 98.8% with 1.0% speaking Spanish as their first language.

There were 7,490 households out of which 36.6% had children under the age of 18 living with them, 58.9% were married couples living together, 7.6% had a female householder with no husband present, and 30.5% were non-families. Individuals living alone comprised 26.9% of all households with 13.8% having someone living alone who was 65 years of age or older. The average household size was 2.4 and the average family size was 2.9.

In the county, the population was spread out with 24.6% under the age of 18, 7.1% from 18 to 24, 25.5% from 25 to 44, 24.5% from 45 to 64, and 18.3% who were 65 years of age or older. The median age was 40 years. For every 100 females, there were 94.2 males. For every 100 females who were age 18 and older, there were 90.2 males.

The median income for a household in the county was \$52,561, and the median income for a family was \$65,654. Males had a median income of \$31,095 versus \$20,680 for females. The per capita income for the county was \$17,478. About 5.4% of families and 8.3% of the population were below the poverty line, including 9.9% of those under age 18 and 8.2% of those ages 65 or over.

Hancock County is the 16th largest county in Illinois. When coupled with the population density of only 25 people per square mile, this adds to the complexity of reaching the communities served. Due to the rural nature of Hancock County agriculture and agriculture-related business, it is clear that agriculture is a major driver of the economy. The following chart identifies the top employers in the county:

Employer	Number of Employees
Memorial Hospital	214
County of Hancock/Hancock County	168
CVS/Professional Swine Management	60 CVS, 40 PSM, 500 farm employees
W.L. Miller Gray Quarries	120
Southeastern School District	78
Hamilton School District	99
Dadant & Sons	140
Warsaw School District	73
Nauvoo Restoration	60

Hancock County Health Department & Memorial Hospital Board Approval



Memorial Hospital Association

Board Action

On

Community Health Needs Assessment

On July 28, 2021, Memorial Hospital Board of Directors met and reviewed the summary report for the collaboration on the Community Health Needs Assessment. The key areas of focus identified were reviewed in detail at that meeting.

The vote was unanimous in support of the Community Health Needs Assessment as presented. The Board was reminded that quarterly reports would be provided on the effectiveness of the intervention strategies.



*Hancock County Health Department
& Home Health Agency*

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August 26, 2021

Illinois Department of Public Health
Attn: IPLAN Department
535 W Jefferson Street
2nd Floor
Springfield, IL 62761-001

To Whom It May Concern:

The Hancock County Board of Health acted to approve the Hancock County Health Department's Assessment as required under the Illinois Administrative Code on August 26, 2021. During that meeting the Administrator reviewed the Organization Capacity Assessment and the IPLAN document. The Board of Health approved the IPLAN document.

Enclosed you will find a draft copy of the minutes from the August 26, 2021 Board of Health Meeting.

Sincerely,

Edward Owen
Vice-President, Board of Health

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Purpose

A Community Health Needs Assessment is a process that uses both quantitative and qualitative methods to collect and analyze data to understand the health needs of a specific community. The Community Health Needs Assessment examines risk factors, quality of life, mortality, morbidity, community assets, and forces of change, social determinants of health and health inequity, and information on public health care services.

The data obtained from the assessment enables community decision-making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans. The health needs assessment contains priority areas of focus and identifies the target population for the interventions established. In addition, outcome objectives and impact objectives are identified.

Community Participation Process

This is the third joint Community Health Needs Assessment conducted through the collaboration between Memorial Hospital and Hancock County Health Department. Since the last community health needs assessment, Hancock County Health Department and Memorial Hospital have continued to work collectively as the principal organizations for the implementation of the previous community health needs assessment, as well as, the coordination of this health needs assessment. Key individuals, agencies, and organizations who helped in the formulation of the previous health needs assessment, as well as its implementation, were retained as part of the committee for the current community health needs assessment. The broad representation of the county was also ensured.

In March 2016, Memorial Hospital and the Hancock County Health Department merged about 30 regional agencies and organizations to form the Agency Collaboration Team (ACT). The ACT group meets monthly and is used to articulate the survey tools, pilot the survey, distribute the survey, and identify the priority areas for the health needs assessment.

A draft survey tool was developed and piloted among the Agency Collaboration Team (ACT) group and interns from Western Illinois University until a final survey draft was chosen. The goal was to develop a more comprehensive and easier to fill questionnaire so as to increase the number of respondents and improve the quality of the responses. These pilot groups were chosen in order to get a very broad representation of the county for feedback on the perceived community health issues and to assess the plausibility of the questionnaire.

The IPLAN data did not change so the Agency Collaboration Team (ACT) group used other data sources as a reference for the decision on the following topics:

- a. Demographic and Socioeconomic Characteristics
- b. General Health and Access to Care Indicators

- c. Maternal and Child Health Indicators
- d. Chronic Disease Indicators
- e. Environmental, Occupational, and Injury Control Indicators
- f. Behavioral Risk Factors
- g. Sentinel Events

It was discussed that data collection would come from multiple sources for analysis. Some of the sources used were the Illinois Department of Public Health IQuery data system, IDPH Opioid Dashboard, Illinois Cancer Registry, Centers for Disease Control and Prevention (CDC), DATAUSA, United States Census Bureau, County Health Rankings & Roadmaps, Illinois Behavioral Risk Factor Surveys, Illinois Department of Healthcare and Family Services, Illinois State Police Crime Reports, and the Illinois State Board of Education.

Following two months of data collection, committee education, and review, three priorities were selected as a focus in June, 2021. The committee used nominal group technique as a tool for the development of the priority areas with the result of the survey forming the basis of their decision.

Committee Membership

The following organizations or agencies were represented on the Agency Collaboration Team (ACT). Included are some of the individuals who represented the organizations listed:

1. Hancock County Health Department
 - a. Amy McCallister – Executive Director
 - b. Melita Finney – Community Health Director
 - c. Jessica Croy
 - d. Marla Jacquot
2. Hancock County
 - a. Kendall Beals – Coroner
 - b. Maria Hopp – Hancock County 911
3. Hancock County Extension
 - a. Whitney McKeown
4. Memorial Hospital
 - a. Ada Bair – CEO
 - b. Dawn Owren – CAO
 - c. Raigan Brown – CNO
 - d. Cynthia Stewart – Director Marketing & Communications
 - e. Rob Biondolino – Safety officer
 - f. Stephanie Meyers – Administrator Memorial Medical Clinics
 - g. Ashlyn Housewright – Dietician
 - h. Chris McKay – Director Hancock County Senior Services
 - i. Colleen Ewing – Outreach Care Coordinator
 - j. Mary Jane Clark – Director of West Central Illinois AHEC
 - k. Lauren McGaughey – Coordinator West Central Illinois AHEC

- l. Jennifer Garner - Memorial Hospital Foundation
 - m. Melanie Sharpe – Counselor
 - n. Heather Ross – Evergreen Center
 - o. Moira Rothert – Social Worker
5. American Red Cross
 - a. J.D. Stonecypher – Disaster Program Specialist
6. Carthage Public Library
 - a. Amy Gee– Library Director
7. CCDC and UWGRR
 - a. Amy Graham – Carthage Econ. Dev.
8. Western Illinois Home Health Care
 - a. Anita Rutzen
9. WIRC & CAA
 - a. Diane Mayfield
 - b. Carol Smith – Counselor
10. Ameren
 - a. Carl Fisher
11. WCICIL
 - a. Jenny Calvert
12. Advocacy Network for Children
 - a. Jessica Bolton
 - b. Amanda Humphry
 - c. Karolina Anton
13. Mosaic
 - a. Alicia McCabe
14. City of Carthage/Food Pantry
 - a. Donna Walker – City Alderman
15. West Central Child Care Connection
 - a. Marla Willard
16. PACT Head Start
 - a. Melissa Schirgi
 - b. Sara Mixer
 - c. Shanna Edison
17. Golden Bridges
 - a. Nancy Waters
18. Quincy Medical Group
 - a. Kayla Ozbelent
19. Tri-State Family Services
 - a. Sherry Bliss
20. Advance Physical Therapy
 - a. Stacey Gerhardt

21. ROE 26
 - a. John Meixner – Regional Superintendent
22. ROE 26, Early Beginnings
 - a. Kate McGruder – Director
 - b. Krista Artman - Hancock County Parent Coordinator
 - c. Tammy Mcilhenny – Parent Educator Childbirth Instructor
23. Carl Sandburg
 - a. Ellen Henderson-Gasser – Director of Branch Campus
24. Hancock County EMS
 - a. Jennifer Meeks – Director
25. WCIAAA
 - a. Gay Dickerson – Information & Assistance Specialist
26. HC ESDA
 - a. Jack Curfman – Coordinator
27. Hancock County Farm Bureau
 - a. Kristin Huls
28. Blessing Homecare and Hospice
 - a. Jessica Ellefritz
 - b. Susan Tate
29. Blessing Hospital Educational Service
 - a. Sarah Cantrell
30. Girl Scouts
 - a. Jill Butterfield
31. MHCWI
 - a. Mandy Gooding – Quality Assurance Supervisor
 - b. Joe Little- Assistant Director
 - c. Lexie Huffman
32. Workforce Office
 - a. Kevin Banninga – Employment Career Specialist
33. WIOA/Workforce Office
 - a. Sarah Cantrell
 - b. Robert Pinney
34. HC Ambulance
 - a. Kurt Krekel – EMT
35. Nauvoo Pharmacy
 - a. LuAnn Haas
36. SIU SOM
 - a. Laura Kessel
37. UIC Division of Specialized Care for Children
 - a. Kathy Thomas
38. Beacon of Hope Hospice
 - a. Teri Peterson

- 39. Health Alliance
 - a. Lora Felgar
- 40. Early Beginning
 - a. Marqueze Sanders
- 41. CareLink
 - a. Mary Mitchell
- 42. Hancock County Churches
 - a. Barb Drozd
 - b. Clark Irwin
 - c. Joy Ridge
- 43. Hancock County Schools
 - a. Edith Ewing – Hamilton

Collaborating Organizations for Implementation Strategy

Memorial Hospital Association and Hancock County Health Department will take the lead with the implementation strategy. Both organizations were previously described. In addition, there is commitment from the Mental Health Centers of Western Illinois.

Mental Health Centers of Western Illinois (MHCWI) serves a three-county area with offices in Hancock, Brown and Pike counties. This organization offers emotional, vocational, social, wellness, and financial help for the communities served. Their mission is to help each individual achieve personal wellness through the provision of cost-effective, person-centered services by qualified and caring staff.

A Commission on Accreditation of Rehabilitation Facilities (CARF) three-year accreditation was awarded to MHCWI for the following programs:

- Case Management/Services Coordination
- Community Housing
- Community Integration
- Outpatient Treatment - Mental Health and Substance Abuse

ANALYSIS OF HEALTH DATA & SURVEY RESULTS

Demographic and Socioeconomic Characteristics

Population

According to the 2019 Census Bureau American Community Survey population estimate, Hancock County has a population of 17,983 (7.3% drop from 2010 census).³ The county is the 60th most populated county in Illinois.⁴ A key contribution to the loss of population in Hancock County could be attributed to a reduction in economic opportunities and the current trend of rural to urban migration. Despite the substantial loss in population in Hancock County, its situation is not much different than the surrounding counties in the area. Hancock County has about 66.4% of its population living in the rural towns and 33.6% living in undesignated areas.²

Age

According to the 2019 Census Bureau American Community Survey, 21.1% of Hancock County's population is less than 18 years of age, 56.1% are between the ages of 18 and 64, and 22.8% of its population is 65 years and over.¹ The median age in Hancock County is 46.0 years.¹ Comparatively, the state of Illinois has 22.2% of its population being less than 18 years of age, 61.7% of its population being between the ages of 18 and 64, and 16.1% of its population being 65 years and over.⁵ According to the U.S. Census Bureau the median age in Illinois in 2019 was 38.1 years. Thus, Hancock County consists of an older population in comparison to the state of Illinois.

Sex

According to the 2019 Census Bureau American Community Survey, the sex ratio in Hancock County was 99.6 males per 100 females (49.9% males and 50.1% females).¹ Comparatively, in 2019 the state of Illinois had a sex distribution of 50.9% females and 49.1% males.⁵

Rural Comparison

According to the 2021 County Health Ranking, Hancock County has 71.0% of its population living in a rural area (i.e. living in a census tract with a population of less than 2,500 people) in comparison to 11.5% of the Illinois population.¹¹ From the 2010 census, 19% of the U.S. population lived in a rural area.¹³

Race & Ethnicity

Race and ethnic groups in Hancock County have been relatively static since its founding in 1825. According to the Census Bureau American Community Survey, in 2019 Hancock County had a race distribution of 97.4% identifying as white, 0.6% identifying as black or African American, 0.4% identifying as Asian, 0.1% identifying as some other race, and 1.5% identifying as two or more races.¹ Only 1.5% of the population identified as having a Hispanic or Latino origin (from any race).¹ Non-white racial groups have been slowly growing, as the percentage of the population identifying as “White only” has dropped from 97.8% in 2014 to 97.4% in 2019.¹ Additionally, the portion of the population identifying as Hispanic or Latino has increased from 1.2% in 2014 to 1.5% in 2019.¹

Education

According to the 2019 Census Bureau American Community Survey, the distribution in educational attainment was as follows: 6.6% were less than high school graduates, 36.6% were high school graduates (including equivalency), 35.9% had attended some college or obtained an associate’s degree, 14.1% had obtained a bachelor’s degree, and 6.9% had obtained a graduate or professional degree.¹ Based on survey records from the previous 5 years, Hancock County appears to be increasing in the levels of educational attainment achieved by its residents (especially in number of residents graduating high school).¹

Looking at the secondary school data from the Illinois State Board of Education, Hancock County has had fluctuating rates of secondary school completion over the past 10 years. From the 2010-2011 school year to the 2016-2017 school year the secondary school drop-out rate had decreased from 2.59% to 1.03%.¹⁴ However, since the 2016-2017 school year the drop-out rate has been increasing from 1.03% in the 2016-2017 school year to 2.12% in the 2018-2019 school year.¹⁴ Considering the additional stress and challenges placed on students due to the COVID-19 pandemic, it is anticipated that the secondary school drop-out rate may have increased even higher in the past two school years.

Per Capita Income & Median Household Income

According to the U.S. Department of Commerce, Bureau of Economic Analysis reports on per capita income, in 2019, Hancock County had a per capita personal income of \$45,052 and ranked 44th in the State of Illinois.⁸ Compared to the 2018 finding, there was a 0.8% increase in per capita personal income.⁸ According to the 2019 Census Bureau American Community Survey, the median household income was \$52,561.¹ This is an increase of \$6,820 from 2014 estimates.¹ Comparatively, the average median household income for the state of Illinois from 2015-2019 was \$65,886.¹

Unemployment Rate

According to the Illinois Department of Employment Security, the unemployment rate in Hancock County had been on a fairly consistent decline from 2011 to 2019, with the lowest rate of unemployment of 4.5% achieved in 2019.⁹ However, in 2020 the unemployment rate for Hancock County jumped to 6.9% (the highest it had been since 2013).⁹ This jump in unemployment can be attributed to the impact of the COVID-19 pandemic on the local and national economy. Comparatively, the state of Illinois had an average 2020 unemployment rate of 9.5%.⁹ The largest industries in Hancock County are Health Care and Social Assistance (1,235 people), Manufacturing (1,161 people), and Retail Trade (1,020 people).¹²

Poverty Level

According to 2019 Census Bureau estimates, the percentage of people in poverty for Hancock County was 12.3%.³ Comparatively, the estimates for the state of Illinois found that the percentage of people in poverty for Illinois was 11.5%.⁵ Additional data from County Health Rankings (managed by the University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation), found that the percentage of Hancock County children in poverty was 18% in 2021.¹¹ This was an increase of 1% from 2020. In comparison, the state of Illinois had 16% of its children in poverty in 2021.¹

State Medical Assistance (Medicaid)

According to the Illinois Department of HealthCare and Family Services, in the year 2020 there were a total of 4,250 people enrolled to receive comprehensive benefits under the state's medical assistance program (1,957 children, 398 adults with disabilities, 787 under the ACA, 837 other adults, and 271 seniors)⁶. This is an increase of an additional 81 enrollees since the year 2016⁶. Using the 2019 estimated Hancock County population; approximately 22.4% of the Hancock County population was enrolled to receive full comprehensive benefits from the state's medical assistance program in 2019. Comparatively, the state of Illinois had approximately 23.1% of its population enrolled for full comprehensive benefits with the state's medical assistance program⁷.

Supplemental Nutrition Assistance Program (SNAP)

According to the Census Bureau American Community Survey, in 2019 there were an estimated 761 households in Hancock County participating in the state's Supplemental Nutrition Assistance Program (SNAP).¹ Out of these households, an estimated 370 had children under the age of 18.¹ The estimated number of households participating in SNAP had been decreasing over the past 5 years, with a high of 917 Hancock County households participating in the program in 2014.¹ With the impact that the COVID-19 pandemic has had on the United States economy, it is likely that the number enrolled in 2020 would be higher than 2019. This prediction is supported by the evidence of the number of households from the Illinois Department of Human Services (IDH) receiving SNAP benefits from Servicing Office 010 (which includes Hancock County). From the IDH data, the number of households in Hancock County's service region (which

includes Adams and Pike counties) participating in the SNAP program increased from 7,055 in May of 2019 to 8,319 in May of 2021.¹⁰

General Health and Access to Care

General Ranking of Hancock County Health in State of Illinois

The Robert Wood Johnson Foundation along with the University of Wisconsin Population Health Institute creates a yearly ranking system comparing counties in each state with regards to health outcomes and health factors. Health outcomes rankings look at how healthy the county is right now by looking at data reflective of the length of life and quality of life of its residents.¹⁵ Specific measures included in this analysis are measures of premature death, life expectancy, low birthweight, and individual perceptions of poor mental and physical health.¹⁵ Health factors rankings look at aspects of the county's environment and culture that predict how healthy the county will be in the future.¹⁶ Specific measures included in this analysis include reported health behaviors (alcohol and drug use, diet, exercise, sexual activity, tobacco use), clinical care (access to and quality of care), social and economic factors (education, employment, income, family and community support, community safety), and the physical environment (air quality, water quality, access to housing, access to transportation).¹⁶

In the year 2021, Hancock County was ranked 34th in the state for health outcomes (within the higher 50-75% of Illinois counties or third quartile) and number 26th in the state for health factors (within the highest 75-100% of Illinois counties or fourth quartile).¹¹ These rankings have fluctuated over the past ten years, with the average ranking of health outcomes being 25 (median 27) and the average ranking of health factors being 38 (median 35).¹¹

Leading Causes of Death

According to the 2019 Illinois Department of Public Health IQuery data, diseases of the heart remain the leading cause of death in Hancock County followed by malignant neoplasm (cancer).¹⁷ Below is a table showing the top 15 leading causes of mortality in Hancock County between 2010 and 2019. From this table, it can be observed that the top 10 leading causes of death for this time period were: diseases of the heart, malignant neoplasms (cancer), chronic lower respiratory disease, cerebrovascular disease, accidents (unintentional injuries), Alzheimer's disease, influenza or pneumonia, nephritis/nephrotic syndrome/nephrosis, septicemia, and diabetes mellitus.

15 Leading Causes of Death in Hancock County (2010 to 2019)	Total Deaths 2010- 2019	Average deaths per Year	Average Crude Rate Per 100,000
1. Diseases of the Heart	510	51.0	273.0
2. Malignant neoplasms	475	47.5	253.8

3. Chronic Lower Respiratory Diseases	129	12.9	69.0
4. Cerebrovascular Disease	118	11.8	63.2
5. Accidents (unintentional injuries)	98	9.8	52.7
6. Alzheimer's Disease	86	8.6	45.9
7. Influenza or Pneumonia	48	4.8	25.7
8 (Tie). Nephritis, Nephrotic Syndrome, Nephrosis	44	4.4	23.66
8 (Tie). Septicemia	44	4.4	23.64
10. Diabetes Mellitus	35	3.5	18.8
11. Intentional Self-Harm (Suicide)	24	2.4	12.9
12. Parkinson's Disease	20	2.0	10.8
13. In Situ Neoplasms, Benign Neoplasms, Neoplasms of Uncertain or Unknown Behavior	19	1.9	10.2
14. Aortic aneurysm and dissection	12	1.2	6.3
15 (Tie). Chronic liver disease or Cirrhosis	10	1.0	5.4
15 (Tie). Essential Hypertension and Hypertensive Renal Disease	10	1.0	5.4

Comparatively, the leading causes of death for the state of Illinois include: diseases of the heart, malignant neoplasms (cancer), cerebrovascular disease, accidents (unintentional injury), chronic lower respiratory diseases, Alzheimer's disease, diabetes mellitus, kidney disease, influenza or pneumonia, and septicemia.¹⁸ Thus, the leading causes of death for Hancock County residents are almost identical to those being observed at the state level.

Looking at the impact of the COVID-19 pandemic on Hancock County for the year 2020, the Illinois Department of Public Health reports that there were 20 deaths from March 17 of 2020 until the end of the year.¹⁹ As of July 19 of 2021, there have been a total of 12 deaths attributable to COVID-19 in the year 2021.¹⁹

Maternal and Child Health

Birth data from the Illinois Department of Public Health indicate that there were 188 births in Hancock County in 2019.²⁰ From the 2019 Census Bureau population estimates, the crude birth rate for Hancock County was 10.45 births per 1000 residents. In comparison, the crude birth rate for the state of Illinois was 11.06 births per 1000 residents in 2019.²⁰ The average number of births per year in Hancock County was 191 for the years 2010-2019.²⁰

A closer analysis of the birthing data from the Illinois Department of Public Health over the past 10 years (2010-2019) shows that on average 6.35% of Hancock County babies are born with a low birth weight and 0.48% are born at a very low birth weight (Illinois: 8.34% born low birth rate, 1.52% born at very low birth rate).²⁰ From 2010 to 2019, an average of 32.79% of Hancock County births utilized a cesarean delivery (Illinois: 31.2%), and an average of 34.41% of babies in Hancock County were born to unmarried mothers (Illinois: 39.99%). From 2017-2019 the average percent of Hancock County mothers receiving proper prenatal care was 88.82% (Illinois: 77.73%). In comparing these metrics with the same measures for the state of Illinois, Hancock County appears to perform well in maternal and child health outcomes.

The number of teenage births (mother < 20 years old) over the ten-year period fluctuated from a high of 19 in 2010 to a low of 8 in 2015.²⁰ The number of teenage births has started to rise over the past few years, with numbers going from 9 in 2017 to 15 in 2019.²⁰ On average, the percentage of Hancock County births being from teenagers was 6.67% per year for the years 2010-2019. Comparatively, the state of Illinois has seen continual reductions in the rates of teenage births over the ten-year period and had an average percentage of 6.21% of births attributed to teenage mothers.¹ Thus, the state of Illinois has made more significant gains in reducing teenage pregnancy than what has been observed in Hancock County.

As there was no maternal mortality data available specifically for Hancock County, Illinois state level data was obtained from the Illinois Maternal Morbidity and Mortality Report 2016-2017. This report, which was released in April of 2021, provides a variety of analyses regarding maternal mortality for various groups of Illinois women. This report indicates that for the years 2008-2017, the average annual number of Illinois women who died while pregnant or within one year of pregnancy was around 75 women.²¹ The pregnancy-associated mortality ratio (PAMR) was also found to be increasing from 38 deaths per 100,000 live births in 2010-2011 to 58 deaths per 100,000 live births in 2016-2017.²¹ When breaking down the state into various geographic regions, it was found that the PAMR was highest for women living in rural counties (83 deaths per 100,000 births).²¹ PAMR was also higher for women who were on Medicaid and women with a higher body mass index. Considering that Hancock County is located in rural Illinois and that around 22.4% of Hancock County residents were enrolled in the state's medical assistance program in 2019, Hancock County women fit into the higher risk group for maternal mortality.

When looking specifically at the underlying causes for pregnancy related death for rural counties in 2016-2017, the report found that 33% of maternal deaths were related to "Other Injury" (mostly from motor vehicle accidents), 31% were from "All Medical" (including hemorrhage, infection, cardiac conditions, cancer, diabetes, etc.), 21% were from drug overdose, 10% were from suicide, and 5% were from homicide.²¹ Although these results were obtained by compiling data from all rural counties in Illinois, they do give an indication as to what risk factors and medical conditions Hancock County providers and women should be prepared for.

Chronic Disease

A variety of state data sources were utilized to evaluate the impact of chronic diseases on the residents of Hancock County. These include the IDPH IQuery system, the Illinois County Behavioral Risk Factor Survey Round 6, and the IDPH Cancer in Illinois Statistics. Through these resources, an analysis of the impact of a variety of chronic diseases on Hancock County residents was performed.

As stated previously, death from diseases of the heart remained the number one cause of death for Hancock County over the period of 2010-2019, with an average of 51 deaths per year.¹⁷ Additional data from the National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention indicates that the average heart disease death rate for adults 35+ in Hancock County was 340 deaths per 100,000 (over period 2017-2019).²⁴ This is higher than the heart disease death rate of 316 per 100,000 indicated for the state of Illinois.²⁴ Estimations from the Illinois County Behavioral Risk Factor Survey Round 6 found that 5.7% of Hancock County residents reported being told that they had coronary heart disease, 7.6% reported being told they had a heart attack, 2.1% reported being told they had a stroke, and 10.9% reported having a history of cardiovascular disease.²² The survey also found that an estimated 38.3% of Hancock County residents reported being told they have high blood

pressure, and an estimated 40.3% of county residents reported being told they had high cholesterol.²²

Deaths from malignant neoplasms (cancer) were the second leading cause of death for Hancock County residents over the period of 2010-2019, with an average of 47.5 deaths per year.¹⁷ Incidence data from the Illinois Cancer Registry showed that for 2014-2018 the number of new cancer cases in Hancock County was 329 male and 333 female.²³ Age-adjusted rates of cancer incidence per 100,000 residents in Hancock County were 494.6 for males and 495.1 for females.²³ The most common cancers diagnosed for Hancock County males during the period from 2010-2018 were prostate (75 cases), lung and bronchus (57 cases), and colon and rectum (29 cases).²³ For Hancock County females, the most common cancers diagnosed for the same time period was breast invasive (78 cases), lung and bronchus (41 cases), and corpus and uterus (35 cases).²³ Comparing cancer incidence to that at the state level, the most common cancers diagnosed for Illinois men were the exact same as Hancock County. The most common cancers diagnosed for Illinois women were breast invasive, lung and bronchus, and colon and rectum. Comparing male cancer incidence rates of Hancock County to the state of Illinois, the rate of prostate cancer was lower in Hancock County (101 cases per 100,000 to 111.5 cases per 100,000), the rate of lung and bronchus cancer was higher in Hancock County (81.3 cases per 100,000 to 71.8 cases per 100,000), and the rate of colon and rectum cancer was lower in Hancock County (42.2 cases per 100,000 to 48.7 cases per 100,000).²³ Comparing female cancer incidence rates of Hancock County to the state of Illinois, the rate of invasive breast cancer was lower in Hancock County (117.9 cases per 100,000 to 133.7 cases per 100,000), the rate of lung and bronchus cancer was lower in Hancock County (55.8 cases per 100,000 to 56.7 cases per 100,000), and the rate of corpus and uterus cancer was higher in Hancock County (53.7 cases per 100,000 to 30.2 cases per 100,000).²³

Estimations from the Illinois County Behavioral Risk Factor Survey Round 6 indicate that 10.4% of Hancock County residents had been told that they had diabetes.²² An additional 9.5% of Hancock County residents had been told by a health professional that they had pre/borderline diabetes.²² It is likely that the actual number of people in Hancock County living with diabetes may be higher still, as an estimated 34.8% of the county population had not received any type of blood sugar or diabetes test in the past three years.²² By comparison, the state of Illinois reported that approximately 9.9% of the Illinois adult population had been diagnosed as diabetic, and approximately 8.8% of the adult population had prediabetes in 2016.²⁵

Other chronic disease prevalence estimations for Hancock County given by the Illinois County Behavioral Risk Factor Survey include COPD (9.2% of population), arthritis (27.1% of population), asthma (13.2% of population), and depressive disorders (26.5% of population).²² In general, an estimated 35.0% of the Hancock County adult population reported living with one chronic disease and an estimated 29.1% of the population reported having two or more chronic diseases.²²

Infectious Disease

Data for sexually transmitted diseases was obtained from the Illinois Department of Public Health 2018 report on Sexually Transmitted Diseases in Illinois and 2020 IDPH STD provisional data. The number of chlamydia cases in Hancock County fluctuated over the 10 year

period (2011-2021), with a low of 28 cases in 2017 and 2018 and a high of 45 cases in 2011 and 2019.²⁶ The average number of chlamydia cases was 36.9 cases (median 38.5). In comparison to state levels, Hancock County had a significantly lower rate of chlamydia cases.²⁶

The number of gonorrhea cases in Hancock County has been increasing over the past 10-year period (2011-2020).²⁶ The average number of cases in the first five years (2011-2015) was 1.6 cases (median 2 cases) and the average number of cases for the latter five years (2016-2020) was 8.2 cases (median 8 cases). In comparison to the state of Illinois, the rates of gonorrhea in Hancock County per 100,000 were significantly lower than what was observed at the state level.²⁶ The state of Illinois was also observing increases in gonorrhea rates from 2014-2018.²⁶

For the entire 10-year period (2011-2020) there were no reported cases of primary syphilis, secondary syphilis, or early syphilis. This is significantly lower than what was observed for the state of Illinois, where the rates of syphilis have been increasing.²⁶

.From 2010-2019, there were 48 deaths in Hancock County attributable to influenza or pneumonia, making it the seventh leading cause of death for the county.¹⁷ Rates of influenza cases for the state of Illinois have fluctuated over the past five years. The greatest number of cases of influenza-like illness in Illinois occurred during the 2019-2020 season, with peaks of over 7% of the Illinois population have influenza-like illness in February and March.²⁹ The 2020-2021 influenza season had the fewest cases of individuals with influenza-like illness, with the highest peak being only 1.5% of Illinois's population having influenza-like illness.²⁹ Though, it is important to note that the spread and impact of the COVID-19 virus may be impacting the way the influenza data was recorded in these later years (as many of the COVID-19 symptoms are similar to influenza symptoms). In 2018, 40% of Hancock County residents enrolled in Medicare received their flu vaccine.¹¹ During the 2019-2020 influenza season, 52.2% of Illinois residents had received the influenza vaccine.³⁰

The ongoing COVID-19 pandemic that began in December of 2019, has presented additional challenges with regards to infectious disease mitigation throughout the United States. Data on the number of positive cases and deaths associated with COVID-19 in Hancock County were obtained from the Illinois Department of Public Health. The number of positive cases in Hancock County through July 20, 2021 was 1888 cases.²⁷ The number of deaths from COVID-19 in Hancock County through July 20, 2021 was 32.²⁷ As of July 21, 2021, 30.70% of eligible Hancock County residents are fully vaccinated against COVID-19.²⁸ This places Hancock County in the lowest 20 counties of Illinois with regards to vaccination status.²⁸ As additional variants of the virus begin to develop, continued vigilance will be needed to mitigate the negative impacts of COVID-19 into the future.

Foodborne illness outbreaks have continued to occur for various products in the state of Illinois over the past ten years. These outbreaks have included salmonella, cyclospora, and E. coli (among others).^{31 32}

Environmental/Occupational Health

According to the 2019 Index Crime and Crime Rate Data report from the Illinois State Police, Hancock County had a total of 179 crimes committed in 2019. Of these crimes, there were 4 rape charges and 9 aggravated assault/aggravated battery charges.³³ For the years 2010 to 2019, there was only 1 reported criminal homicide charge.³³ Violent crimes (homicide, rape,

assault, battery, human trafficking) have been steadily increasing from 2 in 2013 to 13 in 2019.³³ According to the 2021 County Health Ranking, the number of violent crimes in Hancock County is 76 per 100,000 persons (using data from 2016-2017).¹¹

The rate of deaths attributable to injury for Hancock County residents was 62 per 100,000 for the time period of 2015-2019.¹¹ There were no reported driving deaths associated with alcohol in Hancock County for the period of 2015-2019.¹¹

There were no records of drinking water violations in Hancock County during either 2018 or 2019.¹¹ Based on 2016 air quality data, Hancock County had a daily average of 8.6 micrograms per cubic centimeter of particulate matter in the air.¹¹ This was slightly lower than the average for the entire state of Illinois.¹¹ According to the Environmental Protection Agency (EPA) data, Hancock County falls under the Zone 1 for radon exposure (equating to average indoor radon screening levels greater than 4 pCi/L).³⁴

Behavioral Risk Factors

An analysis of behavioral risk factors was performed for Hancock County using the Illinois County Behavioral Risk Factor Surveillance Survey Round 6 survey and the County Health Ranking data. Behavioral risk factors include behaviors performed by a person that increases their risk for disease and poor health outcomes. Examples of key behavioral risk factors include physical activity levels, tobacco use, alcohol use, diet, and sleep patterns.

Regarding nutrition and exercise, only an estimated 43.8% of Hancock County adults met physical activity guidelines in 2017-2018 according to estimates from the Illinois County Behavioral Risk Factor Surveillance Round 6 survey.²² The 2021 County Health rankings found that only 58% of Hancock County residents had access to locations to perform physical activity. In addition, County Health Rankings data found that 14% of Hancock County residents had limited access to healthy foods and 11% of the county faced food insecurity.¹¹ The low levels of physical activity and limited food options in Hancock County have likely contributed to the high obesity rates within the county. According to the Illinois County Behavioral Risk Factor Surveillance Survey Round 6 (2017-2018), an estimated 37.4% of Hancock County adults were considered obese and 32.2% were considered overweight (based on Body Mass Index).²² In comparison, the state of Illinois had 31.8% of its population considered obese and 34.9% of its population being overweight in 2018.²²

Looking at substance abuse behaviors, the Illinois County Behavioral Risk Factor Surveillance Round 6 survey found that 13.3% of Hancock County residents were at risk for binge drinking and 5.2% were at risk for heavy drinking.²² This was lower than what was found at the state level. The survey also found that an estimated 15.5% of county residents currently smoked tobacco, 4.0% of county residents used smokeless tobacco, and 2.5% of county residents used electronic cigarettes.²² In comparison to the state of Illinois, Hancock County had an equal percentage of identified smokers, lower percentages of electronic cigarette users, and greater percentages of the population that used smokeless tobacco products.²²

Data from the Opioid Data Dashboard of the Illinois Department of Public Health found that in 2019 the non-fatal opioid overdose rate for Hancock County was 2.25 per 10,000 (there were fewer than 10 total cases).³⁵ The data also shows that there were no fatal overdoses for

Hancock County for 2019.³⁵ Since 2013, the rate of non-fatal opioid overdoses in Hancock County have fluctuated from a high of 5.97 in 2017 to a low of 0.54 in 2018. At least 1 fatal opioid overdose was observed in the years of 2014, 2017, and 2018.

Looking at Hancock County drug crime arrest data from the Illinois State Police, there has been a large increase in the number of county residents arrested for methamphetamine over the past 10 years. The average number of methamphetamine arrests over a five-year period went from 4 arrests per year for the years 2010-2014 to 30.6 arrests per year for the years 2015-2019.³³ Total drug arrests have also increased consecutively for the years of 2017-2019.³³ Although drug arrests do not equate to the number of substance abusers in the county, they can give an indication as to whether the issue is getting better or worse.

Sentinel Events

According to the Illinois Department of Public Health Center IQuery data system, for the time period of 2010-2019 there were 24 suicide deaths in Hancock County.¹⁷ No current data on Op/post-op complications, unintended retention if foreign body and diseases outbreak were found. The Illinois Department of Public Health states that it is still in the process of implementing the Illinois Adverse Health Care Reporting Law of 2005, which requires reporting of adverse or “never” events that occur in health care settings.

Community Health Problem Survey

A survey was created asking residents to assist in identifying the community health needs and what would it take to make Hancock County a healthier and better place to live. The survey tool and data summary has been included in Appendix A.

The survey was distributed using an online tool - Survey Monkey and a paper version of the same questionnaire was also distributed. The data collected with the paper tool were manually inputted into the survey monkey. There was a total of 1,087 respondents, an increase of approximately 500 respondents from the previous needs assessment survey. The paper tools, as well as, the information for the online survey were distributed in a wide variety of public locations including COVID-19 vaccine clinics, public events, and all provider practices. Surveys were distributed in a variety of settings to ensure a broad representation of the population was surveyed.

Respondents were predominantly female, white, over the age of 65, and had at least a high school education. Limited representation was obtained from men, those from the youngest age group (13-24 years old), those with lower levels of education, and those with the lowest socioeconomic status (making less than \$25,000 per year). Lack of representation from these groups could be attributed to the limited in person social support interactions and community events during the COVID-19 pandemic. The data collected was grouped by zip-code into six regions of Hancock County – East Central, West Central, South East, South West, North East, and North West. It was noted that there was good representation from each of these sections.

No key issues were identified in the areas of environmental, safety, transportation or public health. Over 70% of the respondents had no adults living in the household in poor or fair

health, and only 6% of households reported having children in poor to fair health. Around 90% of respondents had visited with their primary care provider within the past two years, and around 90% of respondents from each of the regions were aware of general providers, dental providers, and vision care providers they could utilize if needed. However, when asked about their awareness of mental health providers or substance abuse counselors, only 68% of respondents were aware of mental health service providers and only 53% of respondents were aware of substance abuse counselors. When evaluating what health conditions respondents were currently being treated for, the most frequent conditions were hypertension (32.5%), high cholesterol (23.66%), diabetes (17.34%), overweight/obesity (10.69%), and adult asthma (8.40%).

When looking at health behaviors of respondents, 13% of the respondents reported using tobacco products, and 64% stated they had been physically active in the past month. With regards to cholesterol screening, survey results indicate that over 91% of adults over the age of 45, 71% of adults aged 25-44, and 43% of adults aged 18-24 had their cholesterol screened within the past 5 years (the CDC recommends that adults have their cholesterol screened every 4-6 years). For diabetes screenings, 73% of respondents aged 45-54 and 81% of respondents aged 55+ indicated that they had received a diabetes screening within the past 2 years (American Diabetes Association recommends those above the age of 45 get screened every three years after negative tests). Responses regarding colon cancer screenings found that 44% of respondents aged 45-54, 83% of respondents aged 55-64, and 92% of respondents aged 65+ had ever received a screening for colon cancer (the American Cancer Society recommends that those with average risk for colon cancer begin being screened starting at age 45). For breast cancer screening (mammography) results from the survey found that 65% of women between the ages of 45-54, 87% of women between the ages of 55-64, and 72% of the women over the age of 65 had met the American Cancer Society screening guidelines for breast cancer (recommendations are for women 45-54 to receive annual screenings and for women 55+ to receive screenings every other year). Survey results for cervical cancer screenings (pap-smears) found that around 90% of women aged 25-54 years and 77% of women over 65 years had received a pap-smear within the past 5 years (the American Cancer Society recommends that cervical cancer screenings begin at age 25 and be repeated every three years for pap-tests).

When asked about what the most pressing health problems in Hancock County were, the top five problems most frequently selected were cost of healthcare/medications (65%), ability to pay for care (57%), cancer (50%), drug use (42%), and obesity (42%). When asked about what the most needed health education services were, the top 5 responses were mental health (48%), stress management (44%), drug abuse (41%), obesity (41%), and cancer screenings (40%). Finally, when respondents were asked what health or community services they would like to see the Hancock County Health Department or Memorial Hospital provide in the future, the top five services requested involved mental health (17%), supportive services (11%), specialist services (9%), diet and nutrition services (8%), and services regarding fitness, exercise, and wellness (7%). As this last question was a free-response, statements were coded based upon similar categories.

Conclusion

The process of primary data collection, committee data education and data analysis started in January 2021 and concluded in June 2021. During the June 2021 meeting, the analyzed survey results were presented to the ACT group and education was provided on the next steps of identifying the top health priority areas to focus on and their contributing factors. Once the committee understood the process, a variety of health problems identified in the community were discussed. From that list, voting occurred by the group in order to narrow the focus to three priority health problems that would be addressed by the collaborating organizations. The three areas for focused intervention will be poor physical health maintenance, mental health and cancer.

COMMUNITY HEALTH PLAN

Purpose

The purpose of a community health plan is to use quantitative and qualitative methods to identify health challenges in a community and develop effective strategies for addressing these challenges. An ideal assessment will include the analysis of risk factors, quality of life, mortality, morbidity, community assets, forces of change, social determinants of health, and how well the public health system works to provide essential services. By performing this analysis, a community can better understand what its biggest health threats are, why these threats are occurring, and how best to reduce the threats for the betterment of the community.

Process

The process for developing the community health plan began in June of 2021. After being educated on the results of the community health needs assessment survey, the Agency Collaboration Team used the nominal method to determine what the three priority health areas would be for improving the health of Hancock County. The three priority health areas identified for the 2021 community health needs assessment was poor physical health maintenance, mental health, and cancer.

After establishing the three health priority areas, the community health needs assessment committee, consisting of leadership from both Memorial Hospital and the Hancock County Health Department, worked to evaluate the risk factors, direct contributing factors, and indirect contributing factors for each health focus area. This was done to gain a better understanding of what factors were contributing to the observed health challenges and where interventions could be instigated for effective change. The results of this problem analysis can be found in Appendix B.

Once each health priority area was fully defined, the next step in the community health plan was to develop goals for improving health outcomes in each focus area and interventions designed to achieve those goals. The overarching goals were broken down into shorter term impact objectives (objectives achieved within 1-2 years directly from interventions) and outcome objectives (objectives achieved in 5 or more years). When working to develop the goals, impact objectives, and outcome objectives, the committee focused on making sure goals and objectives were reasonable and measurable. Final steps involved in the community health plan included brainstorming interventions to achieve each of the selected goals, and determine cost estimations associated with the interventions. A full breakdown of the goals, objectives, interventions, and evaluation measures for each of the priority health focus areas can be found in Appendix B. Summaries of each of these items can be found in the following section for each health priority area.

Poor Physical Health Maintenance

Description of the Health Problem

Physical health maintenance includes actions taken by the individual to improve or maintain their physical wellness and quality of life. In general, these actions include maintaining adequate levels of physical activity, receiving proper nutrition, and scheduling regular health checks with a primary care provider. When these actions are not consistently maintained, it can lead to the early development of a variety of debilitating conditions, including obesity, diabetes, and cardiovascular diseases. Collectively, these chronic conditions place a significant economic burden on our communities, with an estimated 688 billion dollars being spent on diabetes, heart disease, stroke, and obesity annually.³⁶ These diseases are also associated with many of the leading causes of death and disability for both Hancock County and the United States in general.

There are 3 major components of physical health maintenance:

- Physical activity is defined as “any bodily movement produced by skeletal muscles that requires energy expenditure”.³⁷ These actions can include leisure activities (playing sports, dancing, hiking), transportation activities (walking, biking), or vigorous exercise (cardio, weight training). The CDC recommends that adults partake in moderate-intensity aerobic activity for at least 150 minutes every week, and perform muscle strengthening activities at least 2 days a week.³⁸
- Proper food and nutrition is concerned with both the quality of foods that people consume and the quantity of food. According to the Dietary Guidelines for Americans 2020-2025 a healthy eating plan:
 - Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products.
 - Includes a variety of protein foods such as seafood, lean meats and poultry, eggs, legumes (beans and peas), soy products, nuts, and seeds.
 - Is low in saturated fats, trans fats, cholesterol, salt, and added sugars.
 - Stays within your daily calorie need.
- Proper healthcare utilization includes regularly scheduled visits with a primary care provider, use of primary care resources (e.g. vaccines), and receiving regular screening for diseases based on clinical guidelines. Collectively, these activities help to monitor individual health and detect early signs of disease.

Target Population for Poor Health Maintenance

The target population for improving physical health maintenance is individuals that are 19-64 years.

Relationship to Healthy People 2020

Proper physical health maintenance covers multiple focus areas within the national Healthy People 2020 goals. The major topic areas include Nutrition and Weight Status; and Physical Activity. Minor overlapping areas include Diabetes, Heart Disease/Stroke, Access to Health Services, and Health-Related Quality of Life and Well-

Being. Identified Healthy People 2020 goals incorporated into the community health needs assessment physical health maintenance goals include:

- Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights (NWS).
- Improve health, fitness, and quality of life through daily physical activity (PA).
- Improve health-related quality of life and well-being for all individuals (HRQOL/WB).

Risk Factors and Contributing Factors for Poor Health Maintenance

The three key risk factors identified were physical inactivity, poor food and nutrition, and poor healthcare utilization. The direct contributing factors for each of these risk factors is broken down below:

Physical Inactivity

- Environment
- Individual Motivation
- Comorbidity

Poor Food and Nutrition

- Healthy Food Access
- Food Culture

Poor Healthcare Utilization

- Barriers to Accessing Care
- Personal Choice

Goals for Poor Physical Health Maintenance

1. To improve weight management and quality of life for Hancock County residents through encouragement of regular physical activity.
2. To reduce food insecurity and poor nutrition in Hancock County through educational campaigns and increased awareness of current resources.
3. To improve the self-management of chronic diseases for Hancock County Residents.

Impact Objectives for Poor Physical Health Maintenance

- By 2023, there will be a 2% increase in Hancock County adults who meet physical activity guidelines (150 min per week).

- By 2024, 5% of Hancock County residents will be educated on proper nutrition, food preparation, food shopping on a budget, and cooking under limited food options through participation in community nutrition education programs and social media.
- By 2024, 5 restaurants in Hancock County will offer identified healthy food options to their customers.
- By 2024, 3% of adults in Hancock County would receive a screening for diabetes/prediabetes.
- By 2024, 5% of adults in Hancock County would receive a screening for hypertension (high blood pressure).
- By 2024, the number of people diagnosed with diabetes or prediabetes who receive local diabetes self-management education would increase by 10% from the 2021 Diabetes Health and Wellness Center baseline.

Outcome Objectives for Poor Physical Health Maintenance

- By 2027, there will be a 5% decrease in the number of adults who are considered overweight or obese based on Body Mass Index screening tool.
- By 2027, 10% of Hancock County residents will be educated on proper nutrition, food preparation, food shopping on a budget, and food shopping under limited resources through participation in community nutrition education programs and social media.
- By 2027, 10 restaurants in Hancock County will offer identified healthy food options to customers.
- By 2027, the number of people diagnosed with diabetes who have their blood sugars under control would increase by 5%.
- By 2027, the number of people with hypertension who have their blood pressure under control would increase by 5%.

Intervention Strategies for Poor Physical Health Maintenance

- Work with community leaders to establish grassroots community-led fitness groups in each of the major Hancock County communities.
- Work with community park districts to establish recreational programming geared towards adults.
- Collaborate with WIU Department of Kinesiology to provide new adult fitness sessions led by WIU undergraduate/graduate students for the local community.
- Develop a process to train local community members to teach fitness classes (Zumba, Pound, AMPD, yoga, etc.).
- Monthly marketing of county recreational resources and programming on social media.
- Work with local schools to establish community “open gyms” to allow community members the opportunity to utilize school recreational facilities during non-school hours.
- Develop educational video series on food preparation, food shopping on a budget, food shopping with limited food options, and proper nutritional guidelines (variety, quality, quantity).
- Monthly social media posts on nutrition, healthy eating, and food resources.

- Create a healthy-cooking educational cookbook with healthy food recipes and additional information on nutrition and sources of food in Hancock County.
- Identify existing county food sources (pantries and food stores) and collect information on how to access/utilize them and what types of foods they offer.
- Meet with county restaurant owners to discuss development and promotion of healthy food options.
- Work with Food For Thoughts to identify methods to increase the awareness and use of their services for students in need in Hancock County.
- Hold 4 free A1C screening clinics per year at various community events in Hancock County.
- Collaborate with other community groups (Emergency Medical Services, Carl Sandburg College, Medical Reserve Corp) to hold 4 free blood pressure screening per year at various community events in Hancock County.
- Provide a follow-up contact to all individuals screening positive for prediabetes to suggest they follow up with the Diabetes Self-Management Education Program.
- Provide a follow-up contact to all individuals screening positive for hypertension to follow up with their provider regarding blood pressure management.
- Develop diabetes management education packets to be given to clinic patients who screen positive for prediabetes in the clinics or for general distribution to Hancock County Health Department patients.
- Develop hypertension management education packets to be given to clinic/health department patients who screen positive for hypertension in the clinics or health department.

Community Resources Available for Poor Physical Health Maintenance

Hancock County has a variety of resources and organizations to help its residents maintain proper physical health maintenance. Resources available include availability of excellent outdoor and indoor recreational facilities and healthcare facilities. Organizations and programs available to assist residents with their physical health include community park districts, Carthage Focus Fitness, Motley Fitness (Nauvoo), Bott Center (Warsaw), Hancock County Health Department health educators, Registered Dietician, Certified Diabetes Educators, Diabetes Support Group, annual diabetes spotlight, and local healthcare providers.

Community Barriers for Poor Physical Health Maintenance

Identified barriers in preventing improvement in physical health maintenance include a lack of knowledge, lack of time, limited food options, achieving community buy-in, and financial resources.

Estimated Funding Needs for Poor Physical Health Maintenance

By Hancock County Health Department – \$45,000

- Staff support for the Health Department Lab
- Staff support for the diabetes support group

- Staff support for health education presentations
- Staff support for maintenance of the fitness center
- Staff support for community groups
- Staff support for social media posts
- Staff support for healthy activities in the community

By Memorial Hospital Association - \$20,000

- Staffing of A1C and blood pressure screening clinics
- Materials and staffing of health cooking/nutrition educational videos
- Staff support for social media promotions and marketing
- Support for continued operations of Focus Fitness Center

*Note that Memorial Hospital currently has \$15,000 from the ICAHN Clinical Integration Grant to help offset some of the costs.

Evaluation for Poor Physical Health Maintenance

Evaluations will be conducted by the program team at the different time points – 2023, 2024, and 2027. Team lead for the physical health maintenance goals and objectives will be the Hancock County Health Department. Reports to the respective boards will be given bi-annually. Measurements used to assess achievement of stated objectives include:

- Illinois Behavioral Risk Factor Surveillance Survey Round 7 (Released in 2023)
- Hospital records of BMI from patient physicals
- Measured participation at county nutrition education events through event sign-ups, interactions from public on online educational content, and the number of educational materials given out to residents.
- Pre-Survey/Post-Survey of county restaurants for identification of healthy food options.
- Records on the number of diabetes and hypertension screenings performed annually
- Utilization records from the Memorial Hospital Diabetes Health and Wellness Center

Mental Health

Description of the Health Problem

Mental disorders include a collection of conditions that affect an individual's thinking, feeling, mood, and behavior. They include addiction to alcohol and drugs, depression, anxiety, bipolar disorders, or schizophrenia. Some of these conditions may be occasional or long-lasting (chronic) and affect an individual's ability to relate with others and function at optimal capacity. Having poor mental health can also impact the ability to

Target Population

The target population for mental health is individuals aged 12 and up. This includes individuals ranging from early adolescence to geriatric. Each of these age groups faces different challenges when it comes to mental health, so interventions involving different groups are designed for those groups specifically.

Relationship to Health People 2020

The priority area of mental health encompasses the Healthy People 2020 goals concerning both Mental Health and Mental Disorders and Substance Abuse. Identified Healthy People 2020 goals incorporated into the community health needs assessment mental health goals include:

- Improve mental health through prevention and by ensuring access to appropriate, quality mental health services (MHMD).
- Reduce substance abuse to protect the health, safety, and quality of life for all, especially children (SA).
- Improve health-related quality of life and well-being for all individuals (HRQOL/WB).

Risk Factors and Contributing Factors for Mental Health

The three key risk factors identified were poor mental wellness, substance abuse (alcohol and drugs), and chronic mental health management. The direct contributing factors for each of these risk factors is broken down below:

Poor Mental Wellness

- Stress
- Lack of Support
- Poor Coping Strategies

Substance Abuse (Alcohol and Drugs)

- Family History
- Self-Medication
- External Pressure/Stress

Chronic Mental Health Disorder Management

- Barriers to Accessing Care
- Individual Willingness to Address the Problem

Goals for Mental Health

1. To improve general mental wellness through community education on effective stress management and resiliency.
2. Increase access to mental health and substance abuse services for adult and child

residents of Hancock County.

Impact Objectives for Mental Health

- By 2024, 3% (~550 people) of Hancock County residents will be educated on stress management, self-care, and mental health resiliency through various education strategies to promote mental wellness.
- By 2024, 50% of Hancock County schools will have a referral mechanism to assist children with high levels of stress and anxiety.
- Add an additional local resource in Hancock County for mental health and substance abuse treatment by 2024.
- By 2024, 3% (~550 people) of Hancock County residents will be educated on the availability of mental health and substance abuse services offered locally to them.
- By 2024, there will be a 50% increase in the number of adolescents being offered counseling treatment for substance abuse and mental health in the local schools.
- By 2024, 100% of Hancock County junior and senior high schools will receive education on substance abuse and prevention strategies.

Outcome Objectives for Mental Health

- By 2027, 50% of Hancock County residents will indicate that they were able to effectively and safely manage their stress over the past year.
- By 2027, 100% of Hancock County schools will have a referral mechanism to assist children with high levels of stress and anxiety.
- By 2027, there will be a 5% increase in Hancock County residents who are aware of available mental health care providers.
- By 2027, there will be a 5% increase in Hancock County residents who are aware of available substance abuse counselors.
- By 2027, access to substance abuse and mental health services will be expanded to all schools in Hancock County.

Intervention Strategies for Mental Health

- Develop one community mental health/stress management educational campaign/program to be delivered in Hancock County communities each year.
- Make monthly health communication posts offering information on stress management and local mental health resources people can use to maintain mental wellness.
- Develop Mental Health Minute Videos.
- Provide education to parents on the resources available to kids regarding stress and anxiety.
- Promotion of the available stress/anxiety call lines currently available to community adults and adolescents.
- Design and release new mental health and substance abuse service line for the hospital.
- Use marketing and social media to increase awareness of mental health services

- available to Hancock County residents.
- Provide 3 youth and 3 adult mental health first aid classes per year to educate the local community on identifying and supporting those who may be struggling with mental health and substance abuse.
- Collaborate with HCAC, MHCWI, and school administration to increase opportunities for counselors to be present in each of the local schools.
- Collaborate with HCAC, MHCWI, and school administration to host substance abuse adolescent and parental education programs in the local schools.

Community Resources Available for Mental Health

There are a few resources that already exist to assist people with regards to their mental health. These resources include counseling services with MHCWI, school psychologists in the local schools, the drug court program, the Hancock County Addiction Coalition, Evergreen Center, many community churches and faith organizations, mental health call/text lines, and many local healthcare providers.

Community Barriers for Mental Health

Barriers that exist in achieving goals to improve mental health include financial costs, external stressors (e.g. the COVID-19 pandemic), time restraints, and transportation.

Estimated Funding Needs for Mental Health

By Hancock County Health Department: \$0.00

By Mental Health Centers of Western Illinois: \$55,000

- Hiring an additional counselor to increase the mental health services offered at the local schools
- Staff support for assistance at substance abuse/mental health community educational programs
- Staff support for assistance in implementing the mental health/stress management educational campaign
- Staff support for social media promotions and marketing

By Memorial Hospital Association: - \$225,000

- Staffing of new mental health/substance abuse service line
- Staff support for assistance at substance abuse/mental health community educational programs for both students and parents
- Staff support for assistance in implementing the mental health/stress management educational campaign
- Staff support for providing youth and adult mental health first aid classes
- Staff support for social media promotions and marketing

Evaluation for Mental Health

Evaluations will be conducted by the program team to assess completion of impact objectives by 2024, and outcome objectives by 2027. The team lead for the mental health goals and objectives will be Mental Health Centers of Western Illinois. Reporting of progress to the organizations' respective boards will be given bi-annually. Measurements used to assess achievement of stated objectives include:

- Mental Health Centers of Western Illinois reports on the number of students and schools being offered counseling services
- Results from the 2024 and 2027 community health needs assessment surveys
- Memorial Hospital Association reports on the implementation of the new mental health/substance abuse service line and the number of patients and communities it serves
- Measured community participation with mental health/substance abuse educational materials through counts of social media interactions, attendance at events, and paper materials handed out
- School reports on establishment of mental health/stress student referral system and educational events.

Cancer

Description of the Health Problem

Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues. Cancer is a genetic disease – that is, it is caused by changes to genes that control the way our cells function, especially regarding their growth and division. Cancer can be either malignant or benign. Malignant cancer cells, if left untreated, can spread to other parts of the body through the blood and lymph systems and the outcome is often fatal. Cancer is not just one disease; it is a collection of many diseases. There are more than 100 kinds of cancer affecting different parts of the body, and each cancer is usually named for the organs or tissues where the cancer cells originated.

Target Population

The target population for the cancer health priority is adults aged 21 and older. This age group was selected due to the far greater prevalence of cancers being present in adults, and the recommendations for cancer screenings begin in the adult years. It was also believed that by educating parents about cancer risk factors, they would be able to choose cancer protective behaviors for their children.

Relationship to Healthy People 2020

The priority area of mental health encompasses the Healthy People 2020 goals concerning both Cancer and Health-Related Quality of Life and Well-Being. Identified Healthy People 2020 goals incorporated into the community health needs assessment cancer

goals include:

- Reduce the number of new cancer cases, as well as illness, disability, and death caused by cancer.
- Improve health-related quality of life and well-being for all individuals.

Risk Factors and Contributing Factors for Cancer

The three key risk factors identified were individual non-modifiable factors, lifestyle choices, and environment. The direct contributing factors for each of these risk factors are broken down below:

Individual Non-Modifiable Factors

- Genetics/Hereditry
- Age

Lifestyle Choices

- Tobacco Use
- Alcohol
- Diet

Environment

- Land Pollutants
- Air Pollutants
- Radiation
- Viral Infections

Goals for Cancer

1. To reduce the burden of cancer on Hancock County residents through early detection and supportive services.
2. To reduce the burden of cancer by creating awareness of cancer risk factors in Hancock County through wellness campaigns and cancer risk education.

Impact Objectives for Cancer

- By 2024, there will be a 3% increase in Hancock County women meeting clinical guidelines for breast cancer screenings (mammography).
- By 2024, there will be a 3% increase in Hancock County women 25 years or older having received cervical cancer screening (pap-smear) within the past 5 years.
- By 2024, there will be a 3% increase in Hancock County adults aged 45 and older having ever been screened for colorectal cancer (via stool-based screening or colonoscopy).
- Clinic providers will meet Accountable Care Organization (ACO) guidelines for cancer screening recommendations of Hancock County patients by 2024.
- By 2024, there will be a 2% increase in Hancock County residents battling cancer

who are aware of the available support services given by Helping Us Give Support (HUGS) in Hancock County.

- Increase awareness of cancer risk factors for 3% (~550 people) of Hancock County residents by 2024.

Outcome Objectives for Cancer

- By 2027, there will be a 5% increase in Hancock County women meeting clinical guidelines for breast cancer screenings (mammography).
- By 2027, there will be a 5% increase in Hancock County women aged 25 years or older having received cervical cancer screening (pap-smear) within the past 5 years.
- By 2027, there will be a 5% increase in Hancock County adults aged 45 and older having ever been screened for colorectal cancer (via stool-based screening or colonoscopy).
- Clinic providers will continue to meet Accountable Care Organization guidelines for screening recommendations of Hancock County patients each year through 2027.
- Increase awareness of cancer risk factors for 5% (~890 people) of Hancock County residents by 2027.

Intervention Strategies for Cancer

- Yearly provider education on cancer screening guideline recommendations based on age and sex.
- Develop 2 community cancer screening and cancer risk factor education programs to educate county residents on the benefits of receiving regular cancer screenings and cancer risk factors.
- Use social media/marketing to educate community members on the value of cancer screenings
- Create a survey for current cancer patients living in Hancock County to identify further areas of support services that are needed for those battling cancer.
- Establish a protocol that all patients diagnosed with cancer are given information about HUGS, how to contact them, and the services that they provide.
- Monthly social media campaigns on tobacco cessation, alcohol cessation, and environmental risk factors for cancer.

Community Resources Available for Cancer

There are a variety of resources available in Hancock County to help address the health challenges associated with cancer. These resources include: local primary care providers, oncology specialty services, Helping Us Give Support (HUGS) of Hancock County, HUGS cancer support groups, Hancock County Fights Cancer, Evergreen Center,

American Cancer Society, and the Illinois QUITLINE.

Community Barriers for Cancer

Barriers that exist in achieving goals to improve health outcomes for cancer patients and cancer prevention include financial costs, external factors (e.g. the COVID-19 pandemic), time restraints, and awareness of available resources.

Estimated Funding Needs for Cancer

By Hancock County Health Department - \$30,000

- Staffing and transportation for cancer awareness campaign
- Staff support for lab examination
- Staff support for the diagnosis and referral for oral and breast cancers
- Staff support for health education presentations
- Staff support for social media posts

By Memorial Hospital Association - \$35,000

- Staffing and transportation for cancer awareness campaign
- Staff support for health education presentations
- Staff support for social media posts
- Staff support for increased cancer screenings

Evaluation of Cancer

Evaluations will be conducted by the program team to assess completion of impact objectives by 2024, and outcome objectives by 2027. The team leads for the mental health goals and objectives will be Memorial Hospital Association. Reporting of progress to the organizations' respective boards will be given bi-annually. Measurements used to assess achievement of stated objectives include:

- 2024 and 2027 community health needs assessment survey data
- Accountable Care Organization quarterly feedback reports
- Measured cancer patient awareness of cancer support services through counts of social media interactions, attendance at events, paper materials handed out, and utilization of HUGS services
- Measured cancer screening and risk factor awareness through counts of social media interactions, attendance at events, and paper materials handed out regarding cancer education

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APPENDIX A

2021 Hancock County Community Health Needs Assessment (CHNA) Survey

Primary Health Data from the CHNA Survey



2021 Hancock County Community Health Needs Assessment (CHNA)

Please fill out this survey to help us assess the health needs of Hancock County, Illinois.

1. What ZIP code do you reside in?

2. Gender?

- ☐ Male
☐ Female

3. What is your race?

- | | |
|--------------------------------------------------------|----------------------------------------------------------------|
| <input type="radio"/> White | <input type="radio"/> Hispanic or Latino |
| <input type="radio"/> Black or African American | <input type="radio"/> Native Hawaiian & Other Pacific Islander |
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Other |
| <input type="radio"/> Asian | |

4. What are the ages of the people who live in your household?

	0-35 months	3-5 years	6-12 years	13-17 years	18-24 years	25-44 years	45-54 years	55-64 years	65+
Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age of Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age of Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age of Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age of Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age of Person 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How long have you lived in Hancock County?

- ☐ Less than a year
 ☐ 6-10 years
☐ 1-2 years
 ☐ 11-20 years
☐ 3-5 years
 ☐ More than 20 years

6. Including yourself, how many members of your household are disabled?

- ☐ 0
☐ 1
☐ 2
☐ 3 or more

7. Including yourself, how many adults (age 18 or older) in your household are in fair-to-poor health?

- ☐ 0
☐ 1
☐ 2
☐ 3 or more

8. Is any child (age 17 or younger) in your household in fair-to- poor health?

- ☐ Yes, 1
☐ Yes, 2 or more
☐ No
☐ Not Applicable

9. Are you or any household member a PRIMARY caregiver for an aged, disabled or chronically ill person? (including a parent, spouse or other relative)

☐ Yes

☐ No

10. When was your last visit to the doctor for a routine check-up? (A routine check-up is a general visit, not for a specific injury, illness, or condition).

☐ Within the past year

☐ 5 or more years ago

☐ Within the past two years

☐ Never

☐ Within the past 5 years

11. If your last visit was more than two years ago, is it because you

☐ Do not have a medical condition that requires any care

☐ Do not have or could not arrange transportation

☐ Do not routinely receive any health screenings

☐ I have no insurance coverage

☐ Have scheduling conflicts

☐ I choose not to go

☐ Could not afford services

☐ Other (please specify)

12. If you or a household member have a health care need:

	Yes	No
Are you aware of a doctor/healthcare provider you can go to?	<input type="radio"/>	<input type="radio"/>
Are you aware of a dentist you can go to?	<input type="radio"/>	<input type="radio"/>
Are you aware of a mental health specialist you can go to?	<input type="radio"/>	<input type="radio"/>
Are you aware of a substance abuse counselor you can go to?	<input type="radio"/>	<input type="radio"/>
Are you aware of an eye doctor you can go to?	<input type="radio"/>	<input type="radio"/>

13. How many times during the past 12 months have you or any household member used a hospital emergency room? (check only one)

☐ None

☐ 1-2 times

☐ 3-5 times

☐ 6 or more times

14. If you or a household member used a hospital emergency room in the past 12 months, was it because of:

- ☐ An injury that required immediate attention
- ☐ An injury that did not require immediate attention but it was the most convenient/only service available
- ☐ An ongoing illness
- ☐ An illness that required immediate attention
- ☐ Not Applicable

15. Have you or anyone in your household had any difficulty finding a primary doctor/medical provider or specialist within the past two years?

- ☐ Yes
- ☐ No

16. If yes to Question 15, briefly, why would you say you had trouble finding a primary doctor/medical provider?

- ☐ Could not get a convenient appointment
- ☐ Did not know how to get in contact with one
- ☐ Provider was not taking new patients
- ☐ No transportation
- ☐ Would not accept your insurance
- ☐ Doctor/Medical provider moved away/retired
- ☐ Not Applicable

Other (please specify)

17. If yes to Question 15, why were you unable to visit the specialist when you needed one?

- ☐ No appointments were available
- ☐ No specialist was available in this area
- ☐ Did not have transportation to get to the office
- ☐ Could not get to the office while they were open
- ☐ Did not know how to find one
- ☐ Could not afford to pay for the specialist
- ☐ Not Applicable

Other (please share what type of specialist you were unable to find)

18. About how long has it been since you had the following tests/screening done?

	Within the past year	Within the past 2 years	Within the past 5 years	5 years or more	Never	Not Applicable
Blood Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Exam by a medical provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap Smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. In your opinion, what are the five (5) most pressing health problems in your community? (check only 5)

- ☐ Ability to pay for care
- ☐ Alcohol – dependency or abuse
- ☐ Drug abuse – prescription medication or illegal substances
- ☐ Cancer
- ☐ Child abuse/neglect
- ☐ Cost of healthcare/and medication
- ☐ Domestic violence
- ☐ Lack of health insurance
- ☐ Lack of transportation to health care services
- ☐ Lack of dental care
- ☐ Lack of eye care
- ☐ Mental health
- ☐ Obesity
- ☐ Teen pregnancy
- ☐ Tobacco use/smoking
- ☐ None

Other (please specify)

20. In your opinion, what five types of health education services are most needed in your community? (check only 5)

- | | |
|--------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Drug Abuse |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Cancer Screening | <input type="checkbox"/> Smoking Cessation and/or Prevention |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Family Violence | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Nutrition/Diet | <input type="checkbox"/> Opioid Abuse |
| <input type="checkbox"/> Physical Activity or Exercise | |

Other (please specify)

21. What health or community services would you like to see Memorial Hospital and Hancock County Health Department provide?

22. What ideas or suggestions do you have for improving the overall health of the community?

23. During the past 12 months, have you received a flu shot?

- ☐ Yes
- ☐ No

24. If and when the COVID-19 vaccine is available are you interested in receiving the vaccine?

- ☐ Yes
- ☐ No

25. During the past month, have you been physically active or exercised, such as running, walking, swimming, golf, etc.?

- ☐ Yes
- ☐ No

26. If yes to question 25, how many times a week do you take part in this activity?

- ☐ 1-2 Days
- ☐ 3-4 Days
- ☐ 5-7 Days
- ☐ Answered NO to question 25

27. If yes to question 25, how many minutes or hours each time do you spend doing this activity?

- ☐ Less than 30 minutes
- ☐ 30 minutes to 1 hour
- ☐ 2 hours to 5 hours
- ☐ I answered NO to question 25

28. Do you smoke cigarettes, chew tobacco, or use electronic cigarettes?

- ☐ Yes
- ☐ No

If yes, how much on an average day?

29. If yes to question 28, are you interested in stopping?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

30. I am being treated for? (check all that apply)

- | | |
|-----------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Adult asthma | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Angina or Coronary Artery Disease | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Hypertension (High Blood Pressure) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> CHF (Congestive Heart Failure) | <input type="checkbox"/> Overweight or Obesity |
| <input type="checkbox"/> COPD (Chronic Obstructive Pulmonary Disease) | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Diabetes or High Blood Sugar | |

If you said yes to Cancer, what type?

31. Has a child in your household (age 17 or younger) been told they have one of the following conditions? (check all that apply)

- ☐ Asthma
- ☐ Diabetes
- ☐ Overweight or Obesity
- ☐ Cancer
- ☐ None
- ☐ I do not have children

Other health condition (please specify)

32. Has a child in your household (age 17 or younger) used the following? (check all that apply)

- ☐ Alcohol
- ☐ Marijuana
- ☐ Methamphetamine
- ☐ Opioids
- ☐ Heroin
- ☐ Tobacco
- ☐ Not applicable

Other (please specify)

33. What is your highest level of education?

- ☐ Elementary school
- ☐ Left high school without a diploma
- ☐ High School diploma
- ☐ GED
- ☐ Currently attending or have some college
- ☐ Two-year college degree
- ☐ Four-year college degree
- ☐ Graduate-level degree or higher

34. Including yourself, how many adults in your household are retired?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 or more

35. Including yourself, how many adults (age 18 years or older) in your household are employed full time, year-round?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 or more

36. Including yourself, how many adults (age 18 years or older) are unemployed?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 or more

37. How many household members are currently covered by health insurance?

Number of adults (18 and older) covered by health insurance:

Number of children (17 and under) covered by health insurance:

Number of household members not covered by insurance:

38. If you and/or members of your household have health insurance coverage, how is it obtained? (check all that apply)

- ☐ Medicare
- ☐ Medicaid
- ☐ Through a retirement insurance plan
- ☐ Through an employer's health insurance plan
- ☐ Veterans' Administration
- ☐ Privately purchased
- ☐ Other (please specify)

39. Do any of these insurance policies provide dental coverage?

- ☐ Yes
- ☐ No

40. Do any of these insurance policies provide vision coverage?

- ☐ Yes
- ☐ No

41. Do any of these insurances pay for prescription drugs?

- ☐ Yes, with co-payment
- ☐ Yes, with no co-payment
- ☐ No
- ☐ I am unsure

42. What hospital do you use?

43. How do you choose a hospital to receive care?

- ☐ Closest
- ☐ Insurance Coverage
- ☐ My provider is there

Other (please specify)

44. What was the combined household income last year? (check only one)

- ☐ Less than \$20,000
- ☐ \$20,000 - \$49,999
- ☐ \$50,000 - \$69,999
- ☐ \$70,000 - \$99,999
- ☐ \$100,000 - or more

45. How would you describe your housing situation? (check only one)

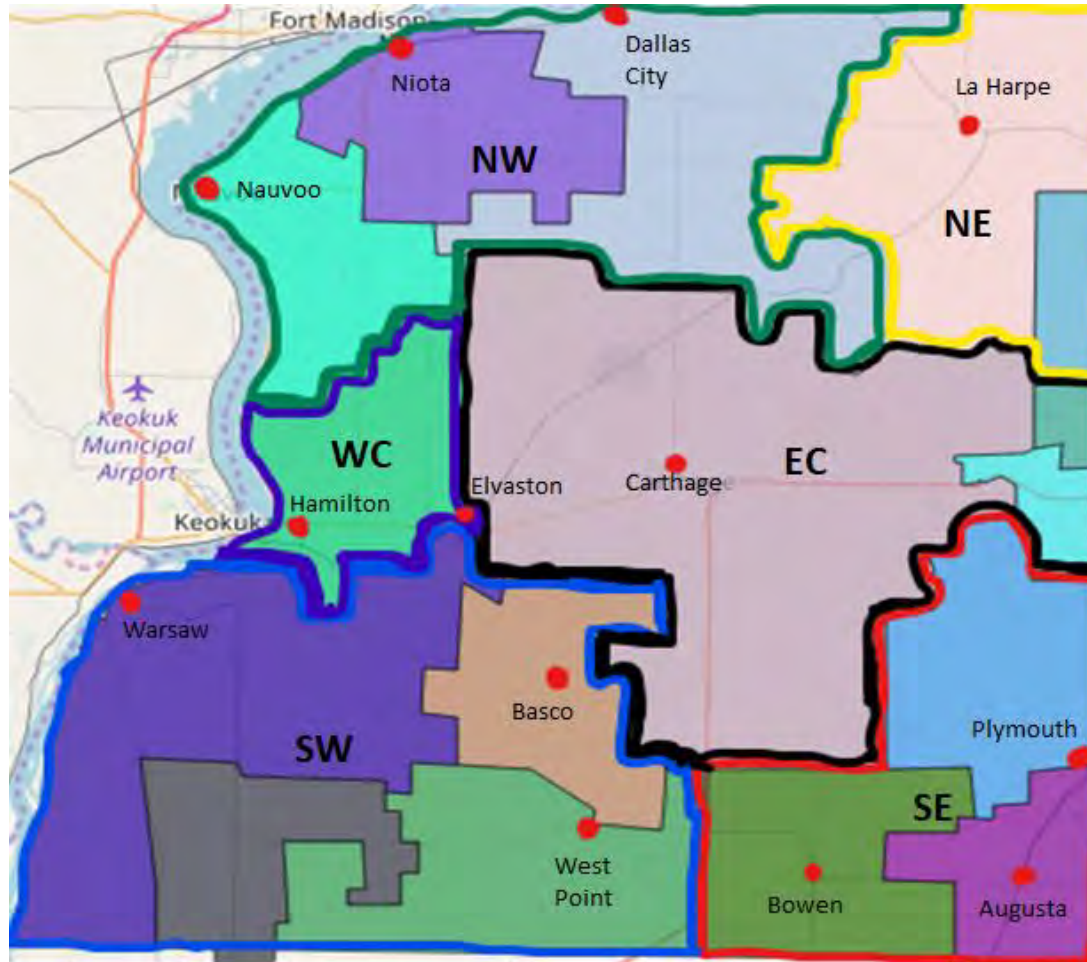
- ☐ Own a house or condo
- ☐ Rent a house, apartment or room
- ☐ Living in a group home
- ☐ Living temporarily with a friend or relative
- ☐ Multiple households sharing an apartment or house
- ☐ Living in a shelter
- ☐ Living in a motel
- ☐ Living in senior housing or assisted living
- ☐ Homeless

Other (please specify)

DEMOGRAPHIC

Data from the 2021 Hancock County Needs Assessment Survey

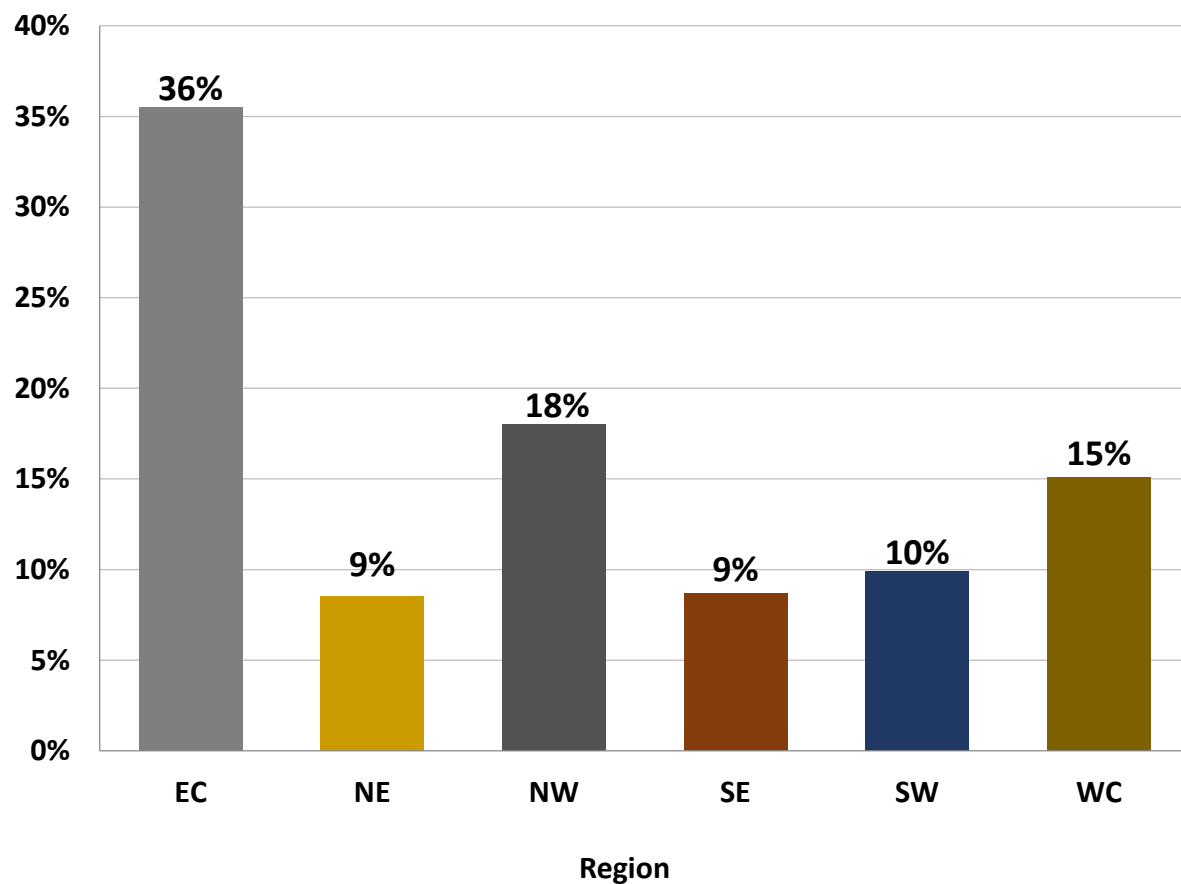
Geographical Map of Hancock County Illinois



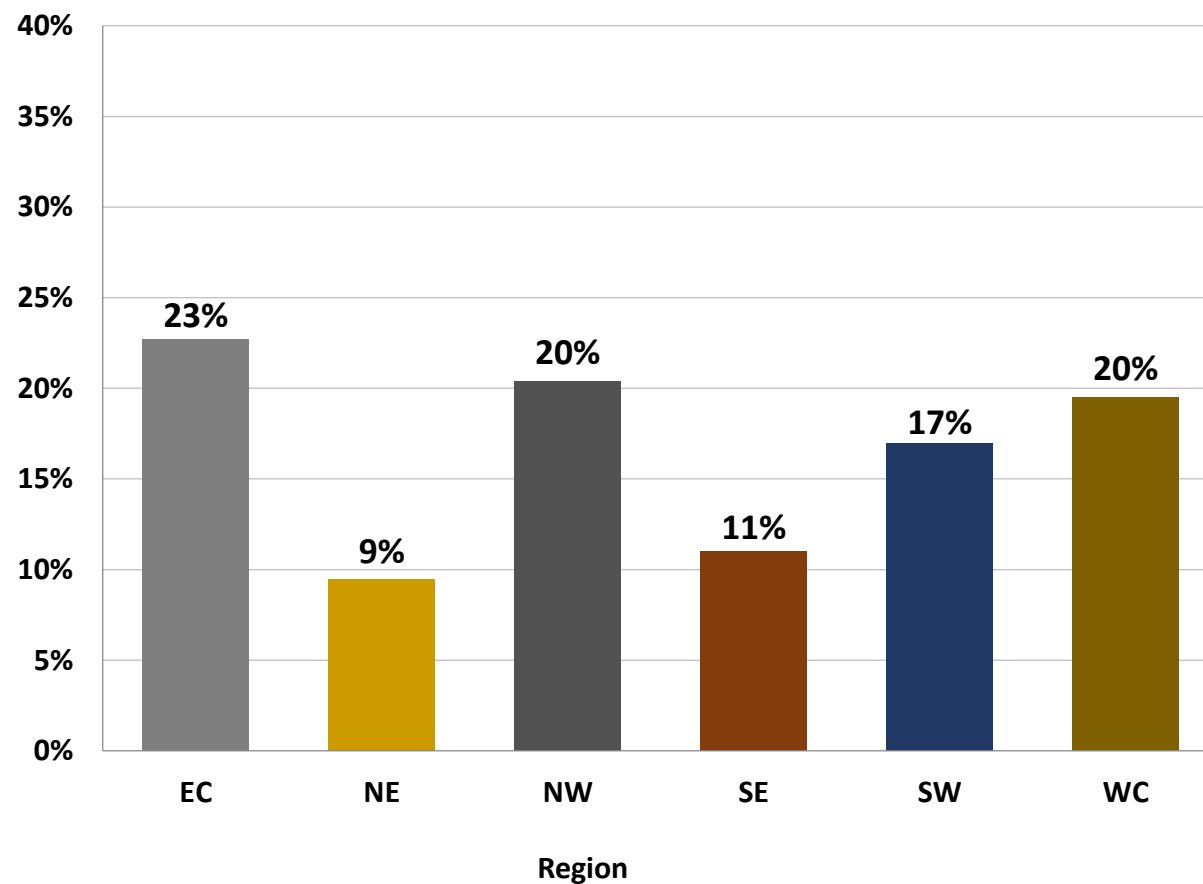
- 2019 Population ~17,708
- Geographical Size: 793.71 mi²
- Regions:
 - Northwest (NW)
 - Northeast (NE)
 - West Central (WC)
 - East Central (EC)
 - Southwest (SW)
 - Southeast (SE)

Regional Distribution Breakdown

Region Distribution Respondents (N = 1061)

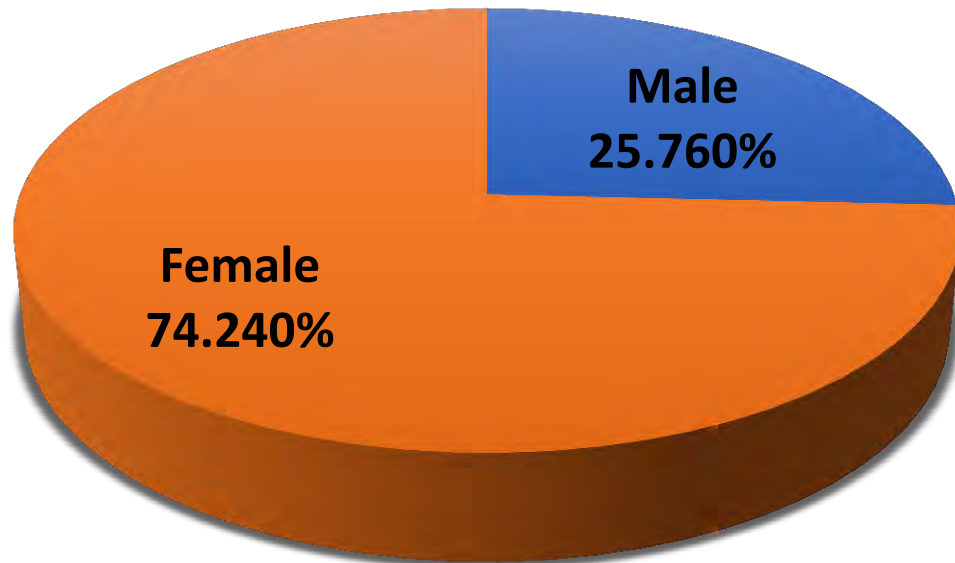


2019 Region Population Distribution of Hancock County

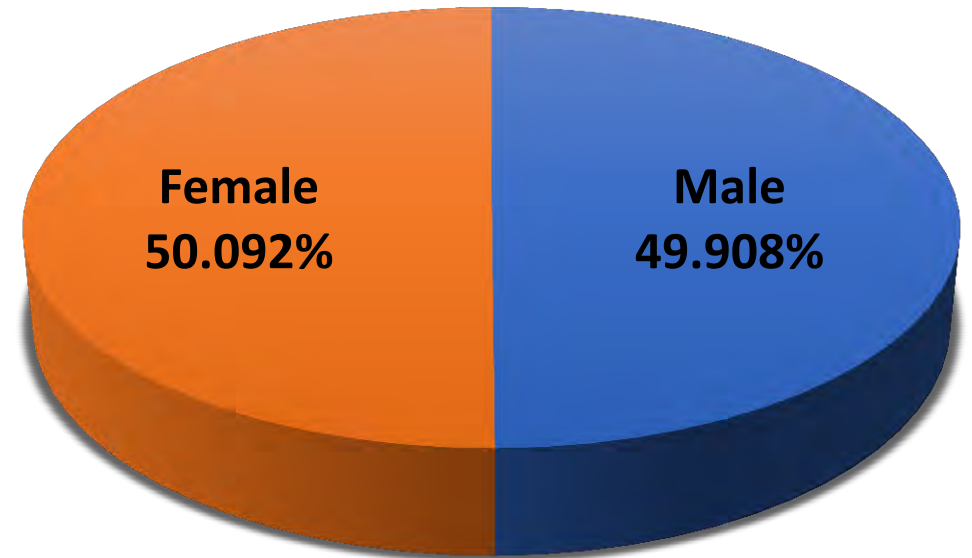


Sex Distribution

Sex Distribution of Respondents (N = 1079)



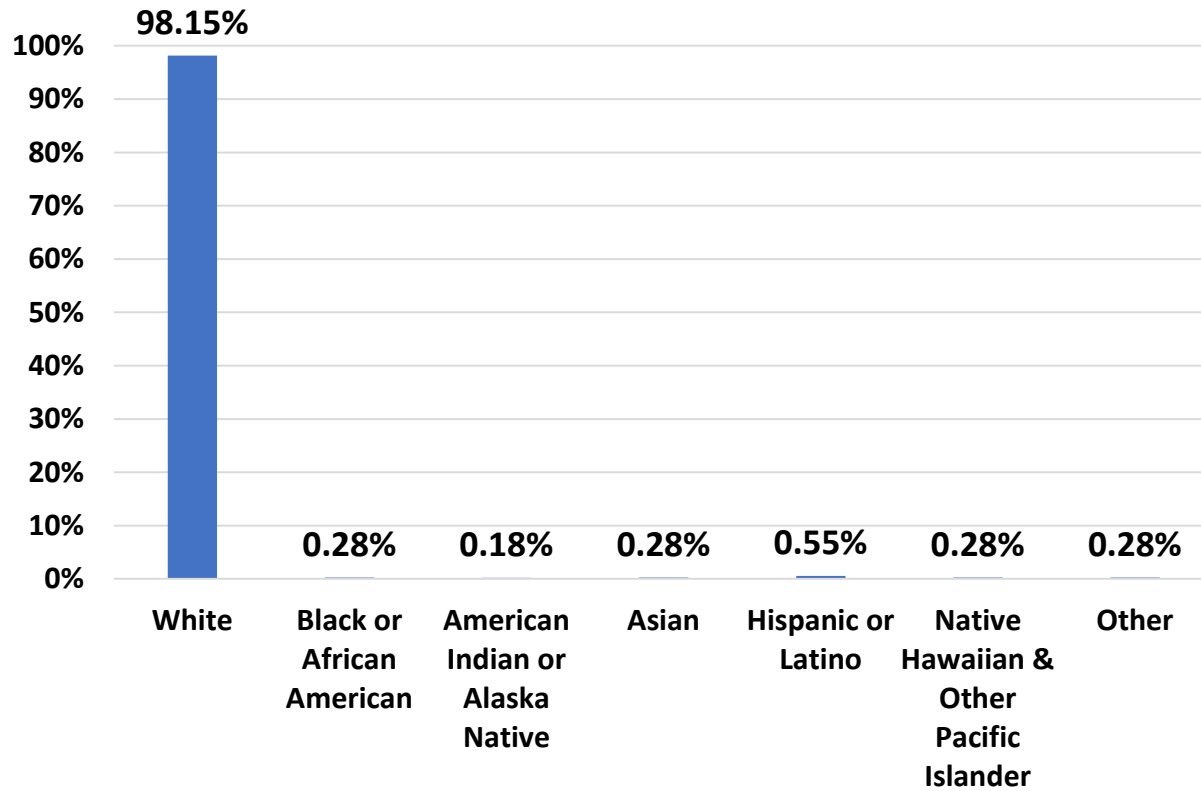
2019 Estimated County Sex Distribution



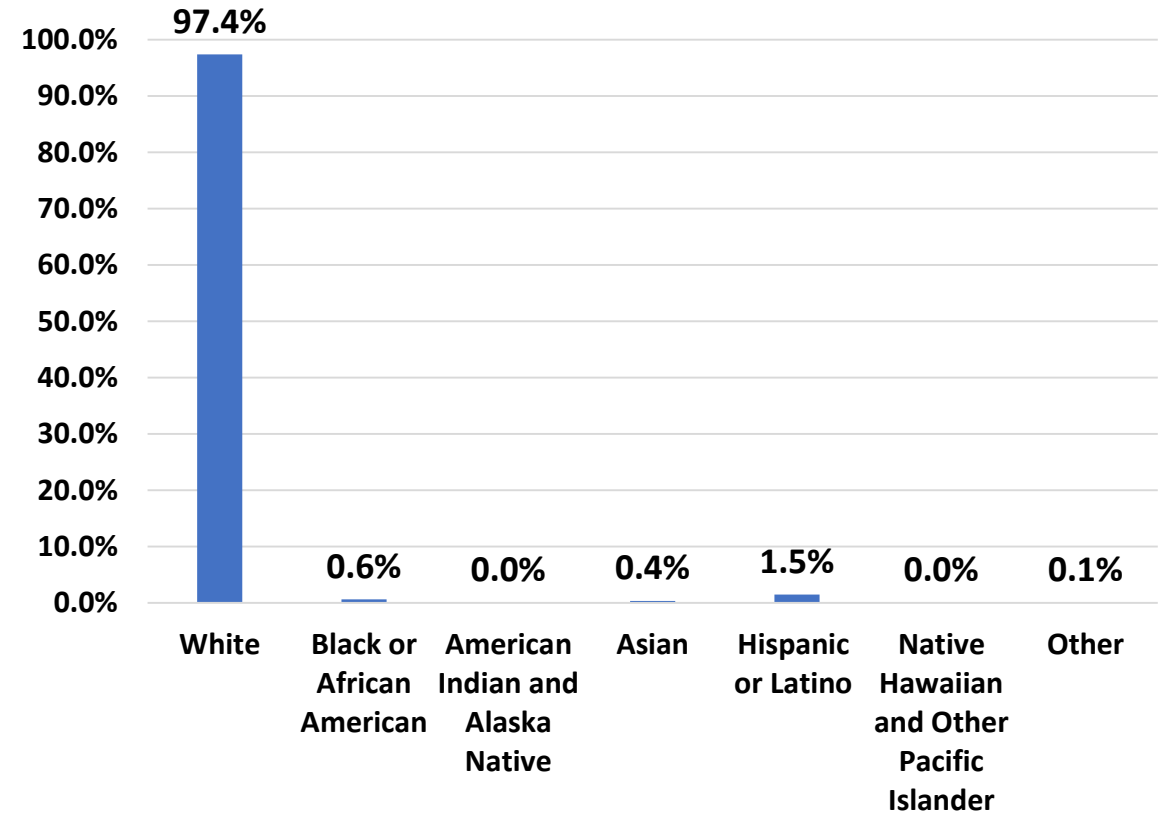
American Community Survey-
U.S. Census Bureau

Racial Distribution of Respondents

Racial Distribution of Respondents (N = 1082)

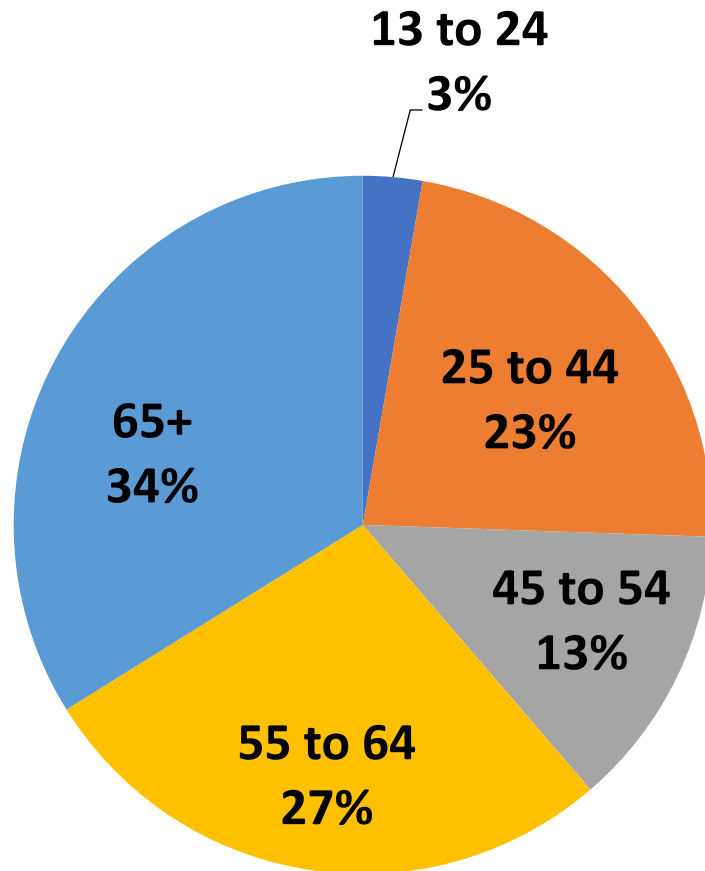


Estimated Racial Distribution of Hancock County

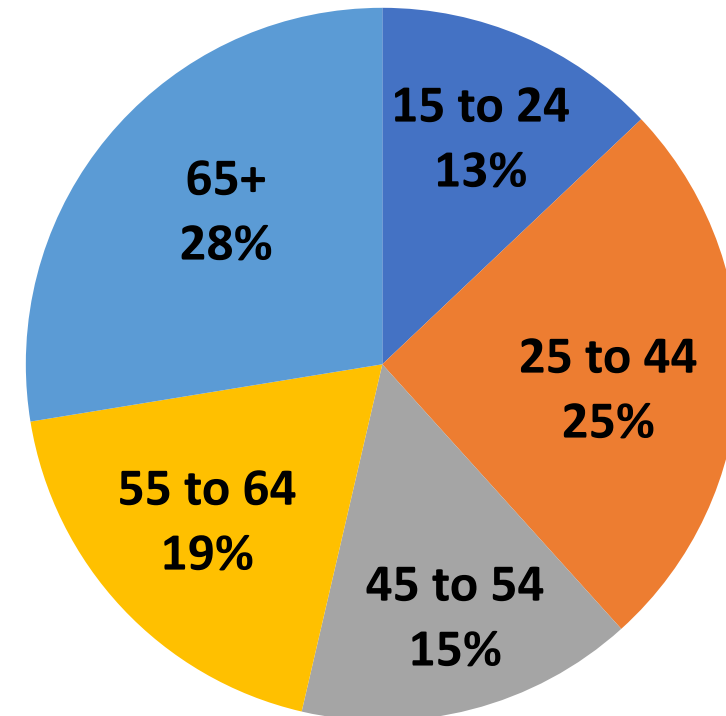


Age Distribution of Respondents

Age Distribution of Respondents (N = 1057)

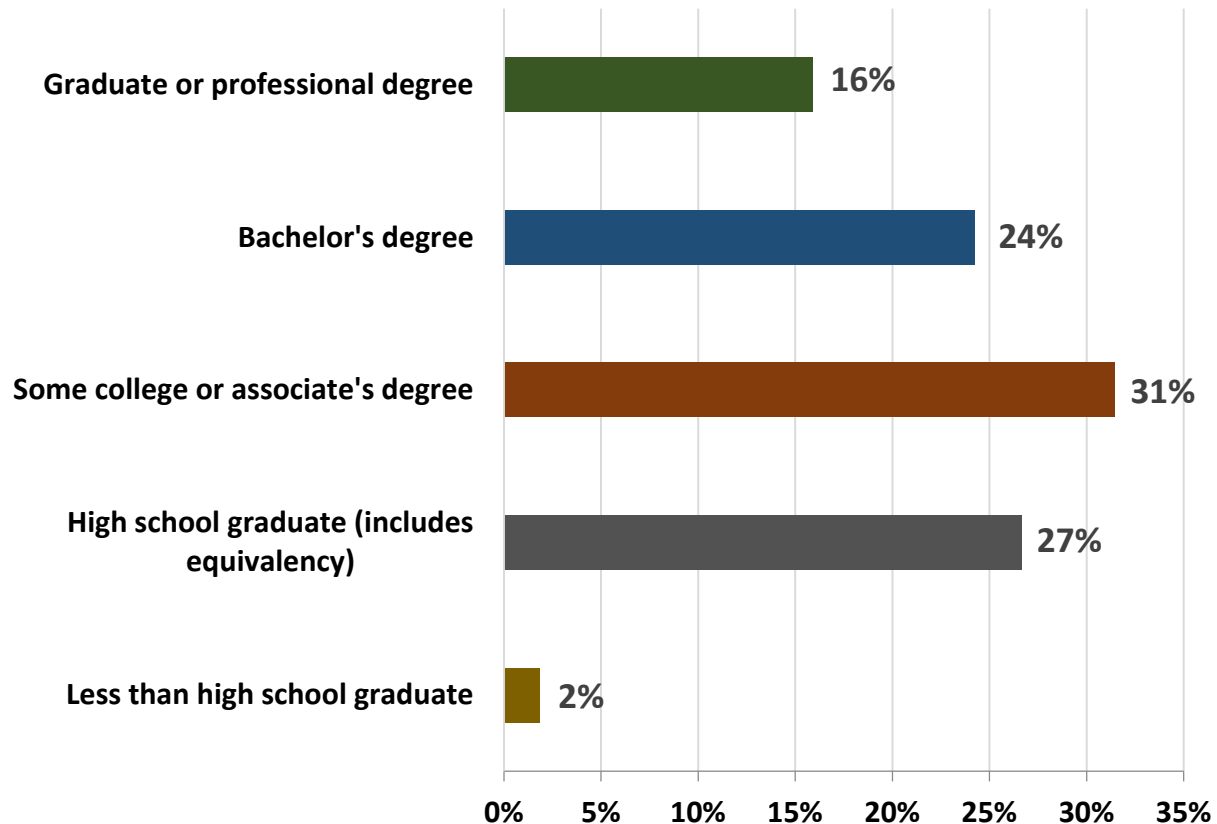


County Age Distribution Estimates

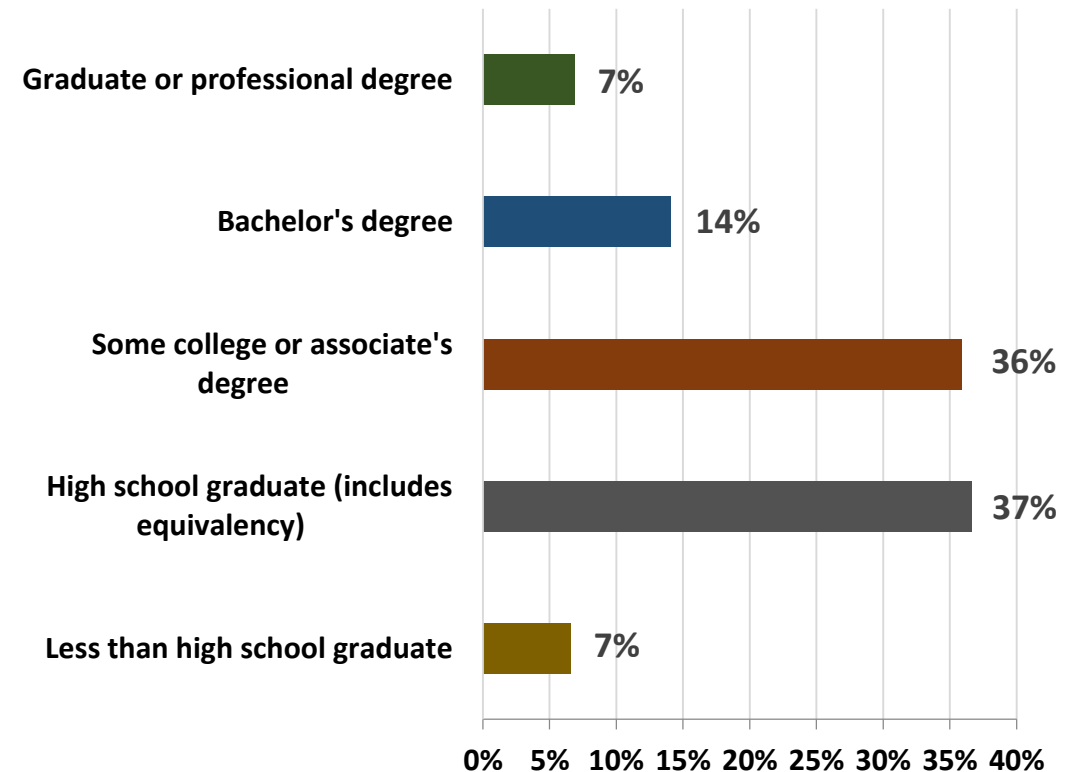


Educational Level

Educational Level of Respondents (N = 1033)

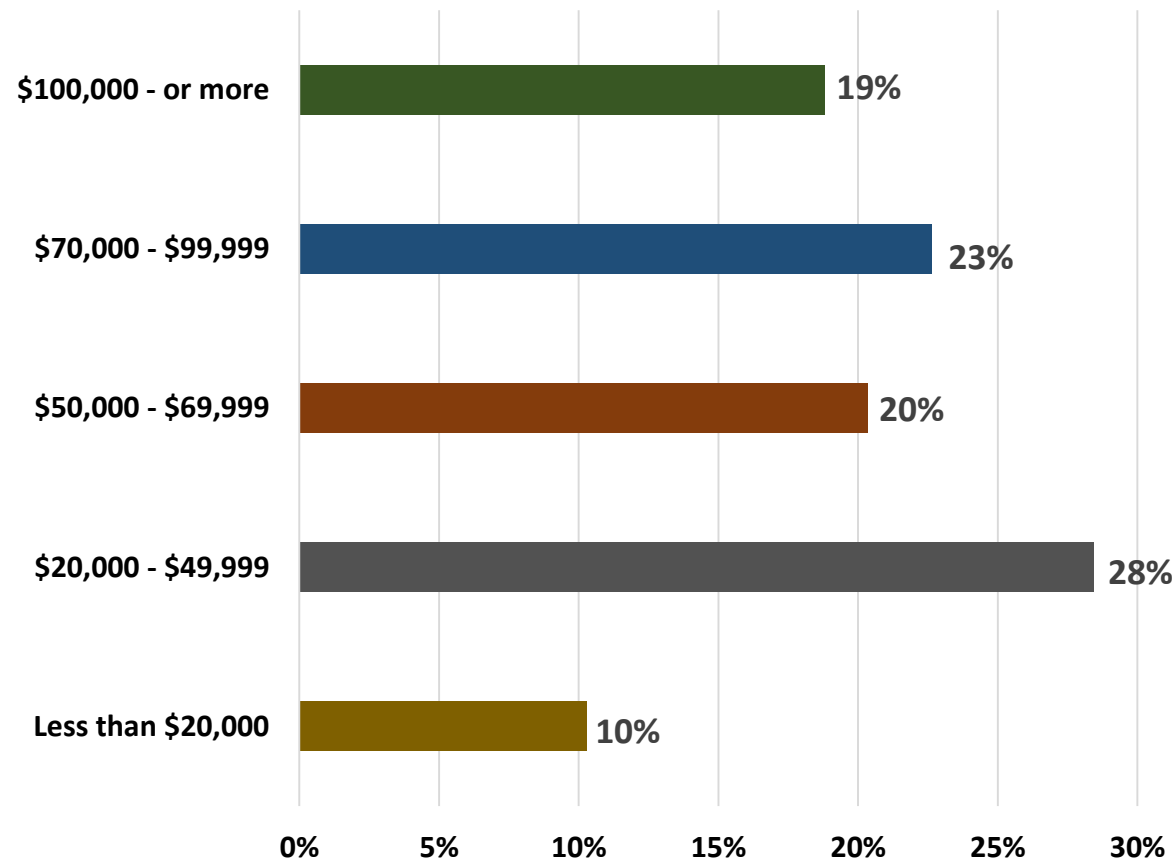


Estimated 2019 Educational Level of Hancock County Residents 25 and Older

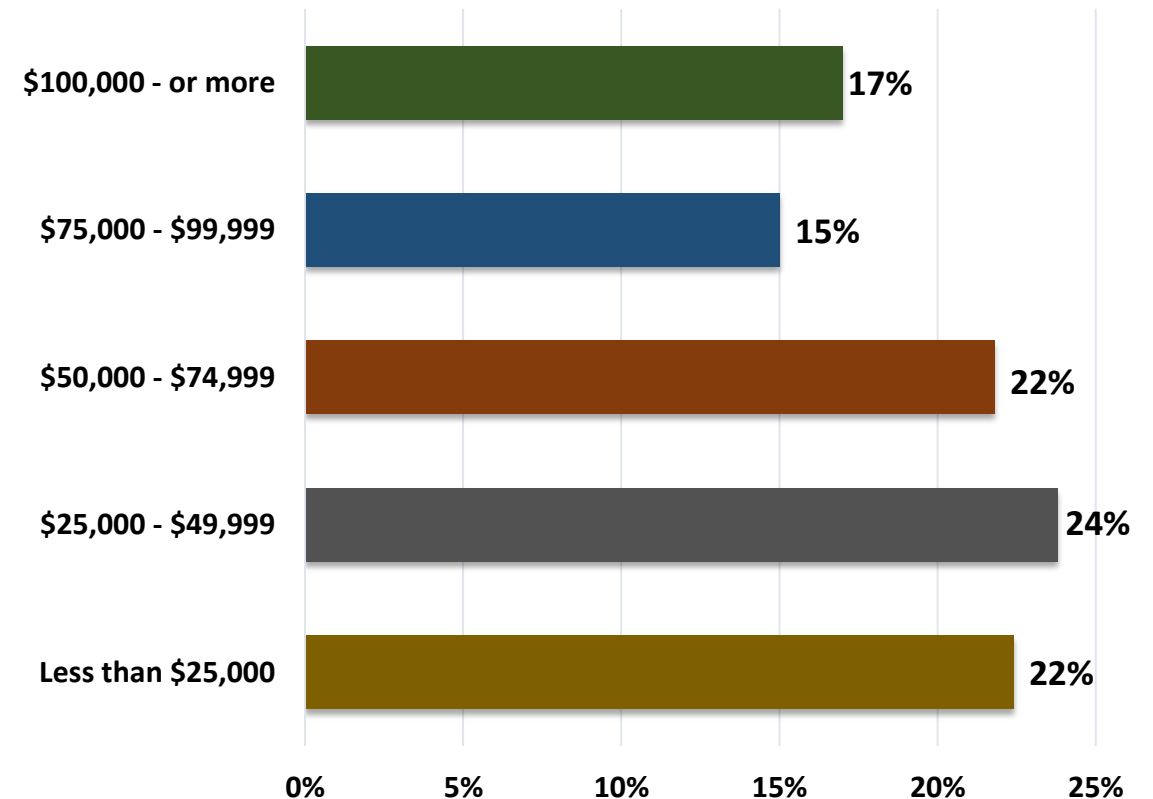


Socioeconomic Status of Respondents

Household Income of Respondents (N = 914)



Estimated 2019 Population Household Income Distribution



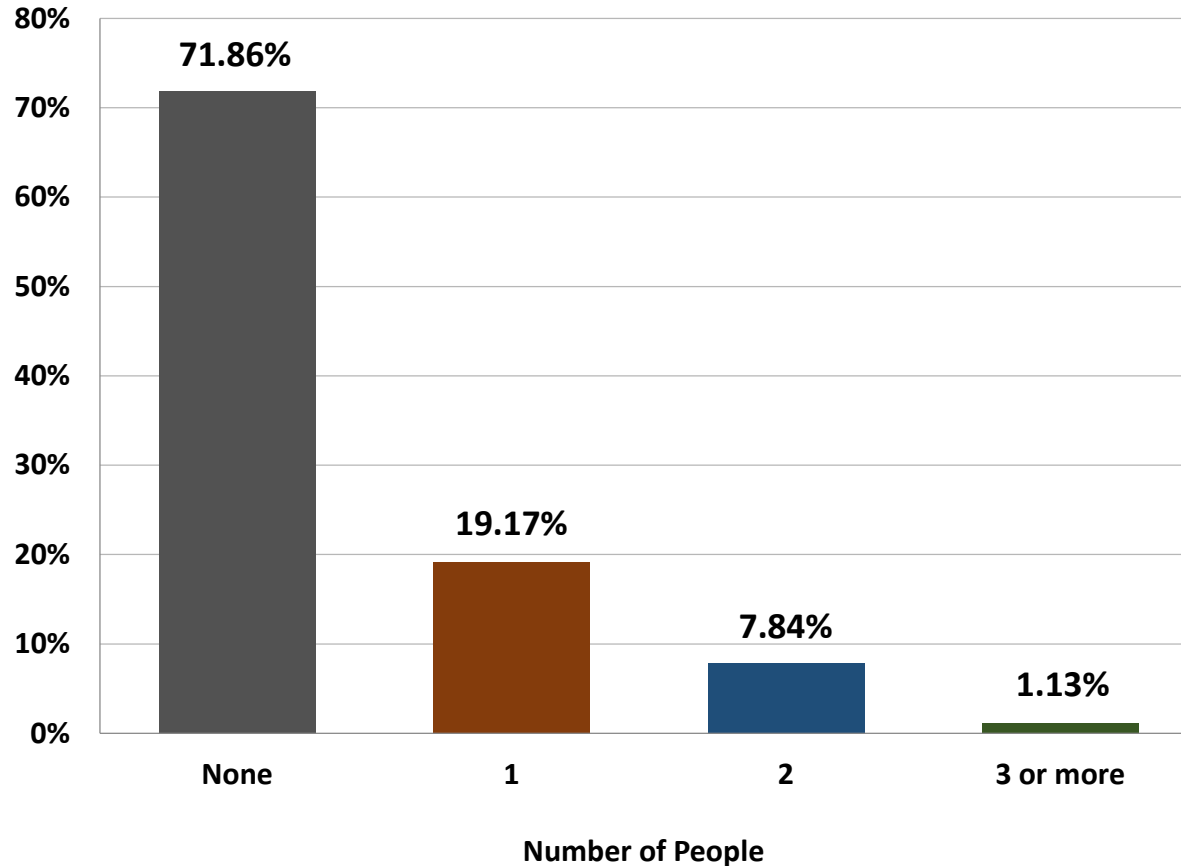
American Community Survey Income in the Past 12 Months (In 2019 Inflation-Adjusted Dollars)- U.S. Census Bureau

HEALTH INDICATORS

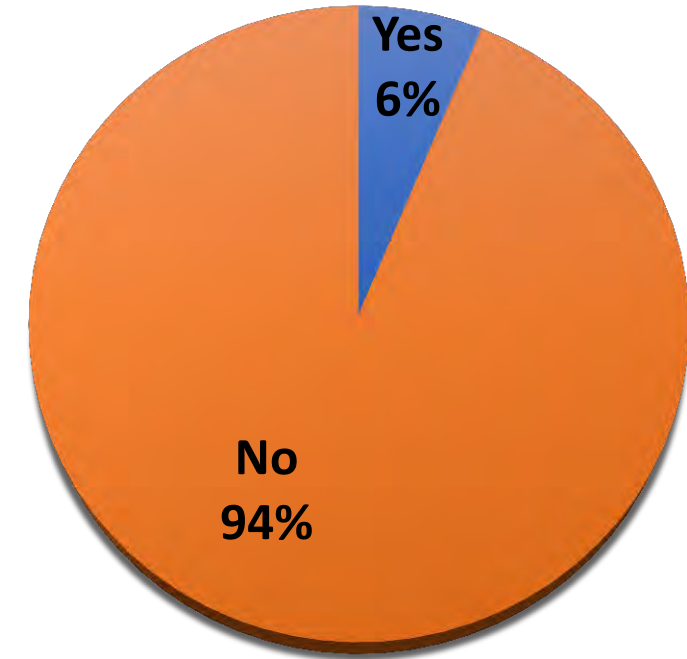
Data from the 2021 Hancock County Needs Assessment Survey

General Health of Community

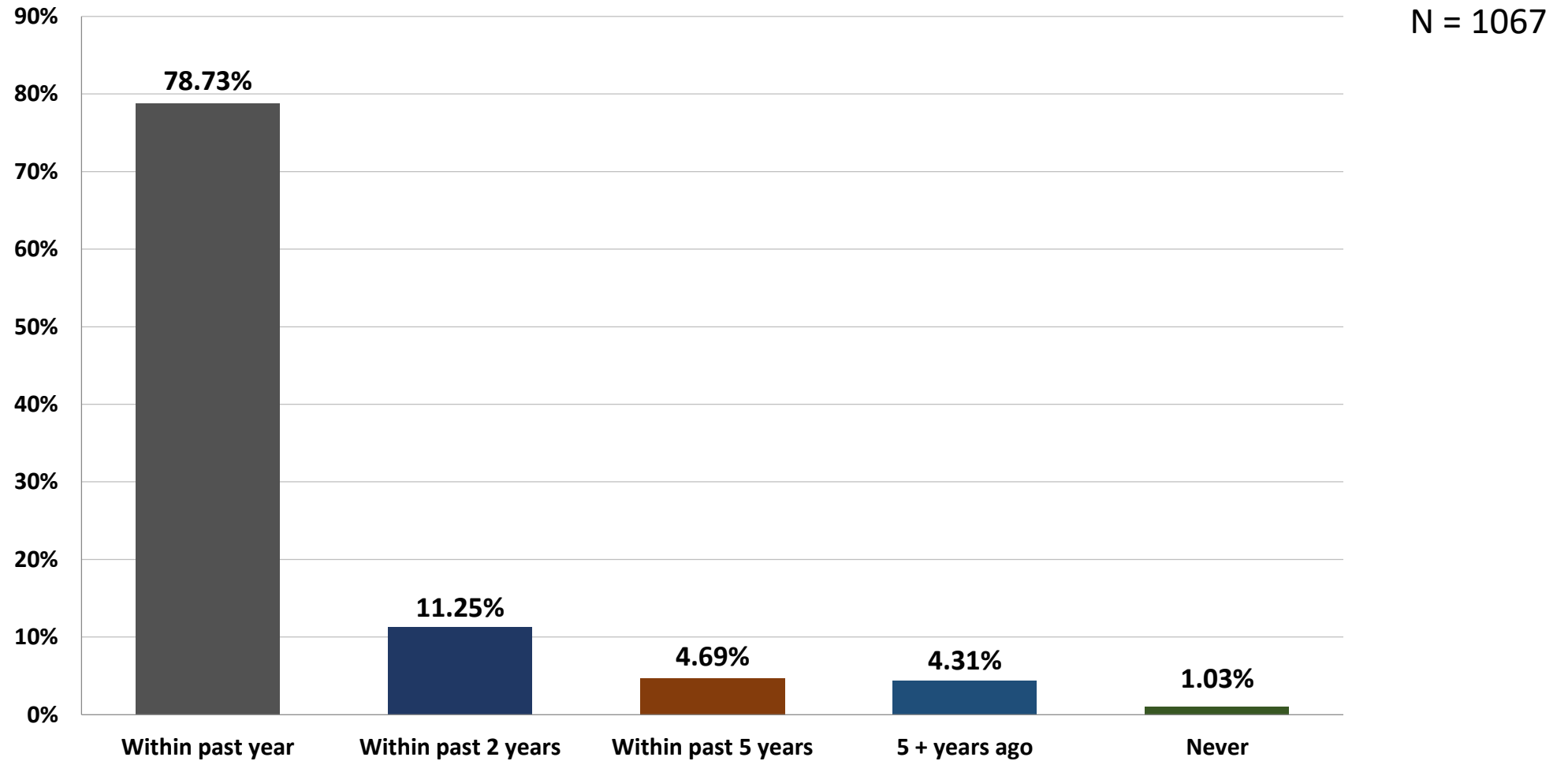
Number of Household Adults in Fair/Poor Health (N = 1059)



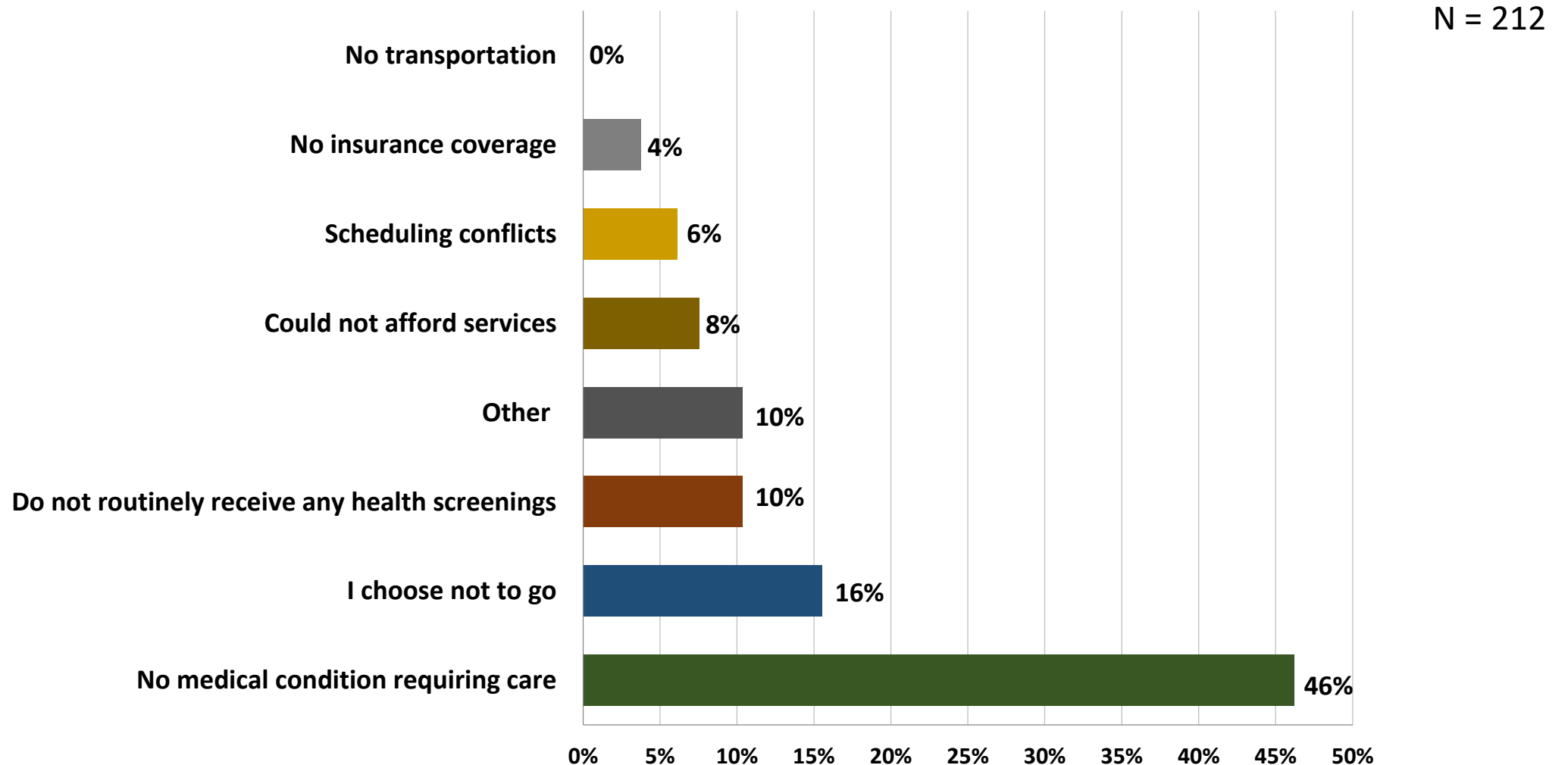
Households with Children in Fair to Poor Health (N = 560)



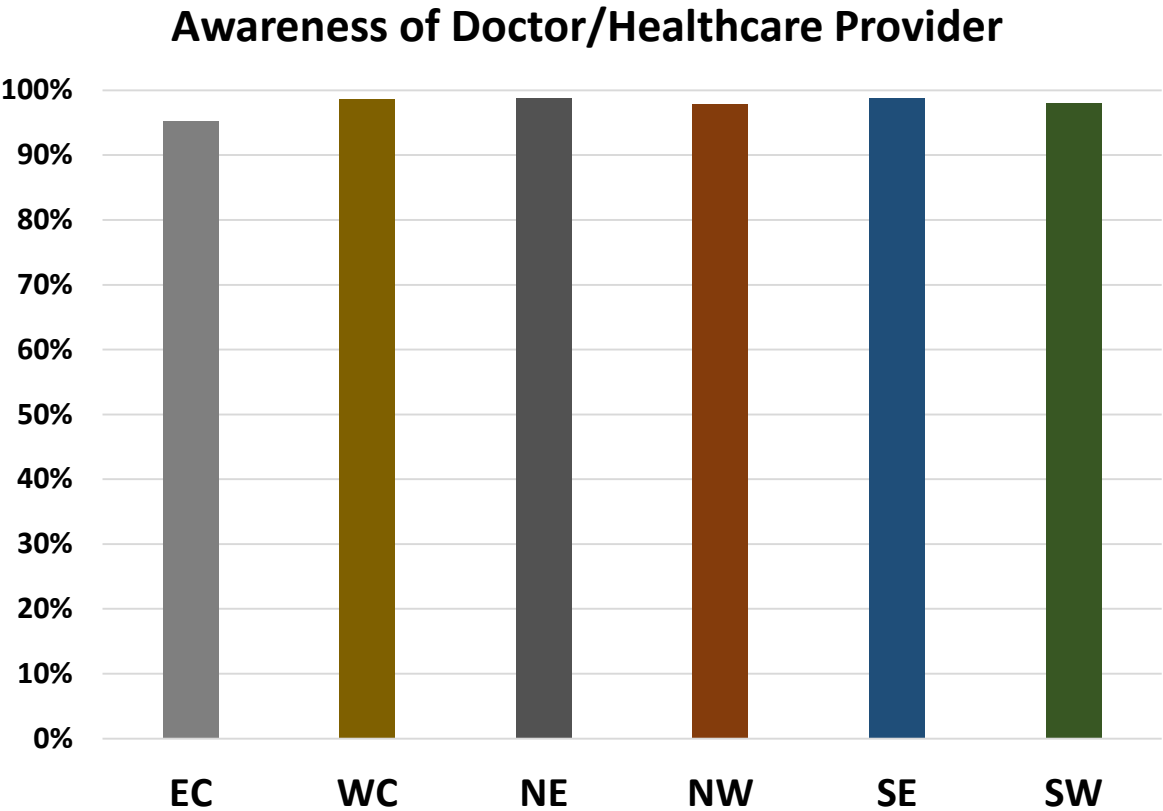
Time Since Last Primary Care Visit



Reasons for No Checkup in Past 2 Years

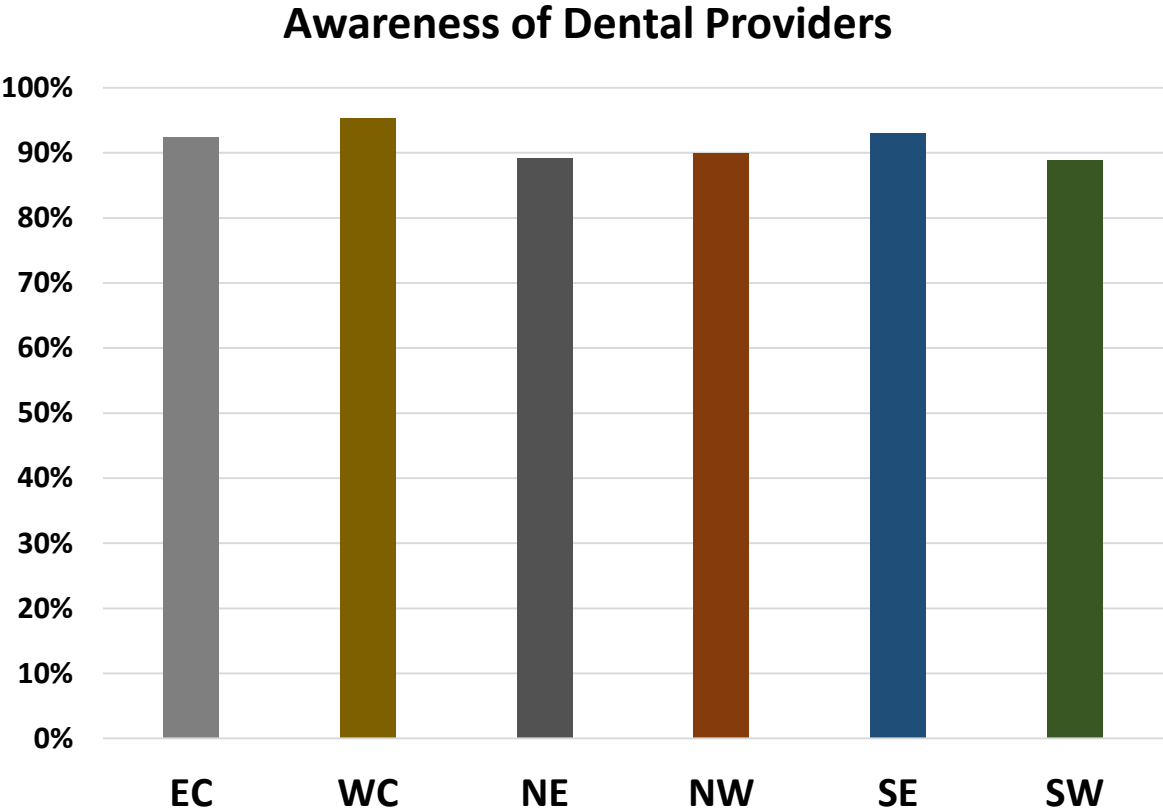


Provider Awareness by Region



EC – East Central
WC – West Central

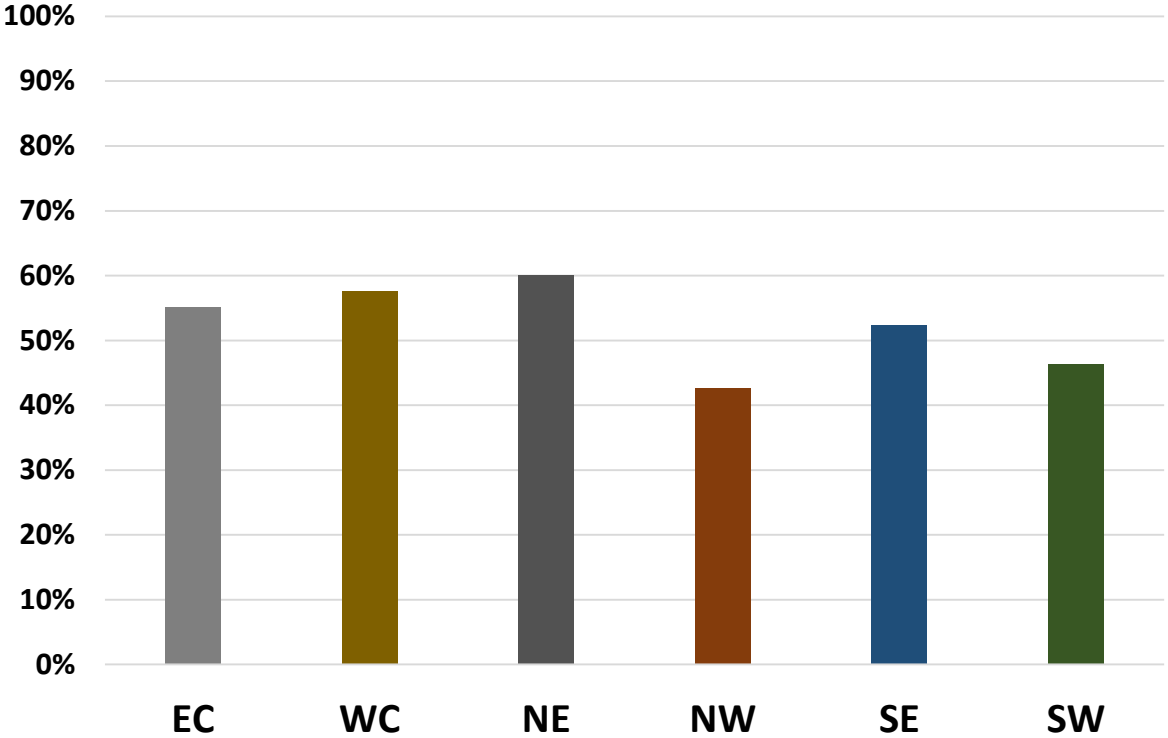
NE – North East
NW – North West



SE – South East
SW – South West

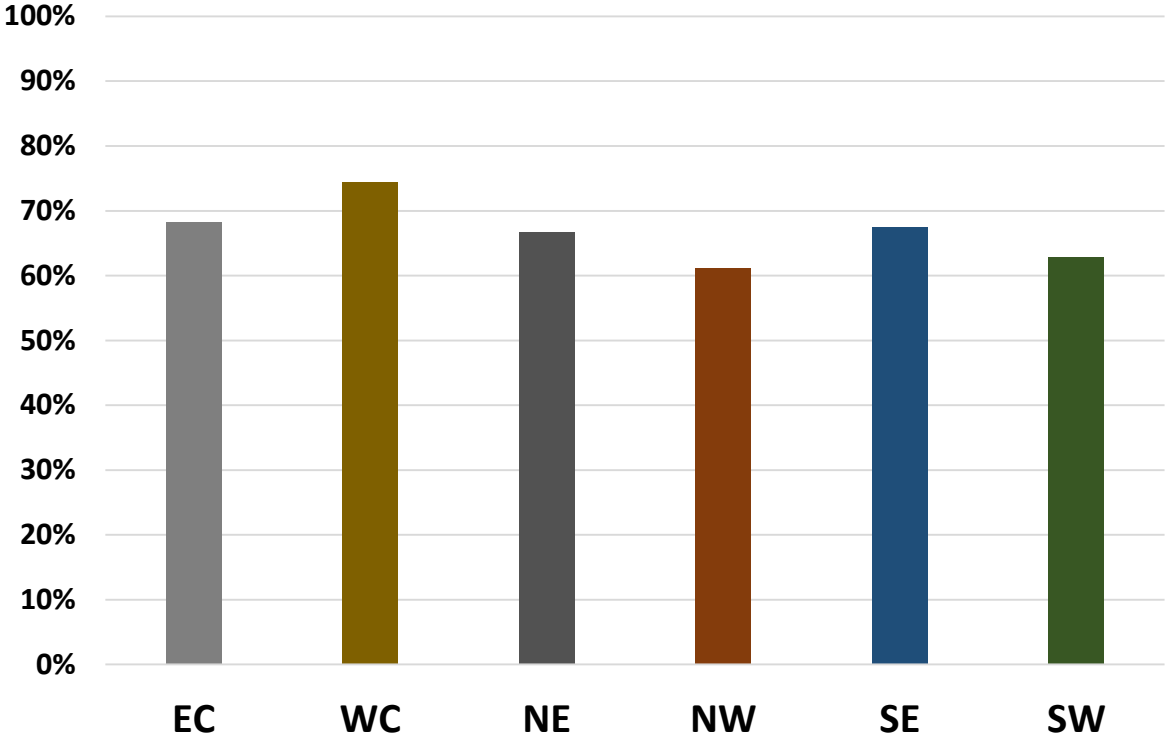
Provider Awareness by Region

Awareness of Substance Abuse Counselors



EC – East Central
WC – West Central

Awareness of Mental Health Specialist

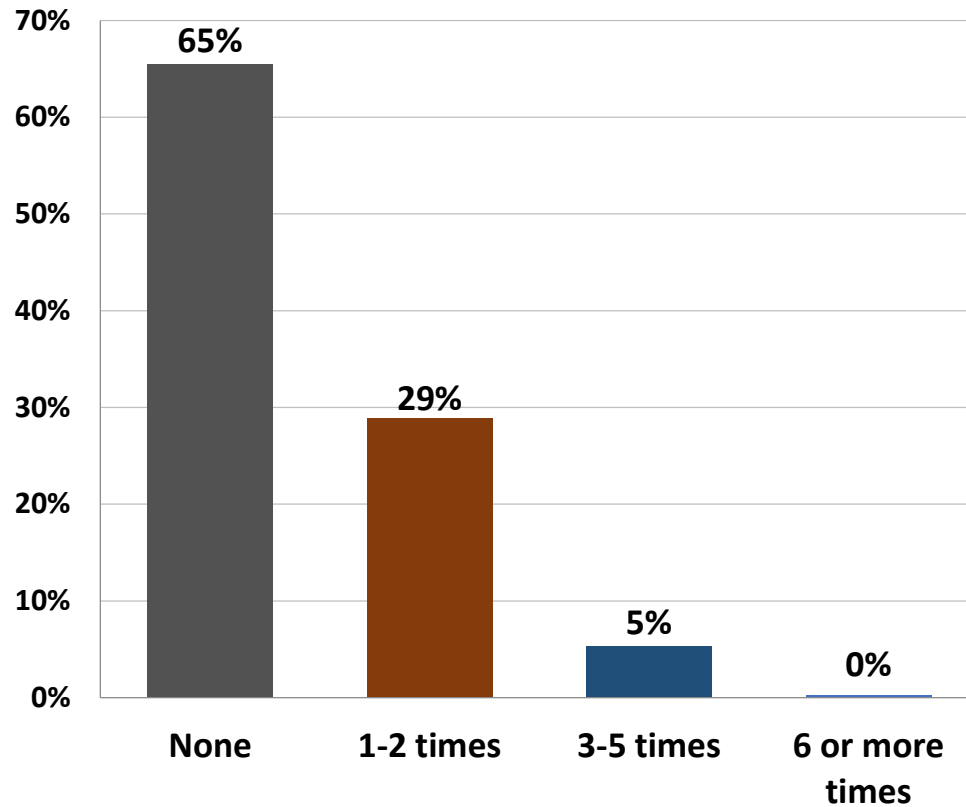


NE – North East
NW – North West

SE – South East
SW – South West

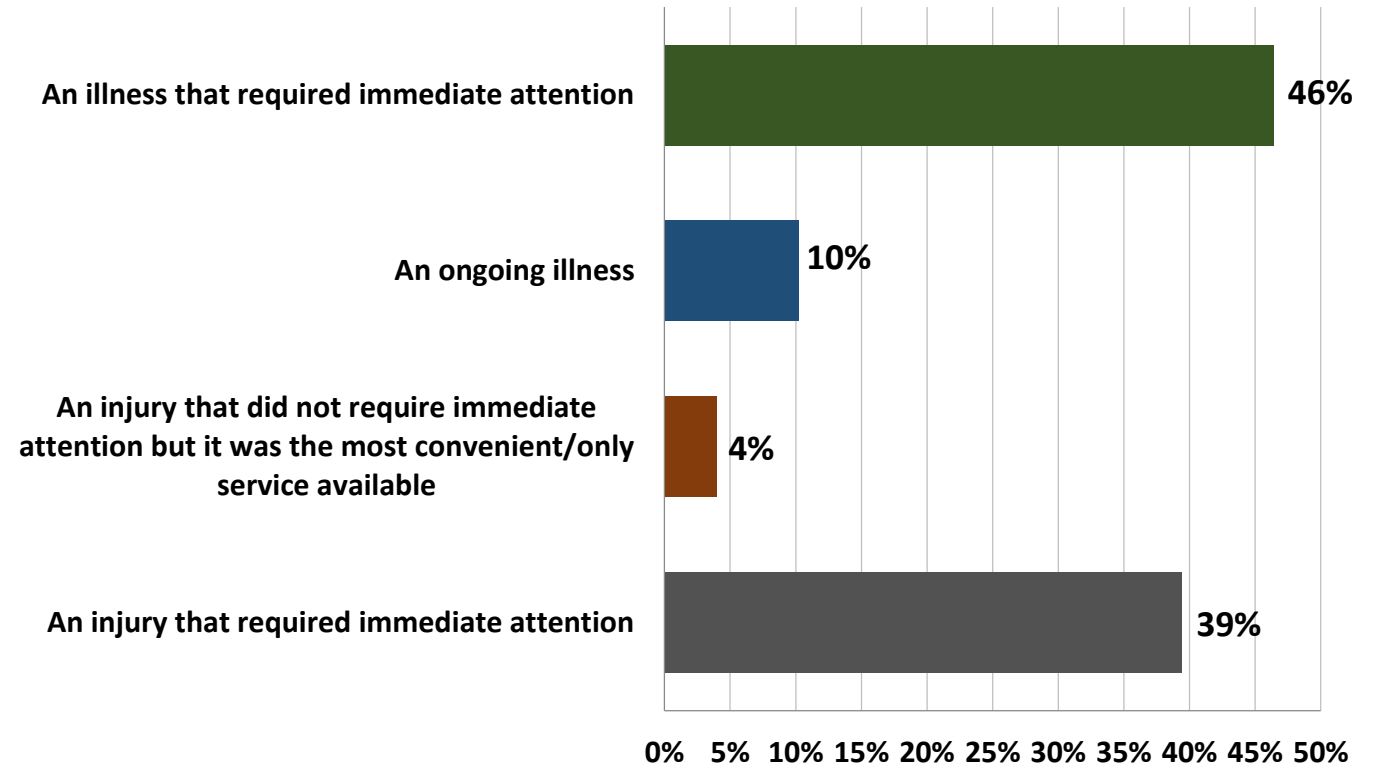
ER Use

Past Year Frequency of ER Use



N = 1063

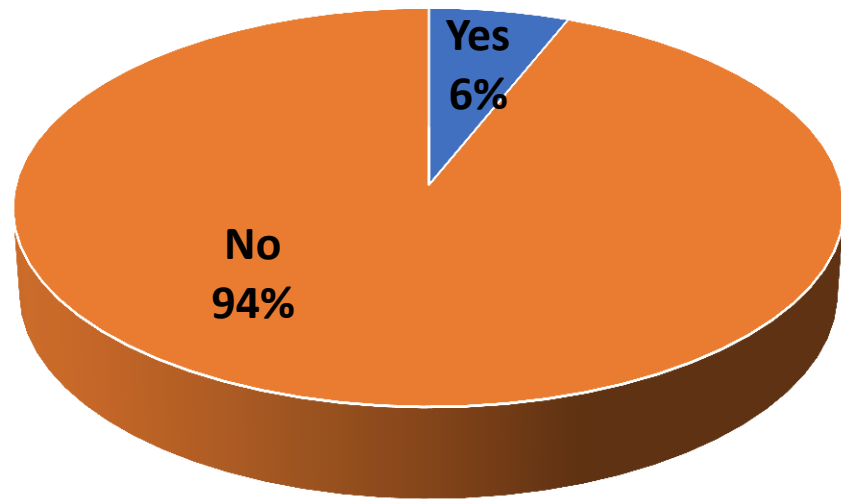
Reason for ER Use in Past Year



N = 897

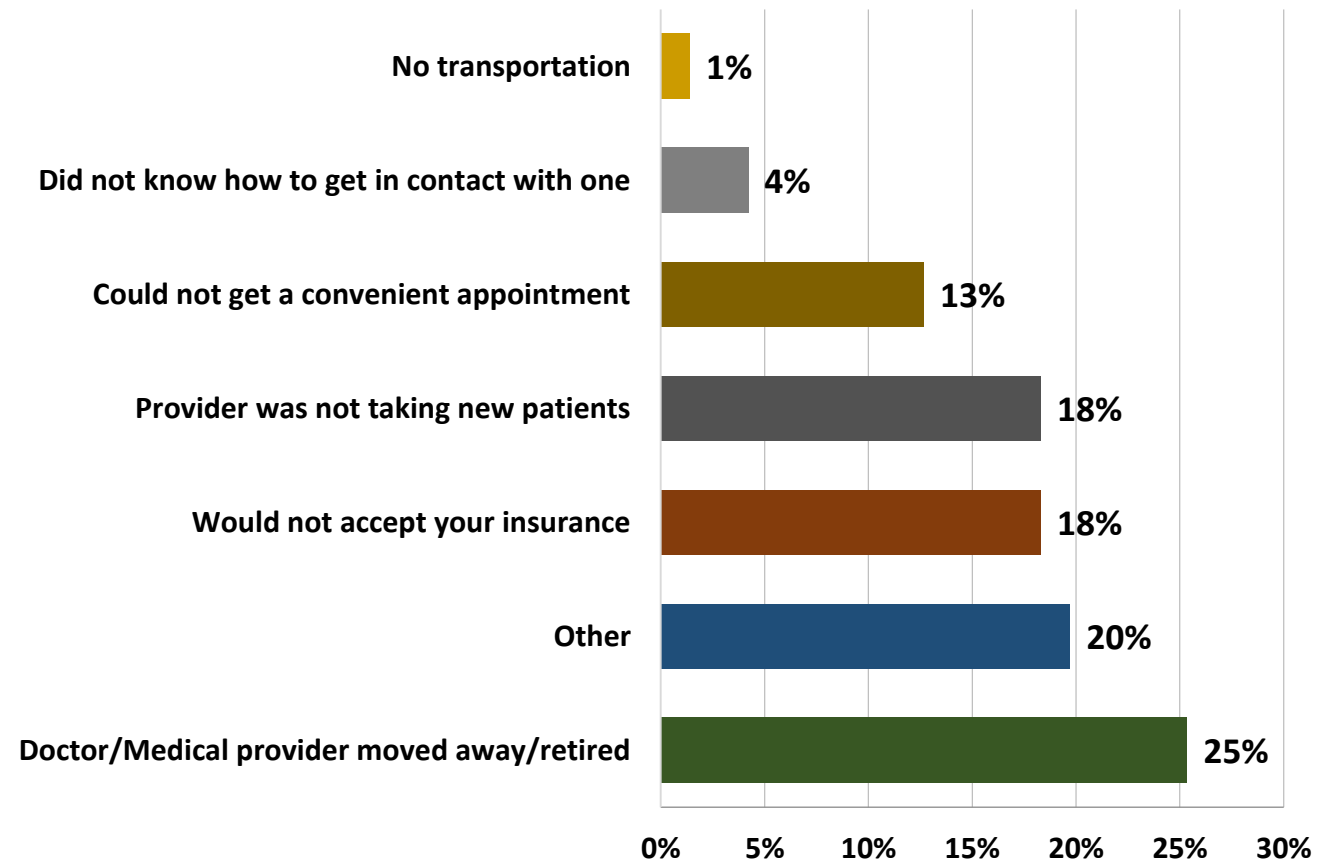
Difficulty Finding Providers of Care

Difficulty Finding a Provider



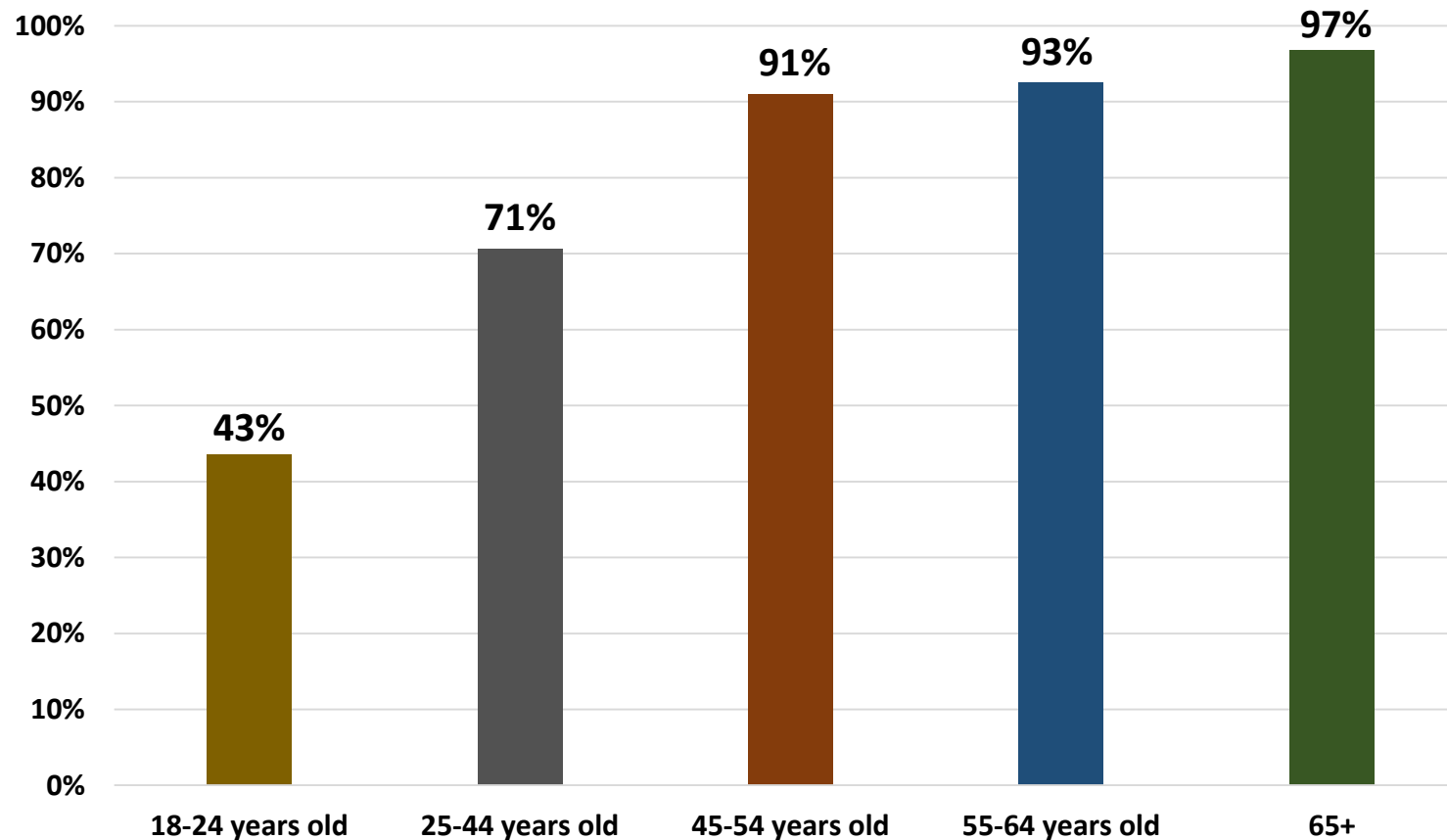
N = 1053

Reasons for Difficulty in Finding Primary Care Provider (N = 71)



Health Screening Data: Cholesterol

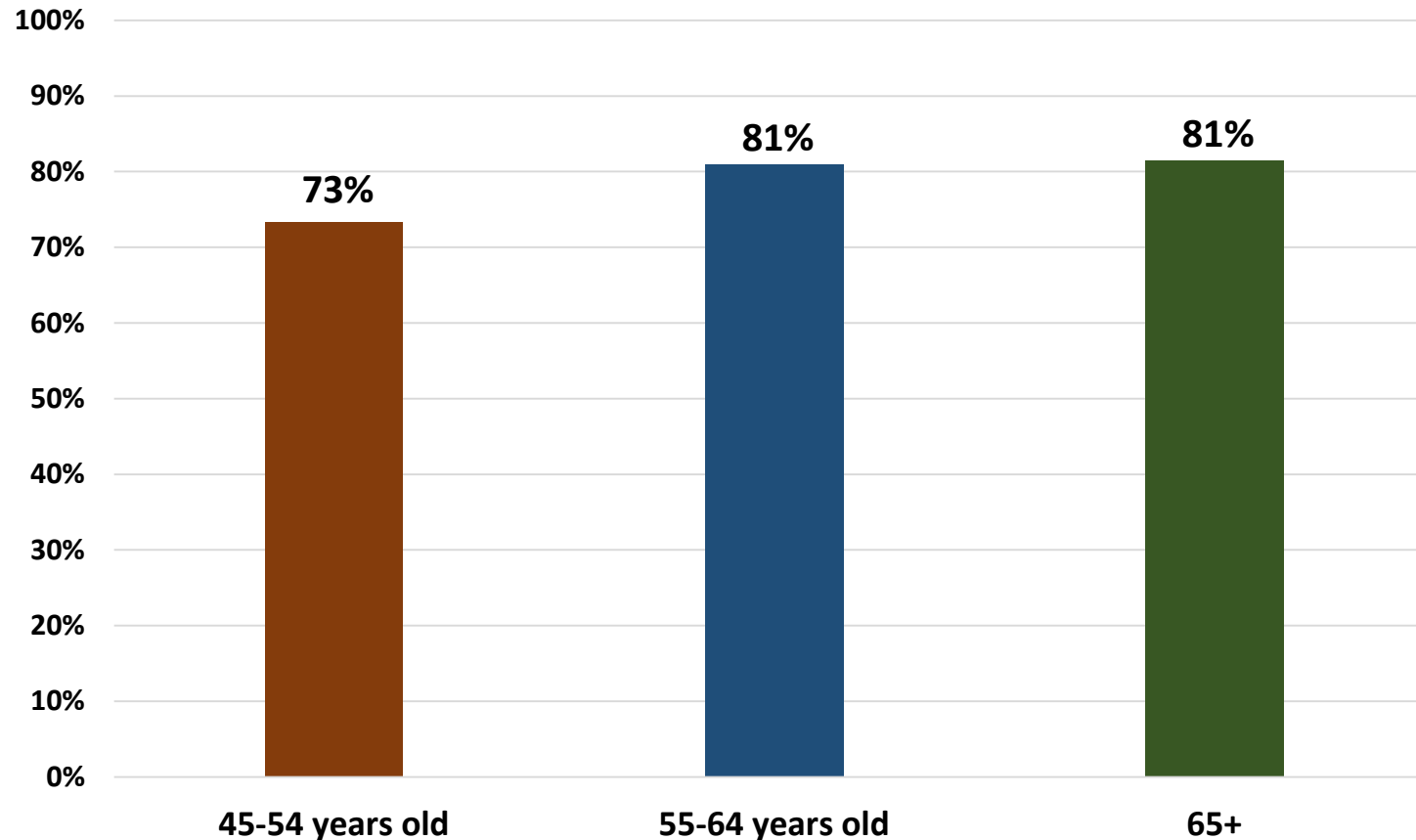
Percentage of Respondents Receiving Cholesterol Screen in the Past 5 Years



- CDC recommends that blood cholesterol screenings are performed every 4-6 years for healthy adults.
- CDC recommends that adolescents get a blood cholesterol screen at least once between 17-21 yrs.

Health Screening Data: Diabetes

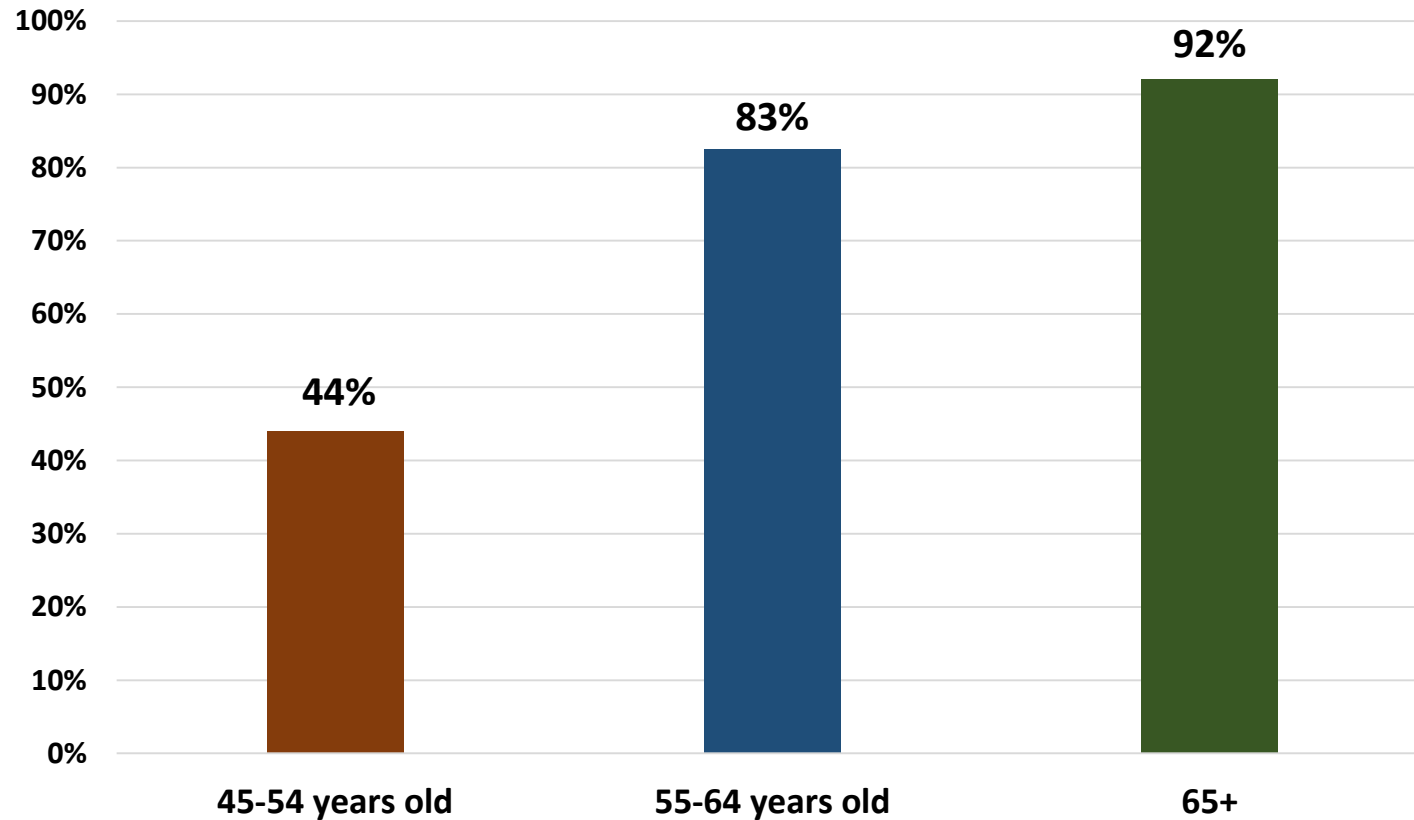
**Percentage of Respondents Receiving Diabetes Screening
Within Past 2 Years**



- The ADA recommends that blood sugar screenings be done for all adults by 45 years of age.
- ADA recommends that blood sugars be repeated every 3 years if negative
- Those who are overweight/obese and meet a variety of other risk factors should be screened more frequently

Health Screening Data: Colon Cancer

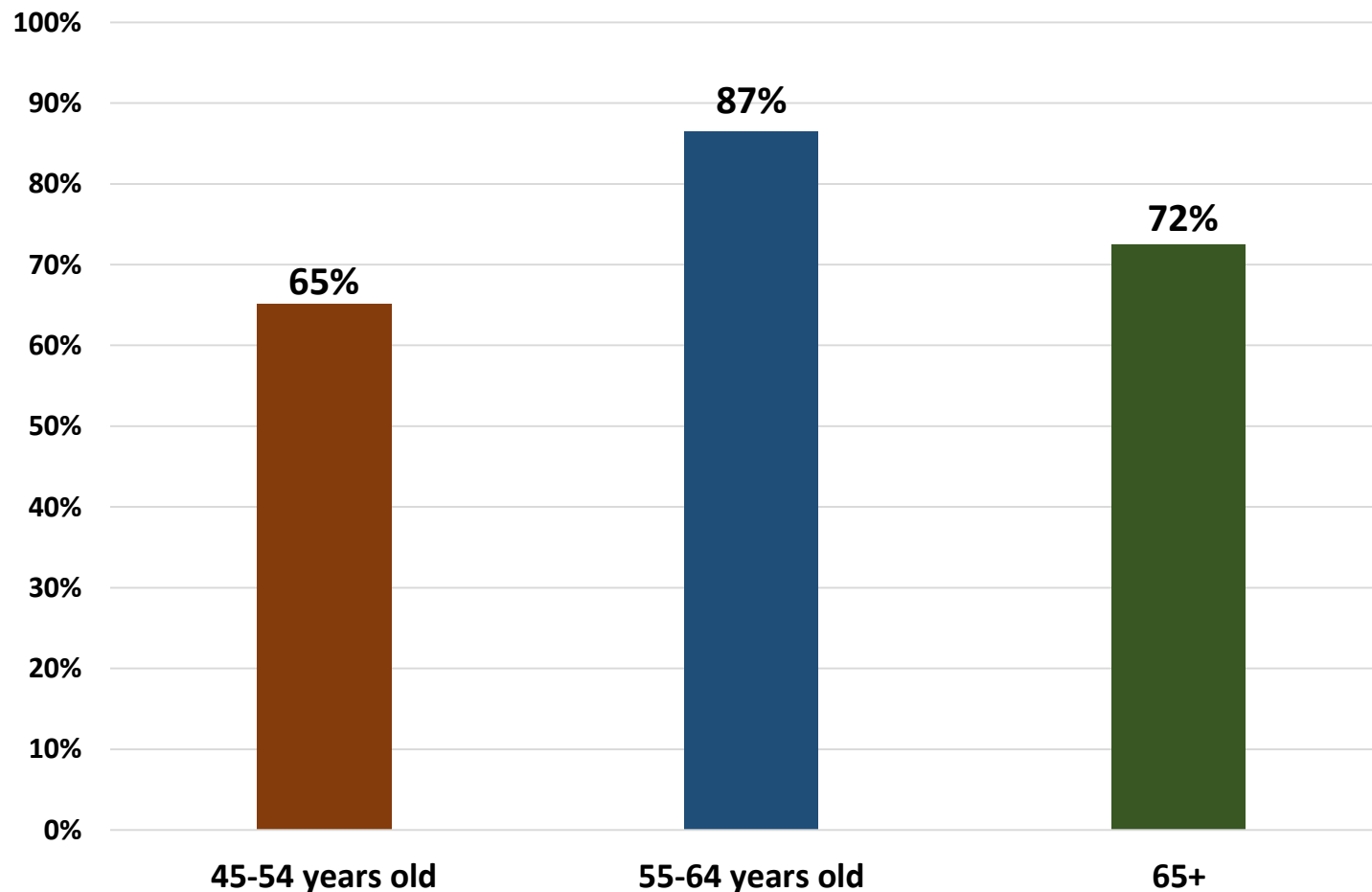
Percentage of Respondents Receiving Colon Cancer Screening within past 5+ Years



- The ACS recommends that those at average risk begin colon cancer screening at age 45
- Repeated frequency depends on the type of test used and the results.
 - Colonoscopy-10 yrs.
 - Stool tests – 1-3 yrs.
 - CT Colonography or Flexible Sigmoidoscopy – 5 yrs.

Health Screening Data: Breast Cancer

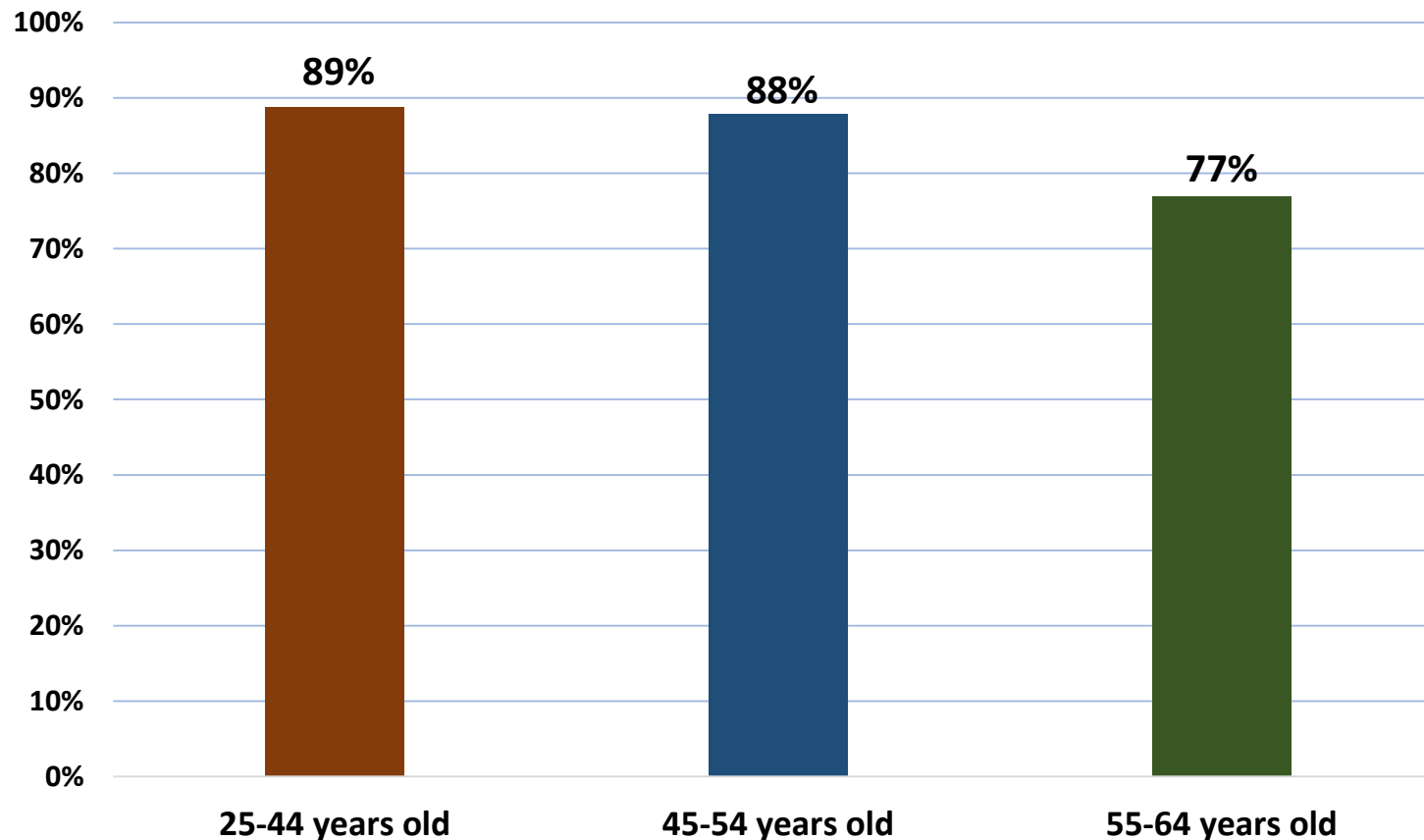
Percentage of Women Receiving Regular Mammograms



- The ACS recommends that women aged 45-54 receive yearly mammograms.
- Women over 55+ should receive mammograms every 2 years

Health Screening Data: Cervical Cancer

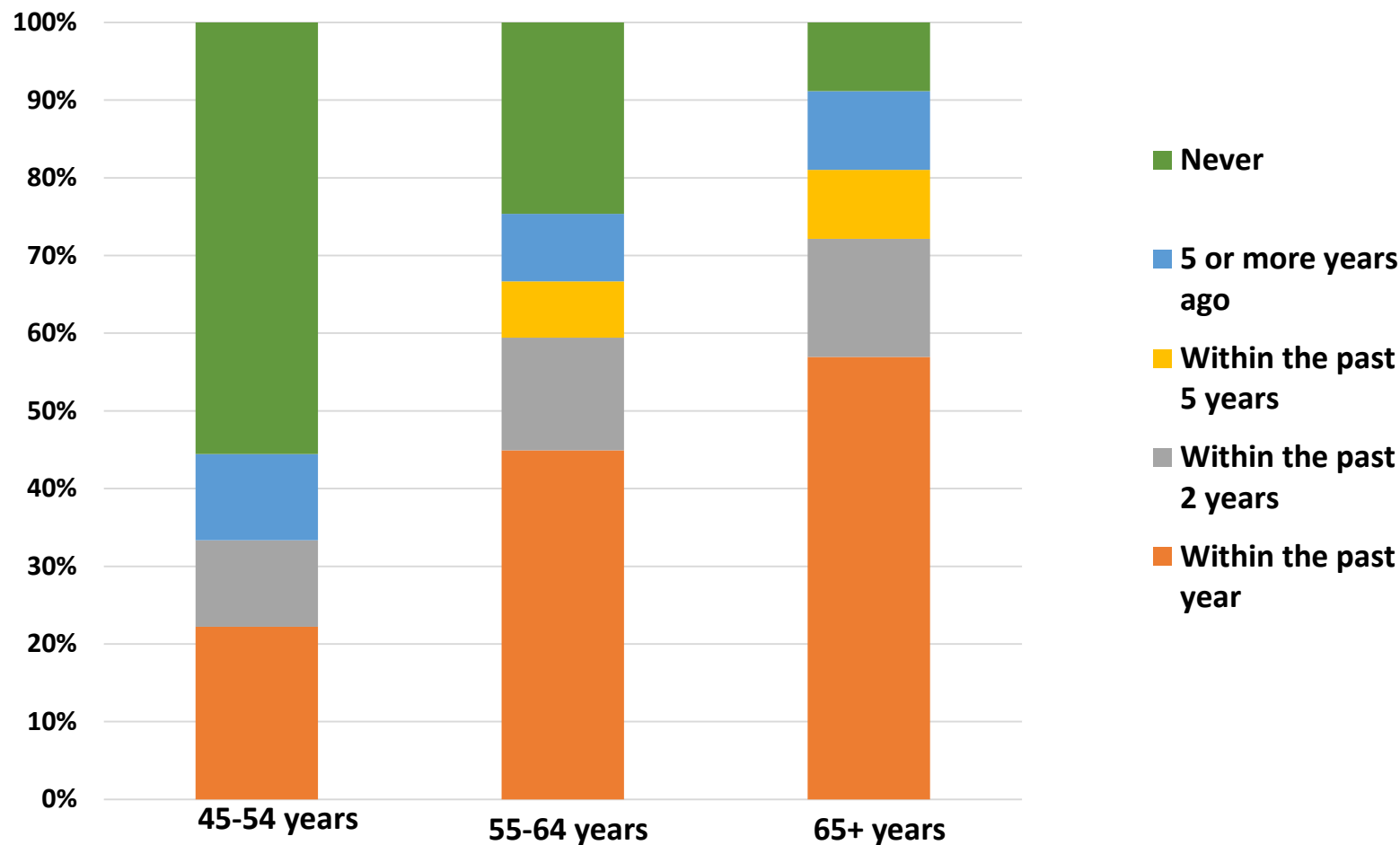
Percentage of Women Receiving Pap Smear Within Past 5 Years



- ACS recommends that women begin receiving pap smears/HPV Screens at age 25.
- Repeated pap smears should be done every 3 years.
- Screening is not recommended past age 65.

Health Screening Data: Prostate Cancer

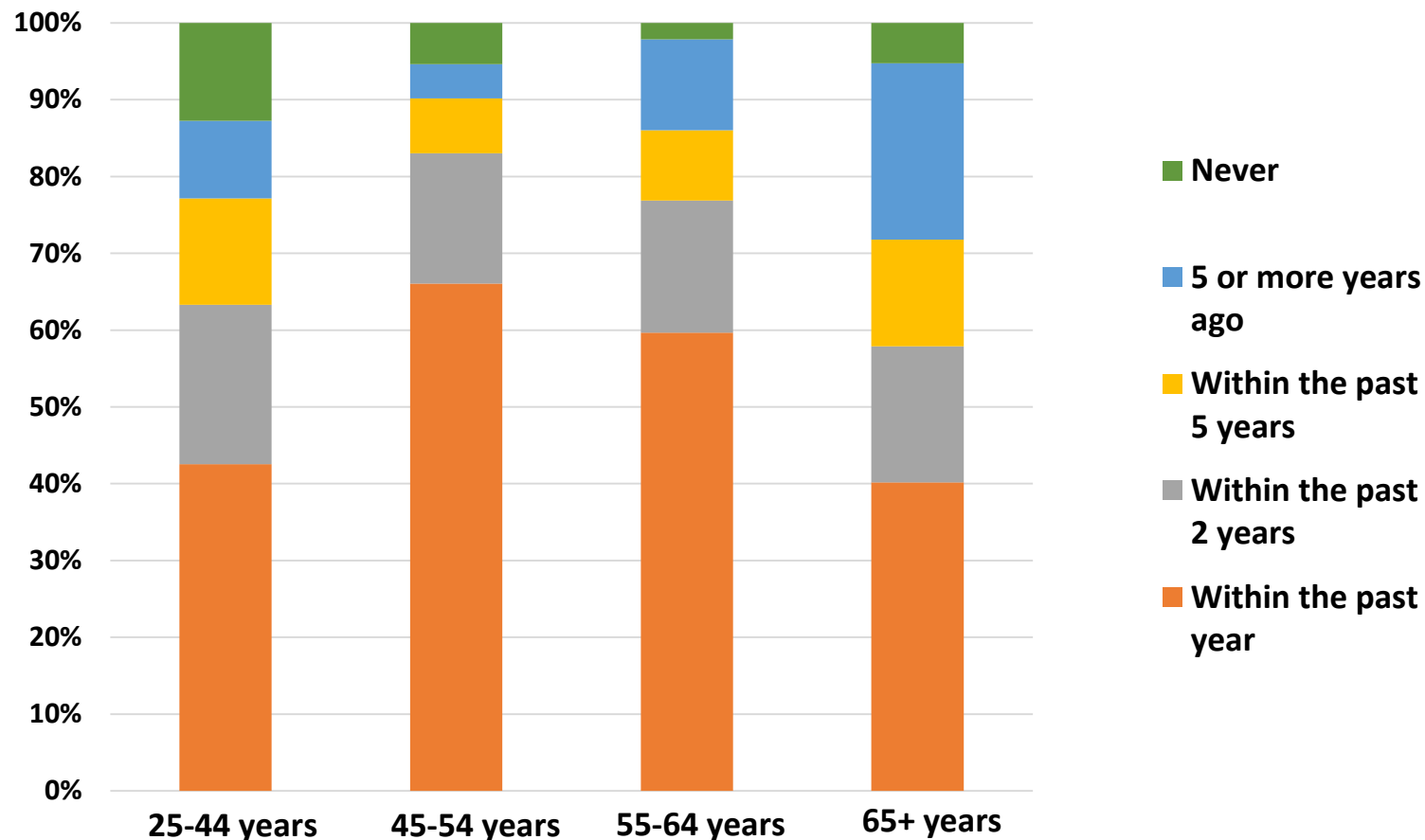
Percentage of Men Receiving Prostate Screens by Age



- ACS recommends that men begin discussing the need for prostate cancer screening with their provider at age 50.
- Depending on levels of PSA repeated screening is recommended every 1-2 years.

Health Screening Data: Clinical Breast Exams

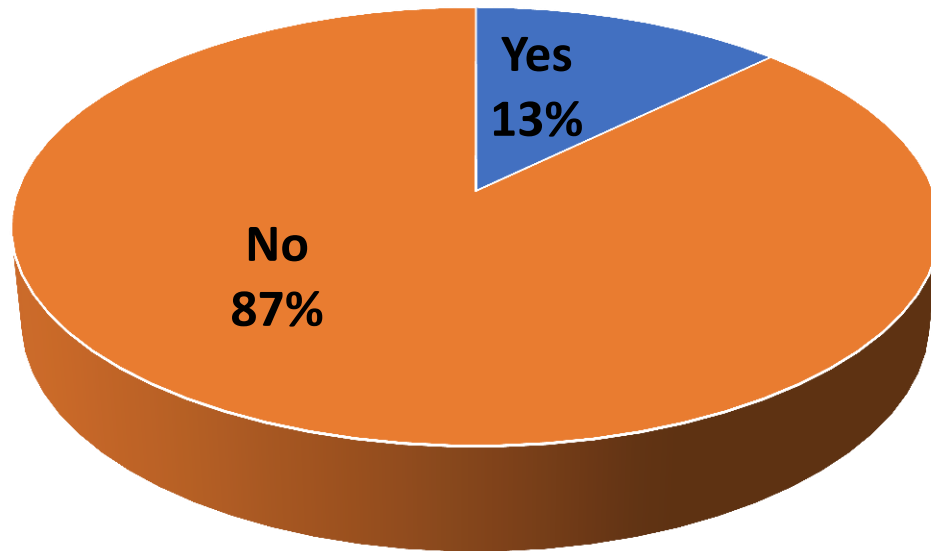
Percentage of Women Receiving Clinical Breast Exams by Age



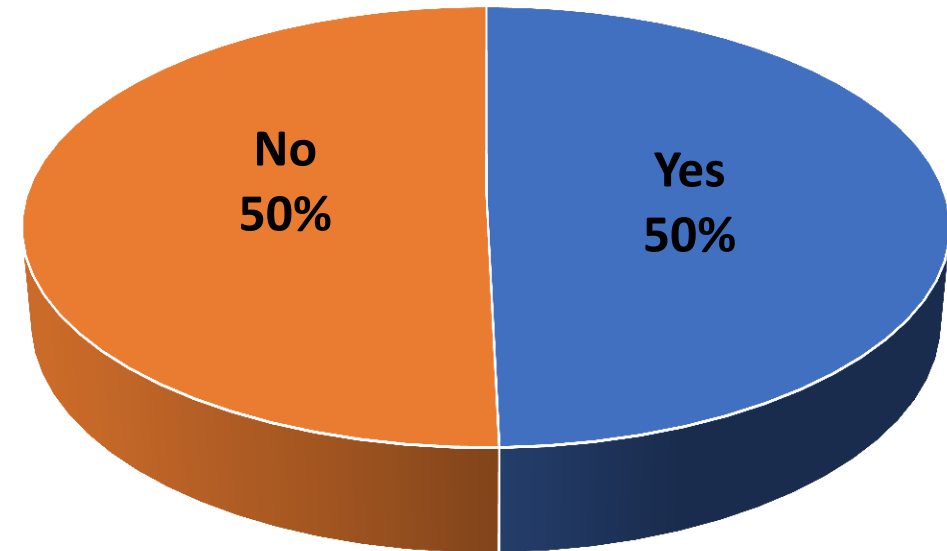
- ACS does not currently endorse the use of clinical breast exams for detection of breast cancer.
- NCCN recommends women begin having clinical breast exams at age 25 and repeat every 1-3 years.

Tobacco Use

Percentage of Respondents Who Use Tobacco Products (N = 1046)



Interest in Tobacco Cessation (N = 131)

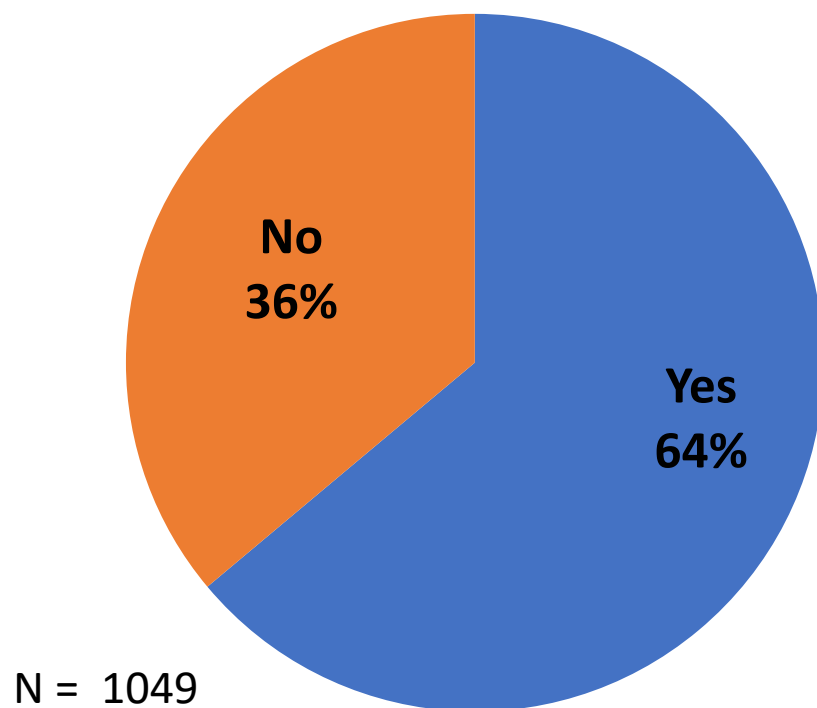


Average of 13.5 Cigarettes Per Day

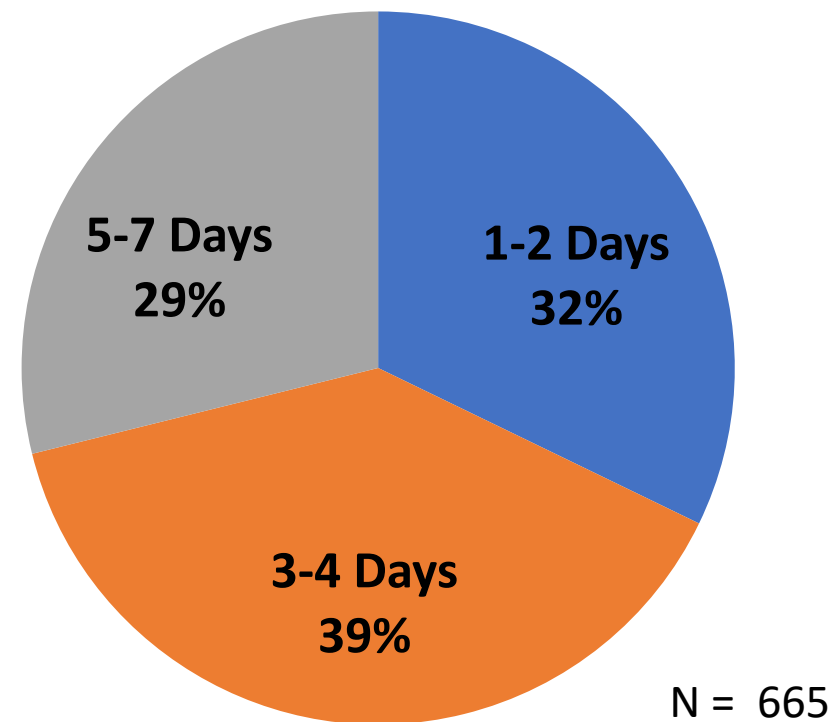
County Health Rankings Data for 2021 estimates that 18-24% of adults in HC smoke

Respondents Exercise Habits

Respondents Physically Active Past Month

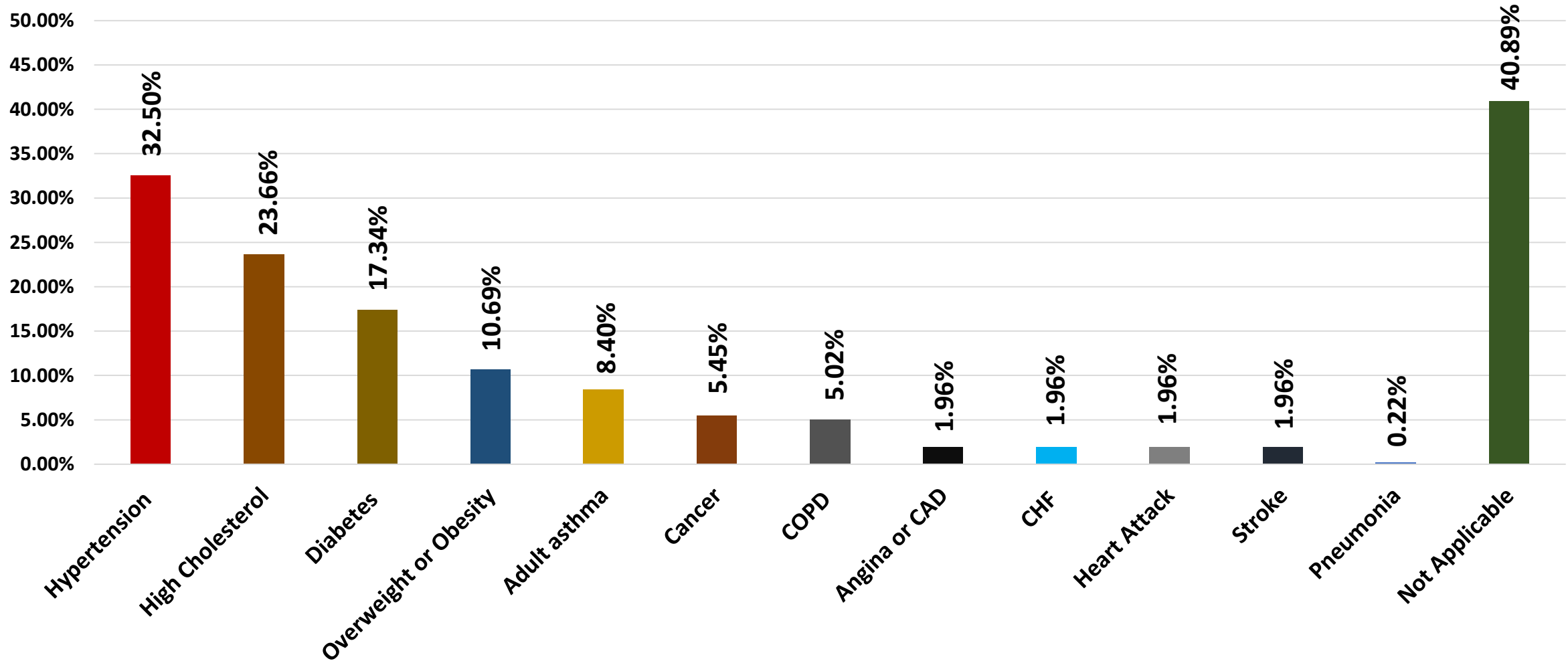


Frequency of Exercise in a Given Week

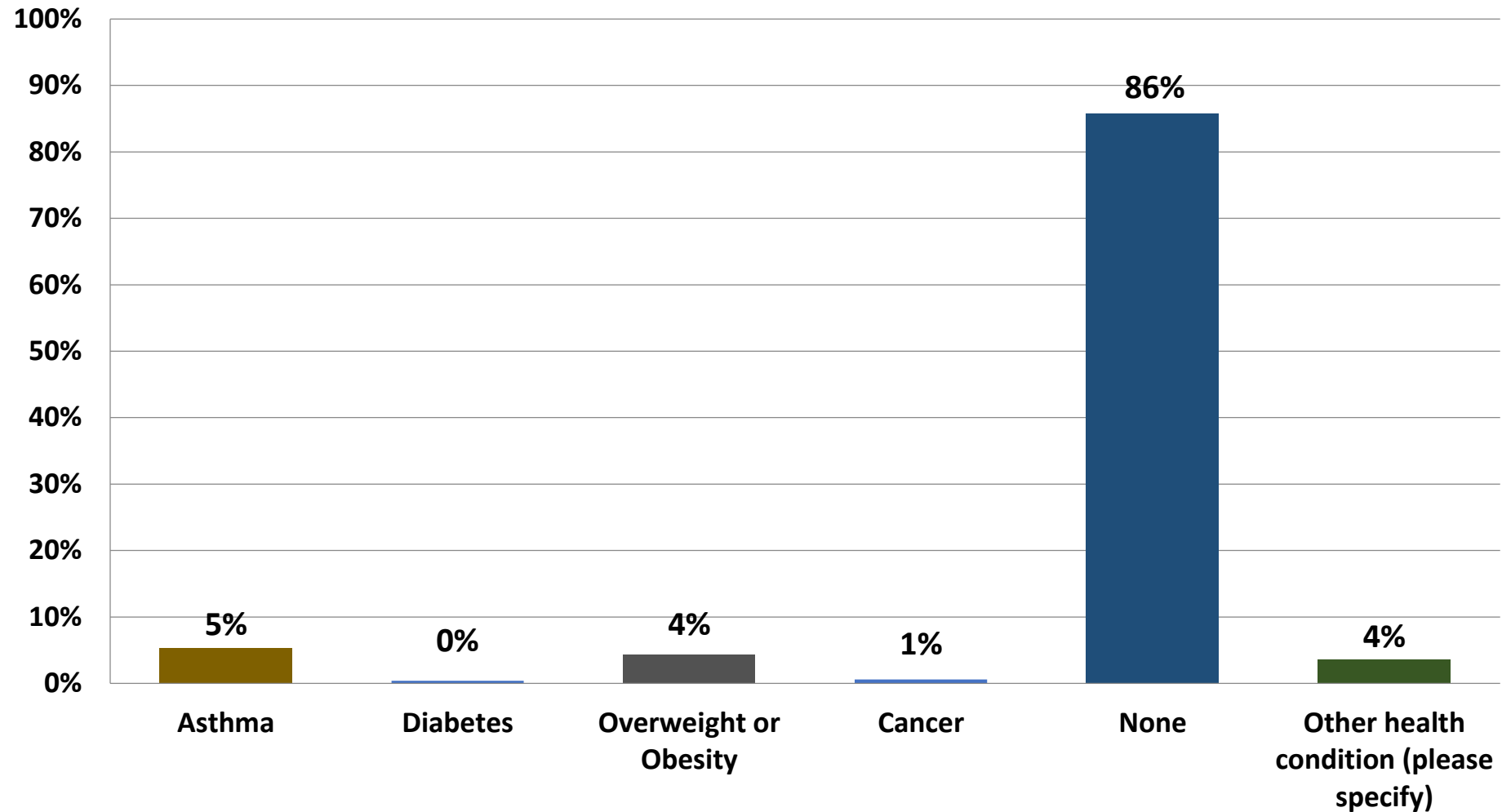


County Ranking Data for 2021 estimates that 30% of HC is considered obese and 26% of HC residents are physically inactive.

Respondents are Currently Being Treated For



Household Children Reported to Be Treated For



State Reported Data for Hancock County from IQuery

Top 15 Leading Causes of Death for Hancock in 2018

Indicator Name	Total
Deaths by malignant neoplasms	45
Deaths by diseases of heart	42
Deaths by accidents	16
Deaths by cerebrovascular diseases	13
Deaths by chronic lower respiratory diseases	13
Deaths by Alzheimer's disease	8
Deaths by nephritis, nephrotic syndrome and nephrosis	5
Deaths by septicemia	5
Deaths by influenza and pneumonia	4
Deaths by intentional self-harm (suicide)	4
Deaths by parkinsons's disease	3
Deaths by chronic liver disease and cirrhosis	3
Deaths by diabetes mellitus	2
Deaths by aortic aneurysm and dissection	2
Deaths by peptic ulcer	2

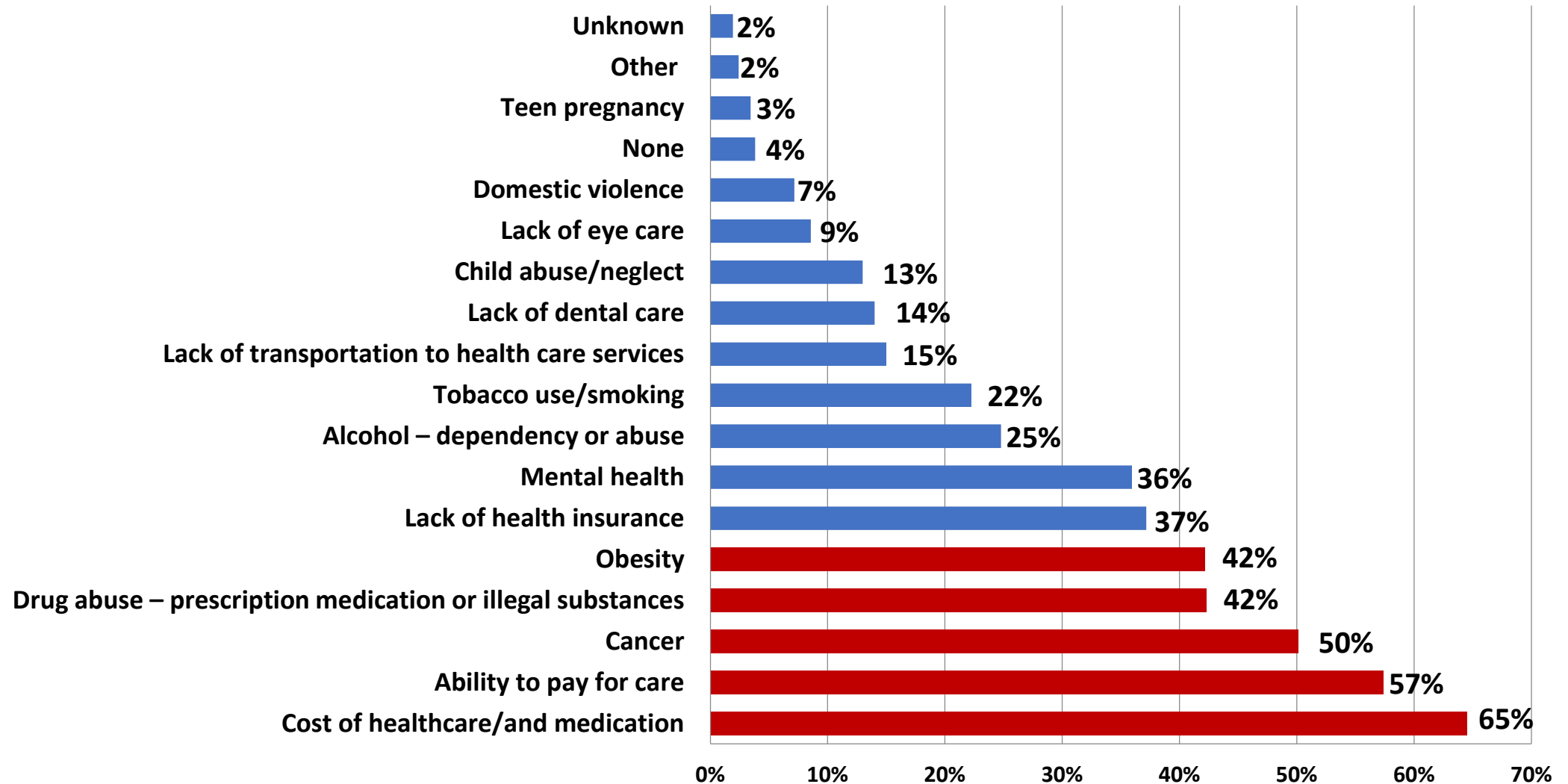
Top 15 Leading Causes of Death for Hancock in 2019

Indicator Name	Total
Deaths by diseases of heart	55
Deaths by malignant neoplasms	42
Deaths by cerebrovascular diseases	15
Deaths by chronic lower respiratory diseases	11
Deaths by accidents	11
Deaths by Alzheimer's disease	7
Deaths by nephritis, nephrotic syndrome and nephrosis	5
Deaths by influenza and pneumonia	4
Deaths by intentional self-harm (suicide)	3
Deaths by parkinsons's disease	3
Deaths by septicemia	3
Deaths by diabetes mellitus	3
Deaths by in situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	2
Deaths by chronic liver disease and cirrhosis	2
Deaths by congenital malformations, deformations and chromosomal abnormalities	1

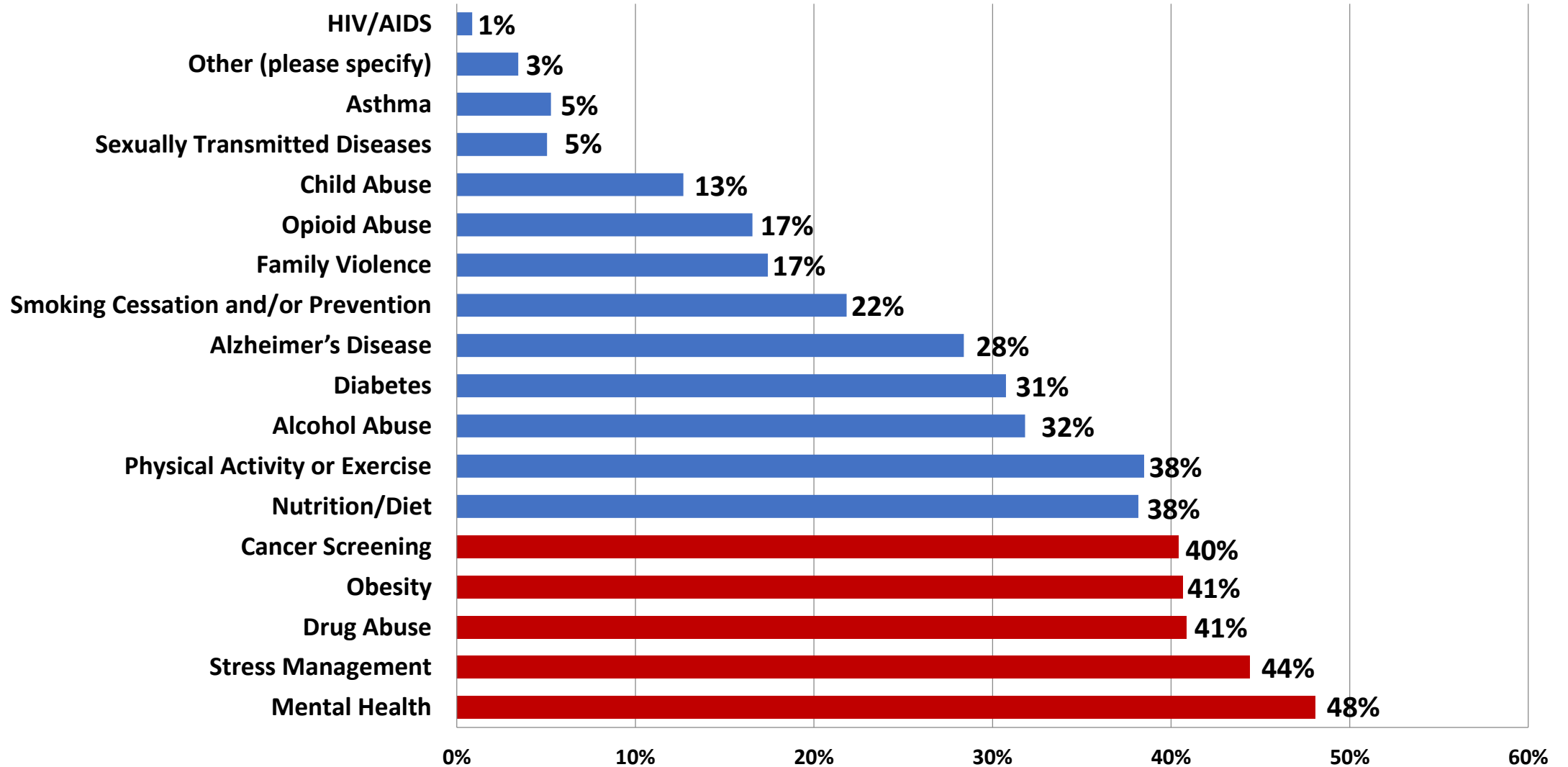
Hancock County Suggestions for Improving Community Health

Data from the 2021 Hancock County Needs Assessment Survey

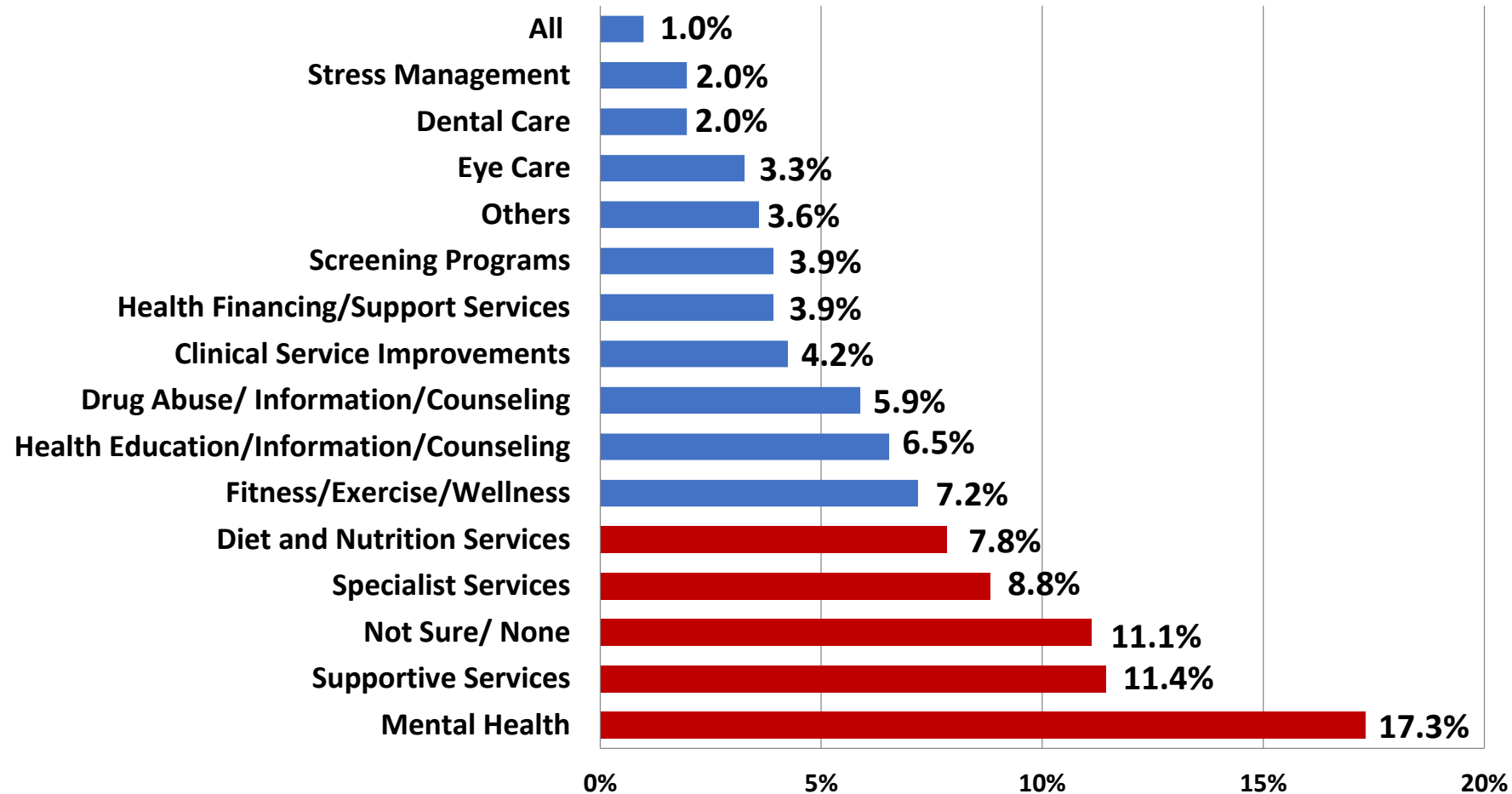
Respondents Perceptions of Five Most Pressing Health Problems in their Community



Respondents Perceptions of Five Most Needed Health Education Services



Health and Community Services Requested from Memorial Hospital and HCHD (Free Response)



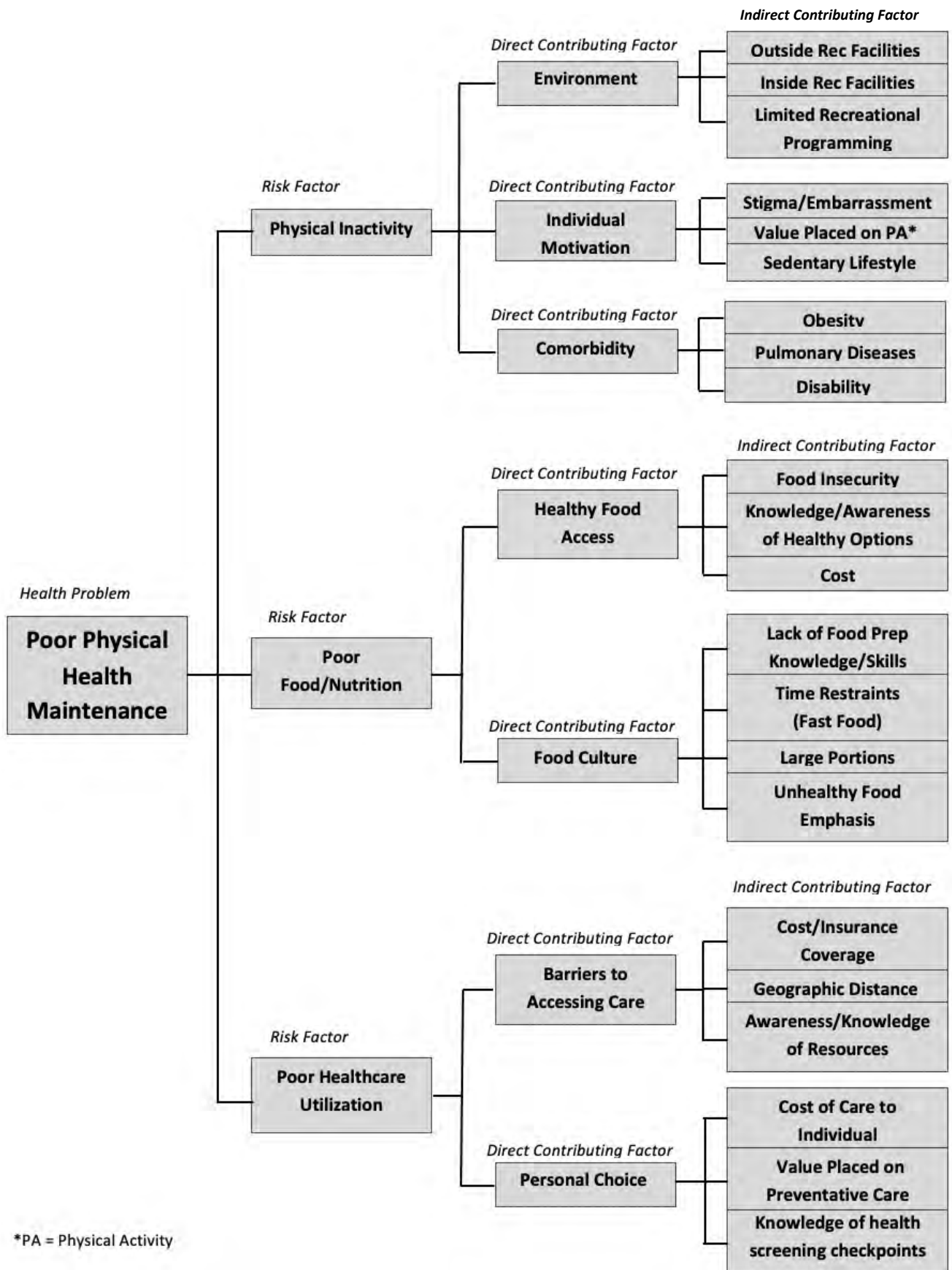


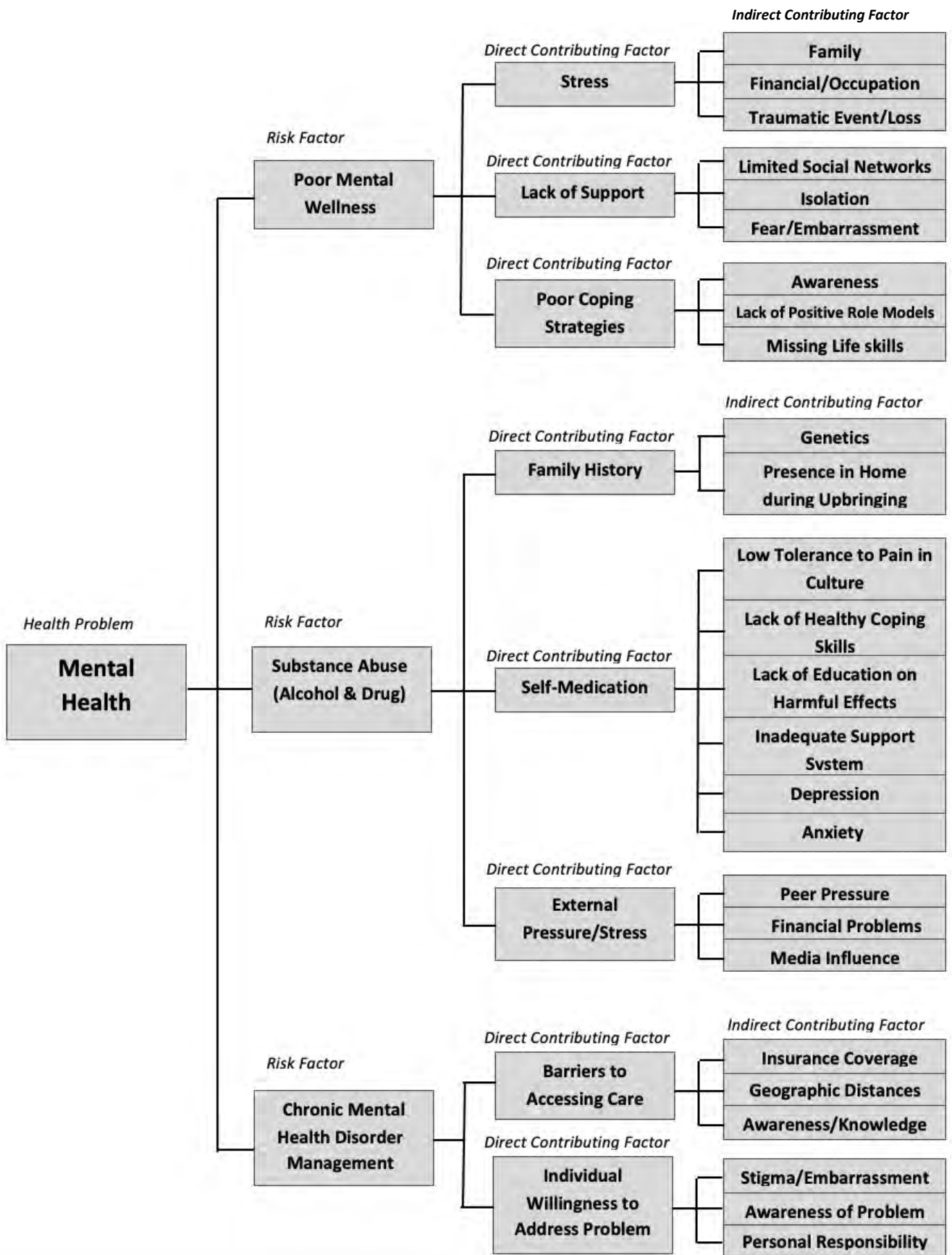
Thank You

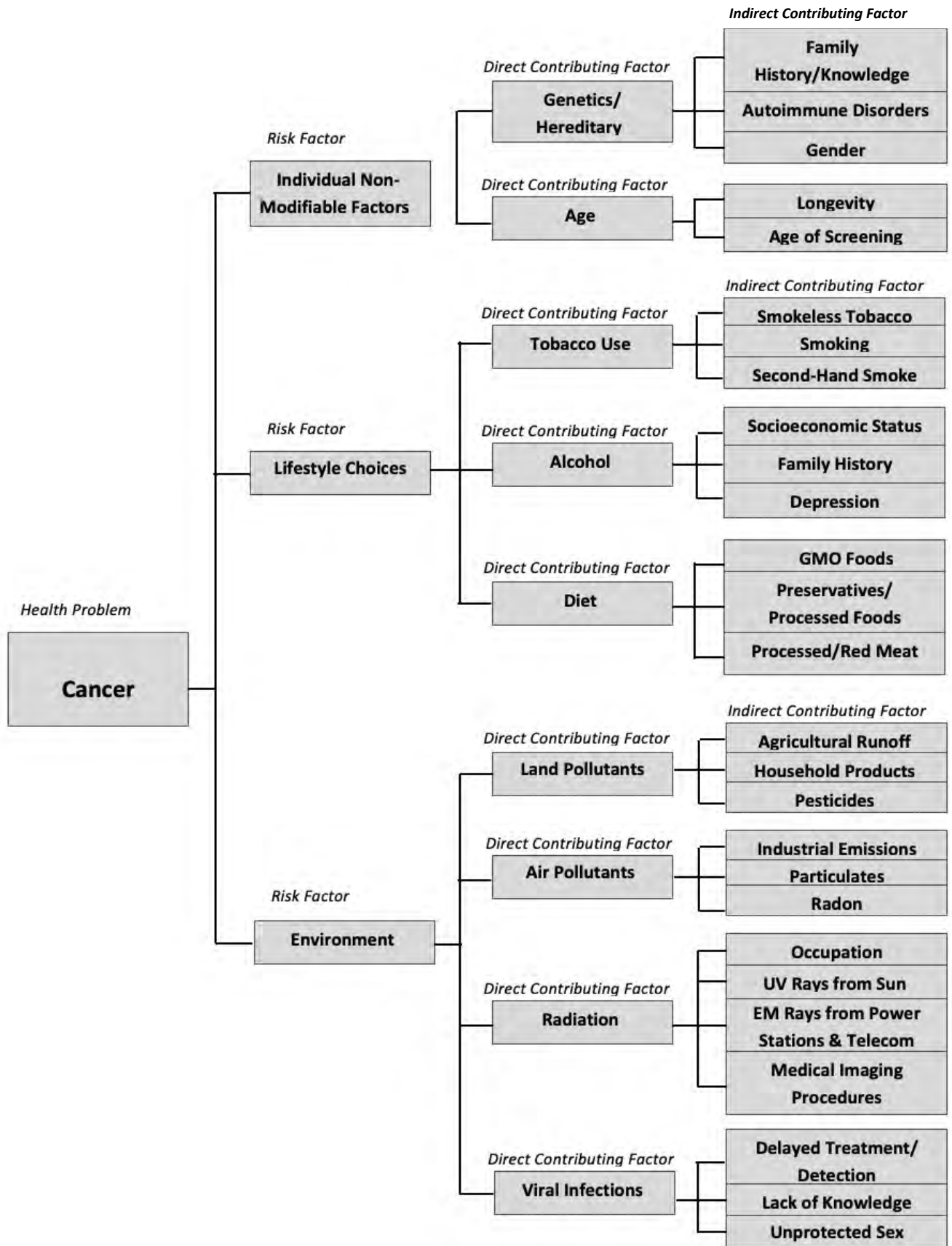
APPENDIX B

Health Problem Analysis Worksheet

Community Health Plan Worksheet







Goals Surrounding Poor Physical Health Maintenance:

Goal 1: To improve weight management and quality of life for Hancock County residents through encouragement of regular physical activity.

Impact Objectives (2-3 years):

1. By 2023, there will be a 2% increase in Hancock County Adults who meet physical activity guidelines (150 min per week).
 - a. Can be measured using the Illinois County Behavioral Risk Factor Surveillance Survey. The next round of the survey (Round 7) will be completed in early 2023.
 - b. The previous survey (Round 6) collected in the years 2017-2018 found that 43.8% of Hancock County adults met the physical activity guidelines.

Outcome Objectives (5+ years):

1. By 2027, there will be a 5% decrease in the number of adults who are considered overweight or obese based on Body Mass Index screening tool.
 - a. Could be measured using the Behavioral Risk Factor Surveillance Survey. The current level of obesity from Round 6 was 69.6% of adults. However, would have to wait until a Round 8 survey was performed (which has not been announced).
 - b. Could also be measured by looking at hospital records (number of patients currently in our system who would be classified as overweight or obese compared to the number of patients with the same classification in 2027) and other county records.

Success Indicator Measurement:

1. Illinois Behavioral Risk Factor Surveillance Survey Round 7 (Released in 2023)
2. Hospital records of BMI from patient physicals.

2021 Hancock County CHNA Community Health Plan

Interventions:

- Work with community leaders to establish grassroots community-led fitness groups in each of the major Hancock County communities.
 - MH, HCHD, PHIT
- Work with community park districts to establish recreational programming geared towards adults.
 - E.g. Golf leagues, Frisbee golf, volleyball, basketball, walking groups, group dancing, water aerobics, community 5k runs
 - MH, HCHD, FOCUS Fitness, City Park Districts
- Collaborate with WIU Department of Kinesiology to provide new adult fitness sessions led by WIU undergraduate/graduate students for the local community.
 - MH, HCHD, FOCUS Fitness
- Develop a process to train local community members to teach fitness classes (Zumba, Pound, AMPD, yoga, etc.).
 - Could utilize local high school or college students to lead sessions (they gain experience in leadership and earn money, while the community has access to additional fitness leaders).
 - Investigation into the logistics of doing this (costs, credentialing, scheduling).
 - MH, HCHD, FOCUS Fitness
- Monthly marketing of county recreational resources and programming from both MH and HCHD social media.
- Work with local schools to establish community “open gyms” to allow community members to utilize school recreational facilities during non-school hours.
 - MH, HCHD, School Districts

2021 Hancock County CHNA Community Health Plan

Goal 2: To reduce food insecurity and poor nutrition in Hancock County through educational campaigns and increased awareness of current resources.

Impact Objectives (2-3 years):

1. By 2024, 5% of Hancock County residents will be educated on proper nutrition, food preparation, food shopping on a budget, and cooking under limited food options through participation in community nutrition education programs and social media.
 - a. Would be measured by the number of interactions with nutrition education events and social media posts. Each interaction could translate to 1 additional person receiving some form of nutrition/food education.
 - b. 5% of Hancock County would equate to 890 people.
2. By 2024, 5 restaurants in Hancock County will offer identified healthy food options to customers.

Outcome Objectives (5+ years):

1. By 2027, 10% of Hancock County residents will be educated on proper nutrition, food preparation, food shopping on a budget, and food shopping under limited resources through participation in community nutrition education programs and social media.
 - a. Would be measured by the number of interactions with nutrition education events and social media posts. Each interaction could translate to 1 additional person receiving some form of nutrition/food education.
 - b. 10% of Hancock County would equate to 1,780 people.
2. By 2027, 10 restaurants in Hancock County will offer identified healthy food options to customers.

Success Indicator Measurement:

- Measured participation at county nutrition education events through event sign-ins, and counts of interaction from the

2021 Hancock County CHNA Community Health Plan

public on online educational content

- Pre-Survey/Post-Survey of county restaurants for identification of healthy food options

Interventions:

- Develop educational video series on food preparation, food shopping on a budget, food shopping with limited food options, and proper nutritional guidelines (variety, quality, quantity)
 - Could be produced through collaborative work of dietician, Health and Wellness Center, and HCHD health educators.
- Monthly social media posts on nutrition, healthy eating, and food resources.
 - MH and HCHD
- Create a healthy-cooking educational cookbook with healthy food recipes and additional information on nutrition and sources of food access in Hancock County (food pantries, grocery stores, Hancock County Food for Thought).
 - It looks like a cookbook is already in development by Ashlyn Housewright as an employee wellness activity. Could probably piggy-back off of this one.
 - MH and HCHD
- Identify existing county food sources (pantries and food stores) and collect information on how to access/utilize them and what types of foods they offer.
 - HCHD
- Meet with county restaurant owners to discuss development and promotion of healthy food options.
 - PHIT team is already planning on doing this.
 - Goal was for 5 restaurants to offer healthy food options by 2024 and 10 restaurants to offer it by 2027.
 - MH, HCHD, PHIT
- Work with Food For Thoughts in Hancock County to identify methods to increase the awareness and use of their services for students in need in Hancock County.

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Goal 3: To improve the self-management of chronic diseases for Hancock County residents.

Impact Objectives (2-3 years):

1. By 2024, 3% of adults in Hancock County would receive a screening for diabetes/prediabetes.
 - a. This would have to be measured using hospital records (screenings performed in-house) and records from community screening clinics.
 - b. This would equate to screening an additional ~550 people for diabetes.
2. By 2024, 5% of adults in Hancock County would receive a screening for hypertension (high blood pressure).
 - a. This would have to be measured using hospital and health department records (screenings performed in-house) and records from community screening clinics.
 - b. This would equate to screening an additional ~ 890 people for hypertension.
3. By 2024, the number of people diagnosed with diabetes or prediabetes who receive local diabetes self-management education would increase by 10% from the current 2021 utilization.
 - a. Have to collect baseline data of diabetes self-management education course usage from Pam Hartzell/Ashlyn Housewright and compare it to the number of county residents identified as diabetic or prediabetes.

Outcome Objectives (5+ years):

1. By 2027, the number of people diagnosed with diabetes who have their blood sugars under control would increase by 5%.
 - a. This would have to be measured using hospital records. Would have to look at the number who currently have blood sugars under control and then compare that to the number that have blood sugars under control in 2027.
 - b. Might also be able to use ACO data?
2. By 2027, the number of people diagnosed with hypertension who have their blood pressure under control would increase by 5%.
 - a. This would have to be measured using hospital records. Would have to look at the number who currently have blood pressure under control and then compare that to the number that have blood pressure under control in 2027.

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- b. Might also be able to use ACO data?

Success Indicator Measurement:

- Hospital records
- Records on diabetes and hypertension screenings performed.
- Records from Diabetes Health and Wellness Center

Interventions:

- Hold four Free A1C screening clinics per year at various community events in Hancock County.
 - Materials and solutions have already been purchased using the Clinically Integrated Grant.
 - MH, HCHD
- Collaborate with other community groups (Emergency Medical Services, Carl Sandburg College, Medical Reserve Corp) to hold four free blood pressure screenings per year at various community events in Hancock County.
 - MH, HCHD
- Provide a follow up call/email to all individuals screening positive for prediabetes to suggest they follow up with the Diabetes Self-Management Education Program.
 - MH
- Provide a follow-up call/email to all individuals screening positive for hypertension to follow up with their provider regarding blood pressure management.
 - MH, HCHD
- Develop diabetes management education packets to be given to clinic patients who screen positive for prediabetes in the clinics or for general distribution to Hancock County Health Department patients.
 - MH
- Develop hypertension management education packets to be given to clinic/health department patients who screen positive for hypertension in the clinics or health department
 - MH, HCHD

Goals Surrounding Mental Health:

Goal 1: To improve general mental wellness through community education on effective stress management and resiliency.

Impact Objectives (2-3 years):

1. By 2024, 3% (~550 people) of Hancock County residents will be educated on stress management, self-care, and mental health resiliency through various education strategies to promote mental wellness.
 - a. Would be measured by the number of interactions with mental health education events and social media posts. Each interaction could translate to 1 additional person receiving some form of education on stress management.
2. By 2024, 50% of Hancock County schools will have a referral mechanism to assist children with high levels of stress and anxiety.
 - a. Would be evaluated by reports on the number of schools that have developed this protocol by the deadline of 2024.

Outcome Objectives (5+ years):

1. By 2027, 50% of Hancock County residents will indicate that they were able to effectively and safely manage their stress over the past year.
 - a. Would be assessed with the 2027 CHNA by adding the question, “Over the past year have you been able to effectively manage your stress?”.
 - b. Can adjust goal based on responses obtained from the 2024 CHNA.
2. By 2027, 100% of Hancock County schools will have a referral mechanism to assist children with high levels of stress and anxiety.
 - a. Would be evaluated by reports on the number of schools that have developed this protocol by the deadline of 2024.

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Success Indicator Measurement:

- Community Health Needs Assessment
- Records on number of participants attending community education events (through sign-ins, flyers distributed, etc.).
- Records on social media interactions (likes, shares, comments, etc.).
- Reports from county schools on development of referral mechanism for stress/anxiety.

Interventions:

- Develop one community mental health/stress management educational campaign/program to be delivered in Hancock County communities each year.
 - Could be performed during January or February (after the stress of holidays is over)
 - Focus on tips for maintaining general mental wellness and highlighting of local mental health services for managing mental health.
 - Could be similar to the “Detox Your Brain” event from 2019.
 - MH, HCHD, MHCWI
- Make monthly health communication posts offering information on stress management and local mental health resources people can use to maintain mental wellness.
 - Can use social media, paper materials, radio podcasts, etc.
 - MH, HCHD, MHCWI
- Develop Mental Health Minute Videos
 - Short videos covering stress management and relaxation techniques (breathing techniques, visualization, yoga/stretching, organization, stress reducing objects, etc.). These videos can be shared in the social media campaigns, and can also be archived together for residents to access on the website.
 - MH, HCHD, MHCWI
- Provide education to parents on the resources available to their kids with stress and anxiety.
 - Create resource list for mental health/stress/anxiety for children that can be distributed to local schools for educating parents.
 - MH, HCHD, Local Schools
- Promotion of the available stress/anxiety call lines currently available to community adults and adolescents.

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- Illinois Call4Calm Text Line
- Illinois Warm Line
- HCHD, MH, MHCWI

Goal 2: Increase access to mental health and substance abuse services for adult and child residents of Hancock County.

Impact Objectives (2-3 years):

1. Add an additional local resource in Hancock County for mental health and substance abuse treatment by 2024.
 - a. Based on current plans for Memorial Hospital to develop a mental health/substance abuse service line.
2. By 2024, 3% (~550 people) of Hancock County residents will be educated on the availability of mental health and substance abuse services offered locally to them.
 - a. Would be measured by the number of interactions with mental health and substance abuse service marketing and social media posts. Each interaction could translate to 1 additional person receiving some form of mental health service education.
 - b. Could partner with the Hancock County Addiction Coalition
3. By 2024 there will be a 50% increase in the number of adolescents being offered counseling treatment for substance abuse and mental health in the local schools.
 - a. Baseline data from MHCWI (Joe Little) shows that there is currently 1 counselor lined up to provide services to students in the schools. Each counselor is able to serve around 50 students. Thus, a 50% increase from a baseline of 50 students would be around 75 students being served (which would require hiring 1 additional counselor). MHCWI would like to expand the services in the schools, but are having trouble with recruiting counselors.
 - b. Measured via reports from MHCWI.

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4. By 2024, 100% of Hancock County junior and senior high schools will receive education on substance abuse and prevention strategies.
 - a. Could be achieved by organizing a substance abuse speaker to visit the schools (this was already scheduled and paid for but just couldn't complete yet because of COVID).
 - b. Collaboration with Hancock County Addiction Coalition and West Central Area Health Education Center

Outcome Objectives (5+ years):

1. By 2027 there will be a 5% increase in Hancock County residents who are aware of available mental health care providers.
 - a. Can be measured using the 2027 CHNA question 12: "Are you aware of a mental health specialist you can go to?"
 - b. The 2021 CHNA found that 68% of Hancock County residents were aware of a mental health service specialist they could use.
2. By 2027 there will be a 5% increase in Hancock County residents who are aware of available substance abuse counselors.
 - a. Can be measured using the 2027 CHNA question 12: "Are you aware of a substance abuse counselor you can go to?"
 - b. The 2021 CHNA found that 53% of Hancock County residents were aware of a substance abuse counselor they could use.
3. By 2027 access to substance abuse and mental health services will be expanded to all schools in Hancock County.
 - a. Determined by reports from MHCWI and Hancock County Addiction Coalition.

Success Indicator Measurement:

- Hospital records → Numbers of people being served by new mental health service line
- MHCWI records → Number of students in the schools being served by MHCWI counselors
- Community Health Needs Assessment → Measurement of residents awareness of service options
- Social media/marketing interactions
- Records of youth substance abuse education events and number of schools involved

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Interventions:

- Design and release new mental health and substance abuse service line for the hospital.
 - Would need cost estimations regarding starting the new mental health service line with Shelly Wear and Tammy Teal.
 - MH
- Use marketing and social media to increase awareness of mental health services available to Hancock County Residents.
 - Using print materials, social media posts, radio podcasts.
 - MH, HCHD, MHCWI
- Provide 3 youth and 3 adult mental health first aid classes per year to educate the local community on identifying and supporting those who may be struggling with mental health and substance abuse.
 - AHEC is planning on sending Lauren to be trained as a facilitator for the program.
 - MH, AHEC
- Collaborate with HCAC, MHCWI, and school administration to increase opportunities for counselors to be present in each of the schools.
 - MHCWI would be leading this initiative. We have already gotten budget estimations from their end and they are hoping to expand counselor services in the schools.
 - MH, MHCWI, HCAC, Local School Districts
- Collaborate with HCAC, MHCWI, and school administration to host substance abuse adolescent and parental education programs in the local schools.
 - AHEC has already paid the schools to host a substance abuse education lecture from Tim Ryan. It has just been delayed due to the COVID-19 pandemic.
 - Use of the Hidden in Plain Sight educational display for parents at local community or school events.
 - MH, HCHD, MHCWI, HCAC

Goals Surrounding Cancer:

Goal 1: To reduce the burden of cancer on Hancock County residents through early detection and supportive services.

Impact Objectives (2-3 years):

1. By 2024 there will be a 3% increase in Hancock County women meeting clinical guidelines for breast cancer screenings (mammography).
 - a. Can be measured based on 2024 CHNA data on Women receiving breast cancer screening. Baseline from the 2021 CHNA found that 76% of the women met the American Cancer Society's Mammogram clinical guidelines.
2. By 2024 there will be a 3% increase in Hancock County women having received cervical cancer screening (pap-smear) within the past five years.
 - a. Can be measured based on 2024 CHNA data on Women receiving pap-smear screening. Baseline data from the 2021 CHNA found that 84% of women had received a pap smear within the past 5 years.
3. By 2024 there will be a 3% increase in Hancock County adults having ever been screened for colorectal cancer (via stool based or colonoscopy).
 - a. Can be measured based on the 2024 CHNA data on adults ages 45-65+ reporting having ever been screened for colorectal cancer. Baseline data from the 2021 CHNA found that 80% of adults from this age range reported having ever been screened for colon cancer.
4. Clinic providers will meet Accountable Care Organization (ACO) guidelines for screening recommendations of Hancock County patients by 2024.
 - a. The Accountable Care Organization feedback reports are given quarterly. Would simply need to find out what their set goals are and set ours to match.
5. By 2024 there will be a 2% increase in Hancock County residents battling cancer who are aware of the available support services given by Helping Us Give Support (HUGS) in Hancock County.
 - a. In year 2020, HUGS served 36 Hancock County residents.
 - b. Would be measured by the number of flyers distributed to patients (could collaborate with Dr. Veeder to make sure patients are made aware of the services), interactions with social media posts, attendance at events.

2021 Hancock County CHNA Community Health Plan

Outcome Objectives (5+ years):

1. By 2027, there will be a 5% increase in Hancock County women meeting clinical guidelines for breast cancer screenings (mammography).
 - a. Can be measured based on 2027 CHNA data on Women receiving breast cancer screening. Baseline from the 2021 CHNA found that 76% of the women met the American Cancer Society's Mammogram clinical guidelines.
2. By 2027, there will be a 5% increase in Hancock County women aged 25 years or older having received cervical cancer screening (Pap-Smears) within the past 5 years.
 - a. Can be measured based on 2027 CHNA data on Women receiving pap-smear screening. Baseline data from the 2021 CHNA found that 84% of women had received a pap smear within the past 5 years.
3. By 2027, there will be a 5% increase in Hancock County adults aged 45 and older having ever been screened for colorectal cancer (via colonoscopy or fecal colon cancer tests).
 - a. Can be measured based on the 2027 CHNA data on adults ages 45-65+ reporting having ever been screened for colorectal cancer. Baseline data from the 2021 CHNA found that 80% of adults from this age range reported having ever been screened for colon cancer.
4. Clinic providers will continue to meet Accountable Care Organization guidelines for screening recommendations of Hancock County patients for each year through 2027.
 - a. The Accountable Care Organization feedback reports are given quarterly. Would simply need to find out what their set goals are and set ours to match.

Success Indicator Measurement:

- Community Health Needs Assessment
 - Question 10: "About how long has it been since you had the following tests/screening done"
- Hospital Records
- Accountable Care Organization provider reports-given quarterly.
- Pre/Post survey of cancer patients (or focus group from Hancock County HUGS group) to identify supportive needs of cancer patients and whether we could address them.

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- Evaluating the number of patients provided supportive services by HUGS against the number that was being served at baseline (currently).

Interventions:

- Yearly provider education on cancer screening guideline recommendations based on age and sex (could be more frequently as ACO reports are given quarterly).
 - MH
- Develop 2 community cancer screening education campaigns to educate county residents on the benefits of receiving regular cancer screenings.
 - Focus on the Farmer cancer risk information program (Late June)
 - Could include skin cancer information/screening (could be led by MH Dermatology)
 - Could include education on farming environmental risks (pesticide use safety, testing well-water for nitrates, etc.) (Could be led by HCHD environmental health division).
 - Breast Cancer Awareness Campaign/THINK PINK (October)
 - Can include information on breast cancer screening, testimonials on the benefits of screening from breast cancer survivors, education on hereditary risk factors for breast cancer, etc.
 - Education could be provided at the annual Hancock County Fights Cancer Event (Late May/Early June).
 - MH, HCHD
- Use Social Media/Marketing to educate community members on the value of cancer screenings.
 - Can use social media, radio podcasts, flyers, brochures, etc.
 - Collect testimonials from community members who have benefitted from early cancer detection to be used as promotional/anecdotal support for cancer screenings.
- Create a survey for current cancer patients living in Hancock County to identify further areas of support services that are needed for those battling cancer.
 - MH, HUGS
- Establish a protocol that all patients diagnosed with cancer are given information about HUGS, how to contact them, and the services that they provide
 - Could ask if Dr. Veeder could give the informational flyer/brochure to his patients being treated at Memorial Hospital. HUGS pamphlets provided in the oncology specialty clinic.
 - MH

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Goal 2: To reduce the burden of cancer by creating awareness of cancer risk factors in Hancock County through wellness campaigns and cancer risk education.

Impact Objectives (2-3 years):

1. Increase awareness of cancer risk factors for 3% (~550 people) of Hancock County residents by 2024.
 - a. Would be measured by the number of interactions with cancer education campaign events and social media posts. Each interaction could translate to 1 additional person receiving some form of cancer risk education.

Outcome Objectives (5+ years):

1. Increase awareness of cancer risk factors for 5% (~890 people) of Hancock County residents by 2027.
 - a. Would be measured by the number of interactions with cancer education campaign events and social media posts. Each interaction could translate to 1 additional person receiving some form of cancer risk education.

Success Indicator Measurement:

- Records on number of participants attending community education events (through sign-ins, flyers distributed, etc.).
- Records on social media interactions (likes, shares, comments, etc.).

Interventions:

- Develop health education campaign to improve cancer risk awareness for residents in Hancock County.
 - MH and HCHD
 - Focus on the Farmer cancer risk information program
 - Could include skin cancer information/screening (could be led by MH Dermatology)
 - Could include education on farming environmental risks (pesticide use safety, testing well-water for nitrates, etc.) (Could be led by HCHD environmental health division).
 - Breast Cancer Awareness Campaign for October (Think Pink)
 - Education could be provided at the annual Hancock County Fights Cancer Event.

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- Monthly social media campaigns on tobacco cessation, alcohol cessation, and environmental risk factors for cancer.

APPENDIX C

Organizational Capacity

Organizational Structure

Organizational Strengths and Weaknesses

Organizational Action Plan Worksheet

CAPACITY ASSESSMENT WORKSHEETS

I. Indicators for Authority To Operate	Perceived Importance <small>Codes: H M L 0*</small>	Current Status <small>Codes: F P N 0 ?**</small>
A. Legal Authority		
1. The health department has clear authority to act as a law enforcement office for public health problems.	1. <u> M </u>	<u> P </u>
2. The health department has authority to develop and introduce local regulations when needed.	2. <u> M </u>	<u> P </u>
3. The health department has the authority to delegate public health duties to municipalities within its jurisdiction.	3. <u> L </u>	<u> N </u>
4. The health department has agreements for the joint exercise of public health powers with neighboring jurisdictions.	4. <u> H </u>	<u> O </u>
5. The health department exercises authorities delegated to it by the state or federal government.	5. <u> M </u>	<u> P </u>
Other:		

***Perceived Importance Codes:**

H = High Importance
M = Moderate Importance
L = Low Importance
0 = Not relevant

****Current Status Codes:**

F = Fully met
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ASSESSMENT PROTOCOL FOR EXCELLENCE IN PUBLIC HEALTH

I. Indicators for Authority To Operate	Perceived Importance <small>Codes: H M L O*</small>	Current Status <small>Codes: F P N O ?**</small>
B. Intergovernmental Relations		
1. At least once every two years (biennially), the health department reviews its joint powers agreements, memoranda of understanding, and other agreements with units of government within its jurisdiction or in neighboring jurisdictions to identify problems, propose solutions, and look for areas for further development.	1. <u> H </u>	<u> F </u>
2. At least biennially, the health department reviews and discusses its formal relationship with the state health authority to identify problems, propose solutions, and look for areas for further development.	2. <u> H </u>	<u> F </u>
3. The health department is represented on a state public health committee or other body advisory to the state health authority.	3. <u> H </u>	<u> F </u>
4. Units of government within the jurisdiction of the health department are represented on a committee, subcommittee, or other body advisory to the local department of health.	4. <u> H </u>	<u> F </u>
5. The health department is regularly consulted by the local elected officials about aspects of local policy relating to health issues.	5. <u> H </u>	<u> P </u>
6. The health department is regularly consulted by the state elected officials about aspects of local policy relating to health issues.	6. <u> M </u>	<u> P </u>
7. The director or a representative communicates appropriately and regularly with state legislators who represent the district the health department serves.	7. <u> H </u>	<u> P </u>
8. The health department is regularly consulted by the local schools when setting health policy.	8. <u> H </u>	<u> P </u>
9. The health department has a formal and productive working relationship with the state health authority.	9. <u> H </u>	<u> P </u>
Other:		

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Part I. Organizational Capacity Assessment

I. Indicators for Authority To Operate	Perceived Importance Codes: H M L O*	Current Status Codes: F P N O ?**
<p>C. Legal Counsel</p> <ol style="list-style-type: none"> 1. The health department has legal counsel sufficient to provide advice as needed on administrative practices; department powers, duties, policies, and procedures; relevant laws and ordinances; contracts; and other legal matters. 2. The health department maintains a current file or library of all relevant federal, state, and local statutes and regulations. 3. At least biennially, the director and the management staff of the health department review with legal counsel the specific authorities of the department to operate public health programs and to enforce public health laws, ordinances, and regulations, as well as the specific responsibilities these entail. <ol style="list-style-type: none"> a. As a part of this review, the director and management staff identify the public-health-related legal authority and responsibilities of other organizations in the community. b. The director and management staff of the health department continuously maintain documentation of the scope of the department's powers to adopt its own regulations and the specific responsibilities these entail. 4. Procedures for the enforcement of board authorities and responsibilities are documented and are reviewed at least biennially with legal counsel. 5. The health department maintains current files documenting the legal status of all health-related organizations operating within its jurisdiction (department of government, private nonprofit corporation, private unaffiliated and unincorporated group, etc.). <p>Other:</p>	<p>1. <u>H</u></p> <p>2. <u>H</u></p> <p>3. <u>H, M</u></p> <p>3a. <u>H</u></p> <p>3b. <u>H</u></p> <p>4. <u>H, M</u></p> <p>5. <u>H</u></p>	<p><u>F</u></p> <p><u>F</u></p> <p><u>P</u></p> <p><u>P</u></p> <p><u>F</u></p> <p><u>F</u></p> <p><u>P</u></p>

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Part I. Organizational Capacity Assessment

II. Indicators for Community Relations	Perceived Importance Codes: H M L O*	Current Status Codes: F P N O ?**
<p>A. Constituency Development</p> <ol style="list-style-type: none"> 1. The health department has a system that actively involves individuals and groups affected by its planning of services, its methods of service delivery, and its service results. 2. At least every four years, the health department actively involves all key individuals and organizations within its jurisdiction that might be engaged in public-health-related activities to determine their goals and their perceptions of their roles, authorities, and needs, including: <ol style="list-style-type: none"> a. Units of government with authority within the jurisdiction of the health department, including the governmental unit from which the department derives its basic authority. b. The general public of the community, at least through some form of community health committee or representation on an advisory body. c. Interest groups, such as environmental protection and conservation groups, local business organizations, the local medical and dental societies, religious organizations, and other key organizations in the community. d. Representatives from hospitals, community health centers, the Visiting Nurse Association, and other health and human service agencies. e. Educational institutions, such as university schools of public health, medicine, and nursing; colleges, private schools, and local school districts. f. Other potential stakeholders in local public health. 3. The health department cooperates and collaborates with other community agencies that have similar or overlapping <i>missions</i>. 4. The health department cooperates and collaborates with other agencies that deliver similar <i>programs</i> in the same service area. 	<ol style="list-style-type: none"> 1. <u>H, L</u> 2. <u>H</u> 2a. <u>M</u> 2b. <u>H</u> 2c. <u>M</u> 2d. <u>H</u> 2e. <u>H</u> 2f. <u>M</u> 3. <u>H</u> 4. <u>H, M</u> 	<ol style="list-style-type: none"> <u>F</u> <u>F</u> <u>P</u> <u>N</u> <u>P</u> <u>P</u> <u>P</u> <u>P</u> <u>F</u> <u>P</u>

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ASSESSMENT PROTOCOL FOR EXCELLENCE IN PUBLIC HEALTH

II. Indicators for Community Relations	Perceived Importance <small>Codes: H M L 0*</small>	Current Status <small>Codes: F P N 0 ?**</small>
A. Constituency Development (continued)		
5. The health department has formed a citizens' or community committee or has established another formal method of involving the people it serves in the identification of community health problems and the development of a community health plan.	5. <u> M </u>	<u> N </u>
6. The health department has established mechanisms to guide and ensure active and cooperative relationships with community and professional groups.	6. <u> H, M </u>	<u> P </u>
7. Health department staff are aware of relevant programs, policies, and priorities of the federal Department of Health and Human Services (HHS), Environmental Protection Agency (EPA), and other related federal agencies.	7. <u> H </u>	<u> F </u>
8. The health department has a physician health officer, medical adviser(s), or consultant(s) to assist in maintaining relationships with the private medical community.	8. <u> H </u>	<u> F </u>
9. The health department has established relationships with a university school of public health, medicine, or nursing, or with other educational institutions within or near its jurisdiction for staff development, internships, consultation, and other capacity-building purposes.	9. <u> M </u>	<u> P </u>
Other:		

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Part I. Organizational Capacity Assessment

II. Indicators for Community Relations	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
<p>B. Constituency Education</p> <ol style="list-style-type: none"> The health department has a documented plan for informing the public about the current health status of the community. The local media looks to the health department as a source of information about the health of the community. The health department regularly provides background information and news information to the local media. At least once a year, the director or a representative of the director meets with the representatives of health-related community organizations to define inter-organizational roles and responsibilities (see item A2 above for a brief list of potential representatives). Professional staff members of the health department participate in or serve on councils, boards, or committees of public-health-related organizations at the state and local level. The health department has current mailing lists (no older than 1 year) of the directors, chairs, and other officials of all citizen groups, service organizations, health care professional organizations, business groups, and other community organizations within its jurisdiction. The health department has a means of regular public communication, such as a regular newsletter or column in a community newspaper. The health department makes its own information systems and databases available to interested community groups for their health-related activities. The health department has an established program for community volunteers and student interns in departmental programs. 	<ol style="list-style-type: none"> <u>H</u> <u>H</u> <u>H</u> <u>M</u> <u>M</u> <u>H, M, L</u> <u>M, L</u> <u>M</u> <u>H, M</u> 	<ol style="list-style-type: none"> <u>P</u> <u>P</u> <u>P</u> <u>P</u> <u>P</u> <u>P</u> <u>N</u> <u>P</u> <u>F</u>

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ASSESSMENT PROTOCOL FOR EXCELLENCE IN PUBLIC HEALTH

II. Indicators for Community Relations	Perceived Importance <small>Codes: H M L 0*</small>	Current Status <small>Codes: F P N 0 ?**</small>
B. Constituency Education (continued) 10. The health department widely disseminates reports regarding public health issues to the community. Other:	10. <u> H </u>	<u> P </u>
C. Documentation 1. The health department maintains files documenting relations and communications with other organizations related to the public health. 2. The health department maintains current information on the needs of health-related organizations. 3. In all cases in which a potential duplication of significant public health activities might exist between the health department and another local organization, the director has established a written agreement with the executive officer or board of that organization clarifying functional relationships and identifying areas of collaboration. Other:	1. <u> M </u> 2. <u> H, M </u> 3. <u> M </u>	<u> P </u> <u> P </u> <u> N </u>

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Part I. Organizational Capacity Assessment

III. Indicators for Community Health Assessment	Perceived Importance Codes: H M L O *	Current Status Codes: F P N O ? **
<p>A. Mission and Role</p> <ol style="list-style-type: none"> The health department has a clear and concrete mission statement that all staff are capable of stating and explaining in relation to their duties. The health department has established a process for community health assessment and the development of a community health plan. At least every four years, the health department conducts a public review and discussion of its mission and role, its public health goals, its accomplishments, past activities, and plans in relation to community health. At least every two years, the health department formally requests all units of government within its jurisdiction to comment on the department's programs, plan, and budget. The health department has and uses a prepared presentation for informing the community and community groups of its role and authority in relation to the community's health. The health department maintains a current description (no older than two years) of the public health services, programs, and authorities of the municipalities in its jurisdiction. <p>Other:</p>	<ol style="list-style-type: none"> <u>M</u> <u>M</u> <u>M</u> <u>M, O</u> <u>M, L</u> <u>H, M</u> 	<ol style="list-style-type: none"> <u>P</u> <u>F</u> <u>F</u> <u>N</u> <u>N</u> <u>F</u>

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ASSESSMENT PROTOCOL FOR EXCELLENCE IN PUBLIC HEALTH

III. Indicators for Community Health Assessment	Perceived Importance <small>Codes: H M L O *</small>	Current Status <small>Codes: F P N O ? **</small>
B. Data Collection and Analysis		
1. The health department maintains a database of existing health resources and community health status.	1. <u> M </u>	<u> F </u>
2. The health department receives reports of communicable disease in the community on a daily basis.	2. <u> H </u>	<u> F </u>
3. The health department has qualified professionals to review and analyze reported morbidity and mortality data.	3. <u> M </u>	<u> P </u>
4. Morbidity and mortality data are reviewed and analyzed for appropriate action on a regular schedule.	4. <u> M </u>	<u> P </u>
5. The health department is responsible for collecting, processing, analyzing, and reporting birth and death certificates, or is part of a state-wide system for obtaining such information.	5. <u> O </u>	<u> N </u>
6. The health department conducts appropriate statistical analysis of birth and death records and reports these results to the policy board, staff, and community on a regular basis.	6. <u> M </u>	<u> O </u>
7. The health department conducts or supports periodic risk factor surveys to identify community risk factors, their prevalence, and interrelationships.	7. <u> M </u>	<u> O </u>
8. The health department regularly collects or requests and receives from the state health authority locally specific data needed for assessing the health of the community.		
a. The data includes at least those data sets suggested in Part II of this Workbook.	8a. <u> M, O </u>	<u> P </u>
b. The health department collects or receives additional locally specific data sets such as those included in Part II, Section B.	8b. <u> M, O </u>	<u> P </u>
Other:		

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Part I. Organizational Capacity Assessment

III. Indicators for Community Health Assessment	Perceived Importance <small>Codes: H M L O *</small>	Current Status <small>Codes: F P N O ? **</small>
<p>C. Resource Assessment</p> <ol style="list-style-type: none"> 1. The health department has joint powers agreements with other units of government in neighboring jurisdictions or within its own jurisdiction for the shared funding and operation of enforcement and service delivery programs where economies of scale and efficiency are possible. 2. The health department maintains a current roster of qualified health professionals employed by units of government within its jurisdiction for reference in the development of technical study groups, activities related to professional development, and other personnel-related purposes. 3. The health department participates in joint efforts to pool training needs with neighboring health agencies. 4. The health department has agreements with health-related organizations operating programs within its jurisdiction for sharing staff expertise. 5. The health department annually compiles or updates a listing of health-related information systems and data bases maintained by community organizations that operate within its jurisdiction. 6. The health department has an established program for the development of in-kind contributions from private industry, private nonprofit organizations, churches, and other community organizations. <p>Other:</p>	<ol style="list-style-type: none"> 1. <u> M </u> 2. <u> </u> 3. <u> H </u> 4. <u> M </u> 5. <u> M </u> 6. <u> H, L </u> 	<ol style="list-style-type: none"> 1. <u> O </u> 2. <u> </u> 3. <u> P </u> 4. <u> P </u> 5. <u> </u> 6. <u> P </u>

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III. Indicators for Community Health Assessment	Perceived Importance <small>Codes: H M L O *</small>	Current Status <small>Codes: F P N O ? **</small>
<p>D. Planning and Development</p> <ol style="list-style-type: none"> The health department has staff with education and experience in planning and evaluation. The health department uses health data, including vital records, in its community health planning process. The health department has a standard, ongoing process to examine internal and external trends, to make forecasts, and to systematically develop long term plans for its future. The health department has a published strategic plan that includes the current year. <p>Other:</p>	<ol style="list-style-type: none"> <u> H </u> <u> H </u> <u> M </u> <u> H, M </u> 	<ol style="list-style-type: none"> <u> F </u> <u> F </u> <u> P </u> <u> P </u>
<p>E. Evaluation and Assurance</p> <ol style="list-style-type: none"> The health department monitors program impact indicators on a regular basis. The health department has community health objectives that are time limited and measurable. The health department reviews and revises community health programs on the basis of the community health plan. <p>Other:</p>	<ol style="list-style-type: none"> <u> M </u> <u> M </u> <u> M </u> 	<ol style="list-style-type: none"> <u> F </u> <u> F </u> <u> F </u>

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Part I. Organizational Capacity Assessment

IV. Indicators for Public Policy Development	Perceived Importance Codes: H M L 0 *	Current Status Codes: F P N 0 ? **
<p>A. Community Health Assessment and Planning</p> <ol style="list-style-type: none"> 1. The health department director assures and facilitates the completion of a community health assessment process. 2. The health department and the community identify and set priorities for addressing health problems based on the results of the community health assessment. 3. The health department and the community develop a community health plan based on the results of the community health assessment and priority-setting processes. 4. The health department director and the community involve the policy board in the review and revision, if necessary, of the proposed community health plan. 5. The policy board adopts the community health plan. 6. The policy board acts as an advocate on behalf of the health department for allocation of resources needed to implement the community health plan. 7. The policy board monitors the implementation of the community health plan. <p>Other:</p>	<ol style="list-style-type: none"> 1. <u>H</u> 2. <u>H, M</u> 3. <u>M</u> 4. <u>M</u> 5. <u>H, M</u> <u>M</u> 6. <u> </u> 7. <u>M</u> 	<ol style="list-style-type: none"> 1. <u>F</u> 2. <u>F</u> 3. <u>F</u> 4. <u>P</u> 5. <u>F</u> <u>F</u> 6. <u> </u> 7. <u>F</u>

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ASSESSMENT PROTOCOL FOR EXCELLENCE IN PUBLIC HEALTH

IV. Indicators for Public Policy Development	Perceived Importance Codes: H M L 0 *	Current Status Codes: F P N 0 ? **
<p>B. Community Health Policy</p> <ol style="list-style-type: none"> The policy board obtains information from an established citizens' advisory group and from the health department regarding public policy issues affecting the public health. The policy board identifies any additional public policy issues affecting public health and analyzes those issues. The policy board establishes priorities and formulates strategies for action on high priority health policy issues. The health department facilitates the formulation of public health policy in the community. The policy board and the health department director monitor and evaluate the impact of public policy on specific health problems. The policy board advocates changes in public policy to correct the public health problems of the community. <p>Other:</p>	<ol style="list-style-type: none"> <u> M </u> <u> H, M, L </u> <u> M </u> <u> M </u> <u> M </u> <u> M </u> 	<ol style="list-style-type: none"> <u> N </u> <u> O </u> <u> O </u> <u> N </u> <u> O </u> <u> N </u>

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IV. Indicators for Public Policy Development	Perceived Importance Codes: H M L 0 *	Current Status Codes: F P N 0 ? **
<p>C. Public Policy and Public Health Issues</p> <ol style="list-style-type: none"> 1. The local governmental unit collaborates with the policy board and the health department director in developing public policy which may impact public health. 2. The elected officials at the local level actively solicit the opinions of the professional staff and/or health department director on scientific issues in policy development. 3. The health department director and policy board participate at both the state and local levels in governmental decision making which may have an impact on local health issues. <p>Other:</p>	<ol style="list-style-type: none"> 1. <u>M</u> 2. <u>M, L</u> 3. <u>M</u> 	<ol style="list-style-type: none"> 1. <u>N</u> 2. <u>N</u> 3. <u>P</u>

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Part I. Organizational Capacity Assessment

V. Indicators for Assurance of Public Health Services	Perceived Importance <small>Codes: H M L 0 *</small>	Current Status <small>Codes: F P N 0 ? **</small>
<p>A. Public Policy Implementation</p> <ol style="list-style-type: none"> 1. The policy board uses its authority to assure necessary services to reach agreed upon goals for its constituents. 2. The policy board assists the health department in utilizing all resources in the community to assure the desired services to all its citizens. 3. The health department assures or provides direct services for priority health needs identified in the community health assessment. 4. The health department assures and implements legislative mandates and statutory responsibilities. 5. The health department maintains a level of service without interruption to avoid crises affecting the health of the community. <p>Other:</p>	<ol style="list-style-type: none"> 1. <u> M </u> 2. <u> M </u> 3. <u> M </u> 4. <u> M </u> 5. <u> M </u> 	<ol style="list-style-type: none"> 1. <u> ? </u> 2. <u> P </u> 3. <u> P </u> 4. <u> P </u> 5. <u> P </u>

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ASSESSMENT PROTOCOL FOR EXCELLENCE IN PUBLIC HEALTH

V. Indicators for Assurance of Public Health Services	Perceived Importance <small>Codes: H M L 0 *</small>	Current Status <small>Codes: F P N 0 ? **</small>
<p>B. Personal Health Services</p> <ol style="list-style-type: none"> The health department monitors the availability of personal health services and assures an appropriate level of those health services in the community. The health department seeks to assure that all citizens receive the level of personal health services referred to in B1, above, regardless of their ability to pay. The health department identifies barriers to access to health care and develops plans to minimize them. The health department provides the services necessary to assure a clean, safe, and secure environment for the community. <p>Other:</p>	<ol style="list-style-type: none"> <u> M </u> <u> H,M </u> <u> H </u> <u> H </u> 	<ol style="list-style-type: none"> <u> P </u> <u> P </u> <u> P </u> <u> F </u>
<p>C. Involvement of Community In the Public Health Delivery System</p> <ol style="list-style-type: none"> The policy board and senior management of the health department work with employee groups in assessing health risks of employees and in managing those risks. The policy board and senior management participate in the development of health policy issues in colleges, schools, and industry to assure an optimum, healthy environment for special groups. The policy board and the health department director assure health protection and health promotion services utilizing community-based organizations. <p>Other:</p>	<ol style="list-style-type: none"> <u> M </u> <u> M </u> <u> M </u> 	<ol style="list-style-type: none"> <u> N </u> <u> N </u> <u> P </u>

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Part I. Organizational Capacity Assessment

VI. Indicators for Financial Management	Perceived Importance <small>Codes: H M L 0*</small>	Current Status <small>Codes: F P N 0 7**</small>
A. Budget Development and Authorization 1. A department budget is adopted annually by the policy board. 2. The budget accurately reflects the priorities established in the organizational action plan. 3. Budget justifications reflect health department programs and health problems within its jurisdiction. 4. Professional or community groups help the health department present and justify its budget. 5. Health department management staff are involved in developing the proposed budget. 6. The health department receives locally assessed tax funds from the unit of government to which it is responsible. 7. The health department has the authority to recommend and charge fees for the services it provides. 8. The health department has an adequate contingency fund for dealing with public health emergencies. Other:	1. <u> H </u> 2. <u> H </u> 3. <u> H, M, L </u> 4. <u> L </u> 5. <u> H </u> 6. <u> H </u> 7. <u> H </u> 8. <u> H, M </u>	1. <u> F </u> 2. <u> F </u> 3. <u> F </u> 4. <u> O </u> 5. <u> F </u> 6. <u> F </u> 7. <u> F </u> 8. <u> F </u>

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VI. Indicators for Financial Management	Perceived Importance Codes: H M L O*	Current Status Codes: F P N O ?**
<p>B. Financial Planning and Financial Resource Development</p> <ol style="list-style-type: none"> 1. The health department has a predictable source of funds to allow the development and implementation of a long range plan (minimum, 5 years). 2. The health department has a financial management capacity that provides for securing funding for, or the orderly phasing out of, discretionary programs for which funds are not available. 3. The health department has a diverse funding base to lessen disruption of services caused by withdrawal of funds from any one source. 4. The health department maintains or has access to a foundation directory and other information about sources of public and private funding for public health activities. 5. The health department has a current description of state and federal funding sources available to it and to organizations within its jurisdiction. 6. The health department maintains current information on the health-related budgets and expenditures of all units of government within its jurisdiction. 7. The health department has staff skilled in writing successful grant applications. 8. The health department has agreements with units of government within its jurisdiction that allow the use of local expenditures to be documented as "match" in its grant requests. 9. The health department has contracts to provide public health services to or for community organizations, private nonprofit corporations, and health care organizations. <p>Other:</p>	<ol style="list-style-type: none"> 1. <u>H, M, O</u> 2. <u>M, H, O</u> 3. <u>H, M</u> 4. <u>M, H, O</u> 5. <u>H, M</u> 6. <u>M</u> 7. <u>H, M</u> 8. <u>M, H, O</u> 9. <u>M, L</u> 	<ol style="list-style-type: none"> 1. <u>P</u> 2. <u>P</u> 3. <u>P</u> 4. <u>P</u> 5. <u>F</u> 6. <u>O</u> 7. <u>P</u> 8. <u>O</u> 9. <u>O</u>

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Part I. Organizational Capacity Assessment

VI. Indicators for Financial Management	Perceived Importance Codes: H M L O*	Current Status Codes: F P N O ?**
<p>C. Financial Reporting and Administration</p> <ol style="list-style-type: none"> Expenditures follow the budget and financial plan of the health department. A description of the health department financial management system is a part of orientation for new policy board members and staff. Financial reports are understood by policy board members and administrative and supervisory staff. The financial position of the health department is routinely reviewed by the policy board and administrative and supervisory staff. An administrative officer or finance director is designated by the policy board to oversee all finances of the health department, including meeting all legal financial requirements, adherence to department fiscal policies, and reporting to the policy board regularly on financial matters. The policy board and staff understand their legal accountability and liability, as well as their general responsibility to the public for wise financial management. <p>Other:</p>	<ol style="list-style-type: none"> <u>H, M</u> <u>M</u> <u>M, H</u> <u>M, H</u> <u>H, M, L</u> <u>H</u> 	<ol style="list-style-type: none"> <u>F</u> <u>F</u> <u>F</u> <u>F</u> <u>F</u> <u>F</u>

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ASSESSMENT PROTOCOL FOR EXCELLENCE IN PUBLIC HEALTH

VI. Indicators for Financial Management	Perceived Importance <small>Codes: H M L 0*</small>	Current Status <small>Codes: F P N 0 ?**</small>
<p>D. Audit</p> <p>1. The health department has an independent, outside, annual financial and performance audit which conforms with requirements stipulated by general accounting principles.</p> <p>2. The annual audit is reviewed and clearly understood by the policy board and key department staff.</p> <p>Other:</p>	<p>1. <u> H </u></p> <p>2. <u> H </u></p>	<p><u> F </u></p> <p><u> F </u></p>
<p>E. Documentation</p> <p>1. A written standard budget development and review procedure is authorized by the policy board, and is available to staff and the public.</p> <p>2. Appropriate journals, ledgers, registers, and financial reports are kept, using generally accepted accounting procedures.</p> <p>3. Copies of the health department annual financial audit are available to policy board members, department staff, and the public.</p> <p>4. A written procedure for participating in state and federal grants, and public and private foundation funding awards, is authorized by the policy board and available to department staff and the public.</p> <p>Other:</p>	<p>1. <u> H </u></p> <p>2. <u> H </u></p> <p>3. <u> H, M </u></p> <p>4. <u> M, H </u></p>	<p><u> F </u></p> <p><u> F </u></p> <p><u> F </u></p> <p><u> F </u></p>

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Part I. Organizational Capacity Assessment

VII. Indicators for Personnel Management	Perceived Importance Codes: H M L O*	Current Status Codes: F P N O ?**
<p>A. Policy Development and Authorization</p> <ol style="list-style-type: none"> 1. A written job description, including minimum qualifications, exists for each position in the health department. 2. Written personnel policies and procedures are developed or revised with staff input. 3. Personnel recruitment, selection, and appointment procedures are documented. 4. If another unit or department of government carries out personnel functions for the health department, the relationships with that unit or department are clearly defined and documented in a written agreement. 5. If labor unions represent department staff, there is an established working relationship and labor contract between the health department policy board and each respective labor union. 6. Both the policy board and senior management of the health department have input into any labor union contract negotiations. 7. There is a documented procedure, authorized by the policy board and developed with input from senior management of the health department and staff where appropriate, for employee grievances, reprimands, suspensions, and dismissals. 8. There is a documented, structured salary administration plan that is authorized by the policy board and that is designed to attract and retain competent staff. <p>Other:</p>	<ol style="list-style-type: none"> 1. <u>H, M</u> 2. <u>H, M</u> 3. <u>M</u> 4. <u>H</u> 5. <u>O</u> 6. <u>O</u> 7. <u>H, M, L</u> 8. <u>H</u> 	<ol style="list-style-type: none"> 1. <u>F</u> 2. <u>F</u> 3. <u>P</u> 4. <u>O</u> 5. <u>O</u> 6. <u>O</u> 7. <u>F</u> 8. <u>F</u>

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VII. Indicators for Personnel Management	Perceived Importance <small>Codes: H M L O*</small>	Current Status <small>Codes: F P N O ?**</small>
<p>B. Personnel Administration and Reporting</p> <ol style="list-style-type: none"> The health department director is responsible for internal administration of the department. The policy board employs the health department director and conducts a periodic, written appraisal of the director's performance. Written staff performance appraisals are conducted by supervisors with employees at established intervals. The performance appraisal system is monitored by the health department director. Union contract provisions are administered in a well-coordinated manner with documented provisions for non-union employees. Health department announcements and program information are distributed to all employees via a standard mechanism. There are regularly scheduled meetings by work group, work site, division, and department. The policy board receives routine reports from the health department director relative to new employees, staffing changes, dismissals, grievances, etc. The health department director selects qualified individuals as staff for the department. The health department provides appropriate confidentiality for all personnel records. <p>Other:</p>	<ol style="list-style-type: none"> <u>H</u> <u>H, M</u> <u>H</u> <u>H, M</u> <u>O</u> <u>M</u> <u>H, M</u> <u>M, L</u> <u></u> <u>H</u> <u>H</u> 	<ol style="list-style-type: none"> <u>F</u> <u>F</u> <u>F</u> <u>F</u> <u>O</u> <u>P</u> <u>P</u> <u></u> <u>F</u> <u>F</u>

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VII. Indicators for Personnel Management	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
<p>C. Staffing Plan and Development</p> <ol style="list-style-type: none"> Staffing patterns and levels match policy board authorized programs and services and current levels of demand for services. The health department has a written plan or policy regarding staff recruitment, selection, development, and retention. All employees have structured, routine, group opportunities to discuss program methods and procedures, current levels of demand for services, and quality of work issues with their respective supervisors. The health department staff have access to training provided by the state health authority in areas relevant to local health problems. The health department has access to the staff development resources of a school of public health or of other relevant educational institutions. The health department has clearly expressed its staff development needs to schools of public health or to other educational institutions. The health department uses volunteers to support programs where possible, and manages its volunteer program through clearly defined policies and procedures. There are adequate provisions for liability insurance protection for department board members, staff, and volunteers. The health department has a documented staff development program, monitored by the department director, which includes employee-supervisor annual plan development and cost projections, with routine review and update. 	<ol style="list-style-type: none"> <u>H, M, L</u> <u>M, L</u> <u>L</u> <u>M</u> <u>M, H, L</u> <u>L</u> <u>L</u> <u>M</u> <u>M</u> 	<ol style="list-style-type: none"> <u>P</u> <u>O</u> <u>P</u> <u>P</u> <u>P</u> <u>P</u> <u>P</u> <u>P</u> <u>P</u>

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ASSESSMENT PROTOCOL FOR EXCELLENCE IN PUBLIC HEALTH

VII. Indicators for Personnel Management	Perceived Importance <small>Codes: H M L O*</small>	Current Status <small>Codes: F P N O ?**</small>
<p>C. Staffing Plan and Development (continued)</p> <p>10. The health department personnel administration system and personnel policies and procedures are reviewed with each new policy board member and department staff member.</p> <p>11. The health department encourages and supports staff participation in professional organizations.</p> <p>12. The health department staffing plan includes provisions for "backup staff" to enable critical scheduled operations to continue without interruption when temporary vacancies occur.</p> <p>13. The health department has the ability to fill new and vacant positions in a timely manner.</p> <p>Other:</p>	<p>10. <u>M,O</u></p> <p>11. <u>L</u></p> <p>12. <u>M</u></p> <p>13. <u>M,H,L</u></p>	<p><u>F</u></p> <p><u>F</u></p> <p><u>P</u></p> <p><u>P</u></p>
<p>D. Personnel Policy and Procedure Audit</p> <p>1. A periodic personnel administration audit is performed by a department team to determine if authorized personnel policies and procedures are being followed.</p> <p>2. The findings of the personnel administration audit are reported to the policy board.</p> <p>3. There is a written, standard employee exit interview conducted with every employee leaving the health department, which includes identification of reasons for resignation.</p> <p>4. The health department director monitors all employee exit interview results, and periodically reports such information to the policy board.</p> <p>Other:</p>	<p>1. <u>M</u></p> <p>2. <u>M</u></p> <p>3. <u>L</u></p> <p>4. <u>L</u></p>	<p><u>P</u></p> <p><u>F</u></p> <p><u>F</u></p> <p><u>F</u></p>

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Part I. Organizational Capacity Assessment

VII. Indicators for Personnel Management	Perceived Importance Codes: H M L O*	Current Status Codes: F P N 0 ?**
<p>E. Documentation</p> <ol style="list-style-type: none"> 1. There is a standard, written description of the health department personnel management system which is available to policy board members, department staff, and the public. 2. All personnel transactions are documented. 3. An up-to-date coordinated, structured, and confidential file is maintained for every employee and volunteer. 4. All job descriptions, policies, and procedures are consolidated and available to policy board members, department staff, and the public. 5. All recruitment, selection, appointment, and applicant grievance procedures are available in writing to policy board members, department staff, and the public. 6. The salary administration plan is written and available to policy board members, department staff, and the public. <p>Other:</p>	<ol style="list-style-type: none"> 1. <u>H, L, O</u> 2. <u>M, H, O</u> 3. <u>H, M, O</u> 4. <u>H, O</u> 5. <u>M, O</u> 6. <u>M, H</u> 	<ol style="list-style-type: none"> 1. <u>P</u> 2. <u>P</u> 3. <u>F</u> 4. <u>F</u> 5. <u>P</u> 6. <u>P</u>

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Part I. Organizational Capacity Assessment

VIII. Indicators for Program Management	Perceived Importance Codes: H M L O*	Current Status Codes: F P N O ?**
<p>A. Organization and Structure</p> <ol style="list-style-type: none"> Operating programs are authorized by the policy board. The director regularly reviews and discusses with the health department's management staff the perceived roles and authorities of units of government within its jurisdiction. There is a current organizational chart which shows all functional elements of the organization and their relationship to each other. Staff meetings are held at reasonable frequencies, include appropriate staff, and are called and structured by appropriate individuals. The health department maintains emergency contact staff (on site or on call) to respond to local public health emergencies. <p>Other:</p>	<p>1. <u>M</u></p> <p>2. <u>M</u></p> <p>3. <u>M,L</u></p> <p>4. <u>M,L</u></p> <p>5. <u>H,M</u></p>	<p><u>P</u></p> <p><u>P</u></p> <p><u>F</u></p> <p><u>F</u></p> <p><u>F</u></p>

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VIII. Indicators for Program Management	Perceived Importance Codes: H M L O*	Current Status Codes: F P N O ?**
<p>B. Evaluation</p> <ol style="list-style-type: none"> 1. The health department collects and regularly analyzes information describing program administration and funding, program activities, workload, client characteristics, and service costs needed to evaluate the <i>process</i> of program activities. 2. The health department collects and regularly analyzes information that is needed to evaluate the <i>Impact and outcome</i> of program activities on risk factors and health status. 3. Program objectives are time limited and measurable. 4. Operating programs are reviewed or revised on a regular periodic schedule. 5. The health department routinely examines the working environment to ensure that it facilitates program objectives and that the physical plant is "barrier free" and meets state and local building standards. <p>Other:</p>	<ol style="list-style-type: none"> 1. <u>M,L</u> 2. <u>M,L,O</u> 3. <u>L,M</u> 4. <u>M</u> 5. <u>M,L</u> 	<ol style="list-style-type: none"> 1. <u>P</u> 2. <u>P</u> 3. <u>F</u> 4. <u>F</u> 5. <u>P</u>

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Part I. Organizational Capacity Assessment

VIII. Indicators for Program Management	Perceived Importance Codes: H M L O*	Current Status Codes: F P N O ?**
<p>C. General Information Systems</p> <ol style="list-style-type: none"> The health department has a management information system that allows the analysis of administrative, demographic, epidemiologic, and utilization data to provide information for planning, administration, and evaluation. The health department has a plan for the introduction and/or expansion of computer-based systems. The health department has a technical library of books and other publications relevant to its public health activities for immediate reference by its staff, and a method for keeping materials current. The health department annually compiles or updates a listing of health-related information systems and data bases maintained by units of government within its jurisdiction. The health department subscribes to an on-line, computer-based data system that provides direct access to health-related data or that has direct access to public health and population data compiled by state agencies. The health department maintains current information on federal data bases and information systems relevant to its programs. <p>Other:</p>	<ol style="list-style-type: none"> <u>M,H,O</u> <u>O</u> <u>L</u> <u>O</u> <u>O</u> <u>M</u> 	<ol style="list-style-type: none"> <u>P</u> <u>F</u> <u>N</u> <u>O</u> <u>N</u> <u>P</u>

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VIII. Indicators for Program Management	Perceived Importance Codes: H M L O*	Current Status Codes: F P N O ?**
<p>D. Shared Resources</p> <ol style="list-style-type: none"> 1. The health department has formal or informal agreements with other units of government within or surrounding its jurisdiction for sharing expensive, less-used equipment (e.g., mainframe computer systems). 2. The health department participates in shared service or purchase agreements where volume purchasing can reduce costs, such as for printing, supplies, and other materials. 3. The health department has agreements with community organizations for sharing space, clerical support, and other resources. <p>Other:</p>	<ol style="list-style-type: none"> 1. <u>L,O</u> 2. <u>L,O</u> 3. <u>O</u> 	<ol style="list-style-type: none"> 1. <u>N</u> 2. <u>N</u> 3. <u>N</u>

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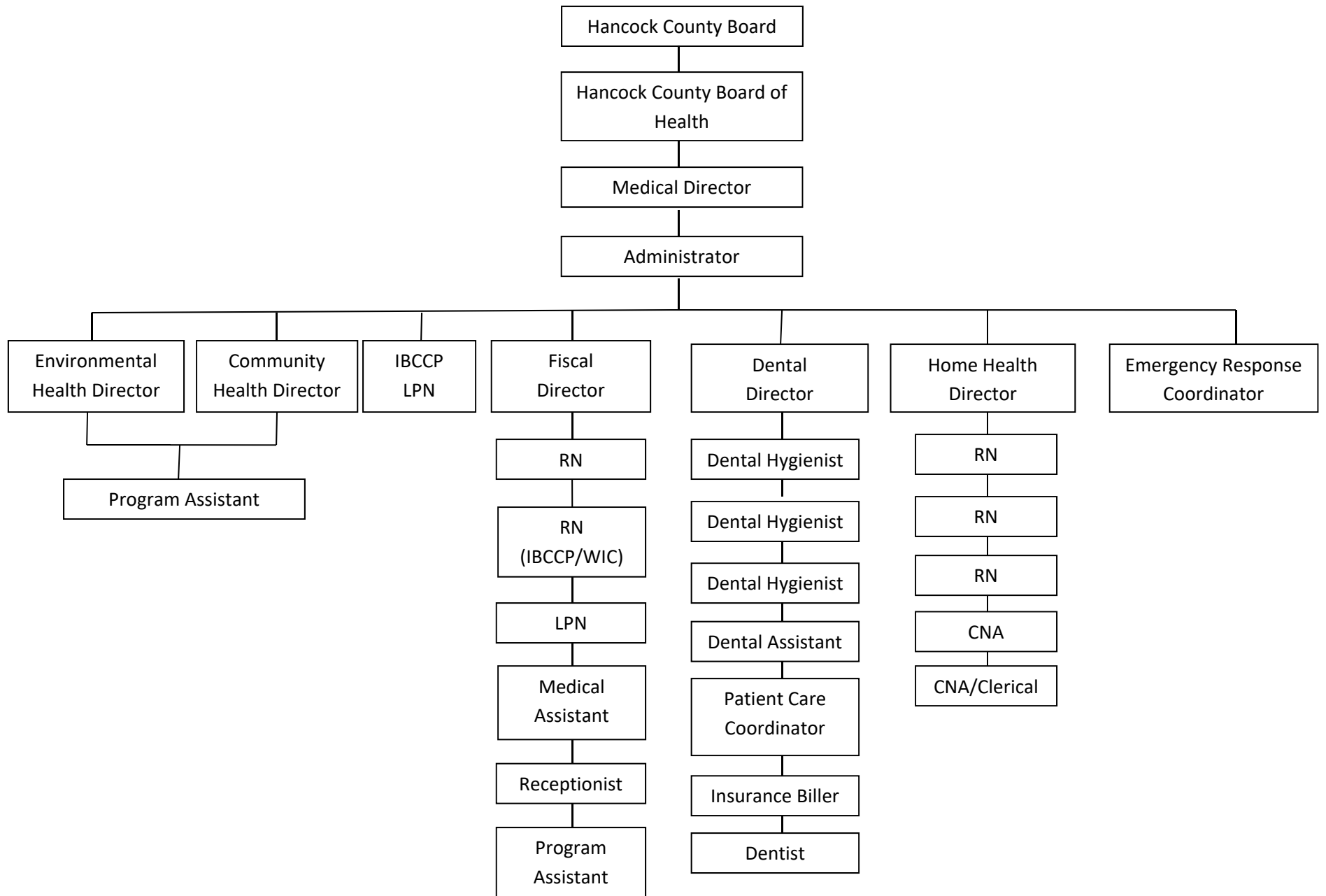
IX. Indicators for Policy Board Procedures	Perceived Importance Codes: H M L O*	Current Status Codes: F P N O ?**
1. Health department policy board members attend policy board and committee meetings.	1. <u>M</u>	<u>F</u>
2. New policy board members routinely receive orientation through an established and documented orientation program of the health department.	2. <u>M</u>	<u>P</u>
3. Policy board meetings are scheduled on a regular basis, with sufficient frequency to ensure board control and direction of the health department.	3. <u>M</u>	<u>F</u>
4. Policy board materials, including agenda and study documents, are mailed to members no less than three days in advance of board meetings.	4. <u>H,M,L</u>	<u>F</u>
5. Policy board meetings deal primarily with policy determination, review of plans, making board authorizations, and evaluating the work of the health department.	5. <u>H,M,L</u>	<u>F</u>
6. There are written board and administrative policies consistent with the mission statement.	6. <u>M,H</u>	<u>F</u>
7. The health department publishes the schedule of regular policy board meetings in local news media.	7. <u>H,M,L</u>	<u>F</u>
8. Minutes of board and committee meetings are written and circulated to board members and the health department staff, and are available to the public.	8. <u>M</u>	<u>P</u>
Other:		

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ANALYSIS OF ORGANIZATIONAL STRENGTHS/PROBLEMS

Worksheet

APEX/PH Indicator Reference Number(s)	Definition of Strength or Problem Briefly state any strengths or problems suggested by the scoring of the Indicators.	Related Factors Briefly describe the sources of each strength or problem; list resources and barriers to the solution of each problem.	Action Priority I = Top II = Middle III = Lowest
VII. A. 8	There is a documented, structured salary administration plan that is authorized by the policy board and that is designed to attract and retain competent staff.	The health department currently does not have a formal structured salary document. The Administrator, Directors, and the Board of Health will be working on that document. The health department could strength this area by having an internal staff committee and a BOH committee that meets.	I
III. D. 3.	The health department has a standard, ongoing process to examine internal and external trends, to make forecasts, and to systematically develop long term plans for its future.	The health department could strengthen this area by having an internal staff committee and a BOH committee that meets.	II
II. B. 7.	The health department has a means of regular public communication, such as a regular newsletter or column in a community paper.	The health department could strengthen this area by having current posts on their website, a quarterly newsletter on their website, or a monthly column in the paper.	I
VII. C. 2.	The health department has a written plan or policy regarding staff recruitment, selection, development, and retention.	The health department could strengthen this area by developing a recruitment and retention plan for the agency.	I
V. C. 1.	The policy board and senior management of the health department work with employee groups in assessing health risks of employees and in managing those risks.	The health department senior management and policy board could assess employees health and come up with a plan to address the results, and develop a plan to improve employees health.	

ORGANIZATIONAL ACTION PLAN Worksheet

Develop an action plan for each of the top priority problem areas identified on the *Analysis of Organizational Strengths/Problems Worksheet*. Initially, address the top priority problems **only**. Below the table, enter the date for evaluating the effectiveness of the actions taken.

Problem Area: **Salary Structure**

APEXPH Indicator
Reference No(s): **VIII. A.8**

Goals and Objectives Define the goals and objectives for the problem area indicated above.	Responsibilities and Methods For each goal or objective indicate (1) what individual or "work team" is responsible, (2) what methods will be used, and (3) when it will be accomplished
<p>G: The health department will build a salary scale for each position at the health department.</p> <p>O: By November 2022, the health department will have explored salary scales for the employee positions at the health department.</p> <p>By November 2023, the board of health will have approved a salary scale for each position at the health department.</p>	<ol style="list-style-type: none"> 1. Administrator and the board of Health. 2. Researching what other organizations and health departments are paying their employees 3. Accomplished this goal by November 2023.

Evaluation date: August 2021

ORGANIZATIONAL ACTION PLAN Worksheet

Develop an action plan for each of the top priority problem areas identified on the *Analysis of Organizational Strengths/Problems Worksheet*. Initially, address the top priority problems **only**. Below the table, enter the date for evaluating the effectiveness of the actions taken.

Problem Area: Internal and External Trends

APEXPH Indicator
Reference No(s): III.D.3.

Goals and Objectives Define the goals and objectives for the problem area indicated above.	Responsibilities and Methods For each goal or objective indicate (1) what individual or "work team" is responsible, (2) what methods will be used, and (3) when it will be accomplished
<p>G: The health department will develop a policy/procedure to examine internal and external trends.</p> <p>O: By November 2022, the health department will have decided which staff members will be on this committee.</p> <p>By November 2023, the committee will give a presentation to the board of health on the trends</p>	<ol style="list-style-type: none"> 1. Administrator will choose staff members to be on this committee. 2. Researching what healthcare, public health, and health trends are that we should focus on. 3. Accomplished this goal by November 2023.

Evaluation date: August 2021

ORGANIZATIONAL ACTION PLAN Worksheet

Develop an action plan for each of the top priority problem areas identified on the *Analysis of Organizational Strengths/Problems Worksheet*. Initially, address the top priority problems **only**. Below the table, enter the date for evaluating the effectiveness of the actions taken.

Problem Area: **Public Communication**

APEXPH Indicator
Reference No(s): **II.B.7.**

Goals and Objectives Define the goals and objectives for the problem area indicated above.	Responsibilities and Methods For each goal or objective indicate (1) what individual or "work team" is responsible, (2) what methods will be used, and (3) when it will be accomplished
<p>G: The health department will develop a newsletter, determine if it is possible to have an article/column in the local paper, and determine what method is the best way to get all of this information distributed.</p> <p>O: By November 2022, the health department will have decided which staff members will be on this committee.</p> <p>By November 2023, the committee will have a newsletter and see if we can article in the local paper.</p>	<ol style="list-style-type: none"> 1. Administrator will choose staff members to be on this committee. 2. Develop the a newsletter and look at whether or not we can have an article/column in the local paper. 3. Accomplished this goal by November 2023.

Evaluation date: August 2021

ORGANIZATIONAL ACTION PLAN Worksheet

Develop an action plan for each of the top priority problem areas identified on the *Analysis of Organizational Strengths/Problems Worksheet*. Initially, address the top priority problems **only**. Below the table, enter the date for evaluating the effectiveness of the actions taken.

Problem Area: Staff Recruitment

APEXPH Indicator
Reference No(s): VII.C.2.

Goals and Objectives Define the goals and objectives for the problem area indicated above.	Responsibilities and Methods For each goal or objective indicate (1) what individual or "work team" is responsible, (2) what methods will be used, and (3) when it will be accomplished
<p>G: The health department will develop a written plan or policy regarding staff recruitment, selection, development, and retention.</p> <p>O: By November 2022, the health department will have decided which staff members will be on this committee.</p> <p>By November 2023, the committee will have a developed a written plan or policy regarding staff recruitment, selection, development, and retention.</p>	<ol style="list-style-type: none"> 1. Administrator will choose staff members to be on this committee. 2. Develop a written plan or policy regarding staff recruitment, selection, development, and retention. 3. Accomplished this goal by November 2023.

Evaluation date: August 2021

ORGANIZATIONAL ACTION PLAN Worksheet

Develop an action plan for each of the top priority problem areas identified on the *Analysis of Organizational Strengths/Problems Worksheet*. Initially, address the top priority problems **only**. Below the table, enter the date for evaluating the effectiveness of the actions taken.

Problem Area: **Employee Risks**

APEXPH Indicator
Reference No(s): **V.C.1.**

Goals and Objectives Define the goals and objectives for the problem area indicated above.	Responsibilities and Methods For each goal or objective indicate (1) what individual or "work team" is responsible, (2) what methods will be used, and (3) when it will be accomplished
<p>G: The health department will evaluate potential employee risks in the agency.</p> <p>O: By November 2022, the health department will have identified employee risks and present those to the board of health</p> <p>By November 2023, the committee will have a developed a written plan to address how employees can avoid these risks or we will eliminate the risks.</p>	<ol style="list-style-type: none"> 1. Administrator and the safety officer will choose staff members to be on this committee. 2. Identify employee risks. 3. Present the risks to the board of health 4. Try to eliminate or educate staff on the employee risks 5. Accomplished this goal by November 2023.

Evaluation date: August 2021